

**Historical Analysis and Contemporary Assessment of Foster Care in
Texas: Perceptions of Social Workers in a Private, non-Profit Foster
Care Agency.**

by

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About the author

James McCutcheon was born August 26, 1974 in Waco, Texas. James entered the Texas Foster Care System in 1979. For the next twelve years he was in the care of the State. He was raised in the small town of Lampasas, Texas. In 1991, James was placed with Casey Family Programs, a private, non-profit foster care agency. Through this agency he was able to attend college with support beyond the emancipation age of eighteen. James graduated from Tarleton State University —Stephenville in 1998 with a Bachelor's degree in Political Science and a minor in History. James has been employed as a secondary social studies teacher for the past two years. James is currently employed by John H. Wood Public Charter School in San Marcos, Texas.

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Abstract

This study first examines the historical policy context of foster care programs in the United States and Texas. Secondly, the paper explores the reasons children enter foster care and the ways the foster care system addresses these reasons from the perspective of social workers working in a private, non profit foster care agency.

Using interviews from thirteen social workers who work with children, their families, and the foster care system, this research explores the causes of foster care placement. This research features one overarching working hypothesis, with five working sub-hypotheses. Group and individual interviews tested all hypotheses.

The vast majority of interviewees agreed that child abuse and neglect is a leading cause of children entering the foster care system. Most of the interviewees supported the idea that substance abuse by parents also contributed to foster care placement. Causes such as the mental and physical illness of parents or children occur less often. Useful suggestions for improvements, such as more training for social workers and foster parents, were also discussed.

Chapter I: Introduction

But even if he has been wicked," pursued Rose, "think how young he is; think that he may never have known a mother's love, or the comfort of a home; that ill-usage and blows, or the want of bread, may have driven him to herd with men who have forced him to guilt. Aunt, dear aunt, for mercy's sake, think of this, before you let them drag this sick child to a prison, which in any case must be the grave of all his chances of amendment ...Oliver Twist (Dickens 1982, 21).

Americans have debated the provision of child welfare services, especially child foster care, throughout this country's history. Traditionally the right and responsibility for raising children fell to parents (Downs 2004). For most of America's history, child welfare services occurred at the local or community level. When the local population of children grew too large for local or community efforts to meet the needs of these children, states stepped in to address the problem. States had greater financial resources and could unify these systems statewide.

In addition, states like New York set the standard for the rest of the country to follow. New York had the largest population of immigrants and the largest population of underserved children in the United States in the late 1800s. By the mid to late 1800s, states accepted more responsibility for children local governments were unable or unwilling to provide care. Specialized institutions addressed the needs of children who were blind, deaf, or mentally deficient (Downs 2004). The need emerged for a central agency to coordinate the administration of child welfare programs that local governments were unable to finance or administer (Downs 2004, 14).

Thus far, the federal government had been reluctant to address the child welfare problem because of the issue of state's rights. Many consider social welfare the domain of the individual state and not the federal government (Downs 2004). The federal

government involved itself in the child welfare issue to correct inequities between states and the children they served. Until the Great Depression, the federal government limited its role to dissemination of information not provision of services to children (Downs 2004, 14).

In recent years, much debate has occurred about the role of the federal government in providing child welfare services. Much of the last quarter of the twentieth century was characterized by conflicting ideological conflict (Downs 2004, 15). Those who believe the plight of children is worsening encourage more federal intervention. However, those who are concerned about the expansion of government power resist further intervention. These conflicts have prevented a consensus that supports or denies federal government intervention in providing child welfare services.

Over the last decade, the trend has been to shift responsibility from the federal government to state governments. States have begun to shift responsibility for providing services from public institutions to non-profit or for-profit organizations (Downs 2004).

Research Purpose

Many research studies have investigated the Child Foster Care System in recent years; however, this applied research project concentrates on historical policy of child welfare and the reasons why children enter the system in the United States and Texas, from the viewpoint of the social worker. The social worker's perspective adds insight of practitioner experience to the study of child foster care policy.

The purpose of this research is first, to examine the historical policy context of foster care programs in the United States and Texas. Secondly, the paper explores the causes of child placement in foster care and the ways the foster care system addresses

these causes. This investigation incorporates the views of social workers working for a private, non profit foster care agency.

Scenarios

The following five scenarios illustrate the five working hypothesis featured in this research. The following scenarios are based in part on real situations drawn from the literature to emphasize the importance of the working hypotheses.

Scenario 1: Child Abuse and Neglect

It is 7:30 a.m. on a cold and dreary January morning when Joan, the City Secretary for a small, rural town heads down Main Street on her way to work. Out of the corner of her eye she notices a shivering, unsupervised child approximately four years old, wandering down the street. Joan stops to check on the child, who appears lost and confused. She discovers his name is Tony. Tony tells Joan his mom is asleep and points to his home three houses away. Joan takes him home.

As they walk to the front door she notices the house is in disrepair. Joan knocks on the door and the mother who seems to be unconcerned about her son, yells and strikes the child across the face for wandering out of the house. The house is a mess and smells unclean.

Joan is concerned about the situation and calls Child Protective Services (CPS). She talks to the caseworker and discovers the caseworker is familiar with the family, who also has had numerous past reports. CPS has been working with the family for several months to correct the child neglect and abusive situation.

Scenario 2: Substance Abuse

Sara is on her way to visit a friend who lives in an affluent Dallas neighborhood. Her friend, Mary was sick today and Sara stopped by to see if Mary needed anything. Mary has three children ages five, three, and eighteen months. Mary is married, but her husband is in the Navy and stationed out of the country.

Sara arrives to find hysterical children; Mary is lying on the floor apparently unconscious. Sara immediately checks for vital signs. Mary's pulse is very faint. Sara dials 9-1-1. Fifteen minutes later the paramedics arrive. After some preliminary tests and evidence found in the home, paramedics assume Mary has overdosed on crack cocaine. Sara was shocked to discover Mary would use drugs.

The police who arrive on the scene call Child Protective Services. The social workers arrive and determine the children are in danger and emergency removal is necessary. CPS has been working with Mary for two years regarding the drug addiction. She has been to rehab but keeps her addiction a secret even from friends like Sara.

Scenario 3: Mental/Physical Illness

Peggy and Mike are parents of three boys; ages ten, five, and three. Peggy has been diagnosed with terminal bone cancer and is not expected to live beyond the next two months. Mike has a mental illness called paranoid schizophrenia. When Mike is taking his medication, he is able to provide for the children adequately; however, he does not like to take his medication because it does "weird things" to his mind. With the news of his wife's impending death, Mike becomes mentally unstable.

Child Protective Services has been working on a permanency plan for Mike and Peggy. The family's options for care of the children once Peggy is gone are fairly limited. Mike's parents are confined to the care of a nursing home because of mental illness. Peggy's parents both passed away several years ago. There are no other relatives with which the children could live once Peggy is gone. Mike's schizophrenia is too severe for him to maintain a healthy environment for the children. The case plan calls for CPS to assume custody of the children once Peggy passes away. The children could remain in long-term foster care or eventually be placed for adoption, once the state terminates parental rights.

Scenario 4: Children with Physical or Mental Illness

Ryan and Bryan are twin boys who are five years old and have been diagnosed with autism. The boys' mother, Jessica is a single parent and has been doing all she can to care them. The boys' father died in an automobile accident two years ago.

Jessica works as a clerk at a convenience store. Her job is demanding and stressful with long hours. She has little time to rest or relax because the boys require constant supervision when she is home.

Jessica has called Health and Human Services and asked for help. The stress from work and dealing with Ryan and Bryan are too much and Jessica fears a nervous breakdown. She has no immediate family who can help with the boys.

After several visits to the home, social workers observe the boys are indeed a handful. Jessica has to constantly monitor their activity. Jessica's income does not allow her to afford therapeutic care for the boys. The social workers recommend placing the

children in state custody and into a therapeutic treatment center. Jessica reluctantly agrees. She realizes that her ability to care for the children is inadequate and they both need more mental health services than she can afford or provide on her own.

Scenario 5: Adoption or long-term placement

Mike and Peggy's children from scenario three have been placed into temporary foster care following Peggy's death. Mike's mental illness has not improved and the state has moved to terminate Mike's parental rights.

The two options for the three children are adoption or long-term foster care. The children have been in temporary care for 90 days and social workers are trying to find the best possible permanent placement. Long-term foster care would mean the children remain wards of the state and constitutes a less permanent living situation. Adoption would allow all parental rights to transfer to the new adoptive parents and a permanent living arrangement.

Either way the children must wait at least twelve to eighteen months for the termination of their father's parental rights. Once the process is complete the state can look for adoptive families that best fit the needs of the three children. The state will try to keep the children together, but depending on availability they could be separated. Long-term foster care is a last resort, but will remain an option in the event no adoptive family is found for the children.

Description of Chapters

Chapter two reviews the scholarly literature about the foster care system in the United States and Texas. The literature defines and explores the research topic. Chapter three describes the Texas institutional setting and identifies the agency the study uses to test the working hypotheses. The chapter also provides a brief description of the social workers and their agency. Chapter four presents the working hypotheses for this applied research project. This chapter uses the literature to explore reasons children enter the foster care system. Chapter five presents the research methodology and discusses how the study was conducted and outlines the reasoning behind the open ended, structured interviews. Chapter six contains the results and analysis of findings. Chapter seven, the final chapter, summarizes the project's major findings.

Chapter II: Historical Legal and Institutional Setting

The purpose of this chapter is to review the literature relevant to the foster care system and policy changes that have occurred from historical times to current policy practices in the United States. This literature review includes a brief history of social welfare in order to clarify the issues and challenges of the contemporary foster care system.

According to Blumenthal (1983, 296), family foster care is the provision of planned, time-limited, substitute family care for children whose guardian cannot properly care for them. Foster care simultaneously provides social services to these children and their families in order to resolve the problems that led to the need for placement.

Social welfare systems reflect the values, customs, statutes, and practices of the past. This literature review explores the foundations on which our current social welfare system is based. Since the practice of assisting the poor did not originate in the United States but from England, it is necessary to go back in time to examine the roots of the American social welfare system (Lindsey 1994).

The narrative explains the historical development of the foster care system in the United States.

The Scripture and the Poor

“Whoever despises his neighbor is a sinner, but blessed is he who is generous to the poor”
(Proverbs 14, v21)

Throughout the scriptures of the *Holy Bible*, the text makes numerous references to the treatment and needs of the poor and the way society should deal with the issue of poverty. In biblical times, poverty was common and widespread. People in biblical

times knew too well the suffering and hardship poverty could bring to both the individual and society. Poverty, in a real sense brought people closer to God and caused them to depend on Him in times of hardship. According to Bratcher (2009), Jewish teachers developed extensive guidelines for giving to the poor. Every member of society, even the poor, was required by law to help the less fortunate and those who refused faced public floggings. Those who refused risked the government seizing their property and possessions to be donated to charity. Jews were required to give at least one fifth of their resources to charity (Bratcher 2009). This requirement (giving to charity) constituted a “tax” and is one of the earliest examples of social welfare (Bratcher 2009). Early biblical teachings of the time period laid out the framework by which society would address the issue of poverty and handle social welfare.

During biblical teachings of the time, societies were generally stationary and people seldom traveled. Most societies of the time were rural and agrarian, and depended on subsistence agriculture to survive. Since families were stationary, the family structure remained predominately intact with grandparents or aunts and uncles taking responsibility for orphaned children (McKenna, 1911). A very poor child without relatives would become a ward of the community (McKenna, 1911). The Book of Deuteronomy of the Old Testament places responsibility on the community to share the excess harvest with the fatherless, the stranger, and widow.

Changes in Society during the Medieval Period¹

In late 500 AD, with the fall of the Roman Empire, society entered the Middle Ages. This period developed slowly during which Rome was plagued by outside invaders, civil war, and economic stagnation. The new people attracted to Rome were too primitive and uneducated to adopt the Roman way of life and did not comprehend the system of law and government (Gorman 1986). The Catholic faith and the Latin language are two surviving legacies of the Roman Empire (Gorman 1986). As in biblical times, religion provided comfort during turmoil and provided a common language among isolated people. The Middle Ages is a period of both transition and a continuum of human development. For the poor people of the Middle Ages, life was simple, often harsh, and mobility was extremely limited.

Feudalism

The system of governing and landholding developed in the Middle Ages was known as feudalism. The feudal system was based on mutual obligations whereby, in exchange for protection and lands, a lord, or landowner, granted land, or a fief, to a vassal². Knights were often employed to defend the lord's land in exchange for a fief. The largest social class in the Middle Ages was the peasant population. Most peasants were serfs who could not legally leave the place of their birth. Serfs were bound to the land but were not slaves. Peasants lived on manors³ and worked for a noble or lord harvesting crops and tending livestock in exchange for basic necessities to include: shelter, clothing, food, and protection. In exchange for work performed, the peasants' social welfare became the responsibility of the lord of the manor. Most of the manors

¹ Material from this section was drawn from: (Beck et al 2003; Trattner 1994; Tierney 1999).

² Noble or church official

³ Lord's estate

included a castle for defense; a church; village; and farmland. These estates rewarded the lord for his service to the king. The feudal estate was known as a manor. The poor people of this time were isolated on the estate where they lived, worked, died, and had very little interaction outside a thirty mile radius of the manor.

Life on the Manor

The manor was largely self-contained. The serfs or peasants produced nearly everything they and the lord needed for survival: crops, cloth, leather, and lumber. Few materials were imported such as salt, iron, and millstones. Aside from work in the fields, peasants worked as blacksmiths, wheelwrights, and operated taverns (Gorman 1986).

Housing for peasants on the manor was modest, usually a two-room mud and stick house. In the summer, the house was extremely hot and in the winter, cold. The normal peasant diet consisted of grains, fruits, vegetables and, occasionally fish.

Medieval society was male dominated and women and children had few rights. Women were usually married by age twelve and no later than age twenty-one (Gorman 1986). Although women had no political voice, they did influence economic and social policy in medieval society.

Bearing children in the Middle Ages was a duty of procreation and a necessity to create more laborers. Since medieval society was largely rural, laborers were critical to sustain the agrarian lifestyle. The literature of the Medieval Period deals with war and quests, male stories of knights and lords, and not with children or family. From birth, children were regarded as small adults in dress, in work, and in play (Gorman 1986, 13). Parents prepared children at the age of seven for their role in society as a noble, peasant, wife, or craftsman (Gorman 1986). Nannies of other family members most likely have

cared for children until age of seven, when the children would have begun apprenticeship. Children without relatives would likely been left to fend for themselves.

All education was carried out by means of apprenticeship....They were sent to another house, with or without a contract, to live and start their life there, or to learn good manners as a knight, or a trade, or even to go to school and learn Latin (Aries 1962, 366).

Children, both male and female, began apprenticeships in another person's house for up to nine years. During this time, they learned manners and practical skills such as: waiting tables, making beds, or helping in the kitchen (Gorman 1986). Rich and poor children spent time away from home as apprentices. Older male children learned a trade from a master craftsman. The trades varied from the peasant population learning blacksmithing, wheelwright, and farming techniques to the wealthy learning chivalry⁴ and knighthood.

Black Death⁵

During the later Middle Ages a bubonic plague known as the "Black Death"⁶ ravaged Europe between 1347 and 1350 (Kampis 2005). The Black Death killed nearly one-third of the population of Europe. Most historians put the death toll at nearly seventy million people.

The Black Plague was unique in that unlike most catastrophes that unite communities, this disease ripped the fabric of medieval society apart. The plague started in Asia with fleas infected with a bacillus⁷ known as *Yersinia Pestis*. The infected fleas attached themselves to rats and carried the disease on merchant ships to Europe.

⁴ Virtues and qualities of knighthood.

⁵ Material used in this section was from: (Benedictow 2004), (Beck et al 2003), (Kampis 2005).

⁶ Black Death peaked between 1347 and 1350.

⁷ bacteria

Medieval people rarely bathed and threw garbage and sewage into the streets, generating large populations of rats. Also, the close proximity in which people lived to animals such as sheep and swine exacerbated the disease (Beck 2003, Benedictow 2004).



Artist illustration depicting the severity of the Black Death.

www.insecta-inspecta.com/fleas/bdeath/Black.html

The Black Death was a disease that caused excruciating pain and included high fever and huge boils or buboes in the lymph nodes. The plague was no respecter of social status, yet hit the poor particularly hard. Peasants who worked the land could not escape to countryside estates and had no financial abilities to afford better living conditions (Benedictow 2004).

During this time, the church⁸ lost much credibility as people of the Middle Ages questioned the validity of religion and ultimately the Church itself, when prayers and penances failed to stop the plague's spread. The art and literature of the time reflects an unusual awareness of death. People began to realize how short life could be and became pessimistic about the future. This pessimism towards life was reflected in individual's treatment of each other (Beck 2003; Benedictow 2004). Giovanni Boccaccio, an Italian chronicler of the time described the situation:

“This scourge had implanted so great a terror in the hearts of men and women that brothers abandoned brothers, uncles their nephews, sisters their brothers, and in many cases wives deserted their husbands. But even worse ...fathers and mothers refused to nurse or assist their own children.”

⁸ Roman Catholic Church

While the historical accounts fail to depict the precise affect of the plague on children as a population one can surmise that the exposure to public nudity, hysteria, and death would damage children psychologically. A common nursery rhyme suggests how children were affected:

*Ring a-round the rosy, Pocket full of posies
Ashes, ashes! We all fall down!*

“Ring around the rosy,” refers to the rosary beads used by members of the Catholic Church as a symbol of God’s protection. People often wore posies to mask the smell of death that surrounded the villages and medieval doctors prescribed posies to prevent the plague. “Ashes, ashes” refers to the practice of burning the dead, because burying the dead became too labor intensive. “We all fall down,” quite literally refers to death itself. Plague victims became weak and often collapsed and died (Beck 2003).

The Black Plague brought an end to medieval society, killing millions and creating demand for labor. The social fabric feudalism and religion once held together eroded at the end of the Middle Ages in Europe. Society viewed children and the poor differently in society, as evidenced in England by the Elizabethan Poor Laws of the early 1600s (Beck 2003; Benedictow 2004).

Elizabethan Poor Laws in England

In the time between the end of the Black Death and the beginning of the Protestant Reformation,⁹ England passed a series of laws known as the “Elizabethan Poor Laws”. Lawmakers of the time sought to bring back social order left in shambles by the fall of feudalism and the rise of Protestantism. The Elizabethan Poor Law of 1601 established for the first time government responsibility for the poor if the individual or

⁹ Protestant Reformation: (1517-1647) effort to reform the Church.

family was unable to provide support (Giancomo 2008, 7-8). Children without family support made up a significant number of “poor”. Public funds became available only after private family funds were exhausted. The priority of individual or family responsibility protected local governments from the burdens of supporting children if the family could provide support.

Local Control over the Poor

Local authorities enforced the Elizabethan Poor Laws. Local governments appointed a person to oversee or supervise the poor. These overseers could levy taxes or employ “alms collectors” to raise money to support the poor and indigent (Trattner 1994). Churches also helped raise money from the private sector. This is the first time in the history of child welfare when both the public and private sectors worked together to correct a social problem.

Indenture in England

Many people of the time viewed children as miniature adults with many of the same responsibilities; however, children possessed very few of the rights afforded adults of the time (Crosson-Tower 2001, 2). Poor vagrant children were often placed into indenture¹⁰ (apprenticeship), an arrangement whereby a child would be given to an individual who would teach him (usually male) a trade (Crosson-Tower 2001, 4). Apprenticeship was one of the first instances for “out-of-home” placement. The English Poor Law of indenture extended to British Colonies in North America as an early means of caring for orphaned children (Smith 1996).

¹⁰ Indenture or apprenticeship was in no means limited to the poor. Children who were not poor were also indentured around the age of 13 or 14 (Smith 1996, 158).

America and the Poor

Thousands of immigrants arrived in the New World as part of the English Parliament's policy of shipping vagrants, orphans, and political prisoners, the unemployed and other undesirables to the American colonies. Thus, the problems (and the poor) of the Old World transferred to the New World (Trattner 1994). In addition, the trip across the Atlantic in cramped quarters caused many to arrive in America infirm or extremely ill. Many new colonists expected an easier life and were unprepared for the extremely harsh environment that often lacked basic necessities (Trattner 1994). If a colonist survived the harsh trip he soon found life unpredictable in the colonies. Accidents were common and economic stress the norm.

The French and Indian War¹¹ and the American Revolution resulted in an unusually large orphan population. Local townships bore the expense. Each colony had to care for the poor, the aged, the blind, the sick, the lame, the mentally ill, the lazy, and the widows, and the orphans (Trattner 1994, 16). Children were expected to be attached to or part of a family, and were the responsibility of the parents (Crosson-Tower 2001). Children with no family often became engaged in crime and mischief and were viewed as a community problem.

Indenture in America

As in England, one solution for dealing with poor and destitute children was indenture. Indenture served two purposes: (1) to fix responsibility for the support and care of a dependent child on some person or family, and (2) and to train for work (Downs 2004, 325). During this period in American history, children learned a skill or

¹¹ War between England and France fought over control of American colonies.

occupation in order to survive (Downs 2004). The growth of the young nation created new jobs and occupations and a slight shift from agrarian to cities as society became more urbanized.

Outdoor Relief

Children of impoverished parents sometimes remained at home and received “outdoor relief” a form of “in kind” assistance from church-sponsored organizations (Crosson-Tower 2001, 6). Most “outdoor relief” consisted of clothing, food, and medical care (Trattner 1994). Punitive attitudes toward the poor made outdoor relief the least accepted form of care (Downs 2004, 325). Critics opposed outdoor relief because it encouraged the poor to rely on the public dole rather than on their own energies. By removing want, considered by many the prime motivation of the needy, poor laws destroyed the incentive to work, causing the poor to become even more idle and improvident (Trattner 1994, 56). Critics further argued that the poor viewed community relief as a right and thus, the needy were not sufficiently appreciative of assistance (Trattner 1994). As towns grew in population, almshouses¹² replaced the outdoor relief system.

Almshouses for Children

In 1824, New York Secretary of State, J. V. N. Yates, recommended the elimination of all outdoor relief and required every county in New York maintain a poorhouse (Downs, 2004, 325). The New York legislature commissioned Yates to conduct a statewide survey of public poor relief (Trattner 1994, 57). The Yates report cited four primary methods of public assistance used in the state of New York: (1)

¹² Almshouse or Poorhouse was mandatory in every county in the State of New York. By order of Secretary of State Yates in 1842 (Downs 2004, 325).

institutional relief, (2) home relief, (3) the contract system, and (4) the auction system (Trattner 1994, 57). Yates felt these public assistance systems produced waste, cruelty, and inefficiency (Trattner 1994). Yates asserted that where the poor were “farmed out”, through either auction or contract systems, they were often treated cruelly or inhumanely (Trattner 1994, 58). Children receiving home relief often grew up in filth, idleness, and disease making them more susceptible to dangerous or criminal behavior —paths to jail or the grave (Trattner 1994, 58). Yates recommended almshouses as the best option to care for the poor, because the almshouses would improve morals and health of the poor (Trattner 1994).

Indoor Relief

In 1824, the New York legislature passed the County Poorhouse Act, mandating each county have at least one poorhouse (Trattner 1994). This new approach became known as “indoor relief”. Poor families were institutionalized. The program was funded by county tax dollars. Almshouses housed males and females, sick and well, sane and insane, juvenile delinquents and hardened criminals, young and old. All were thrown together haphazardly (Trattner 1994, 60). The almshouses care for and educated children until they were old enough to be useful labor (Downs 2004, 325).

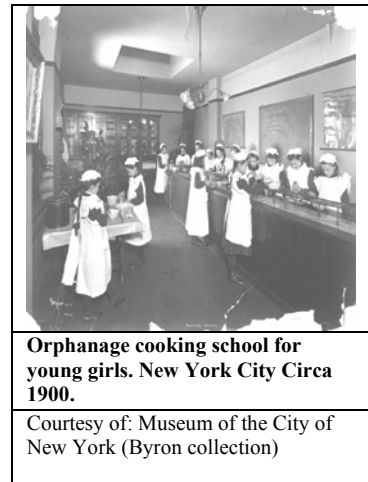
Conditions varied among New York county almshouses. Almshouse children were the focus of the 1850 New York legislature investigation. The investigation found that beatings, near-starvation, unsanitary conditions, and medical neglect were common in many of these institutions (Trattner 1994, 60). One should note, however, that not all almshouses fell into the category of disrepute. Some almshouses provided reasonably

good care for their wards, including adequate medical care, administered in a professional manner (Trattner 1994, 60).

For most people, the county almshouse was not a long-term or permanent situation. People suffering from personal, economic, or social crisis would use these almshouses as a safety net or refuge (Trattner 1994). Nevertheless, dissatisfaction with almshouses and the awarding of public money to voluntary agencies led to the creation of orphanages administered by church organizations.

Orphanages

The controversies over outdoor relief, indenture, and almshouses led to the creation of institutions that separated adults and children (Downs 2004, 325). Orphanages established along religious denominational lines provided for their own needy children and indoctrinated them into their faith (Downs 2004, 326). The main goal of orphanages was to rescue children from neglect and abuse. These orphanages combined good deeds with religious duty.



The standards for orphans placed into these institutions were hard work, no individualization, and little chance for enduring relationships with the adults who ran these orphanages (Downs 2004). Parents of children placed in orphanages were normally required to terminate all parental rights. While orphans did receive some education; indenture was the means of moving children back into society (Downs 2004).

Life in an orphanage was generally an improvement over mixed almshouses. Unfortunately, poor sanitation, inadequate medical care, and epidemics of contagious deadly diseases were common problems in these large institutions (Downs 2004, 325). A few orphanages were well funded and managed; however, most provided



Dining room in an orphan asylum in New York City Circa 1900s.

minimal care and, by today’s standards would be considered abusive. For example, corporal punishment, in some cases severe, was the norm, there was just enough food to prevent starvation, and clothing and shelter provided modest protection from the elements.

The vast majorities of orphanages served white children and were operated



Gathering around the “water cooler” in the orphanage playground. Circa 1900.

Courtesy of: Museum of the City of New York (Byron Collection)

exclusively by white people (Downs 2004, 326). The majority of the children placed in orphanages were children of new immigrants. Most of these children’s parents had died or had become separated from their children during the migration process (Downs 1983). By and large, children of color were served by informal kinship placements. Native American children were often sent to boarding schools and usually indoctrination into

white society (Mannes 1995; Crosson-Tower 2001, 7). By 1910, over 110,000 children resided in 1,151 orphanages.

Orphan Trains and Free Foster Home Movement

In 1853, Charles Brace founded the New York Children's Aid Society and adopted the policy of *Placing-Out*¹³ as an alternative to large custodial institutions such as orphanages and almshouses (Lindsey 1994,

13). Brace opposed almshouses and the indenture of children. Brace was not fond of the city and was extremely concerned with the level of juvenile delinquency and crime among the youth of New York (Trattner 1994, 115).

Brace was concerned with what might happen to property, morals, and the political life of the



Orphans dressed up and prepared to leave for new families in the Mid West. Circa 1880.

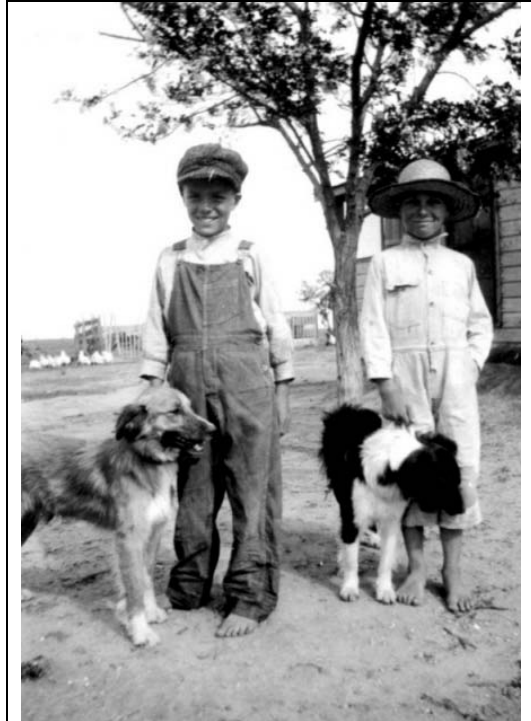
Courtesy: National Orphan Train Complex

city if nothing was done to rectify the problem of the homeless, vagrant, and delinquent children (Crosson-Tower et al 2001, 302). Brace began taking needy and orphaned children in small groups (40-100) on trains from New York City to the rural Midwest (Crosson-Tower et al 2001, 302). These children, known as the “train orphans,” were greeted by farmers and trades-people interested in caring for them (Crosson-Tower 2001, 302). According to Crosson-Tower et al (2001), other agencies also began the practice of “placing out” children from America’s largest cities, like Boston and Philadelphia.

From 1853 to 1929 there were 31,081 children from the orphan trains placed in family homes (Thurston 1930, 121).

¹³ Family foster care

Most of the children went to good foster homes and the orphan trains provided a means to remove children from orphanages and almshouses (Downs et al 2004). Brace's critics believed most of these children were from Catholic immigrant families and were placed in Protestant homes (Downs et al 2004). A lack of ongoing supervision, once the children were placed, was another issue raised by Brace's opponents. Nonetheless, Brace is credited with recognizing the shortcomings of institutionalized care and providing a viable alternative (Downs et al 2004).



Orphan children were placed with farm families across the South and Mid-West. Circa 1880.

Courtesy: National Orphan Train Complex

Industrialization and Children

In the late 19th century, the United States moved from an agrarian society into the leading industrialized nation in the world. Improvements in farming technology helped farmers but eliminated jobs for immigrant workers (Danzer 2003). Manufacturing inventions shifted the population from the country to the city. Abundant natural resources, strong government support of big business, and large populations of immigrants provided the catalyst for this major societal change (Danzer 2003).

Advances in science and technology brought about unprecedented growth and change in the national economy (Downs 2004, 129). Inventions like the steam engine forever changed America's economy. Companies could manufacture more products in

less time. The market demanded labor to fill new jobs created through technology and science. Immigrants provided cheap labor and helped create a market for new products from American businesses (Sallee 2004).

Families in agricultural communities generally live near extended family (Garraty 1995). Under most circumstances, orphans would remain in kinship systems. Both foreign immigration and urbanization severed these kinship systems that cared for children who lost their parents (Downs 2004). Hence, during this period communities relied on orphanages and other forms of public assistance to care for orphaned children (Sallee 2004 11-12).

Child Labor

As big business flourished during the Industrial Age, the demand on ordinary people was enormous. Most workers endured twelve hour workdays, dangerous



Children so small they had to climb up on to the spinning frame to mend broken threads and to put back the empty bobbins. Circa 1900s.

Photo by: Lewis W. Hine
Courtesy of The History Place.

conditions, and repetitive work. Workers received no benefits such as: vacation, unemployment compensation, sick leave, or reimbursement for job-related injuries.

Children in the late 1800s were still viewed by many as small adults responsible for helping a family to make ends meet.

Estimates suggest that approximately 20 percent of boys and 10 percent of girls under the age of fifteen (some as young as five) held full-time jobs. Low income women and children worked in “sweat shops”, or

workshops, where factory labor regulations did not apply. Riis describes the conditions in the tenements of New York:

The bulk of the sweater's work is done in tenements, which the law that regulates factory labor does not reach...In them the child works unchallenged from the day he is old enough to pull a thread. There is no such thing as a dinner hour; men and women eat while they work, and the 'day' is lengthened at both ends far into the night. (Riis [1890] 1970, 81).

Social Darwinism

Social philosophers of the time explained success stories like that of Andrew Carnegie, 19th century steel industry tycoon, through a theory known as Social Darwinism. The theory, based on Charles Darwin's book, *On the Origin of Species* (1859), explained a law of nature whereby, some members of a species flourish and pass their traits on to the next generation and others do not. According to Social Darwinism, riches were a sign of hard work and God's blessing, therefore the poor must be inferior or lazy people who deserved to be poor and destitute (Trattner 1994, 89).

Many used Social Darwinism to explain different levels of prosperity among people (Trattner 1994). Social Darwinism justified laissez faire¹⁴ economic conditions. Some used Adam Smith's¹⁵ invisible hand to justify societal inequities of the market. Without government intervention the invisible hand governed success or failure in business (Trattner 1994, 88). The theories of Social Darwinism and laissez faire provided that individual responsibility was the sole determinant of individual success or failure (Trattner 1994).

Darwin developed the idea of "natural selection" or culling of those in a species unable to adapt, thus allowing the strong to survive and prosper. Darwin's theory of

¹⁴ French word for "allow to do", refers to no government intervention in markets

¹⁵ Adam Smith wrote *Wealth of Nations*, about the American Free Enterprise System.

evolution led people to see children as basically innocent and malleable creatures needing special treatment and a healthy home life (Trattner 1994, 111). Darwinism brought about the idea that children inherited traits and capacities and bolstered the idea that environment influenced human developmental growth and behavior (Trattner 1994, 111). Darwinism stimulated national discussion about children and that children were different than adults. These views challenged the long standing viewpoint that children were miniature adults (Trattner 1994).

Urbanization and Immigration

The success of industrialization in America created the need for more workers to fill expanding job markets in the cities and led to urbanization¹⁶ of the Northeast and the Midwest (Danzer, 262). Immigrant workers, mostly from Europe, trying to escape religious persecution, famine, and provide a better life for their families moved to cities in America in search of work (Danzer 2003). Cities were the cheapest place to live and offered steady jobs in mills and factories. By 1890, there were twice as many Irish residents in New York City as in Dublin, Ireland (Danzer 2003, 263).

Urban Problems

The massive immigrant population further complicated urban problems of housing, water, sanitation, crime, and fire risk in America's largest cities. City governments sought solutions to problems associated with rapid population growth. Providing safe living conditions and city services to the large influx of immigrants was a major undertaking.

Tenement Houses

¹⁶ Urbanization: rapid growth of cities.

Many immigrant families moved to the inner city and occupied multifamily dwellings called tenement houses. These tenement houses normally housed several families in a one residence (Danzer 2003). Cities struggled to provide safe drinking water to residents. Most of the tenement houses had no running water. Residents collected water in pails from faucets on the street for drinking and bathing. Diseases like cholera and typhoid were common in cities like New York and Cleveland in the late 1880s. Sewage flowed through open gutters, manure from horses piled up on the street, and coal burning factories polluted city air with foul smoke (Danzer 2003, 264). Cities infrequently collected garbage in these tenements, so residents often disposed of trash in air vents or alleyways (Danzer 2003). Crime from pickpockets and thieves increased as the population of the cities grew. Many orphaned or abandoned children survived on the streets as pickpockets or petty thieves. Limited water supply in major cities contributed to the spread of fires. The Great Chicago fire of 1871 left over one hundred thousand people homeless with over seventeen thousand buildings destroyed. Poor building codes and overcrowding of urban immigrant populations contributed to this devastation.

Progressive Era

Since the very existence of the State depends on the character of its citizens....if certain industrial conditions are forcing workers below the standard of decency, it becomes necessary to have State regulation (Jane Addams 1910)

During the Progressive Era (late 1880s to early 1900s) public reformers tackled the issues of poverty, public corruption, and mass migration from rural areas to cities (Shields 2006). Through industrialization, big businesses became a powerful force in society, not only controlling workers but political systems as well (Shields 2006).

Factories exploited workers, especially women and children (Danzer 2003). Reformers tried to make government more responsible to the people. During this time, feminist leaders like Jane Addams and Florence Kelley led the charge on social reform to aid the poor (Danzer 2003). Their activities became known as the “settlement house” movement.

Settlement House Movement

The settlement house movement addressed social ills from a feminist perspective

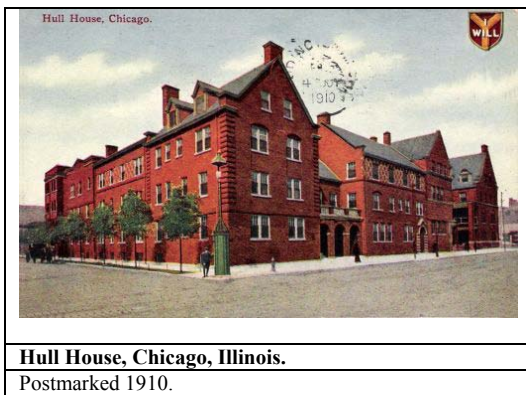
(Shields 2006). Most cities of the time were

male-dominated. It is important to note, even though women did not have the right to vote they advocated on behalf of the poor, men and women alike (Shields 2006).

Jane Addams recognized the conditions in

Chicago; public health was threatened by

sewage, poor garbage collection systems, and children were sacrificed to penal systems designed for adults (Shields 2006, 423). Addams is most famous for founding Hull-House, a settlement home in Chicago. The settlement house movement provided community centers, adult education, and social services (Danzer 2003). Hull House administered many social services



Jane Addams and Florence Kelley became city inspectors and inspected sanitation systems and factories. Through these jobs as public administrators, these women were able to bring changes to society (Shields 2006; Trattner 1994). Women such as these brought attention to the terrible conditions in society and helped to bring about change.



Jane Addams founder of Hull House in Chicago.
Circa 1905.

<http://www.antiimperialist.com/webroot/PEOPLEdocuments/Membership/1904-1921League.html>

Child Labor Law¹⁷

In 1893, Florence Kelley helped to win passage of the Illinois Factory Act. The act prohibited child labor and limited the working hours for women. It should be noted that this was a state law and had no effect outside of Illinois. Jane Addams pushed for a National Child Labor Amendment, but the amendment was lost during the Great Depression (Trolander 1975).

Juvenile Courts

Illinois created the first juvenile court on April 2, 1899 (Crosson-Tower 2004). The leading female reformer securing a juvenile court, Julia Lathrop, had been an early resident at Hull-House (Crosson-Tower 2004). Lathrop was inspired by the settlement movement to end careless and neglectful treatment of children (Trolander 1975). Proposing and testifying on behalf of the juvenile court bill was the job of the lawyers, while women's groups took the responsibility for securing public support for the bill (Rosenheim 1962, 18-19). Legislation was broadly titled "An Act to Regulate the Treatment and Control of Dependent, Neglected, and Delinquent Children." This act is

¹⁷ See Fair Labor Standards Act 1938; (Trolander 1975, 110).

important because, moving forward; children who violated the law were considered delinquents, not criminals (Crosson-Tower 2004, 185). By 1945, all fifty states had created juvenile court systems.

White House Conference on Children in 1909

In 1909, the White House Conference on Children embraced the idea that children should never be removed from their parents for “reasons of poverty” (Lindsey 1994). The family preservation movement worried about the large numbers of children being placed in institutions (Lindsey 1994). The Conference challenged the long standing idea that poverty was caused by people lacking ambition or possessing poor character. The White House Conference focused on the needs of the child. The Conference brought about a consensus that all children need families and that family better met the development needs of children (Downs et al 2004, 327).

Family Foster Care-National Focus

Starting in 1909 with the White House Conference, the primary goal of the foster care program was to provide a safe, nurturing environment for children who could not live at home because their parents were unable or unwilling to care for them. Child welfare practice focused on helping the child adjust to a foster home and provided assistance to the foster family to help meet the development needs of the child (Downs et al 2004, 327). Some limitations to this phase of child welfare were a lack of incentives on the part of the social welfare system to work toward reunification and the importance of the birth family in the life of the child (Downs et al 2004, 327).

Federalism

The Federal government was hesitant to engage in social welfare reform for fear of repercussions from supporters of states rights. The view during the Progressive Era of the early 1900s was social welfare was a reserved right of state and local governments. The literature¹⁸ points out that most of the families served by social welfare agencies in the past had been impoverished widows or mothers raising children alone, served by local or state authorities (Lindsey 1994). The conference also marked the beginning of a change in the role of the Federal government's role in social welfare (Lindsey 1994). The Federal government's role during this conference was that of facilitator bringing all the leading social welfare experts and state systems together to address child welfare as a national issue (Lindsey 1994).

Family Preservation

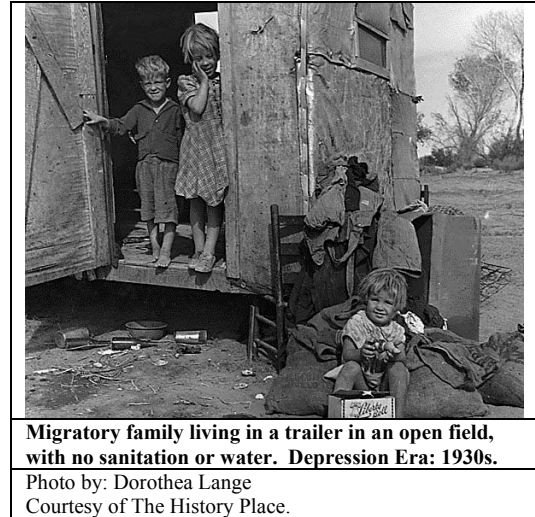
The Conference focused on the need for a child welfare system to keep families together and deal with issues faced by single mothers (Lindsey 1994). The sole idea of child rescue gave way to the new concept of family preservation. Central to family preservation was the emphasis on aid to the fragile family structure as a means to reduce the need for removal of the child (Lindsey 1994).

Nation in Peril

On October, 29, 1929, the stock market crashed, precipitating sustained, nationwide economic collapse. Banks closed and businesses failed. Thus began the Great Depression. During this time, unemployment rose to 25 percent. In the mid-west, a severe drought caused farmers to lose their farms and livelihoods. Many Americans

¹⁸ See also: (Crosson-Tower 2001; Zarate 2007; Ledesma 2007)

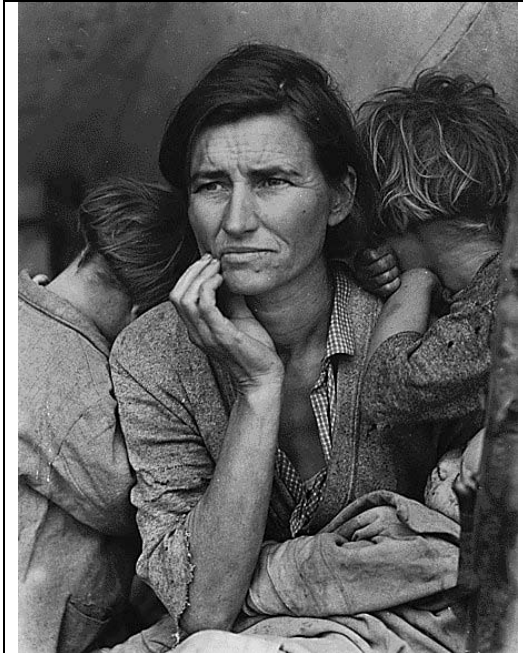
needed help. The problems of the Great Depression were so widespread that ordinary individual workers lost faith in laissez faire instead calling for government intervention (Sallee 2004). Thousands of people who previously believed help was needed by “other people”, suddenly found themselves in dire poverty (Sallee 2004). The Great Depression caused a shift in economic and social policy in America. In response, the New Deal legislation offered by President Franklin D. Roosevelt would create American social insurance and assistance (Sallee 2004). President Roosevelt created



public works and work relief programs to alleviate the suffering of the American people.

The New Deal

On March 4, 1934, Franklin Delano Roosevelt (FDR) took the oath of office and became President at the height of the Great Depression. Roosevelt knew the United States was in dire economic crisis, calling for swift action. In 1933, farm prices had fallen, factory production was down, and most stocks and bonds were virtually worthless (Horan 1962). Over fifteen million people in the United States were unemployed and nearly six million were on state or municipal relief (welfare) rolls (Horan 1962). Every city in the nation struggled with long lines of unemployed, homeless, starving men, women and children seeking aid (Horan 1962, 95). President Roosevelt created public works and work relief programs to alleviate the suffering of the American people.



Migrant family during the Great Depression. This mother has to care for seven children. Circa 1930s.
Photo: Dorothea Lange
Courtesy of The History Place.

The New Deal legislation marked the first time the Federal government made social welfare a national priority.

The New Deal created two agencies to deal specifically with young people: the Civilian Conservation Corps or (CCC) and the National Youth Administration or (NYA). The CCC was created to provide meaningful employment for young males (18-25) building roads, constructing bridges, planting trees, and developing parks. The

accomplishments of the CCC include: planting over three billion trees, developing over eight hundred state parks, and building more than forty six thousand bridges (Danzer 2003, 491). The CCC's goal was to put these young men to work conserving the country's natural resources and prevent them from ending up on a street corner, in a hobo camp, or riding the rails as tramps (Horan 1962, 103). In 1935, the National Youth Administration formed to provide education, jobs, counseling, and recreation for young people (Danzer 2003). Student financial aid was available to high school, undergraduate and graduate students in exchange for part-time work at schools, parks, or public buildings grounds.

The Great Depression demonstrated value of government intervention when catastrophe strikes. Many Social Darwinists, who had looked down on the poor for being

lazy or inferior, found themselves poor and destitute. The New Deal brought about a significant change in social policy, which continues in America today.

Evolution of Foster Care

In earlier times, foster care focused on child rescue, removing the child from immediate and long-term harm without regard to family preservation. Localities had created a patchwork of foster care systems that moved toward family care.

Children were removed from their parents and placed into indenture, almshouses, or orphanages as a means of protecting the child from further abuse or neglect. At this time, the focus was solely on the child's well-being, not on the family (Downs et al 2004, 327).

Permanency Planning

Policies began to change around the early 1900s towards placing children with a family rather than an institution. The orphan train movement started by Charles Brace began around 1853 and lasted well into the early 1930s. Federal enactment of the Aid to Families with Dependent Children (AFDC) program enabled more impoverished families to care for their children at home. These children previously might have been placed in an orphan asylum or institution (Crosson- Tower 2004). By the 1950s, children who could not remain in their birth homes were placed in foster homes instead of institutions. Maas and Engler (1959) conducted a study of children in foster care, investigating placement and length of stay. The authors discovered that most of the children in the study had been in foster care for years and many experienced multiple foster home placements. Foster care was originally meant as a temporary substitute for the child's home, rather than a permanent placement (Downs et al 2004). The Maas and Engler study focused attention on children drifting through the foster care system who lacked a

permanent placement through which to form emotional attachments (Downs et al 2004). In 1977, with over 520,000 children in care, a national movement toward permanency planning became the goal of foster care nationwide (Downs et al 327, 327). Children who could not return to their birth families were adopted by to new families, resulting in a more permanent living arrangement.

Family Preservation

In the 1980s, due to a backlog of children in foster care, national policy shifted to that of family preservation. Most children would have never arrived in foster care had services been available to their families (Downs et al 2004). The two key pieces of federal legislation, the Indian Child Welfare Act and the Adoption Assistance and Child Welfare Act provided the federal support to state efforts toward family preservation (Downs et al 2004). For the last fifteen years national and state level focus has turned to placing children with relatives, or kinship care.

Kinship Care

Over the last fifteen years, the national and state level focus has moved toward placing children with relatives, or kinship care. In spite of permanency planning, family preservation, and adoption reforms, the number of children in care continued to climb throughout the 1990s. The number of children entering care increased but the number of foster families decreased, creating a placement problem (Downs et al 2004, 328). In response to the growing number of children awaiting placement and a shortage of foster families, child welfare agencies turned to placing children with relatives. Relative placement or kinship care has existed for many years, but is now explicit agency policy (Downs et al 2004, Zarate 2007).

Foster Care in Texas Today

Texas Department of Family and Protective Services¹⁹

In Texas, the state agency charged with protecting children from abuse or neglect is the Department of Family and Protective Services (DFPS)²⁰. The Child Protective Services (CPS) Division investigates all reports of neglect and abuse of children in the State of Texas.

Reporting Abuse or Neglect in Texas

Federal and state law require any person who suspects that a child is being abused, neglected, or exploited to report the situation to CPS. In an emergency, one should contact local authorities or dial 9-1-1. CPS also provides two additional ways to report abuse or neglect. One method is the Abuse Hotline, which is available nationwide, 24 hours a day, seven days a week at 1-800-252-5400 or www.txabusehotline.org. According to Texas law, a person suspecting abuse and not reporting it can be charged with a Class B misdemeanor.

Other Programs through CPS²¹

Child Protective Services provides information on procedures to become a foster or adoptive parent(s). The agency provides information about services offered to children and families in their own homes that include: housing assistance, food programs, and medical related information. DFPS also provides services to children aging-out of the foster care system through the Transitional Living Service.

¹⁹ Information in this section was drawn from www.dpfs.state.tx.us

²⁰ DFPS created by House Bill 2292, by the 78th Texas Legislature, Regular Session.

²¹ For more information please see: (Zarate 2007; Campbell 2009): <http://ecommons.txstate.edu/arp/210>

Texas Foster Care Statistics²²

Texas has a total population of approximately twenty-two million of which six million are children. In 2003, CPS received 155,009 referrals of child abuse and neglect. Of these 133,827 reports required further investigation. Out of the 133,827 investigations, 50,522 cases were substantiated as children abused or neglected in Texas. Of these children, 64 percent were neglected, 27 percent were physically abused, and 14 percent were sexually abused. In 2008, about 28,000 children were in out-of-home care (foster care)²³. The average stay of children in foster care is approximately sixteen months²⁴.

United States: Legislative History of Child Welfare

This section reviews the major pieces of Federal legislation enacted to address the issues of social welfare. Prior to the Federal legislation, all efforts to improve social welfare had been by States or local authorities. Since the enactment of New Deal legislation in the 1930s, in response to the Great Depression, much has been done on the Federal level to set national priorities and guidelines for improvement of social welfare, and more specifically child welfare.

Social Security Act: An Overview

Title IV (1935)

In 1935, the Social Security Act²⁵, Title IV, provided Aid to Families with Dependent Children (AFDC²⁶). AFDC was directed towards families where the father

²² Information provided by: http://ndas.cwla.org/data_stats/states/Fact_Sheets/Texas.pdf

²³ Child Welfare League of America: National Data Analysis System (2008). For more information please refer to: www.ndas.cwla.org

²⁴ US Census Bureau, Population Estimates Program. (2004).

²⁵ Title XIX of the Social Security Act was enacted in 1965. This program provides health care to income eligible persons and families Pecora et al (1992).

was unable to provide support for the family either due to his health, disability, or disappearance (Besharov 2003). The program also provided cash assistance to low income families and children (Pecora 1992, 14). The number of children in care declined dramatically with the enactment of this legislation (McDonald 1996, 12).

Fair Labor Standards Act (1938)

The Fair Labor Standards Act made the shipment of goods in interstate commerce illegal if “manufactured by children under sixteen,” thus ending exploitation of children by industry (Trolander 1975, 110). This act ended child labor that had precipitated the Settlement House movement and motivated reformers like Jane Addams. The act also included minimum wage and maximum hours provisions (Trolander 1975).

Title XIX (1965)

Title XIX of the Social Security Act established the Medicaid program. The Medicaid program provides health care to income-eligible persons and families (Pecora et al 1992, 14).

Child Abuse Prevention and Treatment Act, Public Law 93-247 (1974)

The Child Abuse Prevention and Treatment Act of 1974 was passed in response to public concerns over child abuse (Pecora et al 1992). In the 1960s, “battered child syndrome” was the leading catalyst for passage of this act. This act was intended to “provide financial assistance for pilot programs for the prevention, identification, and treatment of child abuse and neglect, and to establish a National Center on Child Abuse and Neglect” (Pecora et al 1992, 13). The legislation required that suspected cases of child abuse or neglect be reported to proper authorities. Unfortunately, the definition of

²⁶ Under the 1996 Welfare Reform Act, AFDC ended and was replaced by (TANF), or Temporary Assistance for Needy Families Besharov (2003).

what constitutes child maltreatment was not fully addressed by the legislation (Pecora et al 1992). This legislation was largely unfunded by the Federal government. McGowan (1990, 72) explains, the law had the effect of creating a larger pool of children coming to the attention of authorities as potentially needing care and protection, without providing the resources or guidelines necessary to enable states to deal more effectively with them. The act deals directly with reporting abuse and neglect, but lacks the financial support to correct or prevent abuse or neglect from reoccurring or continuing.

Juvenile Justice and Delinquency Act of 1974 (PL 93-415)

During the 1970s, people became concerned that rights of children and adolescents were being violated by governmental agencies (Pecora et al 1992, 16). The intent of the Juvenile Justice and Delinquency Act was to improve juvenile justice systems and keep juvenile offenders separated from adult jails and prisons (McGowan 1990, 72-73). The legislation responded to local authority's practice of detaining juveniles who were truant or runaways in adult prisons or jails until the juvenile appeared in court for scheduled hearings. The legislation intended to reduce the inappropriate detention of juveniles and encourage state incentives for prevention and treatment of delinquency (Pecora et al 1992, 16). Today pre-adjudicated juveniles remain in juvenile centers as detainees until their scheduled court hearings. Post adjudicated juveniles sentenced for a crime or delinquency are placed into juvenile center boot-camp programs, treatment centers, or, in Texas, with the Texas Youth Commission, depending on classification and seriousness of the offence.

Title XX (1975)

The Title XX, of the Social Security Act, provides a block grant to states from federal funds for a variety of social services (Pecora et al 1992). One of the main goals of Title XX is to prevent or remedy the neglect, abuse, or exploitation of children unable to protect their own interests. Title XX mandated that states work toward preserving, rehabilitating, or reuniting families in order to eliminate or reduce the need for further social welfare support. The goals of Title XX are to provide:

- federal funding of child care services
- protective services for children and adults
- services for children and adults in foster care
- services related to the management and maintenance of the home
- day care services for adults
- transportation services
- family planning services
- training and related services
- employment services
- information, referral, and counseling services
- the preparation and delivery of meals
- health support services
- appropriate combinations of services designed to meet the special needs of children, the aged, the mentally retarded, the blind, the emotionally disturbed, the physically handicapped, and alcoholics, and drug addicts (42 U.S.C. 1397a).
-

Indian Child Welfare Act, Public Law 95-608 (1978)

In 1978, legislators enacted the Indian Child Welfare Act²⁷ to protect the “existence and integrity of the Indian Tribe” since “an alarmingly high percentage of Indian families are broken up by removal, often unwarranted, of their children.....by non-tribal public and private agencies” (Pecora et al 1992, 17). This legislation creates procedural safeguards in matters pertaining to the custody and placement of Indian children (Pecora et al 1992, 17). The major provisions of this act are as follows:

- tribes are given exclusive jurisdiction over reservation Indian children
- state jurisdiction over child custody hearings can be transferred to the tribe
- both tribes and parents of Indian custodians have the right to be notified of and to intervene in state court proceedings
- higher standards of proof are applied to state custody proceedings involving Indian children
- the act specifies placement preferences for states in placing Indian children in foster and adoptive homes
- voluntary placements of Indian children for foster care or adoption must be well-informed and are revocable in certain cases
- grants to Indian tribes and organizations to establish Indian child and family services are authorized
- placements can be overturned

This act is important because it reaffirmed the federal governments’ philosophy of family preservation (Pecora et al 1992, 19-20).

²⁷ Applies only to tribes reorganized by the U.S. Bureau of Indian Affairs Pecora et al (1992).

Adoption Assistance and Child Welfare Act, Public Law 96-272 (1980)

In 1980, the Adoption Assistance and Child Welfare Act²⁸ was enacted to address the child welfare system's delivery of services (Pecora et al 1992). This act amends Title IV-A and Title IV-B of the Social Security Act and creates a new act Title IV-E (Pecora et al 1992, 21). This legislation also includes an adoption subsidy provided in the form of a state block grant.

Title IV-E of the act provides funds for preventative and restoration services and allows for more flexible use of other federal funds. To receive funds, states must document or institute the following procedural or program reforms:

- state inventory of children in care
- statewide information system
- pre-placement preventative services
- reunification or permanency planning services
- detailed case plan
- periodic case review
- standards for care
- procedural safeguards regarding removal and placement agreements
- standards for payment
- Indian child welfare
- voluntary placement guidelines
- adoption subsidies for children with special needs (Pecora et al 1992, 22-23).

²⁸ Note: Most significant piece of child welfare legislation in 20 years (Pecora et al 1992, 21).

Independent Living Initiative, Public Law 99-272 (1986)

In 1986, the Independent Living Initiative²⁹ was enacted to provide services to prepare adolescents in foster care for living independently in the community (Pecora et al 1992, 15). According to Pecora et al (1992) this act lacks sufficient funding to ensure the full implementation necessary to effectively support the youth it is intended to service. While the idea of transition planning was a good goal, the act provided no requirement that states continue to provide support past the child's eighteenth birthday. Lack of financial support for the program doomed it to failure (Goerge 2002). Pecora et al (1992) further asserts that continued support of youth into early adulthood would better serve the youth instead of terminating support at age 21 or 22.

The Family Preservation and Support Initiative, Public Law 96-272 (1993)

The family Preservation and Support Initiative emerged when states were focusing little attention on efforts to reunify families and reduce or prevent foster care placement and family reunification (Zarate 2007, 8). The act is intended to (1) promote family strength and stability, (2) enhance parental functioning, (3) protect children and youth, (4) resolve crisis and problems, and (5) prevent unnecessary out-of-home placement of children (ARCH 1994).

Personal Responsibility and Work Opportunity Reconciliation Act, Public Law 104-193 (1996)

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 eliminated the Aid to Families with Dependent Children (AFDC) program and created a federal block grant for states to provide time-limited assistance to needy families (Gooden 2005, 246). These programs are funded by Temporary Assistance for Needy

²⁹ Renamed the John C. Chafee Foster Care Independence Program (Propp 2003).

Families (TANF), and states have broad discretion in developing, administering, and implementing welfare reform programs (Gooden 2005, 246).

Adoption and Safe Families Act, Public Law 105-89 (1997)

The Adoption and Safe Families Act emerged because child welfare agencies were not properly addressing the issue of keeping families together. This legislation meant to create a permanent home for children, either through foster care placement or adoption. The key provisions of the Adoption and Safe Families Act are to: (1) ensure child safety permanency, (2) encourage states to expedite permanency decisions for foster children, (3) promote and increase the number of adoptions, (4) establish performance standards and a state accountability system with financial penalties to states that fail to demonstrate improvements in child outcomes, and (5) to encourage states to use innovative approaches delivering child welfare services (Schene 1998, 5).

Foster Care Independence Act of 1999

Children are placed into the foster care system because of abuse, neglect, or uncontrollable behavior (Goerge 2002). Foster care was intended to be a temporary not a permanent placement for children. During this temporary placement, parents should follow corrective measures outlined by social services in order to successfully reunite with their children. However, many children are unable to return to their biological families because the courts and child protective services have determined risk of continued abuse or neglect, or because their parents are unable to care for them (Goerge 2002). As a result, many children do not achieve a permanent status with biological parents, kin, or adoptive parents and remain in foster care until their eighteenth birthday, when they reach emancipation (Goerge 2002; Downs 2004; Zarate 2007). Some of the

foster care children who reach emancipation return to live with biological families. Other foster children who do not return to their biological families are left completely without support (Crosson-Tower 2001). Prior to the Foster Care Independence Act, no federal funds were available to provide transition services for youth aging out of foster care to live on their own (Goerge 2002, Zarate 2007). Foster Care Independence Act established support from age eighteen to twenty-one. The Foster Care Independence Act of 1999 established a 20 percent match by states on the first forty-five million from the federal government and a fifty percent match on additional funding (Goerge 2002). The money is to assist the child with obtaining a high school diploma, career exploration, vocational training, and job placement and retention (Goerge 2002). Transition to independent adult living is now a major policy focus of federal, state, and local policy-makers, to ensure youth successfully move into adulthood.

Conclusion

This chapter provided an overview of the history of child welfare from biblical times through the present. This chapter also offered a brief legal history of child foster care in the United States. Chapter three introduces the Texas institutional setting and describes the Casey Family Programs foster care agency.

Chapter III: Texas³⁰ Institutional Setting³¹

The purpose of this chapter is to discuss Casey Family Programs' history, location and profile of children served, approach to foster care, and goals. This research interviews social workers employed by Casey Family Programs to gain insight into contemporary child foster care.

This research studies the Austin field office of Casey Family Programs which is a nonprofit, private foster care agency. Social workers from this field office participated in interviews to test the working sub-hypotheses of this research project.

History of Casey

In 1966, Jim Casey created Casey Family Programs to help children who were unable to live with their birth parents. Mr. Casey grew up in Seattle, Washington, and as a young man delivered packages on the busy streets during the Klondike gold rush. Casey eventually founded United Parcel Service (UPS), which revolutionized package delivery service around the world. As a successful businessman, Mr. Casey sought ways to help those who lacked the family life he felt crucial. At the end of his life he left three legacies: UPS, the Annie E. Casey Foundation, and Casey Family Programs.

Location and Children Served

Jim Casey and his extended family created four additional organizations dedicated to helping children and families: Marguerite Casey Foundation, Annie E. Casey foundation, Casey Family Services, and Jim Casey Youth Opportunities Initiative. Headquartered in Seattle, Casey operates nine field offices in five states: Arizona, California, Idaho, Texas, and Washington. These field offices serve about twenty

³⁰ For more Texas State Applied Research Projects dealing with Texas see: (Cardenas 2002; Ledesma 2007; Zarate 2007)

³¹ For more information see: <http://casey.org>

thousand children in foster care, their families, young adults who grew up in foster care, and welfare professionals.

Casey Approach

In addition to direct care services, Casey offers consulting services for child welfare systems in about half of the fifty states at no charge to the agencies. Casey helps agencies put practices in place to improve foster care systems and ultimately the families they serve. Casey funds a nonpartisan research department to inform lawmakers and social work professionals of the need for public policy changes to help improve child welfare systems nationwide. Casey believes that partnerships affect change. To this end, Casey partners with community organizations, associations, philanthropies, and corporations to improve child welfare programs.

Goals of Casey

Casey Family Programs goals for the organization include: permanence, transition, and prevention. Casey as an organization works toward creating a foster care system that provides permanence for children and youth by finding them safe, loving homes and encouraging connections to family, friends, and community. Casey in conjunction with the Foster Care Independence Act provides transition services for youth leaving foster care to assist them in becoming successful adults. Casey devotes resources prevent child abuse and neglect. Casey's overall goal is to ultimately eliminate the need for foster care.

Austin Field Office

For the purpose of this research, social workers at Casey Family Programs-Austin field office participated in interviews to test the working sub-hypotheses. The Austin

office was founded in 1984, to help children in the public foster care system find safe and permanent families. The Austin office serves between fifty and sixty youth in direct foster care and approximately eighty youth receive some type of service from Casey. These services range from housing to college assistance.

The Austin office also provides case management, connects youth with community based services, and helps youth successfully transition to adulthood. The Austin office provides Texas youth with tutoring services; funding for clothing and extracurricular activities; continuing education and job training programs; and core services like medical, dental and therapy.

The Casey Family Programs Austin office works in partnership with the Texas Department of Family and Protective Services³² and Lifeworks³³ to offer transitional services. Through this effort Casey transitions youth from foster care to independent adult living. The Austin office also offers kinship care services. Children in foster care are often placed with members of their extended families instead of entering the foster care system. Casey promotes this national effort by providing families with information on available community resources, public assistance, child support, and legal information.

One should note that all the social workers employed by Casey Family Programs are fully licensed. The staff at Casey consists of four direct care social workers, three kinship workers, two transition social workers, a foster home developer, a family group conferencing liaison, a director, and a deputy director. The State of Texas only requires Child Protective Services caseworkers to have a bachelor's degree in any field. The level

³² for more information on Department of Family and Protective Services see: <http://www.dfps.state.tx.us>

³³ for more information on Lifeworks see: <http://www.lifeworksaustin.org>

of training and resources provided by Casey exceeds the State of Texas minimum. Because Casey's standards are higher, the research interviewed social workers at Casey.

Conclusion

This chapter provided the basis and overview of the agency that participated in this research project. Chapter Four discusses the conceptual framework of this research project and makes the connection between the literature and the working hypotheses.

Chapter IV: CONCEPTUAL FRAMEWORK

Drawing on the historical legacy of child foster care in the United States, this research explores ways the foster care system can improve. Many problems still impede society's ability to care for children whose families are unable to do so. This chapter identifies several reasons provided by the literature that children end up in foster care. This study explores these reasons from the perspective of the case workers confront these problems daily. The hypothesis explores the following reasons children are placed in foster care: abuse and neglect; substance abuse; parental illness (mental or physical); child illness (mental or physical); and adoption or long term placement of children.

This research is exploratory and uses one overarching working hypothesis with five sub-hypotheses. Working hypotheses serve as guides to early-stage investigations (Shields 1998, 57). This research features one overarching working hypothesis that explores the reasons children enter in foster care and how the foster care system addresses these reasons.

WH 1: Social workers have insights into the reasons children enter the foster care system and how the system could be improved to meet the needs of children more efficiently.

Abuse/Neglect (WH1a)

Legally, parents are responsible for the care and safety of their children. When a child's life is threatened by physical abuse or neglect, the state has the authority to remove them from the home. Child abuse and neglect fall into four categories: physical abuse, physical neglect, sexual abuse, and emotional or psychological maltreatment (Cosson-Tower et al 2001, 196). Under the Child Abuse and Treatment Act of 1974, all adults must report child maltreatment in situations where they reasonably suspect abuse

and neglect, to the state child protective agency. The child welfare system protects children against abuse and neglect.

Definition of Abuse/neglect

Physical abuse manifests as unexplained bruises or welts on a child in areas such as face and head; upper arms; back; upper legs; or genital region (Crosson-Tower et al 2001, 197). Physical neglect applies to children whom parents abandon for long periods of time, who neglect hygiene, who fail to provide a permanent home, or who delay providing mental or physical health care (Pecora et al 1992, 192). Sexual abuse is the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in any sexually explicit conduct, rape, prostitution, or incest, under circumstances whereby the health or welfare of the child is threatened (Pecora et al 1992, 163).

Children in households where domestic violence has occurred or is occurring are much more likely to be victims of physical assault (Downs et al 2004, 241; Ledesma 2007). Domestic violence may affect in many ways: excessive irritability, sleep disturbance, fear of being alone, and regression in toileting and language (Osofsky 1999, 26).

Children in the midst of domestic violence sometimes have no place to go for protection except into the child foster care system (Crosson-Tower et al 2001; Ledesma 2007). Many factors cause abuse or neglect of children. Child maltreatment may result from the interaction of environmental stress, personality traits of the parent, and child characteristics (Belsky 1993; English 1998; Downs et al 2004). Poverty has been contributed to child abuse since the nineteenth century (Downs et al 2004). Poor families

typically live in poor neighborhoods with fewer services.³⁴ The ongoing stress of living in poor conditions, unable to make ends meet, can lead parents to act out against children in frustration (Downs et al 2004; Zarate 2007).

Most foster care services take place after the fact, when abuse or child neglect has already occurred or is occurring (Downs et al 2004). Child Protective Services is characterized by certain features:

- how the service is initiated
- work with parents and children at risk
- type of action taken by the agency
- balanced use of authority (Downs et al 2004, 226; Zarate 2007; McQueen 2001).

Child abuse investigations usually begin with anonymous allegation of abuse or neglect of a child. An investigator from the agency meets with the family of the alleged victim and evaluates the severity of the abuse or neglect. Once the evaluation occurs, the caseworker establishes a course of action to either remove the child or recommends services for the family to correct the problem (Crosson-Tower et al 2001; Downs et al 2004; Zarate 2007; McQueen 2001). Social workers must balance their authority in relation to the child at risk between two different parties: the parent who is responsible for rearing the child, and the society who legally charges the agency to protect children from abuse and neglect (Downs et al 2004, 227; Zarate 2007).

In the event that the agency removes the child from the home to prevent further abuse or neglect, the caseworker must secure a suitable foster home placement until permanent living arrangements can be found (Pecora et al 1994; Downs et al 2004; Crosson-Tower et al 2001; Zarate 2007). Since abuse and neglect take on many different

³⁴ See also: (Pecora et al 1994; Zarate 2007; McQueen 2001).

forms, this research seeks the social workers' insights into how foster parents are trained to handle abused or neglected children.

Child Protective Services help prevent further neglect or abuse and promote a child's safety and well-being (Downs et al 2004, 226). The National Child Abuse and Neglect Data System combine official reports of abuse and neglect from child protective services in all fifty states and the District of Columbia. In 2000, there were over 879,000 confirmed cases of abuse or neglect in the United States. According to the 2008 Data Book³⁵, there were over 259,000 cases of child abuse or neglect investigated in the State of Texas. Hence, one expects to find:

WH1a: The foster care system addresses abuse and neglect as reasons children enter the foster care system.

Substance Abuse (WH1b)

In recent years, substance abuse has dramatically increased in the United States. In 2001, Child Welfare League of America conducted a study that found 67 percent of parents in child welfare systems required substance abuse services (Downs et al 2004, 241). Substance abuse by parents often renders them unable to provide consistent and nurturing care for their children (Downs et al 2004, 240). Downs et al (2004), further explains that children may lack clothing, decent housing, and even sufficient food because of the parent's addiction to drugs or alcohol.

Child welfare professionals have known for some time that child maltreatment correlates to drug/alcohol abuse. In the last fifteen years, child protective and substance abuse service systems have integrated (Downs et al 2004; Zarate 2007; McQueen 2001).

³⁵ For more information on Data Book see:
http://www/dfps.state.tx.us/About/Data_Books_and_Annual../default.asp

These systems focus on substance abuse treatment and improving parenting skills (Downs et al 2004, 241).

Communities attempt to assist those with substance abuse issues through family treatment courts (Downs et al 2004, 241; Zarate 2007). Treatment courts bring legal services, social welfare, and substance abuse services into the same courtroom with a permanently assigned judge. By linking judicial, social service, and substance abuse treatment arenas, to the judge and case workers better monitor family progress and compliance (Downs et al 2004, 241).

Parents with severe substance abuse problems often place their children in foster care voluntarily or involuntarily through court order (Crosson-Tower et al 2001; Zarate 2007). The child welfare system protects children and assists parents with substance abuse problems. Hence one expects to find:

WH1b: The child welfare system addresses substance abuse by parents as reasons children enter the foster care system.

Mental or Physical Illness of Parent(s) (WH1c)

Catastrophic events such as long term parental mental or physical illness often cause children to enter the foster care system (Crosson-Tower et al 2001; Downs et al 2004). Some parents diagnosed with a mental or physical illness are unable to provide for their children and place them into foster care as a last resort. A study conducted by Festinger (1983), found of 277 former foster children in New York City, 20 percent had been placed in care due to the mental illness of their caretakers (Crosson-Tower et al 2004).

According to Crosson-Tower et al (2004) officials should explore all other viable forms of placement before placing a child with strangers in the foster care system. Placing children with strangers and not with relatives could worsen the trauma of a child dealing with a parent who is gravely ill (Crosson et al 2001, 309). Community-based treatment in which people are seen on an outpatient basis with counseling and support has allowed more mentally ill parents to care for their own children and avoid placement into foster care (Crosson-Tower et al 2001; Zarate 2007). Parents with severe mental or physical illness with no other options may turn to the foster care system to alleviate stress associated with the fear of what will become of their children if something were to happen to the parents (Crosson-Tower et al 2001; Downs et al 2004). Hence one expects to find:

WH1c: The foster care system addresses parents with mental or physical illness as a reason that children enter the child foster care system.

Mental or Physical Illness of Children (WH1d)

Children with mental or physical disabilities require more training, patience, and understanding than a child who would otherwise be classified as “normal” (Zarate 2007, Pecora et al 1994; Lindsey 2004). According to Festinger (1983), children with mental illness are more likely to enter foster care than those with a physical disability. Children with HIV enter the foster care system at increasingly higher rates according to (Crosson-Tower et al 2001). The child welfare system protects children with physical or mental disabilities. Hence one expects to find:

WH1d: The child foster care system addresses children diagnosed with mental or physical problems as a reason that children enter the child foster care system.

Adoption/Long-term Placement (WH1e)

Children who are being placed for adoption sometimes enter the child welfare system until the adoption is complete or temporary placement is found until the adoption is final. Sometimes a child is placed into foster care for days, weeks, or even months before an adoption or alternative placement is found, according to Crosson-Tower et al (2001). Sometimes children are placed for adoption by distraught parents who need preventative services, i.e.; housing assistance, medical, or food stamps. The Adoption Assistance and Child Welfare Act of 1980, requires state child service agencies to act on preventative services and permanency planning for families prior to the state taking custodial rights from the parents (Pecora et al 1992, 21-22). Temporary placement of children in foster care can allow parents who are considering adoption, time to reason with themselves if adoption is the right course (Crosson-Tower et al 2001, 310). The child welfare system is designed to provide temporary placement for children awaiting adoption or long-term placement. Thus this study expects to find:

WH1e: The foster care system addresses children who are awaiting adoption or long-term placement as reasons that children enter the child welfare system.

Table 4.1 contains the conceptual framework. This table illustrates the connection of the research hypotheses to the scholarly literature.

TABLE 4.1: Summary of Conceptual Framework Linked to the Literature

Research Purpose 2: To explore the causes of children being placed in foster care and the ways the foster care system addresses these reasons with Casey Family Programs.	
Working Hypothesis	Scholarly Support
<p>WH1: Social workers have insights into ways the foster care system could be improved to meet the needs of children more efficiently.</p> <p>WH1a: The foster care system addresses abuse and neglect as reasons children enter the foster care system.</p> <p>WH1b: The foster care system addresses substance abuse by parents as a cause for children to enter the foster care system.</p> <p>WH1c: The foster care system addresses parents with mental or physical illness as a reason that children enter the foster care system.</p> <p>WH1d: The child foster care system addresses children diagnosed with mental or physical problems as a reason that children enter the child foster care system.</p> <p>WH1e: The foster care system addresses children who are awaiting adoption or long-term placement as reasons that children enter the child welfare system.</p>	<p>Crosson-Tower (2001), Pecora, et al (1992), Lindsey (1994) Grudber (1978)</p> <p>Downs et al. (2004), Trattner (1994)</p> <p>Pecora, et al (1992), Lindsey (1994) Grudber (1978)</p> <p>Downs et al. (2004); Crosson-Tower (2001)</p> <p>Barber & Delfabbro (2003), Pardeck (1982), Osofsky (1999)</p> <p>Lindsey (1994) Grudber (1978)</p>

Conclusion

This chapter provides the conceptual framework: the connection between the literature and research working sub-hypotheses. The hypotheses were drawn from the literature to explore the main ideas. Chapter five presents the methodology of this research project.

Chapter V: METHODOLOGY

Chapter four discusses the research methodology used to answer the research question and includes an operationalization table of the conceptual framework. The research tested the hypothesis and sub-hypotheses using open ended structured interviews. This chapter also includes justification for the use of the selected methodology is also included in this section.

Research Technique

Since this project is exploratory in nature, the research includes interviews with experienced social workers. Interviewing is an appropriate method for the social researcher collecting original data from a larger population Babbie (2004, 243). This research explores the reason children enter foster care and the ways the foster care system addresses these causes.

Semi-structured interviews provide the primary source of information for this project. According to Babbie (2004), less structured interviews are more appropriate to conducting field research. Social workers from a private, non-profit foster care agency serve as the unit of analysis, or respondents for the purposes of this research.

The interview questions are open-ended in order to allow the interviewee the opportunity to elaborate on their responses from their unique position as practitioners in the field of social work. Interview questions align with the working hypotheses developed in Chapter four. Therefore, interviewing is an appropriate tool to assess social worker insights and suggestions for improvement of the foster care system.

Table 5.1 summarizes the conceptual framework and links the hypothesis to specific interview questions. The working sub-hypotheses and interview questions

measure level of support for the hypotheses. The questions in **Table 5.1** act stimulate further discussion about contemporary foster care. Hence, open-ended structured interviews effectively explore the research question. A copy of the questions appears in **APPENDIX A.**

TABLE 5.1: Operationalization Table for the Research Purpose

WH1: Social workers have insights into ways the foster care system could be improved to meet the needs of children more efficiently.	
Working sub-hypotheses	Interview Questions
WH1a: The foster care system addresses abuse and neglect as reasons children enter the foster care system.	<p>Q1: How do foster care services act as a way to protect children from further abuse or neglect?</p> <p>Q2: What is the quality and type of training foster parents receive to deal with abused or neglected children?</p> <p>Q3: In what ways could the foster care system be improved to better handle abused or neglected children?</p>
WH1b: The child welfare system addresses substance abuse by parents as a cause for children to enter the foster care system.	<p>Q4: What programs are available in the foster care system to parents with a drug or alcohol abuse problem?</p> <p>Q5: What does the foster care system do to encourage parents with a substance abuse problem to enter rehabilitation?</p> <p>Q6: How could the foster care system be improved to assist parents in overcoming addiction to drugs or alcohol?</p>

<p>WH1c: The foster care system addresses parents with mental or physical illness as a reason that children enter the foster care system.</p>	<p>Q7: What programs are available to parents who are facing life-threatening illness and request foster care for their children?</p> <p>Q8: What measures are taken by the foster care system to assist parents with mental or physical illness whose children have been placed into foster care?</p> <p>Q9: How could the responsiveness of the foster care system improve to better address the fears of abandonment or separation from the biological parent(s) diagnosed with serious mental or physical illness?</p>
<p>WH1d: The child foster care system addresses children diagnosed with mental or physical problems as a reason that children enter the child foster care system.</p>	<p>Q10: How does the foster care system address the specific needs of children who have mental and physical disabilities?</p> <p>Q11: How does the foster care system determine the proper treatment and placement of children who have the HIV-AIDS virus?</p> <p>Q12: In what ways could the foster care system be improved to assist parents of children with disabilities?</p>
<p>WH1e: The foster care system addresses children who are awaiting adoption or long-term placement as reasons that children enter the child welfare system.</p>	<p>Q13: What services are available in the foster care system to parents considering placing their children for adoption or long-term care?</p> <p>Q14: How does the foster care system determine the placement of children who are placed for adoption or long-term care?</p> <p>Q15: Can you recommend improvements in the foster care system for expediting the process for adoption or long term placement of children?</p>

Strengths and Weaknesses

The main strengths of field research are flexibility, validity, and effectiveness to study attitudes and behavior over time (Babbie 2004). According to Babbie (2004), qualitative interviews are appropriate to field research. Researchers can easily clarify or modify interview questions for the respondent and promote relevant responses. Since the goal of this research is to gain insights from social workers on how the foster care system can be improved, field research provides the flexibility to accomplish this goal. Babbie (2004), states that it is the researcher who must keep the respondent on task and focus the questions. Field research is a valid technique. Since most of the data in this field research is collected in-person and from practitioners in social work, the responses are valid. Other methods such as survey research offer reliable respondent's answers because they consist of closed-ended questions. This research, however, leaves no room for follow-up questions or elaboration. Field research hinges on validity and probes for answers and to capitalize on the unique perspectives on child foster care that only social workers can provide. Field research is exceptionally effective when examining social processes over time. Field research allows the researcher to go into great depth and detail questioning the respondent, yielding valuable information. Babbie (2004), states that other research methods are sometimes challenged as being "superficial" but critics seldom lodge this charge against field research. Field research provides greater validity than other research measurements (Babbie 2004, 307).

The two main weaknesses of field research are its inability to generalize beyond the case and its reliability. Results may be unreliable because another scholar asking the same questions might get different answers. In addition, rapport between respondent and

interviewer may vary with different interviewers. Difference in rapport may influence the quality and quantity of the information given. The responses from social workers employed by the Casey Family Programs cannot be broadly generalized to social workers in the field. All results must be interpreted cautiously and cannot be generalized. Since field research is more qualitative and data not easily reduced to numbers, it is difficult to perform a statistical analysis of the results. Other research methods that are qualitative in nature are more reliable but generally considered less valid (Babbie 2004). The use of field research produces in-depth answers to research questions but responses could vary among respondents thus affecting the reliability of the research method.

Sample

The interview subjects for the purpose of this research are social workers with a private, non-profit foster care agency —Casey Family Programs. Participating subjects in this project are social workers employed by the Casey Family Programs —Austin office. The research interviewed thirteen people involved with social work on behalf of Casey Family Programs. Six interviews occurred on March 4, 2010 in Austin. Another interview was occurred on March 16, 2010, and the final six occurred on March 21, 2010. The average interview lasted forty five minutes to one hour.

Human Subjects Protection

This research project was submitted to the Institutional Review Board of Texas State University and has been granted an exemption. The request number associated with this research is **EXP2009A4570**. The Certificate of Exemption is included as Appendix B.

Since this research uses semi-structured interviews, which require human subjects, possible ethical concerns must be addressed. Some of the primary areas for ethical concern

in social research concern voluntary participation harm to the participants, anonymity/confidentiality, and deception (Babbie 2004, 64-68).

To address the issue of deception and to ensure voluntary participation by participants, this project clearly defines the research purpose and the research method. The participants signed a consent form indicating their understanding the research purpose and research method and all participant questions were resolved prior to the start of the interview. (See Appendix C).

In order to prevent harm to participants and to maintain confidentiality, participant identities were not disclosed publicly and responses evaluated as a group. The consent form clearly outlined the researchers' intent prior to, during, and after the interviews.

Conclusion

This chapter provides an overview of the method the research used to collect data. This chapter also explained how the conceptual framework links to the data collection. Chapter six presents the results of the study.

Chapter VI: RESULTS

The purpose of the results chapter is to present the findings from the interviews. The discussion of the attitudes, perceptions, and insights of Casey Family social workers on ways the foster care system can be improved is organized by the working hypotheses in chapter four. Again, it is important to note one cannot generalize the information gleaned from the social workers, beyond this group. Interviews provide a unique insight into the Texas foster care system and are valuable (just not generalizable).

Abuse and Neglect (WH1a)

The Casey Family social workers strongly support the hypothesis that the foster care system addresses abuse and neglect as reasons children enter the foster care system. There was almost total agreement among the interviewees that the foster care system responded well to abuse or neglect cases.

The overwhelming majority of interviewees believe the foster care system responds appropriately to physical threats such as abuse and neglect by removing children from harm. Several respondents noted, “The need to assess the situation: determine if and when the child can return home.” One respondent noted, “We have to eliminate the threat of harm, remove the child.”

The question that asks about the type of training foster parents receive to help them deal with abused or neglected children resulted in some interesting findings. One respondent noted that Casey Family Programs requires thirty pre-service hours, which is above the state minimum of twelve required by Child Protective Services. Another

respondent commented that children receive counseling or therapy as needed to help them deal with separation or grief-related issues when removed from the birth family.

Respondents were asked how the system could be improved to better handle abused or neglected children. One person responded, “Reduce the number of forms we have to fill out and simplify them.” Another social worker noted, “Judges need to be trained on the questions to ask and what to look for when dealing with foster kids.” One very interesting comment pertained to training of social workers. “Most state CPS workers have a degree in art or plant biology, not social work. They need to be trained as much or more than foster parents. Most foster parents have children of their own so at least they are familiar with raising kids. Most state workers are single and straight out of college with no experience with children.” The results responsiveness of the foster care system to abuse and neglect are summarized in **Table 6.1**.

Table 6.1: Responsiveness to Abuse and Neglect

WH1a: The foster care system addresses abuse and neglect as reasons children enter the foster care system.	Strong Support
Q1: How do foster care services act as a way to protect children from further abuse or neglect?	<ul style="list-style-type: none"> • Move child away from risk. • Assess family situation: determine when and if child can return home. • Provide services to the child/family. • Provide safe temporary placement for the child.
Q2: What is the quality and type of training foster parents receive to deal with abused or neglected children?	<ul style="list-style-type: none"> • 30 pre-service training hours (above state minimum of 12) and 20 hours yearly. • Services to help child with separation, grief, and loss. • Home study: license, background, fire, and safety inspections. • Training to deal with child’s abuse: sexual and physical.

<p>Q3: In what ways could the foster system be improved to better handle abused or neglected children?</p>	<ul style="list-style-type: none"> • Preventive: parenting skills, employment. • Case management-reduce and simplify forms. • Training of judges in family courts. • Train Social Workers who do not have a degree in social work. • More use of “Kinship Care”.
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Substance Abuse (WH1b)

The Casey Family social workers agree that the foster care system has mechanisms in place to address substance abuse by parents as a cause for children to enter the foster care system.

Casey Family Social Workers also recognize substance abuse is a challenging problem, but under the control of other agencies. Hence, there are programs available to parents with a drug or alcohol abuse problem. Programs most often mentioned were Parents in Recovery Program and the Travis County Drug Court. One respondent noted that these are private or county based programs not sanctioned by the state or federal levels of government. Another respondent asserted, “There definitely is not enough done in the area of drug and alcohol abuse. As newer more potent drugs hit the market it can only be worse for the children involved in the situation.”

On the question of how the foster care system encourages parents with substance abuse problems to enter rehabilitation, almost all agreed, “by court order.” Parents sometimes face the possibility of termination of rights as motivation to seek treatment for substance abuse, but almost all have to be court-ordered.

Several respondents noted that there are two free substance abuse programs: Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). These programs evoked mixed responses from “not successful” to “somewhat useful.”

The next question dealt with improving the foster care system to assist parents with overcoming addiction to drugs and alcohol. Almost all respondents emphasize the need for more funding. One person noted, “If you have insurance you can afford rehabilitation, but the poor with no insurance are left with free programs like AA or NA.” Another responded that, “Recovery from addiction takes more time than the typical twelve months that is given by most courts. An extension can be applied for six to eight months, but is not always granted. The time should be extended to two years minimum.” The results of the interviews about substance abuse as a cause of children entering the foster care system are found in **Table 6.2**.

Table 6.2: Substance Abuse by Parents

WH1b: The foster care system addresses substance abuse by parents as a cause for children to enter the foster care system.	Mostly Support
Q4: What programs are available in the foster care system to parents with a drug or alcohol abuse problem?	<ul style="list-style-type: none"> • Travis County Drug Court • Parents in Recovery Program • No Federal or State Program
Q5: What does the foster care system do to encourage parents with a substance abuse problem to enter rehabilitation?	<ul style="list-style-type: none"> • Court order • Threaten with termination of parental rights • 12 step program: Alcoholics Anonymous and Narcotics Anonymous
Q6: How could the foster care system be improved to assist parents in overcoming addiction to drugs or alcohol?	<ul style="list-style-type: none"> • More money allocated • Better access to treatment (mostly limited to those with insurance) • Extend recovery time from one year to two • Recovery from addiction takes time

Parental Mental or Physical Illness (WH1c)

The interviewee's responses were mixed when asked questions regarding the foster care system's ability to address the problem of parents with mental or physical illness causing children to enter the foster care system. Respondents believed the system's ability to serve children whose parents were unable to care for them due to life threatening illness were nearly non-existent. This is a problem the system does not address.

Most social workers interviewed were unsure about programs offered to parents suffering from a life-threatening illness or said that the services are not provided for within the foster care system. One person stated, "the focus of the foster care agency is on prevention of further abuse or neglect of children once it has occurred or is currently in progress. There is no provision for this type of preventative measure."

When asked what measures are taken by the foster care system to assist parents with mental or physical illness whose children have been placed into foster care, the majority of responses indicated support services in the home. One social worker responded that mental health workers were not available in the foster care system to assist in such a situation. Other interviewees stressed the need for more inter-agency communication between mental health professionals and child protective services.

Social workers answered very directly the question about how the responsiveness of the foster care system could improve to better address the child's fears of abandonment or separation from a biological parent diagnosed with serious mental or physical illness. The almost unanimous response was that children are placed based in the needs of the agency and not the needs of the child. Several responded, "We need to

assess the child’s emotional and physical state to determine placement,” One social worker explained that, “Older children are better able to cope with the unfortunate situation of serious illness of a parent, whereas young children tend to want to be with the parent in the time of crisis.” Another respondent made the point that more community involvement is needed and society cannot just relying on the foster care system and social workers to accomplish the goal alone. Services available in the community are sometimes overlooked or not offered to the family. The persistent theme throughout the interviews was, “More funding to help children in unique situations.” The results are of this section are summarized in **Table 6.3**.

Table 6.3: Parental Mental or Physical Illness

<p>WH1c: The foster care system addresses parents with mental or physical illness as a reason that children enter the foster care system.</p>	<p>Mixed/Disagree</p>
<p>Q7: What programs are available to parents who are facing life-threatening illness and request foster care for their children?</p>	<ul style="list-style-type: none"> • Not enough services • Not sure • None: focus of agency is on abuse and neglect
<p>Q8: What measures are taken by the foster care system to assist parents with mental or physical illness whose children have been placed into foster care?</p>	<ul style="list-style-type: none"> • Support services in home • More interagency communication • No skilled mental health workers
<p>Q9: How could the responsiveness of the foster care system improve to better address the fears of abandonment or separation from the biological parent(s) diagnosed with serious mental or physical illness?</p>	<ul style="list-style-type: none"> • Placement according to needs of the child • Better documentation of needs • More community involvement • More funding

Mental or Physical Illness of Children (WH1d)

Almost all the Casey Family social workers interviewed said that children with physical and mental disabilities receive support based on level of care. “It depends on the extent of the disability.” Most agreed that the foster care system needs to improve to better handle children with disabilities. “The system does not do a good job currently” responded one social worker. During the interview, a social worker explained, “When we have a child with a serious mental or physical disability we sometimes do not level with the child the true seriousness of the disability and its effect on their lives now and in the future. If steps are not followed by the child into adulthood the disability could become life-threatening. Whether it is taking medication, therapy, or counseling, children move into adulthood and think, ‘hey I’m cured’. In reality they could get worse.”

A majority of the Casey Family social workers believed that more should be done to ensure proper placement or treatment of children with HIV. One social worker responded, “We have such a high caseload of children the agency, places kids based on openings and the needs of the agency not necessarily the needs of the child.” Almost all the Casey Family social workers interviewed believe that education of foster parents and the child about the child’s illness is very important. “Most children with HIV are assigned to a medical team to assist with the child while in the custody of the agency.”

Almost all agreed the foster care system could be improved. The majority of Casey Family social workers believed that, “Better access to healthcare to support the special needs of the child would be a big first step.” More education of social work staff, parents, child, and foster parents on the nature and ramifications of the illness are also

important. Several social workers pointed out the need to inform parents of support groups and wraparound services. “There are other services available through other state agencies other than the foster care system to help in this effort. We need to do a better job of informing parents.” The results of this section are summarized in **Table 6.4**.

Table 6.4: Mental or Physical Illness of Children

<p>WH1d: The child foster care system addresses children diagnosed with mental or physical problems as a reason that children enter the child foster care system.</p>	<p style="text-align: center;">Mixed Support</p>
<p>Q10: How does the foster care system address the specific needs of children who have mental and physical disabilities?</p>	<ul style="list-style-type: none"> • Based on level of care required • Not very well • Social workers do not always level with the children about the seriousness of disability and how it will affect them later in life.
<p>Q11: How does the foster care system determine the proper treatment and placement of children who have the HIV-AIDS virus?</p>	<ul style="list-style-type: none"> • Not sure/not enough done • Treatment by medical team • Education for foster parents about HIV • Placement based on need of the agency
<p>Q12: In what ways could the foster care system be improved to assist parents of children with disabilities?</p>	<ul style="list-style-type: none"> • More education of parents and agency staff • Healthcare access • Inform parents of support groups and wraparound services

Adoption or Long-term Placement

The responses to this hypothesis were generally neutral or mixed overall. When asked about the services available to parents considering placing their children for adoption or long-term care, the overwhelming response of the Casey Family social workers was “none.” “Most children in foster care are placed involuntarily meaning they have been removed for neglect or abuse.” Several social workers pointed out that the

state does not try to terminate parental rights of children over the age of twelve. These children do not need parents as much as they need a “life coach,” someone to guide them in later adolescent years. “Older children are harder to adopt.” responded another. The participants pointed out that the state is moving toward a system of “commitment on the part of foster parents and foster children. A ceremony is held much like a marriage, whereby each party makes a commitment to the other without going through the adoption process. This allows the child to maintain ties with the birth family while having the support of the foster family long term.”

Regarding placement, answers were generally the same as previous questions. “Children are placed based on the needs of the agency, depending on availability.” All interviewees agreed that an adoption team and adoption specialist make recommendations about final placement of the child.

Finally, the social workers were asked if they could recommend improvements to the foster care system to expedite the adoption process or permanent placement process of children in foster care. The overwhelming response was, “Pursue termination of rights more aggressively.” It currently takes anywhere from twelve to eighteen months to complete termination parental rights of a child. “If we could expedite this process we could increase the numbers of children going to permanent homes.” One social worker pointed out that, “We should plan for long term care. Even though the general movement is against long term foster care, the reality is some kids will not be adopted and others will never be able to go home. We should have the plan in place, not pretend it is not a possibility.” Several responded that the foster care system needs to do a better job of

recruiting adoptive families for children who can not return to their birth families. The results of this section are summarized in **Table 6.5**.

Table 6.5: Adoption or Long-term Placement

<p>WH1e: The foster care system addresses children who are awaiting adoption or long-term placement as reasons that children enter the child welfare system.</p>	<p style="text-align: center;">Mixed/Neutral</p>
<p>Q13: What services are available in the foster care system to parents considering placing their children for adoption or long-term care?</p>	<ul style="list-style-type: none"> • None • Kinship care • Most placed involuntarily • Older children no termination • Older children harder to adopt
<p>Q14: How does the foster care system determine the placement of children who are placed for adoption or long-term care?</p>	<ul style="list-style-type: none"> • Availability of the agency • Team recommendation • Adoption specialist
<p>Q15: Can you recommend improvements in the foster care system for expediting the process for adoption or long term placement of children?</p>	<ul style="list-style-type: none"> • Improve recruitment efforts • Specialized programs • Plan for long term care (not currently a goal of foster care agencies) • Increased attention to needs of the child in placement • Pursue termination more aggressively

Conclusion

This chapter presents the findings from the interviews. Also contained in this chapter, is a discussion of the attitudes, perceptions, and insights of Casey Family social workers about ways the foster care system can be improved. Chapter seven summarizes those suggestions and makes recommendations for future research.

Chapter VII: CONCLUSION

Purpose

This chapter summarizes the applied research project, discusses how the findings relate to the research question, makes recommendations based on the findings, and suggests directions for future research. When the problem is in the real world of public administration, the administrator/problem solver must work across epistemic communities (Shields 2005, 11). This project explores the reasons children enter foster care from the perspective of a public administrator. Shields (2005) states that practitioner experience is valuable and is an integral part of knowledge creation, therefore, social workers provide an excellent avenue by which to gauge possible improvements to the foster care system. The purpose of the conclusion chapter is to make recommendations as a result the evidence gathered from the interviews conducted with social workers.

Research Summary

The purpose of this research was to explore the reasons children enter the foster care system from the perspective of social workers. Due to the limited nature of the sample, the results cannot be generalized and must be interpreted cautiously; nevertheless, the social workers interviewed gave similar viewpoints as to why children enter the foster care system and what improvements could be implemented to make the system function in a more productive way.

This chapter discusses how and why children enter the foster care system and why recommendations by social workers to improve the system are important to public

administrators. **Table 7.1** displays a summary of the findings of each working sub-hypothesis.

Table 7.1: Summary of Results

Hypotheses	Finding
The foster care system addresses abuse and neglect as reasons children enter the foster care system. (WH1a)	Strong Support
The child welfare system addresses substance abuse by parents as a cause for children to enter the foster care system. (WH1b)	Mostly Support
The foster care system addresses parents with mental or physical illness as a reason that children enter the foster care system. (WH1c)	Almost No Support
The child foster care system addresses children diagnosed with mental or physical problems as a reason that children enter the child foster care system. (WH1d)	Mixed Support
The foster care system addresses children who are awaiting adoption or long-term placement as reasons that children enter the child welfare system. (WH1e)	Mixed/Neutral Support
Social workers have insights into ways the foster care system could be improved to meet the needs of children more efficiently. (WH1)	Mostly Supported

Summary of Findings

Abuse/Neglect

The interviews indicated strong support for abuse and neglect as the leading reason children enter the foster care system. Most child welfare cases involve some form

of abuse or neglect. It is important to examine how foster care services respond to cases of abuse and neglect. Most of the social workers responded that, had intervention occurred caseloads might not be as enormous as they are currently, involving abuse and neglect. Economic stress and ignorance regarding available public assistance programs contribute to the number of parents abusing or neglecting their children.

Substance Abuse

Substance abuse by parents is at the highest levels in recorded history. This level is due to economic stressors such as unemployment, health care debts, and the poor economy. People of low or moderate income levels often turn to drugs or alcohol to cope with problems, and are often unaware of the consequences of abuse or neglect on their children. As the social workers pointed out, society needs to do a better job educating, assisting, and changing the mentality of citizens in the use of stimulants that mask problems. Substance abuse can lead to child abuse or neglect, and compromises the family unit as a whole causing unemployment, debt, or even death of the parent. The breakdown of the family unit directly affects society, making this an important issue for public administrators who seek policy changes.

Mental or Physical Illness

Mental illness is still a hidden disease to most people. The social workers voiced concern that not enough money and resources are allotted to improving the way the foster care system addresses this problem. The child foster care system focuses on abuse or neglect that is ongoing or has already occurred. The social workers expressed the need for communities to be more proactive in preventing abuse or neglect by providing more

services to families. Whether the parent or child is afflicted with mental or physical illness, early intervention preventing a crisis is good public policy.

Adoption or Long-term Care

In recent years, the number of children in the foster care system has greatly concerned public administrators who try to be good stewards of taxpayer money. The move away from long-term foster care toward kinship care or adoption is in direct response to higher public costs of care and fewer foster homes in which to place children. The social workers agreed that long term foster care for some children is a reality, although rarely discussed publicly. Adoption is a viable option to safely place children in a permanent living arrangement.

Conclusion

The research confirmed that social workers, as practitioners, do have unique insights into how the foster care system can improve to better serve children and society as a whole. Social workers on the ground can best determine if policies created by public administrators are viable and attainable. Further research would give more insight into the impact of ending long-term foster care for children.

Appendix A

Interview Questionnaire

1. How do foster care services act as a way to protect children from further abuse or neglect?
2. What is the quality and type of training foster parents receive to deal with abused or neglected children?
3. In what ways could the foster care system be improved to better handle abused or neglected children?
4. What programs are available in the foster care system to parents with a drug or alcohol abuse problem?
5. What does the foster care system do to encourage parents with a substance abuse problem to enter rehabilitation?
6. How could the foster care system be improved to assist parents in overcoming addiction to drugs or alcohol?
7. What measures are taken by the foster care system to assist parents with mental or physical illness whose children have been placed into foster care?
8. How could the responsiveness of the foster care system improve to better address the fears of abandonment or separation from biological parent(s) diagnosed with serious mental or physical illness?
9. How could the foster care system be improved to assist parents with mental or physical illness whose children are placed in foster care?
10. How does the foster care system address the specific needs of children who have mental and physical disabilities?
11. How does the foster care system determine the proper treatment and placement of children who have the HIV-AIDS virus?
12. In what ways could the foster care system be improved to assist parents of children with disabilities?
13. What services are available in the foster care system to parents considering placing their children for adoption or long-term care?

14. How does the foster care system determine the placement of children who are placed for adoption or long-term care?
15. Can you recommend improvements in the foster care system for expediting the process for adoption or long term placement of children?

Disclaimer: In conducting this research it is imperative that the participants' identity be protected and every effort will be taken to ensure that it is accomplished. In order to maintain the confidentiality of the interviewee the names and direct job title will be withheld upon request. Any questions concerning this research project can be directed to:

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**Appendix B
IRB Exemption**



Institutional Review Board

Request For Exemption

Certificate of Approval

Applicant: James mccutcheon

Request Number : EXP2009A4570

Date of Approval: 01/05/10

Assistant Vice President for Research
and Federal Relations

Chair, Institutional Review Board

Appendix C
Research Participation Consent Form

“Reasons Why Children Are Placed in the Texas Foster Care System”

You are invited to participate in a study of the Reasons Children are Placed in the Texas Foster Care System. I am a graduate student at Texas State University-San Marcos. This research is part of my Applied Research Project, which is a requirement for the Master of Public Administration degree. The purpose of my research is to explore social workers’ perspectives on the reasons children are placed in the Texas foster Care System. You were selected because of you experience in social work and your employment with Casey Family Programs. You will be one of up to 12 caseworkers whom I will interview for this project.

If you decide to participate, the method is semi-structured interview. The interview should take no more than 60 minutes to complete.

All personal information (name, job title, phone number) will NOT be disclosed and will remain confidential. Information discussed during the interview will NOT disclose any information that would reveal anyone’s identity.

If you agree to have the interview recorded please initial here _____. If you do not agree to have the interview recorded please inform me and the interview will not be recorded.

If you have any questions regarding this project please do not hesitate to ask. If you should have questions at a later time please contact me at 254-640-4021 or jm_1377@yahoo.com. Additionally, you are certainly welcome to contact my research advisor, Dr. Patricia Shields, at 512-245-2143 or ps07@txstate.edu.

By signing this form you agree to participate in this interview. Your signature indicates you have read and understand the information listed above. Again, you may choose to discontinue participation at any time.

Signature of Participant

Date

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