

## ***Decision Making in Child Welfare: A Critical Review of the Literature***

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**ABSTRACT:** The decision to intervene with families has enormous implications for a democratic society. Child protective services must both protect children and families. Practice theory, social policies, and agency procedures have not provided a consensus on the criteria to guide decision making in child welfare. This paper reviews the empirical studies in the decision making literature for the purposes of: identifying variables workers are using to guide their decisions; identifying major professional concerns and issues with this literature; and suggest questions for further research.

Child Protective Services (CPS) has been given an enormous obligation by society to protect children and preserve families. They have been given this task in the context of increasing reports of child maltreatment, and at the time when CPS is being given fewer resources to protect those children. The decision to intervene with families by child welfare agencies has enormous implications for a democratic society. Errors by child welfare workers can threaten the integrity and privacy of families. Practice theory, social policies, and agency procedures have not provided consensus on the criteria to make decisions about intervention with families (Gleeson, 1987 & Knitzer, Allen, & McGowan, 1978). The lack of clear guidelines has resulted in the failure to protect children and families.

In the late 1950's the suggestion first emerged that research in child welfare ought to give great attention to the decision making process in order that guidelines for decision making could be developed (Wolins, 1959). Fanshel (1962) suggested that these research efforts should focus on the decision making choice points found in child welfare. This paper is organized according to the first four of those

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choice points, and reviews the empirical literature on decision making as a contribution toward the reassessment of the decision making process. The purposes for doing so are: to identify variables that child welfare workers are using to guide their decisions, identify major professional concerns and issues, assess current trends, and suggest questions for research.

### Research Critique

The research has limitations which effects the ability to draw definitive conclusions. Table I provides a summary of the decision making research.

Problems with the research have been noted. These are:

1. Many of the studies used small unrepresentative samples drawn from 1 or 2 sites.
2. Only 2 of the representative samples with large N's used longitudinal methods of data collection (Benedict & White, 1991 & Seaburg, 1978). Two of the non-representatives used longitudinal approaches (Stein & Rezpinski, 1984 & Gleeson, 1987). For the most part interview studies relied on retrospective reports from informants which limits the use of their conclusions.
3. Only 2 of the representative studies (Benedict & White, 1991 and Lindsey, 1991) and 2 non-representative studies used comparison groups (Johnson & Esperance, 1984 and Avison, 1986). Alter (1985), Stein & Rezepniki (1984), Gleeson (1987), Briar, 1963 and (Craft, Epley, & Clarkson, (1980) conducted experimental research with control groups.
4. Only three studies were representative of a national protective service population (Lindsey, 1991, Seaburg, 1978, and Seaburg & Tolley, 1986). Other studies were representative of specific state or county populations (Benedict & White, 1991, Jenkins et al., 1983; Maluccio & Kluger, 1990; McMurty & Lie, 1991; and Goerge, 1990).
5. Some of the studies used agency recorders which created problems such as missing data and bias (Dalgheish and Drew, 1989 & Benedict and White, 1991).
6. About one-half of the studies used archival data. These studies have problems with the reliability of abstractors and missing

**TABLE I**  
**Summary of Studies**

Study	Type	N/Sample	Subject/Setting
1. Alter (1985)	Experimental	12 supervisors 73 CPS workers	no screening
2. Avison et al. (1986)	Experimental (L)	388 women 4 samples	no screening
3. Berger et al. (1989)	Evaluation Abstract (R)	32 case files 4 workers	no screening Hospital
4. Benedict & White (1991)	Abstract	689 case files children	yes reunification
5. Benedict et al. (1987)	Abstract	689 case files children	yes reunification
6. Briar (1963)	Experimental	43 workers	yes placement
7. Craft et al.	Experimental (L)	38 workers	no screening
8. Dalgeish & Drew	Abstract (R)	152 case files	no placement
9. DiLeonardi (1980)	Survey (R)	12 programs	no screening Prevention program
10. Eckenrode (1988)	Abstract	1698 reports	yes screening
11. Faller (1988)	Abstract	103 case files	no screening
12. Finch et al. (1988)	Survey (L)	20,066 case files	yes discharge
13. George (1990)	Abstract	1200 case files	yes reunification
14. Giovannoni Becerra (1979)	Survey	159 workers	no screening
15. Giovannoni (1991)	Survey	117 workers	no screening
16. Gleeson (1987)	Experimental (L)	31 workers	yes screening CPS-Mix
17. Gibson et al. (1984)	Survey (L)	48 workers	no reunification
18. Groeneveld & Giovannoni (1977)	National Survey	2400 case files	no screening NCCNA
19. Hutchinson (1989)	Abstract	294 case files 228 reports 16 workers	no screening

TABLE I (Continued)

Study	Type	N/Sample	Subject/Setting
20. Holman (1983)	Abstract (R)	36 case files	no recidivism
21. Katz, et al. (1986)	Abstract	185 case files	no reunification Hospital
22. Jenkins & Diamond (1985)	Epidemiological	2439 Public Welfare Dept. Census data sample 14 largest cities	yes placement
23. Jenkins (1983)	Epidemiological	2439 Public Welfare Dept.	yes placement
24. Malluccio & Kluger	Survey	All children in Conn. foster care	yes placement
25. Meddin (1984)	Survey	81 workers	no placement
26. McMurty & Yong Lie (1992)	Abstract	775 children (>6 months in care)	yes reunification
27. Johnson & Esperance (1984)	Abstract	120 case files 55 comparisons	yes recidivism SSCF
28. Lawder et al	Abstract	185 case files	no follow up CPS-Private
29. Lindsey (1991)	National Survey	9,597 case files	yes placement
30. Phillips et al. (1971)	Survey	513 case files	yes placement
31. Rosen (1981)	Abstract	162 case files	no screening
32. Seaberg (1978)	National Survey (L)	1,380 case files	yes disposition Gil (1970)
33. Seaberg (1986) Tolley	National Survey (R)	9,597 case	yes duration
34. Rosen (1981)	Survey	162 workers	no screening
35. Scheurer & Bailey	Abstract	300 children 150 families	no placement
36. Segal & Schwartz (1985)	Abstract (R)	424 cases	no placement residential

37. Stein & Rezniki (1984)	Experimental (L)	159 cases 38 workers	yes intake CPS-Mix
38. Wells et al. (1989)	Survey	100 administrators	no screening
39. Wells et al. (1989)	Survey	83 supervisors	no screening
40. Wells et al. (1991)	Survey	12 sites case decisions	no screening
41. Wightman (1991)	Survey	9 specialists	no screening
42. Wolock (1982)	Survey Abstracts Social Indicators	11 CPS offices 289 cases	no screening

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\*Unless otherwise indicated the study is of a CPS setting  
 CPS-Mix means a mixture of public and private agencies were used  
 NCCNA = National Clearinghouse on Child Abuse and Neglect  
 SSCF = National Study of Social Services to Children and Families  
 Seaberg's data is a secondary analysis of Gil's (1970) data.

\*\**(L)* Longitudinal data collection method; *(R)* Retrospective design.

\*\*\*Case files means data was abstracted from agencies' records on children and families.

\*\*\*\*Workers means data collected from CPS workers or other professionals. Otherwise specific data sources named (i.e. administrators or supervisors).

\*\*\*\*\*Abstract means data collected from case files.

\*\*\*\*\*Duration refers to length of time in placement.

data in the case files. Most of the other studies collected data directly from workers.

These different data collection methods make comparisons of results difficult. Studies collected data on different variables, choice points in the decision making process, from different political jurisdictions with varying policies and circumstances governing practice, and in different types of service settings. All of these differences make it difficult to find supporting evidence for findings across studies.

7. A clear interpretation of findings is often confused by the confounding of case characteristics and treatment effects.

## General Statements About Decision Making

There appears to be considerable agreement among workers about the circumstances and indicators used at each stage of the decision

making process. However, questions have been raised about the validity of these indicators. The source of many of these indicators is the accumulated practice wisdom and knowledge of social workers. In many instances the indicators need testing. Even when the empirical status of an indicator has been established questions have been raised about whether they are being applied reliably (Wells, Fluke, Downing, and Brown, 1989A, 1989B; Stein & Rezipniki, 1984; Gleeson, 1987; Craft, Epley, Clarkson, 1980; & Rosen, 1981; McDonald & Marks, 1991).

Workers and supervisors are the primary, and in many instances, the only decision makers in the process. Individual discretion and the personal biases of these players have exerted a strong influence on decision making. In the absence of clear guidelines extraneous factors such as anger, value judgements, or shock at abusive situations may enter into the decision making process.

Decision making may also be idiosyncratic by site. Agency policies may differ. Wolock (1982) describes a psychological process that takes place in offices in which the typical or average case in the total case load comes to serve as a referent for judging the severity of cases within the office catchment area.

Some predictive models are available but these lack sufficient empirical tests necessary for their use with confidence (Katz & Robinson, 1991; Faller, 1988A; Stein & Rezipniki, 1984; Wald & Woolverton, 1990; and Dalgheish and Drew, 1989). Reliable means of predicting maltreatment do not exist, and it is difficult if not impossible to determine who will reabuse.

## **Intake Decisions**

Child protective service agencies must make decisions about whether or not to respond with an investigation or not. A major problem with protecting children and families is that the research base is not adequate to allow agencies to determine with confidence which families are low risk. "Worst case scenarios" probably can also be identified.

The error of conducting unwarranted investigations is not as likely as the error of reports needing investigations being overlooked (Wells, 1989A; 1989B). However even a small amount of error in conducting unnecessary investigations raises major problems. Unwarranted investigations may lead to family stress, stigma, and mislabeling. The danger to agencies are: overburdening workers, using up scarce re-

sources, creating legal liabilities, and damaging the credibility of CPS with the public (Avison, Turner, & Noh, 1986; Berger, Rolow, & Wilson, 1984; and Gleeson, 1987).

The typical report is filed by a non-mandated reporter and involves neglect of a school age child by a single parent. The modal investigation is conducted on a report of physical or sexual abuse filed by a mandated reporter. The following variables are used by workers to make decisions at various choice points.

The research has identified criteria that workers use in decision making at intake. The following is a discussion of those variables.

The reported facts must be consistent with a legal definition of abuse. Mandated reporters may have their reports responded to by CPS agencies more often than lay reporters because the mandated reporter is more likely to know the legal definition of maltreatment. Lay people have a broader view of what constitutes maltreatment that goes beyond what the law defines as abuse (Giovannoni & Becerra, 1979 and Groeneveld & Giovannoni, 1977). Mandated reporters carry more credibility with their fellow professionals, and may have the training and experience to identify the cues that signify maltreatment. They may also be able to present a coherent case with the specificity and evidence needed for agency action (Hutchison, 1989; Giovannoni, 1991; and Wells et al., 1991). Giovannoni (1991) reports CPS workers may in the interest of good agency relations respond to questionable reports of other agencies.

Physical and sexual abuse carry with them less ambiguity than other forms of maltreatment. Giovannoni and Becerra (1979) found there were few cases of emotional abuse or immoral behavior where that type of abuse was the sole reason for action. Physical and sexual abuse carry with them a sense of urgency that danger is immediate and demands a protective response. Physical abuse may provide agencies with tangible evidence of injury. Sexual abuse may not have the accompanying physical evidence, but it does raise a sense of outrage that protective action be taken.

Variables that indicate increased vulnerability to the child are likely to trigger an investigation and are also factors in the decision to substantiate, and more intensive interventions at other decision making choice points. Such cues include the presence of the perpetrator in the home (Hutchinson, 1989), and the age of the child (DiLeonardi, 1991). Young children and particularly children under the age of 2 receive the most protective interventions at all choice points (DiLeonardi, 1980; Wells, et al., 1989A & 1989B). McDonald and

**TABLE II**  
**Summary of Findings**

Variable	Empirical Support*
Intake Decisions	
Legal Status	15, 38, 39, 40
Specificity of Allegation	15, 19, 40
Mandated reporter	14, 15, 18, 19, 40
Case Status (open or not)	19
Physical or Sexual Abuse	14, 18, 19, 40
Age of the youngest child	19, 38, 39, 40
Perpetrator in home	19
Ethnicity and SES	19, 23
Organizational factors	19, 42
The Decision to Substantiate	
Direct Evidence	7, 9, 11, 20
Parental Cooperation	7, 9, 11, 25, 34
Previous History of Abuse	7, 9, 10, 34, 35, 36
Parental Problems	1, 7, 9, 34, 38, 39
Severity of the Injury	7, 9
Age of the Child	19
Child Problems	7, 9, 25, 35
Poor Parent/Child Relations	7, 9, 25, 34
Mandated Reporter	10
Investigation Process	10
Socioeconomic status	42
Ethnicity	10
The Decision to Remove	
Parental Functioning/Cooperation	8, 25, 35
Past History of Abuse	21, 32
Age of the Child	21, 25, 29, 30, 36
Childhood Disturbance	4, 30
Parent/Child Relationship	25, 35



Source of Referral	36
Availability of Social Support	8, 41
Environmental Stress	21, 24, 40
Socioeconomic Status	21, 29, 30
Type of Abuse	21, 24, 40
Ethnicity	21, 23, 32, 36, 40
Organizational Considerations	6, 35

#### Reunification

Stability of Placement	5, 12, 13
Duration in care	4
Ethnicity	12, 13, 26, 33
Type of Abuse	13, 28
Parental Behavior	5, 13, 31
Age of the Child	26, 32
Child Behavior/characteristics	12, 32
Intensity of Services	5, 17, 28
Parental Visiting	4, 26, 28

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\*Study corresponds to the # of the Study on Table I

Marks (1991) in an extensive review of the risk assessment literature, finds that the amount of perpetrator access to the child and the age of the child, are 2 of the variables on a short list of empirically validated risk indicators.

Organizational features such as how many reports were received on a day also governs whether there is a response. Cases that may be investigated on a day where there are few reports might be screened out on a day where there are many reports (Hutchinson, 1989). Workers are more likely to investigate when they did not feel overburdened or constricted by resources (Rosen, 1982; Wells, et al., 1989A; 1989B; Stein and Rezepniki, 1984).

Families that already have open cases at CPS may not have additional reports of maltreatment investigated, possibly because the agency feels these families are already receiving protection (Hutchinson, 1989).

Non-whites are more likely to be investigated than whites. However, this finding is not uniform across data collection sites (Hutchinson, 1989). Ethnicity is a variable where conflicting findings at all choice points in the literature are generally the rule.

Jenkins and Diamond (1985) propose a "visibility hypothesis" to explain their finding that African-Americans are more likely to be investigated. This hypothesis states Black children are more likely to be in the system when they make up a smaller proportion of the population, and less likely to be in the CPS system when they are a larger part.

Low socioeconomic status increases the risk of an investigation. Virtually the entire CPS population is of low socioeconomic status. Ethnicity and class become entangled in attempting to interpret results. The increased vulnerability of minorities may be the result of institutional racism. This higher risk may also be the result of higher poverty rates among minorities of color. Low income groups may be more vulnerable to criticism and therefore they are subject to more reports and investigations. An alternative explanation is that lower income groups are subject to more stressors, and with fewer resources to respond to these stressors are more likely to maltreat (Pelton, 1978).

### **Substantiating Abuse**

The next step is to decide if the facts warrant state intrusion. The worker must determine if abuse has occurred, will it recur, and what is the degree of intrusion warranted.

Four indicators that provide direct evidence of abuse are a parental admission of maltreatment, credible witnesses to the maltreatment, the victim's testimony, or when there is a physical injury or hospitalization. In this last case there may be physical evidence to substantiate an injury (Craft, et al., 1980; DiLeonardi, 1980; & Faller, 1988B).

Faller (1988B) notes that the adversarial nature of the legal system works against parental admission in cases of sexual abuse, but the admission may be partial or indirect, which can be used with other factors to substantiate. Direct witnesses to abusive episodes are not always available given that abuse often occurs behind the closed doors of the family home. Often young children do not have the ability to describe what has happened to them, and loyalty or fear of the parents works against a child admitting abuse.

The severity of the injury is frequently used as an indicator. However, Katz and colleagues (1986) question the validity of that indicator when they note many physicians view a severe injury as an indi-

cator of accident, and look for more subtle clues that indicate chronic maltreatment. Pecora (1991) asserts that the severity of the injury is over-relied upon by workers given it does not have empirical support as a risk indicator.

The importance of the parental reaction increases when direct physical evidence is not available. Workers assess whether the response seems appropriate for the situation, and whether the parent can provide a consistent and believable explanation for the maltreatment (Craft, et al. 1980 & DiLeonardi, 1980). Lack of cooperation may be taken as an indicator of abuse. Johnson and Esperance (1984) found that uncooperative parents in an initial episode of abuse were more likely to reabuse if the children were removed and returned. Although they concede they cannot tell from the data whether uncooperative parents were offered services, or did not use the services that were provided. Service outcomes may be confounded with case characteristics. Uncooperative parents may not be offered services. Anger and lack of cooperation may also be a predictable reaction to a stressful situation where a parent feels they are unjustly charged.

Many judgements by workers are subjective and are likely to be influenced by such matters as the parent's physical appearance and ability to verbalize feelings (Alter, 1985; DiLeonardi, 1980; Faller, 1988A; Craft, et al., 1980; Rosen, 1981; Meddin, 1985). Such characteristics may influence how cooperative a client is perceived to be. These worker perceptions may be both class and cultural based (Hampton & Newberger, 1984).

Negative evaluations by workers are made of the perpetrators who reject the idea that maltreatment is harmful, refuse to accept responsibility for the behavior causing harm, show remorse for the abuse and neglect, or who communicate that the abusive behavior is willful.

Additional parental difficulties such as: mental or physical illness, marital problems, a criminal record, a history of previous abuse of children or prior report maltreatment, substance abuse problems, poor caretaking skills, social isolation, or poor conditions in the home that present clear hazards to the child's health and safety, are taken as indicators of the parent's inability to protect the child (Craft, et al., 1980; Seaberg, 1978; & Rosen, 1981; Eckenrode et al., 1988).

McDonald and Marks (1991) find of the above variables only the being a teenage parent, mental health status of the caretaker, and the number of children as a ratio to adults have empirical support as risk indicators.

Social workers are more likely to substantiate the cases where the child appears vulnerable and in need of protection. Such situations include a child exhibiting medical, psychiatric, behavioral problems, unusual behavior, and developmental delay.

If the amount of detail given by the child about sexual abuse goes beyond what is expected from the child's developmental stage; that ability is used as another indicator of abuse.

Social workers assess the state of parent-child relationships. This assessment, along with the parental functioning and cooperation, are taken as measures of the parent's concern, willingness, and ability to protect the child or change their abusive behavior. These indicators are indicators that are evident at each decision making choice point. In addition inappropriate reactions by the child such as exhibiting fear of the parent, or expressions of hostility by the parent toward the child, are taken as indicators of maltreatment (Craft, et al., 1980; DiLeonardi, 1980; Rosen, 1982; & Meddin, 1985).

The impact of socioeconomic status is evident in substantiation decision. Wolock (1982) found there was an inverse relationship between socioeconomic status and the number of cases handled by an office catchment area. The lower the socioeconomic status; the more cases that office investigated and substantiated.

A New York study found that African-American and Hispanic families were more likely to be substantiated for abuse. Ethnicity was the only background variable that explained the substantiation of cases for physical neglect in that study (Eckenrode, 1988).

How much time a worker spent on a case and the number of contacts with the family was also predictive of whether a case was substantiated. The nature of this relationship remains unexplained (Eckenrode, et al., 1988). It may be reflective of a worker assessment of risk, or workers may be predisposed to spend more time with certain types of cases. The additional time may result in a self-fulfilling prophecy.

### **Removal of the Child from the Home**

The decision to separate the child is one of the most serious steps that Child Protective Services can take. Only the decision to terminate parental rights has more serious implications. The placement decision involves issues of stigma with parents, and is a threat to attachment and bonding between parents and child. A consistent set of vari-

ables are used to make placement decisions. However, Briar (1963) findings suggests that there would be more variations among social workers on placement formulations than on diagnostic assessments of family functioning.

If the abuse is substantiated the next choice point is to decide whether to remove the child or leave in their own home with supervision and services. The decision ought to be based on whether there is further risk of abuse or neglect. The decision is often influenced by ideologies of workers, agencies, and courts. Depending on the setting the belief may be that the family ought to be preserved at all costs; or that the child ought to be permanently removed because of abusive behavior by the parents.

Parental functioning, cooperation, and the state of the parent/child relationship are variables that allow the worker to assess the parent's ability to utilize in-home services on behalf of the child (Dalgheish & Drew, 1989; Meddin, 1984; and Faller, 1988B).

A parent with a past history of abuse is more likely to have their child removed. Workers may be influenced by intergenerational theories on the causation of abuse that indicate that a high percentage of abusers were abused themselves during childhood. The likelihood of removal increases if medical or psychological evidence exists to suggest the parent is not competent to parent, or the parent refuses to meet minimal caretaking expectations. Additional indicators that could result in removal include parents having multiple problems, undergoing environmental stress, having life styles which conflict with parenting, or who have difficulties in holding jobs (Katz, et al., 1986; Meddin, 1984 & Phillips, Shyne, & Haring, 1971). These parents may appear too overwhelmed or disinterested to be able to care for their children.

Removal is not indicated when the parent is not the perpetrator, and is concerned and protective of the child. When the parent is the perpetrator but is remorseful, and gives evidence of an ability to avoid further maltreatment, then the child ought to remain in the home. If parents are nurturing, and have a strong attachment to the child, then the child ought not be removed (Meddin, 1984 and Benedict & White, 1991).

The relationship between age and removal is particularly strong if the child is under the age of six. Children over the age of 12 are seldom placed only for child protective reasons (Phillips, et al., 1971; Lindsey, 1991; Katz et al., 1986; and Meddin, 1984). Older children are more likely to be placed if there is some other problem such as

delinquency or a mental health difficulty (Phillips et al., 1971 & Rothman, and David, 1985). Workers may believe that older children can take actions such as physically defending themselves or running away (Rothman & David, 1985). It is also possible the CPS system wishes to avoid a difficult adolescent population.

Children tend to remain in the settings where they were when the initial investigation took place. Most children are not removed from their home even if the case is substantiated. Segal and Schwartz (1985) among others raise the issue that many children are remaining in harms way because of a reluctance to remove a child from their family. An emphasis on family preservation would increase the risk to some children. The presumed trade-off is the protection of family life. The likelihood of placement increases if the child is already in some form of out-of-home placement at the time of the report (Segal & Schwartz, 1985).

Family variables used in decision making include whether a support system is available that can provide support (such as crisis help, respite baby sitting, etc.). Goerge (1990) notes being a single parent increases the chances of having a child removed. If present the care giver's partner is assessed for whether they are a help or hindrance with protecting the child. Having responsible adults available to monitor the home situation may communicate to workers a degree of safety that reduces the need for removal (Wightman, 1991).

Children from smaller families are more likely to be placed. Workers may be reluctant to break up a sibling subgroup because of the fear that psychological damage will be done to children separated from brothers and sisters; or social workers may find it too difficult to find a single placement for a sibling group.

Socioeconomic status may be the most important variable in determining placement decisions. Lindsey (1991) reports findings from one of the few studies which used a large sample representative of a national protective service population. He concurs with Pelton's (1989) assertion that children are being removed for reasons of poverty alone.

Employment and AFDC may be a buffer against removal. Lindsey (1991) reports that those receiving public assistance, and those with self support, are more likely to receive services in the home. Phillips, et al. (1971) asserts that parental unemployment may be taken as an indicator of family disorganization. DiLeonardi (1980) claims persons on public assistance may receive services in the home because they have experience dealing with public social service agency workers,

and tend to be more cooperative with CPS investigations than those without that experience.

Katz, et al. (1986) found that the most common type of abuse which resulted in the placement of children from lower socioeconomic groups was whether they had physical injuries. Those with non-physical injuries were more likely to be placed if they came from affluent backgrounds. They suggest that physical injuries may be viewed as abuse in lower SES groups, but similar injuries may be viewed as accidents in higher income groups. Neglect may result in placement for higher income groups because a negative evaluation is made of families who do not care for their children despite having resources.

Children referred because of neglect are most likely to be placed out of the home. This tendency is particularly strong for younger children (Katz, et al., 1986 & Lindsey, 1991). Maluccio & Kluger (1990) found African-American children are more likely to be placed for reasons of neglect. One possible reason for this propensity to place for neglect is that it occurs most often in situations of deprivation or high stress, and the parents are perceived as too overwhelmed to care for their child even with services.

Most of the evidence suggests minorities are not any more likely to be placed than whites. The overrepresentation of minority children may be related to a more likely entry into the system, and once in the child welfare system having a slower exit out.

Meddin (1985) finds minorities are more likely to be placed, but asserts minority status may be entangled with social class. Workers are more likely to see structural living conditions in homes of the poor that they see as having the potential to increase the likelihood of continuing abuse or neglect. Singer (1967) offered a hypothesis for why mental health workers are more likely to hospitalize African-Americans for treatment which may have some relevance. This hypothesis suggests workers are "sociological realists," who know problems are more social than psychiatric, and feel placement would have the benefit of removing the person from those social conditions.

Segal and Schwartz (1985) find minorities are less likely to be placed, but they say that this may be the result of fewer same race foster care matches. They further indicate that Black children may be returned to an environment where they are vulnerable to abuse. This study had a small sample collected from a single site. It is important to note that the epidemiological studies demonstrate that minority children are overrepresented in the foster care population, and this overrepresentation is most pronounced with Black children (Jenkins

& Diamond, 1985; Jenkins, 1983; Shyne and Schroeder, 1978; Childrens Defense Fund, 1978; Maluccio & Kluger, 1990; and Stehno, 1982). Maluccio and Kluger (1990), found Black children were over-represented in Connecticut's foster care system, but those children over 12 who were placed were more likely to be white.

Jenkins (1980) hypothesized that Black families may have fewer resources and more problems than white families that necessitate placement and longer stays in care. Giovannoni & Billingsley (1970) suggest that the under-utilization of services by minorities may contribute to the severity of problems. Stehno (1982) asserts that social workers avoid evidence of racism in practice, and prefer "safer" explanations for over-representation such as social class or place of residence. No evidence has ever been presented that ethnic or cultural differences in childrearing contribute to abuse. However workers may misinterpret cultural differences in child rearing as maltreatment. Factors not related to child rearing, and perhaps child maltreatment, may be responsible for the overrepresentation of minority children in the system.

Organizational variables such as the availability of suitable matches, or bed space in emergency care, may result in some children who need out-of-home care being returned to their biological home (Schwartz & Segal, 1985).

### **The Reunification Decision**

If a child is removed from the home the placement is supposed to be temporary. The time while the child is outside of the home is supposed to be spent in helping the parents correct the conditions that made removal necessary. If the parents are unsuccessful in this effort other permanency options are considered.

Goerge (1990) found that children placed with relatives had fewer placements than other children, and therefore moved more slowly back to the parents. The longer a child was in placement, the less likely a child was reunified. A shift among a variety of placements also reduces the chances for reunification (Finch, Fanshel, & Grundy, 1986 & Wulczn, 1991).

A long duration in care may result in a rift in the parent-child relationship, or be an indicator of problems in parental functioning. Long stays in care where the child is shifted among multiple care givers may interfere with the child's ability to form permanent rela-



tionships, and/or it may indicate the presence of severe problems that results in the child being difficult to handle.

Finch and Fanshel (1985) in study of foster children served by 31 agencies found that white children were discharged from placement faster than Black or Hispanic children. Similar findings were reported by Goerge, 1990; Jenkins, 1985; Seaberg & Tolley, 1986. African-American children may spend more time in care, but geographic location is a factor affecting this generalization. States have different ethnic mixes and foster care resources which may account for variations, or differential findings may be a result of differences in study design. Benedict and White (1991) and Benedict, White, and Stallings (1987) did not find this ethnic difference among placed children in Maryland. McMurty and Yong Lie (1992) found Black and Hispanic children spent longer periods of time in care in Arizona than White children. McMurty & Yong Lie (1992) suggest Benedict and White's (1991) conclusions might have been different if they had included all children in foster care instead of just those who exited in some fashion.

Goerge also found that Black children were more likely than whites to be placed with relatives. This placement may contribute to a slower move back to the parent. Families, parents, and workers did not feel the same need to reunite the child with a biological parent as they might with a non-relative placement. These children may also remain in care for longer periods of time because African-American adoptive homes are scarce.

Children who had longer stays in care had mothers who had characteristics or problems which effected the parent-child relationship, or impaired the parent's ability to perform minimal levels of acceptable child rearing. These problems include having physical or mental health difficulties or substance abuse problems (Benedict and White, 1991; Goerge, 1990; Lawder et al., 1986). Other characteristics include being a teenage mother (Lawder et al., 1986), having some sort of family crisis, or bearing a child out of wedlock (Fanshel & Shinn, 1978). Probably the most frequent variable used by workers is whether the parents were cooperative, and carried out the service plan, as an indicator of a desire to regain custody of the child (Benedict and White, 1991).

Child characteristics which contributed to length of stay in foster care include poor grades, developmental delay, and disability (Benedict & White, 1991; McMurty & Yong Lie, 1992 and Seaberg & Tolley, 1986). The children who were in the system longer were also older and male (Seaberg & Tolley, 1986 and McMurty & Yong-Lie,

1992). These characteristics may contribute to situations which force these children to be shifted among placements. Benedict and White (1991) make the point that a child's problems or characteristics ought not to contribute to longer stays in foster care because the intent of PL-96-272 is that decisions ought to be contingent on the parent's and not the child's behavior.

### **Practice Implications of Generalizations**

Child welfare workers need a common set of indicators that have been empirically verified to aid in decision making (Stein & Rezepniki, 1984; Dalgheish and Drew, 1984; Wald & Woolverton, 1990). Common indicators and procedures would reduce workers' subjectivity and increase reliability in decision making, and provide for more accountable practice by facilitating internal supervision.

It is unlikely that it will ever be possible to predict risk with complete accuracy, but it is possible that empirically validated indicators might reduce the number of children coming into the system. Once in the system these indicators would also provide a tool to help identify the kind of resources or services that are needed by CPS families. Prompt and better decision making would reduce the duration in care, and increase the probability of a return home (Goerge, 1990).

In order to reduce individual discretion in decision making team decision making is an approach that needs consideration. Judgements by several workers might keep biases by individual workers in check (Craft, et al., 1980; Pike, Emlen, Downs, & Case, 1977; & Katz, et al., 1986). A multi-disciplinary group should include pediatricians, social workers, educational personnel, psychiatrists, psychologists, nurses, and lawyers. Lawyers are particularly important if the termination of parental rights is an issue. Representatives from outside the agency as members might act as a check on agency biases.

Members of class and racial minorities ought to be included on a team. Aggressive recruitment of minority personnel is needed to address issues of under-representation. Minorities can contribute understanding of cultural differences, and help guard against individual and institutional biases. These teams could monitor cases to see that progress is being made toward reunification goals.

The importance of intensive work with families to reduce a stay in foster care has been emphasized. Decisions are often made by overburdened workers. Time is needed to conduct investigations, and to

establish helping relationships with families. Intensive contact with families, particularly in the first months when a child has been removed from the home, would reduce the time in foster care (Gibson, Tracy, & Debord, 1984; Benedict & White, 1991; and Goerge, 1990).

Because of the importance of income and SES status in the decision making process, it would seem critical that the economic dimension, which is often considered beyond the purview of child protective services, be given greater attention. This attention means identifying biases in decision making related to economic status, and in seeking services to address income related problems. Workers also need knowledge of child rearing practices in the low income community.

### Some Additional Research Needs

Currently little data is available on the service characteristics of decision making. Social workers have difficulty making informed decisions about services since little longitudinal research has evaluated and compared the effect of various interventions to accomplish CPS goals (Rezepniki, 1987 and Berger, et al., 1981).

The effect of CPS workers' characteristics (age, years of experience, professional field, demographic variables, or experience as a victim of child maltreatment) might effect decision making has not been investigated sufficiently. Outcomes studies on the effectiveness of reunification are few which reduces the ability to make informed decisions in this area. Most importantly, data is needed to determine why minority children and children from low SES backgrounds are over-represented in the system.

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