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CHARACTERISTICS AND CASE OUTCOMES OF FAMILIES
THAT PARTICIPATE IN TEAM DECISION MAKING

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

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

by
Veronica Mendez Lopez

June 2012

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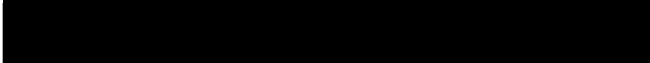
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ABSTRACT

The purpose of this study was to identify the demographics, case characteristics, and outcomes of families that participate in Team Decision Making (TDM) within Riverside County Department of Public Social Services, Children's Services Division.

The study used secondary data from Riverside County Child Welfare System/ Case Management System (CWS/CMS) and Efforts to Outcomes (ETO) databases. Data was collected from 2253 families that first entered CWS and participated in TDM between the years of 2008 to 2012. This study found that children in foster care who participated in the first TDM meeting were between the ages of 0 to 5 (50.2%); Hispanics and Caucasians were the most common TDM participants. The findings also reported that the majority of children had one to two placement moves (69.3%) within the reporting period. Family maintenance (77%) was also found to have the highest case closure reasons compared to legal guardian/adoption, emancipate, and others. It is recommended that social workers be trained about the benefits of TDM's and should be utilized throughout the life of a case.

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I would like to thank, the Children's Services Division of Riverside County for all their support in allowing me to conduct this project and to accomplish my educational goals throughout the M.S.W. program.

Finally, I would like to thank all my friends and colleagues for the extra push, encouragement, and inspirational support throughout this process.

DEDICATION

I would like to dedicate this research to my husband, Juan, and my children, Hazel and Anthony, for all the understanding and patience I received through these challenging years in graduate school. Thank you for the love, patience, and dedication in standing by my side.

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CHAPTER ONE

INTRODUCTION

In this chapter, an in depth discussion is presented to discuss the problem to be studied in Riverside County. The section presents the purpose and the significance of the project being evaluated for potential outcomes in placement stability, family reunification, and preparation for foster youth exiting the system. Finally, the research questions are discussed.

Problem Statement

Social workers working in the child welfare system across counties face difficult decisions in determining the most appropriate placement for children and youth involved with child protective services. For years, the child welfare system has struggled to assist families and their children. Social workers make critical decisions in evaluating child abuse reports, in selecting the appropriate placement for a child, and in providing resource support to the family to ensure safety of the children at risk. As stated by Crea (2010), "Without a guiding conceptual and administrative framework, the individual caseworker risks making inconsistent or

under-informed judgments regarding the best interests of the child" (p. 197).

Families face daily stressors, such as unemployment, being a single parent, housing difficulties and other risk factors due to the struggling economy. When families are unable to cope with stressors, the family's homeostasis becomes unbalanced. As the family struggles with ensuring the safety and well-being of their children, the child welfare system also is faced with making critical decisions to address these issues.

The Team Decision Making (TDM) was initiated in the Riverside County public child welfare to help improve the decision making process by helping build a support system with community members, families, and extended family members in the development of individualized intervention plans for families and their children (DeMuro & Rideout, 2002). The goal of TDM is, "to reach consensus about a plan that protects the children and preserves or reunifies the family" (DeMuro & Rideout, 2002, p. 11). Through TDM, better decisions can be made regarding children's foster placement by receiving crucial input from professionals, family and community members.

This is unlike, the traditional decision making in CWS when the agency did not previously include community providers, families, extended relatives, or the children for placement and permanency plans. Studies have shown families who participate in similar shared decision making models contribute to an increase of family reunification within a year; decreases the number of children who were detained in the child welfare system; and increase of legal permanency and stability for children and their families (Marts, Lee, McRoy, & McCroskey, 2008).

Palmer (1996) expressed that foster "agencies often subject children to extra moves by placing them initially in emergency or receiving homes" (p. 590). The foster homes were not screened base on the child's needs. Placements were chosen by the most available and willing to take the child in. As foster children were moved, they were observed having a difficult time adjusting to their surroundings. The foster youths were not able to establish a connection with their current placement. Furthermore, when they are moved frequently, services become fragmented. Children and Youth connection with their siblings, extended families, or friends become

distance. The disruption affect to a child and a youth were ignored and the foster children were left to adapt to the unknown surroundings (Palmer, 1996). Social worker is faced again with making a decision on a placement for child or a youth.

According to Fiester (2008), "between 1985 and 1993, the number of children in foster care skyrocketed" (p. 2). Furthermore, the report indicated the two primary reasons numbers continue to increase is due to children remaining in the foster care longer and "a high rate of children entering care for the first time" (Fiester, 2008, p. 2). In addition, between 1990 and 2000, placement rate increase continued for infants compared with children ranging from one to 17 years old were presented (Fiester, 2008). More alarming, the count reported in the Child Welfare Dynamic Report system for Riverside California dated January 01, 2009 to December 31, 2009 indicated that 206 youth between ages 11 to 15 experienced two or more placements and 90 youth between ages 16 to 17 experienced two or less placements (Needell, Webster et al., 2011).

Although, there was an increase in children in the foster care system between 1990 and 2000 current child

welfare reports indicate that outcome for families and their children are improving partly due to a new initiative introduced by the Annie E. Casey Foundation (Fiester, 2008). According to Wildfire, Webster, and Crampton (2010), "In 1992, the Annie E. Casey Foundation issued a framework paper to describe the goals, objectives, and philosophical underpinnings of a new initiative, Family to Family: Reconstructing Family Foster Care" (p. 2). This new initiative was implemented in phases throughout different counties in the United States. One of its core strategies is called Team Decision Making. These strategies were introduced to decrease the rate of child removal from home and sibling separation and maintain placement stability based on the child's best interest. Riverside County public child welfare initiated TDM to help improve the decision making process by helping build a support system with community members, families, and extended family members in the development of individualized intervention plans for families and their children (DeMuro & Rideout, 2002). The goal of TDM is, "to reach consensus about a plan that protects the children and preserves or reunifies the family" (DeMuro, & Rideout, 2002, p. 11). Through TDM,

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A child social worker (personal communication, 2009) indicated that during participation in a Team Decision Making, the worker was able to observe the impact of the meeting from start to end. The meeting was addressing a 15 year old youth at risk to be moved due to unacceptable behavior at school and home. The worker was able to analyze the process and understand the purpose of the strategy. The meeting was a success in which the foster placement was saved and the youth remained in the home. A

safety plan and short-term goals were developed at the end of the meeting with all parties involved as well as the youth. The primary social worker, youth, parents and caregiver and others who attended the meeting were able to save the placement and discussed the issues working as a support group. It appears that Riverside County has continued to enforce the core strategy of Team Decision Making to promote better outcomes for families and their children who become involved with Children Protective Services.

According to Family to Family California Team Decision Making Core Planning, TDM values indicate that an individual is least effective in making good decisions than a group (Family to Family California Website, 2011). Furthermore, TDM is a strengths-based model and solution focused. Additionally, during a TDM all participants share a leadership role in the decision making process. TDM procedures helps the social worker to assess, understand and acknowledge other information available about the situation in order to examine what the most appropriate, safe and best placement choice for the child will be. The TDM process ensures that working together can help the team reach consensus based on the current

information gathered, suggestions and recommendations of the participants for the situation.

Team Decision Making strategy needs to continue to be enforced and used with other risk assessment interventions to ensure better out comes in the child welfare system. The County has also started to implement this strategy to youth exiting or who are near to emancipate from the foster care system. One facilitator supervisor (personal communication, 2010) indicated that the Team Decision Making strategy is being utilized to develop a 90-day Transition Plan with foster youth to ensure a safe transition out of foster care system. This issue is important to evaluate because it will help the youth to establish a stronger support system and transition into adulthood out of foster care. Furthermore, it will help to identify the needs of the youths and develop a plan of resources for a smooth exit from the foster system.

On September 30, 2010, Governor Scharzenegger signed into law the Assembly Bill 12 (AB 12), California's Fostering Connections to Success Act which allows foster youth to remain in the foster care system past the age of 18 (Stuart Foundation Web Site, November 2011). These

foster youth can continue to receive services and support after the age of 18 years old if they "meet certain criteria, including working towards a high school diploma or GED, being employed at least 80 hours a month, going to college, or participating in a vocational or employment program" (Stuart Foundation Web Site, November 2011, p. 3). Based on these new requirements and obligations to help foster youth to ensure a smooth transition out of foster care, TDMS is one strategy used by Riverside County child welfare to comply with the new AB12 initiative. As reported by Wight, Chau, and Aratani, Schwarz and Thampi (2010) "the transition to adulthood is becoming increasingly protracted and delayed" (p. 4).

According to California Department of Social Services and University of California at Berkeley, Center for Social Services Research, foster care placement data show that children between the ages of 17 years and under, of both genders experienced at least one to three placement changes with a non relative and non guardian foster home (2011). Additionally, the data report for Riverside County foster care indicated that children in placement between the time period of January 1, 2007 to December 31, 2007, 1,016 were still in care at 24 months.

Of these children in placement, 167 children experienced at least two or less placements change and about 849 children experienced two or more placements within a 24-month period (California Department of Social Services and University of California at Berkeley, 2008). The period between January 1, 2009 to December 31, 2009, 934 were still in care at 24 months. Of these children in placement, 183 children experienced at least two or less placement moves and about 751 children experienced two or more placement moves within a 24 month period (California Department of Social Services and University of California at Berkeley, 2008). Furthermore, in most recent reports by the Berkeley Center, data collected between April 1, 2009 to March 31, 2010 children in Riverside County foster care placements, 911 were still in care, out of this count 172 children experienced two or less placement moves and 739 experienced two or more placement moves within a 24 month period (California Department of Social Services and University of California at Berkeley, 2011). These data represent a need to continue to implement new strategies to increase placement stability and strengthen Team Decision Making in the child welfare system.

In 2005, Riverside County became one of the anchor sites to initiate Family to Family and implement Team Decision Making meetings to promote better outcomes in the child welfare system. A Child Welfare Agency, Social Service Worker (personal communication, August 28, 2010) disclosed that children in the foster care system, mostly foster youth between the ages of 13 to 18 years, were being moved from one placement to another more frequently. It was further reported that it appeared the children were placed in the foster care system longer. The social service worker continued to communicate that foster youth struggle to adjust in the foster care system. Most often as reported by the service worker, when a child was being moved, it was due to inappropriate behaviors, being disobedient, not following the rules or running away.

Although, the Team Decision Making strategy is being implemented in a consistent matter throughout Riverside County, there has not been much done in identifying the demographics, case characteristics and outcomes of these families that participate in TDM. It is an important matter in evaluating the impact of the strategy among the children and youth in foster care.

This report is only indicating youth that are not in the foster care system, so one can imagine what more challenges foster care youth will need to overcome in order to survive outside the child welfare system. It is the responsibility of the child welfare system to ensure these children and youth are safe and prepared to live a life outside the foster care system. This means the primary social worker, independent living plan social worker, caregivers, and any other professional individuals in contact with the youth would need to work as a collaborative team. This can ensure that foster youth gain resources and preparation to a pathway of opportunities for success, as well as, maintaining placement stability for youth in the foster care system.

Purpose of the Study

Throughout the years, child welfare agencies have had their challenges to implement a variety of strategies to promote placement stability, permanency, and wellbeing. This is why administrators, social workers, and supervisors are greatly concern about improving placement stability and better outcomes for foster care youth. As mentioned earlier, in 2005, Team

Decision-Making was implemented in selected communities throughout the Riverside County child welfare system. These meetings are built to establish a strength base environment, and promote child safety, and to make the best decisions in regards to the child's placement stability. At the same time, the family is given the opportunity to rebuild their strength in decision-making about their current issues that lead them to the attention of child protective services.

In the TDM meeting, the following participants are typically present are: a facilitator, case social worker, family members, the children involved, and community representatives to collaborate in making a most appropriate permanency plan for the child or youth. In addition to the participants mentioned, the following also may be invited to attend: supervisor, extended family members, supportive family friends, service providers, foster parents and mental health providers. The focus of Team Decision Making is to ensure that an appropriate decision is made regarding the child's safety and placement stability.

The purpose of the study will help to identify the characteristics of families who participate in TDM; to

describe how families participate in TDM's (frequencies, reasons, family members participation); and describe the placement and permanency outcomes of children whose families participate in TDM. The study will also help foster youth, caregivers, and social worker to communicate better and coordinate more services easily as community providers also attend the meetings.

This study uses secondary data analysis analyzing administrative data from Riverside County Child Welfare System/ Case Management System (CWS/CMS) and Efforts To Outcomes (ETO) databases. The reason for using this type of data is that Riverside County has an interest in placement stability outcomes which has been identified as a division priority. This study will benefit the child welfare system in Riverside County by identifying how to improve placement decisions and decreasing placements which decreases financial spending in moving foster youth. In addition, using a data collection log reduces the time frame needed to collect the data. Because the data are already available, it makes it easier to gather all the necessary data needed for the research. This type of research method will be time efficient and cost effective to complete.

Therefore, the research questions are: What are the demographics and case characteristics of the families who participate in TDM, How do families participate in TDM meetings in terms of the following elements: a. How many family members participate in TDM's and how are they related to the child?, b. What type of TDM families participate in (imminent risk of placement, emergency placement, exit from placement and placement move)?, c. what are the frequencies that a family participates in TDM? What are the placement experiences of children whose parents participate in TDM's, What are the case closure reasons when TDM families/children exit the CWS and Based on demographics, case characteristics and TDM participation are there differences in placement stability and permanency outcomes?

The hypothesis predicts the following:

- H1. Based on demographics, case characteristics and TDM participation, there will be differences in placement stability and permanency outcomes.
- H2. The more frequency the families participate in TDM, the more likely the children are to remain with their family or to reunify with their parents.

H3. The more frequency the families participate in TDM, the more likely the children are to have placement stability while in foster care.

Significance of the Project for Social Work

The Team Decision-Making meetings are scheduled for children at risk for immediate removal, risk for placement change and transition to permanency and exiting placement. The goal is for Team Decision Making to reduce placement changes and make an appropriate decision on the child's permanence. However, are there other benefits in Team Decision-Making meetings participation?

A TDM facilitator (personal communication, November 1, 2010) indicated that some issues that Riverside County would like to continue to address are that there is not enough research being conducting in evaluating the impact on placement stability, and the impact on foster youth before exiting the system. One facilitator supervisor (personal communication, February, 2010) indicated that there is great deal of data being collected that may help to evaluate the impact as to Team Decision Making meetings. Therefore, this evaluation can be an importance

to Riverside County because it can help to address strengths or concerns within the system.

In these difficult economic times, emancipating youth, the community, and the system continue to face challenges. It is important that Team Decision Making strategy be evaluated for its impact on families, their children and youth exiting the system. Is this strategy being utilized in the most appropriate way in benefiting the families and the children and youth? The agency can help youth face challenges and help to restructure their family systems and prepare them for emancipation.

Research results can help evaluate areas in need of improvements. Furthermore, the county can improve in addressing the importance of relative placements, family reunification, and better preparation for foster youth exiting. This study can assist efforts to enhance the services to be use appropriately to promote better outcomes in the Child Welfare System. TDM can maintain placement stability and prepare youth for emancipation.

This study will also help to strengthen facilitation expansion and increase utilization of TDMS in improving family reunification, child permanency, and well being of the children. The study can advocate for more funding to

strengthen the benefits of TDM and expand it to a greater area of the population. For example, Team Decision Making can be implemented during the night shift and weekends through the emergency command post when detaining instead of waiting for the next working day. These can reduce stress and harm to the children. It would improve communication with other professionals that are not familiar with the strategy. The clients themselves would be able to gain a better understanding about the risks and safety needed for the children to remain at home or in a foster home. Families would not be afraid to attend due to better understanding. If the clients don't understand the purpose for the intervention then it would be less benefiting. The study also can improve the relationships with community connections, mental health, and other professionals. Resources may be increased in regards to permanency and helping youth exiting the system.

As a result, the study can benefit the generalist intervention process in the following areas: beginning, assessing, planning, implementing, evaluating, and terminating. Team Decision Making is a strategy that can

be used in all areas joined with other strategies or working alone.

CHAPTER TWO
LITERATURE REVIEW

Introduction

In the following, several studies are discussed as to the implementation, impact, and outcomes of Team Decision Making and other family decision making models used for this study. Discussing these studies will help to identify the Team Decision Making strategy which is related to similar family decision making models family engagement models. The following areas in each article are reviewed: studies in family decision making, benefits of placement stability and needs and impact on foster care placement. The methodological limitations and findings are also discussed for each study and how it relates to this study. These studies help to identify existing knowledge that guide's the current study. A review of interventions and strategies with similar philosophies and goals as Team Decision Making strategy are presented. These strategies' main goal is to bring together the agency, family resources, and help the community to build positive connections to achieve and

promote better permanency outcomes and placement stability.

Implementation and Evaluation of Family to Family Models

Berzin, Thomas, and Cohen (2007) evaluated the principles and practices that address the Family Group Decision-Making (FGDM) approach. The purpose of the study was to evaluate the FGDM programs and if the goals, philosophies, and structures are being followed in Fresno and Riverside Counties. The research indicated that there is growing information about the FGDM being utilized by practitioners, however as the model is being distributed, it is also being altered to meet the needs of the agency. In addition, Berzin et al. (2007) reported that "evaluation is a key component of study design as it informs interpretation of research findings and planning for future replications" (p. 56). In addition, the study evaluated the program to examine what areas of FGDM model were least and most effectively used by both counties.

The study was conducted within a period of five years between April 2000 and September 2003 using a randomized control study. It analyzed the purpose of fidelity to measure intervention outcomes and the

effectiveness of the program. The participants involved in the study were the families and county staff in the child welfare system. A total of 76 children in Fresno and 63 children in Riverside County were random selected to participate in a Conference Participant Questionnaire (CPQ). These questionnaires were completed after 34 Fresno conferences and 19 Riverside conferences were completed. In addition, the researcher conducted a direct observation in both counties "to capture neutral evidence about the conference process" (Berzin, Thomas, & Cohen, 2007, p. 61). The study found that both counties were able to establish positive implementation of FGDM model. However, the study shows that the counties implemented two different model types. Riverside County presented "a formal strength assessment and no private family time and Fresno presented a strength assessment and private family time" (Berzin, Thomas, & Cohen, 2007, p. 68).

The results of the study focused on the following areas: conference characteristics, FGDM structure, and FGDM goals and philosophies. The results showed that both counties utilize FGDM structure effectively which included four phases. The research indicated the intervention was utilized effectively by both counties in

the following three phases: referral, preparation and planning and FGDM meeting. In the fourth phase, follow-up was not utilized effectively by both counties. In addition, the study reported that both counties implemented a strengths assessment with Fresno implementing family time and Riverside County with no family time. The results also shows that both counties philosophies were not fully implemented as both counties did not follow through with additional family support after FGDM meetings. The research reports that FGDM meetings were not utilized effectively in engagement with community members and families to help maintain a long-term support which can impact outcomes. This study helps to identify the different components that may contribute to the most preferred outcomes. The study suggested that implementation on a larger scale is important in measuring intervention fidelity and linking fidelity to outcomes.

A second study by Berzin, Cohen, Thomas, and Dawson, (2008) examined two family group decision-making programs, Fresno and Riverside County and focused on the benefits, safety, placement stability, and child permanence. The data collection was conducted by using a

random assignment in which clients were assigned to treatment groups and multivariate analysis. One group was clients that participated in Family Group Decision Model and the other group was the non-participants, the control group. The research indicated that due to the intervention being used on a wider scale, it was important to use two different populations for the study. For this reason, the two Counties were selected because of the wide spread population used.

The study found that there was no difference in outcomes when families and children in the welfare system participated in Family Group Decision Making meetings. Furthermore, the results indicate that outcomes were similar in placement stability in both counties. The study further stated that there was no difference in permanency-related outcomes. Both counties closed similar amount of cases due to family stabilization or families refusing to continue within voluntary family maintenance (FVM). It further showed no differences in the length of time toward permanency. In addition, the study reported that "children were not worse than those receiving traditional services; outcomes examined were related to child safety, placement stability, and permanence"

(Berzin, Cohen, Thomas, & Dawson, 2008, p. 47). However, in Riverside County, the study showed that "a greater percentage of children in the treatment group did exit from care during the study period" (p. 48).

Crea, Crampton, Abramson-Madden, and Usher (2008) compared three different communities based on the experience of the intervention. These communities were kept anonymous "to avoid revealing confidential information through deductive disclosure" (Crea, Crampton, Abramson-Madden, & Usher, 2008, p. 1223). The communities in the study were referred as Agency A, Agency B, and Agency C. These communities used the same strategy, Team Decision Making, as a method for improving placement changes. All three communities were interviewed for the purpose of comparing their experiences in regards to implementing Team Decision Making in the community. Additionally, the research also conducted interviews with all participants who were present in the study. There were a total of 89 participants for the study. The study was conducted by using both quantitative and qualitative methods to collect the data and obtain results. The investigators' reason for the study was to evaluate and identify a "better understanding to what leads to

effective implementation of the strategy" (Crea, Crampton, Abramson-Madden, & Usher, 2008, p. 1221).

The research found that there are similar outcomes in both counties with Team Decision Making implementation on a wide scale. It was found that initial entries had dropped in one of the agencies but it was not clear if the outcome was also due to the resources in the community. The report stated that a positive increase of outcomes was found in regards to placement changes and how they used shelter placements (Crea, Crampton, Abramson-Madden, & Usher, 2008). The study showed positive outcomes in the scope and compliance of the Team Decision Making process. It was reported that without resources or leadership support, Team Decision Making would be difficult to obtain success.

Crea, Usher, and Wildfire (2009) conducted a study to "measure indicators of the implementation of Team Decision Making as a precursor to the full-scale evaluation, to examine the extent to which programmatic activities in sites align with the practice model" (p. 119). In the study, central roles were played by the participants in the decision-making process. The researcher "collected process-related data for all Team

Decision Making meetings which included evaluating meeting types, characteristics of Team Decision Making, quality of the meeting" (Crea, Usher, & Wildfire, 2009, p. 121). The study findings indicated that there was consistency and a high percentage of parents participating in TDMS and low percentage of other family members participating. In addition, the program showed a loyalty to the practice guidelines in child welfare service. All three sites established to implement TDM key indicators with the practice model. In addition, the study showed parent and family member's encouragement during participation. There were some discrepancies in the need for "closer examinations in cross site differences" (Crea, Usher, & Wildfire, 2009, p. 119). One limitation in the study is that administrative data were not fully available to address contextual factors. This study was helpful in understanding how the environments, setting, and view point can interfere with the meeting.

Intervention Outcomes to Placement Stability and Benefits

Crea and Berzin (2009) investigated the satisfaction levels of families who participated in the following strategy meetings: Family Group Conferencing (FGC)/Family

Group Decision Making (FGDM), Team Decision Making (TDM) and Community Partnerships for Protecting Children (CPCC). The study focused on involvement in the areas of "meeting purpose, preparation, authority for decision and facilitation or coordination and follow up meetings as an evaluation of involvement strategies" (Crea & Berzin, 2009, p. 311). Crea and Berzin (2009) research consisted of secondary data collection from scholarly databases. There were a total of 17 research articles that were reviewed to gather information on methods, data analysis, and results. The common findings of the literature review were "to identify research and evaluation pertaining to family involvement models" (Crea & Berzin, 2009, p. 314).

The study found that many of the families that participated in FGDM presented high satisfaction in services they received. In addition, positive ties were established with family members due to the intervention. The families that participated in TDM meetings, findings showed participation in the model "may bear positively on outcomes for children" (Crea & Berzin, 2009, p. 320). The study showed that caregiver's participation lowers a placement change for a child and helped to reduce the "odds of the team recommending a placement change" (Crea

& Berzin, 2009, p. 320). Furthermore, the evaluation of CPPC indicated that the use of the model was found to have positive practice outcomes. CPPC was found to have high confidence, "job satisfaction and greater stability" in their workers (Crea & Berzin, 2009, p. 320). In addition, the negative perceptions of the residents were reduced and access to community resources was utilized more effectively. The researchers recommend that future studies should address values and ethics of family involvement. As mentioned in the study by Crea, Usher, and Wildfire (2009), it presents the importance of families taking a role in the decision making process and as well as the combination of satisfaction to better outcomes. An increase of commitment to completing established goals and a plan can increase success in reunification and placement stability.

Wildfire, Webster, and Crampton, (2010) examined the impact of the implementation of Family to Family initiatives in 11 urban locations. Key elements of each core strategy were reviewed and collected from the Annie E. Casey Foundation database for an estimate of "93,000 children and youth at risk of removal and more than 30,000 children and youth in out of home care for whom a

placement change was being considered" (Wildfire, Webster, & Crampton, 2010, p. 7). The report indicates that children who experience a high participation rate in family to family were "15 to 29% more likely to reunify within 12 months" (Wildfire, Webster, & Crampton, 2010, p. 15).

In addition, "children with low family to family exposure were 8 to 24% more likely to exit to reunification or a relative within 12 months than children with no exposure" (Wildfire, Webster, & Crampton, 2010, p. 15). The study showed that children with low participation experience were more likely to be placed with a relative or reunification. The study reported that children exposed to family to family sites "were 39% more likely connected to a family member through neighborhood placement or relative placement than with no exposure" (Wildfire, Webster, & Crampton, 2010, p. 16). However in placement stability, children "were 25% less likely to move laterally or to a more restrictive placement" (Wildfire, Webster, & Crampton, 2010, p. 18). The report indicates that a "significant number of children [was] exposed to family to family

values, principles and practices" (Wildfire, Webster, & Crampton, 2010, p. 8).

Foster Youth and Related Problems Due to Placement Changes

Unrau, Seita, and Putney (2008) examined the experience and impact of multiple placement changes for foster youth. The research was conducted by asking several questions about their experience in placement changes, perception about consequences, and current "relationships and personal habits" (Unrau, Seita, & Putney, 2008, p. 1257). Their study had a range of 18 up to 65 years of age who participated in the study. The report indicates that multiple changes leave "a negative emotional scar" (Unrau, Seita, & Putney, 2008, p. 1256). In addition, the study found that former youth have difficulties in "trusting people and building and maintaining relationships" (Unrau, Seita, & Putney, 2008, p. 1256). In study by Butler and Charles (1999) reviewed by Unrau et al. (2008) indicated that "youth use 'emotional closure' as a survival mechanism and how foster parents and youth are susceptible to 'exclusive thinking' in which both parties view the foster child as a separate member of the family" (p. 1257). Furthermore,

the study was able to find that placement changes do have consequences to placement stability such as loss of self-esteem, loss of personal belonging and loss of connections with friends and family.

Theories Guiding Conceptualization

As the child grows and remains in foster care, it is more difficult to establish stability and gain self-sufficiency. Youth are unable to be independent outside the foster care system. According to Lesser and Pope (2007), it indicates that when youth are afraid to take the next step of adulthood; they remain at Erikson's stage of identity versus role confusion. Furthermore, at this stage, youth between ages 12 to 18, search for an identity. Erikson reported that "identity is both the gateway to and the cornerstone content of adult development" (Lesser & Pope, 2007, p. 317). However if the child is unable to establish healthy relationships and unable to seek solutions for conflicts, the child is then lost. They are unable to have a sense of trust in themselves. They depend on peers to guide them. Therefore, if foster care youth are unable to establish this developmental stage, they will not be able to move

forward to intimacy and solidarity versus isolation. The youth would have difficulties to establish satisfying relationships. As children remain longer in foster care, it can interrupt their developmental experiences and delay their developmental growth. This is why it is important to help the families obtain resources and services in child abuse prevention. In addition, it is also important to help assist our young youth to establish lifelong trusting connections before exiting the welfare system. This is why it is important for all working in the Child Welfare System to understand the stages and life process children are confronted with. Understanding these stages can help to implement Team Decision Making strategy and increase placement stability and permanency outcomes.

Summary

In conclusion, in studies reviewed, some of the common findings were that many of the families established positive ties with family members. Participation in Team Decision Making meetings showed positive outcomes in lower placement changes and stability. In addition, access to community resources was

utilized more effectively for those families that participated in Team Decision Making. Furthermore, positive outcomes in scope and compliance of Team Decision Making were found in agencies who participated in Team Decision Making process. However, there were some studies that reported no differences in outcomes due to Team Decision Making participation.

In addition, the limitations that were found in the current literature review showed that administrative data were not fully available to address contextual factors. Another limitation found was that values and ethics of family involvement were not addressed. In addition, many of the studies reviewed did not address the characteristics of those families that participated in Team Decision Making.

These studies indicated that there are different results and outcomes in implementing Team Decision Making. These studies were able to present an overview of varied tactics that can be used to conduct further research and improve the outcomes of placement stability in children and youth.

CHAPTER THREE

METHODS

Introduction

In this chapter, an overview of the research method is examined. The research method sections discussed contain the following: the study design, explanation of sampling techniques used, data collected and instruments used, collection of data procedures, the protection of human subjects and finally data analysis.

Study Design

The study's purpose is to identify the demographics, case characteristics and outcomes of those families that participate in TDMs within the Department of Public Social Services, Children's Services Division in Riverside County. This study has three main purpose: to identify the characteristics of families who participate in TDM; to describe how families participate in TDM's (frequencies, reasons, family members participation); and describe the placement moves and permanency outcomes of children whose families participate in TDM.

Although there has been similar research completed examining the impact of different approaches and target

populations in Riverside County, ongoing research is important. Additionally, Riverside County has implemented Team Decision Making meetings for foster youth exiting the system.

The current research is focused on examining the relationship between the family's demographics, case characteristics and outcomes of those families that participate in TDM. The sampling will benefit the study because the data collected are objective and can be duplicated. Furthermore, the information to be used is known about the sampling group which makes it more efficient to use. This type of method will take less time and is less costly to complete.

This research reviewed data from Riverside County Child Welfare Services administrative electronic data sources: child welfare system/case management system (CWS/CMS) and Efforts To Out (ETO). Data was collected on all families that first entered CWS and participated in Team Decision Making between a five year period, 2008, 2009, 2010, 2011 and 2012. These five years were selected in order to study a large population and gather enough data to evaluate the selective variables.

The data collections gathered from CWS/CMS electronic case file system included demographics of children (gender, age, and ethnicity); case characteristics (type of abuse/response type); placement outcomes (number of foster care placements and length in placement) and case outcomes (reasons for case closure, length of case open). The information gathered from the Efforts To Outcomes (ETO) is TDM characteristic (number of TDM's family attended, type of TDM and number of family members in attendance). The research data collected was documented by the use of a data collection log sheet. (See Appendix A)

The research study's limitation include that the researcher was not the only one reviewing the data which may increase the chance of making a mistake in collecting and recording the data. The data was first gathered by an assigned staff member in the data department of Riverside County. This human error may cause a false analysis of the data. Another limitation is the use of administrative data. One limitation is the large amount of data collected which does not guarantee validity and reliability. The data input recordings may not be 100% accurate and may cause duplication of data collected.

Team Decision Making is being implemented in many counties across the United States; it is viewed as an important intervention in the child welfare system. Therefore, the research questions developed to establish this study are:

1. What are the demographics and case characteristics of the families who participate in TDM?
 - a. Type of Abuse - neglect, physical abuse, sexual abuse, others
 - b. Initial Response Type - Immediate Response or 10-DAYS
2. What are the case closure reasons when TDM families/children exit the CWS?
3. What are the placement experiences (number of placements, length of out of home care) of children whose parents participate in TDM's?
4. How do families participate in TDM meetings in terms of the following elements?
 - a. How many family members participate in TDM's and how are they related to the child?

- b. What type of TDM families participate in (initial referral, placement change, FR to FM)?
 - c. What are the frequencies that a family participates in TDM?
5. Based on demographics, case characteristics and TDM participation, are there differences in placement stability and permanency outcomes?

Sampling

The data collected will be from all families that first entered CWS and participated in Team Decision Making within the Department of Children's Social Services in Riverside County between a three year period, 2008, 2009, 2010, 2011 and 2012. These three years were selected in order to study a large population and gather enough data to evaluate the selective variables.

The time frames provide a significant period that will allow for accurate data to be collected on those families that were involved with Team Decision Making meetings. The time frame is practical to obtain the data in the time available for the research study to be conducted.

Data Collection and Instruments

The data that was collected is secondary data. The research data collected for the study were CWS/CMS electronic case file system information and ETO were examined to collect specific information about the family's involvement in Team Decision Making and other factors that may show an impact after participation. The data collected for the study included demographics of parents and children (gender, age, and ethnicity); case characteristics (type of abuse/response type); and TDM characteristic (number of TDM's family attended, type of TDM and number of family members in attendance). Additional data included placement outcomes (number of foster care placements, and length in placement) and case outcomes (reasons for case closure, length of case open). The research data collected was documented by a data collection tool (See Appendix B).

In the study the dependent variables used include gender, age, and ethnicity of child; type of abuse/response type; and number of TDM's family attended, type of TDM and number of family members in attendance. The independent variables used include type of placement, number of foster care placements, and length in

placement. Additional independent variables used include reasons for case closure, length of case open.

Independent variables presented were all measured at the nominal level, except for age. Age was measured at the ratio level. All dependent variables presented were measured at nominal level.

The data collected was recorded by a standardized data collection tool developed to record all information needed for the research study. The tool has not been pre-tested to establish effectiveness of the data collection log. The data collection tool's limitation is that it has not been implemented in any other research study; therefore there might be errors in the development of the tool and how data will be recorded.

Procedures

Data was reviewed by the researcher who examine the electronic case files information collected in Riverside County Child Welfare Services' Case Management System computerized database. A data sheet was used to collect data for every case that was chosen randomly dated between a five year period, 2008, 2009, 2010, 2011 and

2012. All data collection was done within the Riverside County Child Welfare Services Department.

The tool that was used is approved for utilization by Riverside County Child Welfare Services. To ensure data collected was completed in a feasible and speedy matter, approval was requested early in the research study process. Data was checked for errors and cleaned if errors are found. The cleaning process is recommended before data analysis is established. The data was collected on March 2011. Data was collected and examined carefully to avoid errors in the recorded information.

Protection of Human Subjects

The confidentiality and anonymity of all participants involved in the study are protected by not collecting identifying information. No names, addresses, or telephone numbers were extracted or recorded on the data collection log. The cases were identified by a number when reviewed. The information list for cases and number assigned were kept secured and locked in a designated filing area. On completion of the study the data collection log and the list of cases record sheet will be destroyed.

Data Analysis

In this study, quantitative analysis methods were used to analyze data that was collected. Descriptive univariate statistical procedures were used to generate frequencies and crosstab for the following: gender, age, ethnicity, type of abuse, type of placement, and number of TDMS attended and type of TDMS. Bi-variate analysis was used to examine the impact and the relationship between the independent and dependent variables. Bi-variate correlation procedure was used to determine the strength of the variable relationships and the impact between the variables.

Summary

In this chapter, an overview of the research was conducted was examined. The research method sections discussed the following: the study design, explanation of sampling techniques used, data collected and instruments used, procedures, the protection of human subjects and finally the type of data analysis method used for the quantitative data collected.

CHAPTER FOUR

RESULTS

Introduction

Chapter Four presents a summary of the results of the quantitative study. Cases dated between a five year period, 2008, 2009, 2010, 2011, and 2012 were used in this research. First, univariate findings of the dependent and independent variables will be discussed. Descriptive statistics, relevant frequencies, and crosstabs will also be reported. Second, inferential statistics are used to examine the strength and the relationship between independent and dependent variables.

Presentation of the Findings

Research Question 1

What are the demographics and case characteristics of the families who participate in TDMs?

In Table 1 (Below), the demographic characteristics of children in foster care who participated in Team Decision Making (TDM) are presented: gender, age at TDM 1, age at TDM 2 and ethnicity. There were 2253 families that first entered Child Welfare System (CWS) and participated in TDM's in Riverside County between a five

year study period. Among this group, 1104 (49%) were males and 1149 (51%) were females. Children in foster care who participated in the first TDM meeting were between the ages of 0 to 5 (50.2%), 6 to 10 (21.1%), and 11 to 18 (28.7%) with an average age of 5.9. Compared to the children who participated in the second TDM they were between the ages of 0 to 5 (46.6%), 6 to 10 (22.3%), and 11 to 18 (31.1%), with an average of 7.601. Data showed that Hispanics 968 (44.0%) and Caucasians 866 (39%) were the most common TDM participants. The least common participants were, African Americans 280 (12.7%), American-Indian 73 (3.3%) and Asian/other 15 (.7%).

Table 1. Demographic Characteristics of Children

| Variable | Frequency (n) | Percentage (%) |
|-----------------------|------------------|-------------------|
| Gender (N = 2253) | | |
| Male | 1104 | 49.0 |
| Female | 1149 | 51.0 |
| Age at TDM 1 (N=2253) | | |
| Mean = 7.0268 | | |
| Median = 5.9000 | | |
| SD = 5.45006 | | |
| 0 to 5 = | 1130 | 50.2 |
| 6 to 10 = | 476 | 21.1 |
| 11 to 18 = | 647 | 28.7 |

| Variable | Frequency (n) | Percentage (%) |
|-------------------------|------------------|-------------------|
| Age at TDM 2 (N = 2253) | | |
| Mean = 7.601 | | |
| Median = 6.600 | | |
| SD = 5.4738 | | |
| 0 to 5= | 1051 | 46.6 |
| 6 to 10= | 502 | 22.3 |
| 11 to 18= | 700 | 31.1 |
| Ethnicity | | |
| Caucasian | 866 | 39.3 |
| Hispanic | 968 | 44.0 |
| African American | 280 | 12.7 |
| American Indian | 73 | 3.3 |
| Asian/other | 15 | .7 |

Research Question 2

What are the case closure reasons when TDM families/children exit the CWS?

Table 2 (Below), presents the case characteristic of families who participated in TDM's. The characteristics are as follows: number of cases for each year, type of abuse, referral response type, length of case, and reason for case closure. The years, 2011, 2010, and 2008 had the most cases involved in TDM. In 2011, 671 cases participated in TDM. In 2010, 678 cases participated in TDM. In 2008, 564 cases participated in TDM. The years 2009 and 2012 had the least cases participating in TDM.

In 2009, 315 cases participated in TDM and in 2012, 25 cases participated in TDM. Families in this study were also indentified to have the highest percentage referral response type in immediate referral (57.6%), and 10-day referrals (41.9%), while N/A secondary (.5) reports were the least common referral. Among this group, general neglect (77.9%) was identified with the most common type of abuse while physical abuse (11.2%), care taker absence (6.5%), sexual abuse (2.1%), severe neglect (2.1%), emotional (.8%), and other (.5%) were the least type of abuse indentified. The other type of abuse reported was as follows: sexual abuse at (2.1%), severe neglect at (1.1%), caretaker absence/incapacity at (6.5%), and emotional abuse at (.8%), with (.5%) for others.

Among this study, there were different reasons for case closure as presented in Table 2 (Below). Family maintenance (77%) was found to have the highest case closure reason compared to legal guardian/adoption (12.0%), emancipate (4.5%), and other (5.7%). Out of these cases, the most common time frame for a case to remain open was between 13 to 18 months, while 1 to 6 months (6.5%) was reported as the lowest.

Table 2. Case Characteristics

| Variable | Frequency (n) | Percentage (%) |
|-------------------------------|------------------|-------------------|
| Number of Cases Start Year | | |
| 2008 | 564 | 24 |
| 2009 | 315 | 12.3 |
| 2010 | 678 | 28.5 |
| 2011 | 671 | 28.5 |
| 2012 | 25 | 1.3 |
| Type of Abuse | | |
| Neglect | 1755 | 77.9 |
| Physical Abuse | 252 | 11.2 |
| Sexual Abuse | 48 | 2.1 |
| Severe Neglect | 24 | 1.1 |
| Care Taker Absence/Incapacity | 146 | 6.5 |
| Emotional | 17 | .8 |
| Other | 11 | .5 |
| Referral Response Type | | |
| Immediate | 1256 | 57.6 |
| 10-days | 914 | 41.9 |
| N/A Secondary Report | 11 | .5 |
| Length of Case | | |
| Mean = 1759 | | |
| Median = 16.00 | | |
| SD = 8.243 | | |
| 1 to 6 Months | 115 | 6.4 |
| 7 to 12 Months | 261 | 14.8 |
| 13 to 18 Months | 642 | 36.5 |
| 19 to 24 Months | 380 | 21.6 |
| 25+ Months | 361 | 20.9 |
| Reason for Case Closure | | |
| Family maintenance | 1515 | 77.9 |
| Legal guardian | 97 | 5.0 |
| Adoption | 136 | 7.0 |
| Emancipate | 87 | 4.5 |
| Other | 111 | 5.7 |

Research Question 3

What are the placement experiences of children whose parents participate in TDM's?

Table 3 (Below), presents data on placement moves and length of foster placements among this group. Majority of children had 1 to 2 placements (69.3%), while 3 to 5 placements (25.8%), and 6 or more placements (4.7%) were found to be the lowest between this range of placement moves. The mean number of foster care placement changes was 2.3. The mean length of foster care, when viewed by intervals in months is 11 months. In the study, the length of placements was as follows: 1 to 6 months (31.2%), 7 to 12 months (31.1%), 13 to 18 months (21.6%), 19 to 24 months (8.1%), and 25 months or more (8.3%).

Table 3. Placement Characteristics of Foster Children

| Variable | Frequency (n) | Percentage (%) |
|-------------------------------------|------------------|-------------------|
| Number of Foster Placement (n-2253) | | |
| Mean = 2.31 | | |
| Median = 2.00 | | |
| SD = 1.649 | | |
| 1 to 2 | 1,562 | 69.3 |
| 3 to 5 | 583 | 25.8 |
| 6 or more | 108 | 4.7 |
| Length of Foster Placement (n-1933) | | |
| Mean = 11.17 | | |
| Median = 9.00 | | |
| SD = 8.791 | | |
| 1 to 6 Months | 602 | 31.2 |
| 7 to 12 Months | 599 | 31.1 |
| 13 to 18 Months | 417 | 21.6 |
| 19 to 24 Months | 157 | 8.1 |
| 25+ Months | 158 | 8.3 |

Research Question 4

How many families participate in TDM meetings in term of the following elements:

- a. How many family members participate in TDM's and how are they related to the child?
- b. What type of TDM families participate in (initial referral, placement change, FR to FM)?

Table 4 (Below) presents the following data on TDM characteristics: participation rates of children and

family members, and the primary reason for TDM attendance. The study showed a high rate of family participation, at 1 to 2 TDM's (88%), with a mean of 1.51. Participation in 3 to 4 TDM's was (11%) and participation in 5 or more TDM's was (1%). The most common primary reasons for family's that participated in TDM were reported as: exit from placement (37.7%), placement move (22.2%), and imminent risk of placement (23.1%). Emergency placement (17%) was identified as the least common reason for families to participate in TDM.

Children had a low participation rate at TDM2 (28.9%) and TDM1 (27.3%) while having large results for no participation in TDM1 (72.7%) and TDM2 (71.1%). Between the father and mother, the study showed a higher participation rate for the father in TDM1 (92.5%) compared to the mother (27.3). In TDM2, the results showed the father (44.4%) also participated at a higher rate than the mother (28.9%). Relative's attendance (62.3%) was found to have a strong participation in the first TDM meeting. However, participation lowered after the third or more TDM's. The mean for the relative's participation is 2.34 TDM's.

Table 4. Team Decision Making Characteristics

| Variable | Frequency (n) | Percentage (%) |
|-------------------------------------|------------------|-------------------|
| Number of TDM (n-2253) | | |
| Mean = 1.51 | | |
| Median = 1.00 | | |
| SD = .874 | | |
| 1 to 2 | 1983 | 88 |
| 3 to 4 | 247 | 11 |
| 5 or more | 22 | 1 |
| Primary Reason for TDM 1 | | |
| Exit from Placement | 847 | 37.7 |
| Placement Move | 498 | 22.2 |
| Emergency Placement | 381 | 17 |
| Imminent Risk of Placement | 518 | 23.1 |
| TDM 1 Child Attend | | |
| Yes | 614 | 27.3 |
| No | 1639 | 72.7 |
| TDM 1 Mother Attend | | |
| Yes | 614 | 27.3 |
| No | 1639 | 72.7 |
| TDM 1 Father Attend | | |
| Yes | 1034 | 92.5 |
| No | 84 | 7.5 |
| Number of Family Members 1 (n-1331) | | |
| Mean = 2.53 | | |
| Median = 2.00 | | |
| SD = 1.810 | | |
| 1 to 2 | 829 | 62.3 |
| 3 to 4 | 327 | 24.5 |
| 5 or more | 175 | 13.3 |
| TDM 2-Primary Reason | | |
| Exit from Placement | 1109 | 49.4 |
| Placement Move | 529 | 23.6 |
| Emergency Placement | 219 | 9.8 |
| Imminent Risk of Placement | 388 | 17.3 |

| Variable | Frequency (n) | Percentage (%) |
|----------------------------|------------------|-------------------|
| TDM 2 Child Attend | | |
| Yes | 651 | 28.9 |
| No | 1602 | 71.1 |
| TDM 2 Mother Attend | | |
| Yes | 651 | 28.9 |
| No | 1602 | 71.1 |
| TDM 2 Father Attend | | |
| Yes | 1001 | 44.4 |
| No | 1252 | 55.6 |
| Number of Family Members 2 | | |
| Mean = 2.34 | | |
| Median = 2.00 | | |
| SD = 1.703 | | |
| 1 to 2 | 851 | 37.8 |
| 3 to 4 | 263 | 11.7 |
| 5 or more | 136 | 5.9 |

Inferential Statistics

Research Question 5

Based on demographics, case characteristics and TDM participation, are there differences in placement stability and permanency outcomes?

In Table 5 (Below), the relationship among two groups, number of TDM'S (Independent variable) and number of placements (dependent variable) were tested with a Pearson correlation to examine the relationship between both groups. The results showed there was a significant

positive correlation between the numbers of TDM and number of placement, revealing the more TDM participation, the more likely for children to have fewer placement moves while in foster care, ($r(2253) = .184$, $p < .05$). This supports hypothesis 3.

Table 5. Correlation between Number of Team Decision Making and Number of Placement

| | | Number of TDM | Number of Placement |
|---------------------|---------------------|---------------|---------------------|
| Number of TDM | Pearson Correlation | 1 | .184** |
| | Sig. (2-tailed) | | .000 |
| | N | 2253 | 2253 |
| Number of Placement | Pearson Correlation | .184** | 1 |
| | Sig. (2-tailed) | .000 | |
| | N | 2253 | 2253 |

** . Correlation is significant at the 0.01 level (2-tailed).

Table 6 (Below) presents multiple Pearson correlation findings for the following variables: months in case (dependent), number of TDM's (independent), TDM1 relative attendance (independent), TDM2 relative attendance (independent), months in episode (dependent),

number of placement (dependent), and age at case start (dependent). The relationships between selective independent and dependent variables were examined.

The study examined the relationship between Months in case (dependent) and number of TDM's (independent). A significant positive correlation was found between both variables. The results were $(r(1759) = .203, p < .05)$. Therefore, the longer the case remains open the more TDM's the family attends.

The study also examined the relationship between Months in case (dependent) and TDM1 relative attendance (independent). A significant negative correlation was found between both variables. The results were $(r(1033) = -.66, p < .05)$. Therefore, as the case remains open longer fewer relatives attend TDM's.

Another correlation was conducted to examine the relationship between Months in case (dependent) and TDM2 relative attendance (independent). A significant negative correlation was found between both variables. The results were $(r(960) = -.103, p < .05)$. Relatives were found to attend fewer TDM's as the case remains open longer.

The relationship between number of TDM's (independent) and TDM2 relative attendance (independent)

was examined. A negative correlation was found between both variables. The results were ($r(1250) = -1.00$ $p < .05$). The findings revealed that the more TDM's conducted the fewer relatives attend.

The relationship between TDM1 relatives attendance and TDM2 relatives attendance were examined by Pearson correlation. The findings found a strong significant correlation between both variables ($r(1130) = .857$ $p < .05$). The Pearson correlation revealed that relatives who attend the first TDM also attend the second TDM meetings.

Another correlation was conducted to examine the relationship between TDM1 relative attendance and months in episode. The results were ($r(1130) = -.033$ $p < .05$). A negative correlation was found with no significant findings between TDM1 relative attendance and months in episode.

The relationship between TDM1 relative attendance and age at case start was examined. These relationships were found to have a negative correlation ($r(1331) = -.125$ $p < .05$). The results revealed that the younger the child the more relatives participate in TDM's.

The relationship between TDM2 relative attendance and number of placements was examined. There is a negative correlation found ($r(1250) = -.076$ $p < .05$). The results may indicate that the more placement changes the less the relatives are involved.

Summary

Chapter four presented results of 2253 cases within a five year period that first entered Riverside County Child Welfare System (CWS) and participated in Team Decision Making (TDM). The findings revealed significant relationships between demographics characteristics, case characteristics, and TDM characteristics. There were also trends, frequencies, and differences in the independent and dependent variables that showed significance between TDM participation and the number of months a case was open.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter provides a discussion of the findings, the demographics, case characteristics, TDM characteristics; the relationship to placement stability, and permanency for those families that participated in TDM. This chapter further discusses the study's limitations and the recommendations for future research, social work practice, and policy.

Discussion

The purpose of this research study was to identify and examine the relationship between the demographics, case characteristics, and outcomes of those families that participate in TDMs with the Department of Public Social Services, Children Service Division in Riverside County. The study showed that the number of cases who participated in TDM has increased from 2008 to 2011. This is a significant finding as it indicates that Riverside County has continued to use this model to improve placement stability and permanency for families and their children. Additionally, a number of foster care

placements were found to have a lesser count for three to five placement moves compared to one or two placement moves. The results showed a significant positive relationship, revealing the more TDM participation, the more likely for children to have placement stability while in foster care. This indicates that there are fewer placement changes for children in foster care who participate in TDM's.

Within this study, it found that a close distribution percentage of between genders for children, who participated in a TDM, was 49% males and 51% females. Although there was no major difference in gender participation in this study, the findings remained consistent to findings in another study where it also reported no major differences in gender (Berzin et al., 2007). The study did find a significant positive relationship between genders and the reason for removal. The findings indicated a high count in both genders for the category general neglect compared to physical, sexual, caretaker absence, and others. This is an important finding, as it can help understand family dynamics and how to best serve this population when participating in a TDM. In a study conducted between 2000

to 2003, by Berzin, Thomas and Cohen (2007), did not report general neglect as high count and reported that care taker absence to be the highest reason for removal at 44.2% and general neglect at 28.9%. These results compared to the current study may indicate that they may be other factors that have contributed to the different findings in both studies.

The results also reported a significant relationship between gender and case termination. The study revealed a high count in the category of family maintenance compared to legal guardianship, adoption, emancipation and other groups. These results support that the more frequency in TDM participation, the more likely children remain with their families or reunify with their parents. Adoption was also identified as one of the primary reasons for termination. The study showed that males have a slightly higher count than females in being adopted but females have a higher count for legal guardianship. This may indicate that families may be hesitant to adopt females due to more common problematic behavior such as, teen pregnancy.

In the study, age was found to have a significant relationship between the first TDM participation and the

second participation. It appears that TDM consistency can lead to placement stability and improve reunification with parents. The results indicated families involving very young children (0 to 5 years old) participated most in TDM's. Similar to a study by Berzin, Thomas and Cohen (2007), the mean age for the children in the study was 5.5 years also presented a lower range in age. This is an important demographic finding as older children may not be participating in TDM's as frequent. This means that older child near to emancipation may not be provided with a TDM to help prepare these youth for emancipation or reunification with family. It appears that the focus group is in younger children than older children. This may indicate that younger children are more likely to participate in TDM's because of the potential high long-term costs. This may also indicate that adoption is less likely to happen as the child gets older, resulting in high costs to the State. This may indicate Riverside County is more likely to pursue TDM's with families of younger children.

This study, revealed two ethnicity groups that presented a high percentage in TDM exposure compared to other groups. Hispanics presented 44% and Caucasians

39.3% of the families in the study. African American, American Indian, and Asian/Other were less likely to receive TDM services. This may indicate that Riverside County has a higher percentage of Hispanics and Caucasians living in the county than any other groups. However, in a study conducted between 2000 and 2003 by Berzin, Thomas and Cohen (2007) reported higher participation in TDM's by Caucasians in Riverside County than Hispanics. Between that that study and the current study, there could be many factors that may indicate the minor difference. There is a significant relationship between ethnicity and reason for removal. Hispanics had a slightly higher rate of removal than Caucasians. Berzin, Thomas and Cohen (2007) also reported a higher rate for general neglect than the other categories. American Indian Asian and other were found to have a lower rate in all categories.

The study found that the length of foster care placement presents a median of 9 months in foster care with the most count reported as 1 to 6 months. This may indicate that the child remains in foster care less time, therefore, increasing the rate for reunification and permanency outcomes for children. The study found that

the primary reason for a TDM was to discuss exit from placement and reunification.

Within these findings the child's father appeared to have a higher count in participation in the first two TDM's than the mother or child. This may be true as children who come into the foster care system may have more than one father listed in the case. Typically, children only have one mother not two. Relatives also showed a high attendance rate at the two first TDM's. However, the results showed that family support declined after the third TDM participation among relatives attendance.

The study also found that the younger the child is, the more likely a relative will attend a TDM. Another, significant correlation that was found that the longer the case is open the more likely the family will receive TDM's throughout the case. However, the more TDM'S the family is provided the less relatives participate. Therefore, this shows that relative support declines after the second TDM. One reason can be due to the process of reunification. A second reason can be the lack of understanding what the process is due the communication between the family and the department.

Overall, there were significant relationships among variables in the study. The study presented a view on the demographics, case characteristics, and TDM characteristics of the families, and their children that participated in a TDM. The study showed a significant relationship between TDM and placement stability which presents a positive outcome for families. TDM needs to continue to be implemented with families throughout their case status to ensure placement stability and family reunification.

Limitations

A number of limitations in the study were found. The data collected was secondary data that was pulled by staff of Riverside County Children Division. Data was obtained from CWS/CMS electronic case files and ETO database then transferred to an excel program for readable data information. This process in collecting and converting the data could have developed some errors due to the large amount of cases analyzed. Therefore, it was not guaranteed that the information was accurate.

Another limitation identified in the process was that the children's ethnicity was recorded electrically.

Many children who came to the attention of Child Welfare came from different ethnicity groups. For example, a child that has one parent that is Hispanic and the other Caucasian may be labeled as only one and not identified as two ethnicity groups. There were only certain selective categories to identify ethnicity. This also led to ethnicity groups not represented correctly as to TDM participation.

Lastly, another limitation was the use of administrative data. One limitation is the large amount of data collected which did not guarantee validity and reliability. The data input recordings may not be 100% accurate and may cause duplication of data collected.

Recommendations for Social Work Practice, Policy and Research

This study showed significant differences and relations among the independent and dependent characteristic variables that indicate placement stability and permanency outcomes presented a positive view than prior research studies. The study was able to identify the characteristics of families that participated in TDM's. This study can help social workers to identify the individual needs of a family if social

workers have a better understanding of their demographic characteristics and case characteristics. Additionally, understanding the developmental stages of a child and having knowledge of the developmental theories can help lead to a better understanding of the needs of the family. This can help improve the percentage of placement stability and reunification with parents.

Child welfare agencies should continue to examine the demographics characteristics, case characteristics, and TDM characteristics to see if there continues to be significant findings leading to placement stability and reunification. It is also recommended that further analysis is conducted to investigate the relationship and impact between variables every year instead of a view of all five years. This will help examine the differences between each year. It is important that the agency is familiar with the type of population that receives services in order to ensure that services continue to be available to meet the needs of families and communities.

This study can help improve social work policy. First, social workers should continue to be trained about the benefits of TDM's as this study showed benefits of having families participate in them. Policy should

emphasize teaching social workers that TDM's are valuable and should be utilized throughout the life of a case. To ensure social workers utilize TDM's, policy should require that families participate in a TDM and make it a part of their case plan.

Conclusions

The purpose of this study was to identify the characteristics of families who participate in TDM; to describe how families participate in TDM's (frequencies, reasons, family members participation); and describe the placement and permanency outcomes of children whose families participate in TDM. This study identified the characteristics of families that participated in TDM's within the Riverside County Child Welfare agency. The results of this study showed the following conclusions. There was a significant positive correlation between TDM participation and number of placement moves for children in foster care. This revealed that children are more likely to have placement stability while in foster care. Hispanics and Caucasians presented to be the population who participated more in TDM's than other ethnicity groups. There was no difference among gender

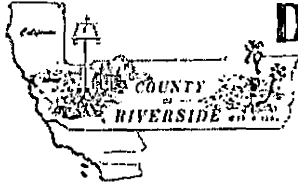
participation. However, there was a significant relationship between gender and reason for removal with general neglect showing the highest rate. The study reported that TDM participation among family and relative showed significant differences. Overall, findings were presented and differences among the families and the children were identified.

APPENDIX A
DATA EXTRACTION TOOL

| Variable | SPSS variable name | Coding instructions |
|---------------------------------------|---------------------------|--|
| Reason for removal (removal desc) | Reason for Removal | 1=General neglect 2=Physical abuse 3=Sexual abuse 4=Care taker absence/ Incapacity 6=Emotional 5=Others |
| Referral Response Type | Response type | 1=immediate 2=10-days 3=n/a secondary report |
| Primary reason for TDM one | Reason for TDM | 1=Imminent Risk of Placement 2=Emergency placement 3=Exit from placement 4=placement move |
| Primary reason for TDM two | Reason for TDM | 1=Imminent Risk of Placement 2=Emergency placement 3=Exit from placement 4=placement move |
| Number of TDM's Parent/child attended | TDM attended | 1= one to two meetings 2= three to four meetings 3= five or more meetings |
| Number of relatives attended | Members attended | 1=continuous |
| Gender | Sex | 1=Males 2=Females |
| Age at Second TDM participation | Age | 1=continuous |
| Ethnicity | Ethnicity | 1= Caucasian(all white) 2=Hispanic 3=African American 4=American Indian 5=Asian and other |
| Age at case start | Age at case start | 1= continuous |
| Number of Placement changes | Placement changes | 1=1 to 2 2=3 to 5 4=6 or more |
| Child participation in TDM one/two | Child participation | 1=Yes 2=No |
| Mother attended in TDM one/two | Mother attended | 1=Yes 2=No |
| Father attended in TDM one/two | Father attended | 1=Yes 2=No |

| Variable | SPSS variable name | Coding instructions |
|--|-----------------------------------|---|
| Term reason description | Term reason | 1=FM (Family maintenance) 2= LG (Legal guardian) 3= adoption 4=Emancipate 5=Other |
| Months in case (Length of time case open) | Months in case | 1=continuous |
| Total of TDMS per year (case ends dates) | TDMS per year | 1=2012 2=2011 3=2010 4=2009 5=2008 |
| Months in Episode (total length in foster care) | Months in episode | 1= continuous |

APPENDIX B
APPROVAL LETTER



Department of Public Social Services

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Susan Loew, Director

January 11, 2012

California State University, San Bernardino
Department of Social Work
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San Bernardino, CA 92407-2318
909-537-5000

To Whom It May Concern:

This letter is to indicate the support of the Department of Public Social Services, Children's Services Division, for Veronica Mendez-Lopez to pursue her graduate research project titled, "CHARACTERISTICS AND CASE OUTCOMES OF FAMILIES THAT PARTICIPATE IN TEAM DECISION MAKING."

Sincerely,

Laurel Brown
Deputy Director
Riverside County DPSS,
Children's Services Division
10281 Kidd Street
Riverside, CA 92503
(951) 358-4698

INNOVATIONS IN AMERICAN GOVERNMENT AWARD WINNER - 1996

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