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The Perceptions and Practices of Child Welfare Caseworkers and Decision-Making Related to Reunification

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Walden University
2021

Abstract

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Related to Reunification

by

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MSW, University of Washington, Tacoma, 2002

BS, College of St. Scholastica, 1992

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

Walden University

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Abstract

The child welfare system exists to support safe and healthy families. When children cannot remain safely with family, they are removed and often placed with nonrelatives. Only half of all of the children removed from their homes achieve reunification. In the current study, research questions examined the perceptions of caseworkers in determining whether or when a child could reunify with their family of removal, and how the perceptions of the caseworker affected their practice regarding reunification. Using social learning theory as a framework, a caseworker's decisions were viewed as a balance between their work environment and their personal perceptions. Following semi structured participant interviews with 16 child welfare workers, data were stored and managed with ATLAS.ti; thematic coding was used to identify themes. The research findings demonstrated the significant impact personal perceptions of caseworkers have in decision-making. The generic qualitative research revealed four primary themes related to understanding the perceptions of child welfare caseworkers when making decisions, including internalized beliefs of the caseworker, the role of the organization, how caseworkers view their role, and the impact of power. There were also four themes related to understanding how the perceptions of caseworkers impacted their practice. The research findings have potential implications for positive social changes if used by practitioners, administrators, and policy makers to better understand and address the potential impact of perception and personal beliefs on the decisions made in child welfare reunification.

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Dedication

I dedicate this dissertation and journey to my husband and best friend, Michael Ulrich, for, without him, this journey would not have been possible. Through joy, tears, frustration, motivation, and success, he stood by my side for every moment, and at times held me up when I did not believe in myself.

Completing a dissertation amidst a global pandemic and life-altering events has added unique challenges to the process, which I hope future cohorts will not have to experience. These challenges included the loss of my dear friend and fellow social worker, Mark Collins, who so abruptly left this world in 2020. Mark believed in the importance of family preservation, was devoted to supporting parents, and was dedicated to making the world a better place. Mark's memory and passion for the work served as motivational factors to keep moving forward, even when I was tired, knowing I needed to make a change for future generations.

This work is also dedicated to the children and families who need support, care, compassion, and empathy from our communities; not separation from one another. Through equitable and unbiased services, families can care for their own. The best place for children to grow up in is their families.

Finally, this journey is dedicated to future social workers. May your eyes be opened to see your own bias; may you see all the strengths that exist within every human; and may you know the value in supporting families to care for their children and relatives whenever possible.

Acknowledgments

I want to thank my doctoral committee members, Dr. Debora Rice and Dr. Kristin Richards, for their unconditional support and encouragement. Thank you for challenging me to push through difficult times, to keep moving forward, and to recognize the importance of my research. You both reassured me and demonstrated interest in my work and vision. I also want to thank the URR, Dr. Cynthia Davis, for reviews, feedback, and assistance through this process.

Dr. Rice, it is difficult to find the words to thank you for being there through the never-ending hours of questions, concerns, doubts, fears, and uncertainties. You traveled with me through the great loss in my life and significant adversities. You listened to my grief, supported me through difficult times, and always had confidence in me and the work I envisioned. Thank you does not really cover this experience and gift you have given, but please know how incredibly grateful I am for your commitment to my success.

I also want to acknowledge the participants that took the time to support this research. You were all honest and vulnerable, trusting in a process that you believed would help the future of social work. Child welfare is not an easy career path, and these issues presented in the study are not taken lightly. Thank you for trusting me and the process. Through our work together, we have identified positive social changes we can make to improve the lives of children and families. May our collective futures include a devotion of time and commitment to helping future social workers understand the bias they carry while also recognizing our own.

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Section 1: Foundation of the Study and Literature Review

The role of the public child welfare caseworker is to engage with families in crisis, assess their needs and circumstances, develop service plans focused on the mitigation of the presenting risk and safety factors, and make decisions as to the timing and appropriateness of reunification of children that have been removed from their home (Dettlaff et al., 2015; Jedwab et al., 2018). According to the Children's Bureau (2020), approximately half of all children who enter into placement have a goal of reunification. Out of the population without a plan of reunification, some are adopted, some run from care, and others remain in group care facilities (Children's Bureau, 2020). Of the children remaining, nearly 15% are left without any type of permanent plan or placement (Children's Bureau, 2018a).

Research has focused on factors that influence decision-making in the overall field of child welfare, including the intentions and consequences of public policy aimed at increasing the rate of reunification and timely permanency for families (Davidson-Arad & Benbenishty, 2016; Dettlaff et al., 2015; Jedwab et al., 2018; Keddell, 2017; Lercara, 2016). Findings have consistently revealed that decisions in child welfare are complex and dependent upon a variety of factors (Jedwab et al., 2018). Decisions have been influenced by the family's level of engagement in case planning and services, or the caseworkers' assessment of the needs of the child (Jedwab et al., 2018). In addition, decisions in child welfare can be influenced by subjective factors not directly related to the specific case circumstances, including both implicit and explicit factors (Davidson-Arad & Benbenishty, 2016; Dettlaff et al., 2015; Keddell, 2017). These factors vary and

are influenced by a combination of elements, including the child welfare organization and the life experiences of the caseworker (Davidson-Arad & Benbenishty, 2016; Dettlaff et al., 2015; Keddell, 2017).

Decisions by child welfare caseworkers about family reunification can be made inconsistently and subjectively, as they are influenced by the organizational and personal experiences of the caseworker, as well as the complexity of human relationships and the dynamics of the families they are working with (Davidson-Arad & Benbenishty, 2016). Considering the multitude of factors that can serve to influence decision-making in child welfare, it is understandable why multiple caseworkers, when faced with the same case scenario, may identify very different plans for the family (Hoybye-Mortensen, 2015).

Individual caseworkers have the discretion and power to make decisions that have the potential to impact the fate of families. Despite the presence of standardized tools designed to support objective and consistent decision-making in the field, individual caseworker decisions are likely driven from their perspective of the world, which ultimately influences their decisions (Dettlaff et al., 2015; Hoybye-Mortensen, 2015). Standardized tools in child welfare, while intended to increase consistency in decision-making, remain subject to the interpretation of the person completing the form (Hoybye-Mortensen, 2015). Child welfare caseworkers have used standardized tools to document decisions they have made in cases rather than using the tool to support the decision-making process (Hoybye-Mortensen, 2015). Failing to use standard instruments as they were intended and designed can also leave room for personal discretion, influencing the decision-making process even when the caseworker is using a standard tool (Davidson-

Arad & Benbenishty, 2016; Hoybye-Mortensen, 2015). Hodgson et al. (2019) asserted

that the personal discretion of an experienced child welfare caseworker is critical and

should not be replaced with the use of standardized forms, which can lead to an overly

bureaucratic and structured process that fails to account for the human element and

experience in the process of decision-making.

The complex intersection of personal, professional, standardized, and

organizational drivers in the process of decision-making can lead to an overly

complicated and inconsistent process of decisions at a critical time in the life of children

and families. Although there is a recognition that the decisions of a child welfare

caseworker can be influenced through both implicit and explicit factors, there remains a

limited understanding in the field as to how the perceptions of a child welfare caseworker

influence the decision of whether or when to reunify a family. This challenge, combined

with the limited understanding of the caseworker's practices and steps in the process of

decision-making at the time of reunification, leaves the child welfare system with

inconsistent and often subjective decision-making for children and families.

The literature review for this study involved an in-depth examination of the

research available on the aspects of decision-making in child welfare, including the

nature of decision-making in child welfare, the inconsistency in decisions across the field,

the influential factors present in decision-making and the debate between the use of

objective or subjective processes to support the decisions being made. Through the lens

of the ecological theory and systems frameworks, the base of the research demonstrates

the challenges present in the decision-making process, and through numerous quantitative

studies, findings will be shared which demonstrate the differences in decisions being made based on a multitude of factors, including the significant influences of the organizational environment of the caseworker.

Problem Statement

Across the United States, children and youth identified as alleged victims of abuse or neglect are removed from their homes and placed in out-of-home care, leading to the number of children in out-of-home care steadily increasing between 2013 and 2017 (Children's Bureau, 2018). On any given day, more than 400,000 children live in foster care settings (Children's Bureau, 2017). The overall trend of increased foster placements, coupled with the lack of reunification plans or permanent placement options for children, has led to a significant number of children lingering in the foster care system without permanency (Children's Bureau, 2018; Ryan et al., 2016).

As key decision-makers in the lives of children and families, caseworkers are ultimately responsible for the national trends in placement and reunification (Dettlaff et al., 2015; Nyathi, 2018; Roscoe et al., 2018). Although caseworkers have access to structured tools designed to increase reliability in decision-making across the field and decrease errors in daily work, there is limited evidence to demonstrate that the use of standardized tools leads to increased consistency (Font & Maguire-Jack, 2015). The use of standardized tools in decision-making leads to an underlying belief that the decisions are made without the influence of the values or biases of the caseworker and are therefore more trustworthy and reliable (Munro & Hardie, 2019).

In addition, decision-making in child welfare is compounded by multiple factors of the human experience, some of which cannot be accounted for in standardized tools (Font & Maguire-Jack, 2015; Spratt et al., 2015). In practice, caseworkers are expected to demonstrate a level of empathy and understanding of the client, build relationships, and engage the family in creating a path forward (Munro & Hardie, 2019). However, the balance of the need for professionals to empathize with the families they work with and understand the perspective of the family, with the expectation of presenting objective, value-free information to the agency or court is a significant dichotomy facing caseworkers on a daily basis.

In the process of decision-making, caseworkers must balance their emotional response to the situation, while relying on their knowledge, training, intellectual reasoning, professional judgment, experience in the field, and public policy requirements (Biehal et al., 2015; Davidson-Arad & Benbenishty, 2016; Lercara, 2016; Nyathi, 2018; Spratt et al., 2015). Decision-making in this complicated and emotionally charged environment is ultimately subjective and heavily influenced by the caseworker's understanding of the circumstances in the case, combined with personal beliefs about how best to move forward (Biehal et al., 2015; Spratt et al., 2015). Subjective decision-making in child welfare can lead to inconsistency in approach, allowing room for the personal perceptions of the caseworker to influence their decisions (Davidson-Arad & Benbenishty, 2016). The debate between the use of objective and subjective decision-making includes arguments for why both types of decision-making would be beneficial to child welfare practice. Munro and Hardie (2019) argued that rather than use or debate the

concepts of objective or subjective decision-making, focus needs to be shifted to understanding the attributes of the caseworkers which impact the decisions made.

Existing research addresses the process of decision-making at the time children are placed into out-of-home care, as well as the influential factors affecting the decisions made. Additional research has been conducted to better understand practices and interventions for caseworkers to employ to support timely and effective reunifications. Although researchers demonstrate an understanding of the variables that impact decisions leading to children entering care, there is limited literature and research available to support an increased understanding of the complexity and dynamics of the decision-making processes of child welfare caseworkers at the time of, or in preparation for, reunification (Chambers et al., 2018; Lee et al., 2017). To increase positive outcomes for children and youth removed from their families, further research is needed to understand the perceptions of caseworkers related to reunification of families and how the perceptions of the caseworker affect practices used in the decision-making process at the time of reunification.

Purpose Statement

The purpose of this qualitative study was to explore child welfare caseworkers' perceptions and subjective decision-making related to reunification. An understanding of what triggered a decision for a caseworker and how their perceptions influenced their actions taken when working with a family were critical to understanding the evolution of practice. This perspective must be understood by the sharing of the person experiencing it, and through their lens. This qualitative research study was a thorough inquiry into the

experience and perceptions of caseworkers in their work with families, in an attempt to understand and explore the personal experiences of the caseworker and to learn more about the perspectives which guide their decisions (see Rubin & Rubin, 2012). Through an increased understanding of how child welfare caseworkers perceived reunification and made decisions about reunification, steps can be taken to enhance the decision-making process and thereby improve outcomes for children and youth engaged in the child welfare system and placed in out-of-home care.

Definitions

The concepts of child welfare caseworkers and reunification are defined below for consistency and clarity.

Child welfare caseworkers: Following the intervention and placement of children in out-of-home care, child welfare caseworkers are responsible for the planning and provision of services designed to mitigate the issues that led to the placement of the child (Capacity Building Center for States, 2018). Through evaluation of family progress, child welfare caseworkers make decisions regarding the permanency of children (Capacity Building Center for States, 2018).

Reunification: The physical return of the child from out-of-home placement to their parents or care of other relatives, ending the legal authority of the public child welfare system (Child Welfare League of America, 2007; Talbot, 2007).

Research Questions

RQ1: What are the perceptions of child welfare caseworkers about determining whether and when a child can reunify with their family of removal or extended family of origin?

RQ2: How do these perceptions affect practices employed by child welfare caseworkers when determining whether and when a child can reunify with their family of removal or extended family of origin?

Nature of the Doctoral Project

Using a basic qualitative approach, I gathered and analyzed data through participant interviews with public child welfare caseworkers. Following the recruitment of participants through the purposive and snowball sampling methods, semistructured interviews were conducted and recorded. The data collected were analyzed using inductive analysis to conduct an initial review the raw data, develop codes, and identify connections and categories in the codes (Patton, 2015).

Significance of the Study

The research was intended to increase the understanding and awareness of how child welfare caseworkers perceive reunification, and the steps taken in the process of decision-making regarding the reunification of children and families in the child welfare system. Whether or not to reunify children and families in the child welfare system is a decision that can significantly impact the future of the children and is one of the most significant decisions that can be made in child welfare casework (Jedwab et al., 2018). For this reason, it is important to understand the practices used by the child welfare

caseworker in making decisions regarding reunification, and how the child welfare caseworker's perception of the situation can influence the decision-making and ultimately the support of the family to achieve successful reunification (Jedwab et al., 2018).

Through an examination of the practices used to make the decisions regarding reunification, and the influence of personal perception in decision-making, public child welfare agencies can take action to identify programmatic and systemic strategies designed to increase reliability, consistency, and trustworthiness in the decision-making at the time of reunification. When caseworkers in the child welfare system engage in decision-making with a self-awareness of their own values, beliefs, and perceptions as potential influential factors, decisions can be made to provide consistent support to families, regardless of socioeconomic status, color, or culture.

Through increased consistency in the practice of decision-making, child welfare systems can begin to shift and diminish the level of disproportionality existing within the child welfare system as people would be treated the same regardless of race or ethnicity. Employing decision-making strategies designed to create awareness of caseworkers' personal beliefs and values in the decision-making process, the child welfare system can experience a reduction in the oppression and marginalization of families experiencing the permanent removal of their children from their home and lives. Through this shift in awareness of the potential impact of personal perception on the decision-making process, child welfare systems can increase consistency in decision-making, ultimately positively impacting the rate of reunification for children and youth. When children and youth can be with their families and achieve safe permanency through reunification, fewer young

people are left within the child welfare system without a plan, decreasing the number of legal orphans with no permanency options or meaningful connections to support them throughout life. Through improving the likelihood for successful reunifications and bettering the lives of children and families, positive social change can be achieved.

Theoretical/Conceptual Framework

Decision-making by caseworkers in child welfare is a complex process, with research demonstrating subjectivity as one outcome to the complexity of factors and influences involved in the process of making decisions in this environment (Davidson-Arad & Benbenishty, 2016). Using Bandura's social learning theory as the theoretical framework and lens for understanding how caseworker's gained knowledge and experience and applied the information to their decisions, I sought to further understand the perceptions of child welfare caseworkers about whether and when a child could reunify with their family of removal or extended family of origin. In addition, I sought to further understand how these perceptions affected practices employed by child welfare caseworkers in the decision-making process.

Research summarized in the literature review primarily focused on the influential factors present in the decision-making process through the lens of ecological and systems-based theories. The results of the research demonstrated consistencies in the findings regarding significant influential factors, including the impact and influence of the organization on the decisions of the caseworker (Dettlaff et al., 2015; Font & Maguire-Jack, 2015). Findings supported the existence of some consistency in decision-making within an organization (Lauritzen et al., 2015) and variability among offices and

organizations (Biehal et al., 2015; Carvalho et al., 2018). Munro and Hardie (2019) noted that organizational influences could support professional development and knowledge of the role and concurrently serve as a source of bias and influence as co-workers influence one another in their processing of decisions.

Social learning theory addresses how a person learns and gains knowledge through a combination of interactions with their social environment, suggesting that a person's beliefs and perceptions can be influenced and shaped through both internal and external processes throughout their life (Bandura, 1971). Social learning theory provides a basis to understand that the internal and external processes, and the reciprocal relationship between the two, impact a person's behavior (Bandura, 1971). Bandura (1978) posited that human behavior was based on the interaction of multiple influences, including behavior, cognition, and the environment. As such, the environment can influence the behavior of a person, just as the person can influence the environment (Bandura, 1978). As with many professions, this is true in child welfare casework. Through this lens, a person's behavior and actions can be viewed as a result of the reciprocal relationship between themselves and their environment (Bandura, 1978).

Using the social learning theory as a framework through which to understand this interaction, the actions of child welfare caseworkers were viewed as a balance between their organizational environment, as well as their personal perceptions and values. While organizations work to provide consistent training programs for staff on their role as child welfare workers, the actual on-the-job training and experiences of a caseworker become a dance between their level of commitment to the organizational lessons, and the influence

of their perspectives on how they apply the information provided (Billett, 2010). The

individual values and perceptions of a caseworker serve as their own lens of subjectivity

for which they approach knowledge development and experiences to support their

learning in the work environment (Billett, 2010). This lens can also influence the level of

commitment and buy-in with which the caseworker approaches the learning environment

in their organization (Billett, 2010). By understanding the framework and principles of

social learning theory, as well as the process of change, growth, and learning as an

interaction with the environment, the perceptions of the child welfare caseworker and the

steps made in the decision-making process can be more clearly understood.

Values and Ethics

Decisions about the future generations of families can be impacted by decisions

made within the child welfare system and by the specific caseworker assigned to the case.

With the reality of the potential ramifications of caseworkers' decisions, the National

Association of Social Workers (NASW, 2017) *Code of Ethics* served as a means of

balancing the variables of power and perspective when working with families

experiencing crises.

The NASW (2017) *Code of Ethics* emphasizes the profession's principles and the

incredible importance of placing the needs of those who are served as the clients above

the needs of the assigned worker. Children and families facing the child welfare system

are some of the most vulnerable people in society. The *Code of Ethics* intertwines with

the research subject and the perspectives that can influence decision-making, reinforcing

the need for caseworkers to place others above their self-interest (NASW, 2017). By

internalizing the principle of placing others' needs above self, the perception and personal values of the caseworker may be minimized in decisions.

The *Code of Ethics* further recognizes that every person has value (NASW, 2017). In that, a recognition that each person is worth the time and energy it takes to support them where they are and help them identify the services needed to assist them (NASW, 2017). The *Code of Ethics* includes recognizing that each human has the right to be treated as worthy of help while recognizing the value of each individual and what they uniquely bring to the situation (NASW, 2017). Caseworkers have the incredible opportunity to make a difference in the life of a person, a family, or a child.

Child welfare caseworkers experience situations where they face the dilemma of balancing the profession's values and principles with their values, beliefs, and perceptions. Cases and situations vary, but all are consistent in that they stem from a report of abuse or neglect of a child at the hands of their caregiver. As research has indicated, the caseworker's perception regarding the circumstances surrounding the allegations of abuse and neglect can influence how the caseworker makes decisions (Hodgson et al., 2019). In these situations, a professional caseworker needs to find a balance between the ethical standard of treating the client as a person worthy of help, ensuring the safety and protection of the child, and balancing personal values and beliefs. While it is arguably possible to balance all of these factors, this situation may result in internal or external variables possibly influencing the final decision made.

With the professional adoption of the *Code of Ethics* (NASW, 2017) and a professional internalization of the concepts presented therein, a worker's perception may

be impacted (Banks, 2016). This concept would support the values of the NASW *Code of Ethics* (2017) and recognition of the need for awareness and recognition of the potential impact of influential factors, biases, and values in decisions. When using discretionary or professional judgment in decision-making, the caseworker needs to use a deeper level of processing the information, ensuring a connection to the presenting ethical issues and considerations (Hodgson, 2019).

Banks (2016) argued there is more to social work ethics than a standard set of items to adhere to, but that ethics go more in-depth in each aspect of the work. The emotional connection and engagement with clients are ethical practices (Banks, 2016). Through empathy and recognition of each client's individualism, the worker can connect with the client in a different manner (Banks, 2016). Through a demonstration of empathy, support, and providing the client a feeling of being cared for and safe, workers can create a deeper connection to provide support to the client (Banks, 2016).

Through engagement, support, and positive relations between a client and a worker, caseworkers have the ability and opportunity to empower positive changes in a person (NASW, 2017). As an area of practice, the field of child welfare has the potential to positively change the lives of children and families through the provision of services and supporting a child and family in healing and mitigating the factors that led to the intervention. The field also has the potential for error. For this reason, the relationship between workers and families must be balanced to ensure the worker is not too close to the family, where they cannot see the abuse or neglect occurring, or too far away, where they are not engaging and connecting the family to services needed (Kettle, 2018).

Jedwab et al. (2018) found children reunified in a timely manner when caseworkers focused on a relationship with the family that included a quality relationship of encouragement, services, and support.

The field of child welfare values the safety of children. Through families' support, provision of services, and commitment to the changes needed, families can be healthy and function safely. Although the broad child welfare system value of child safety is paramount, each public child welfare organization also has values pertinent to the practices, culture, and beliefs of the area for which they exist. As an influential factor in decision-making, the child welfare organizations' values may be transparent, or they may be modeled in colleagues' behavior (Davidson-Arad & Benbenishty, 2016).

By recognizing the presenting professional values guiding the daily work, caseworkers' decisions can be viewed and framed through the filter of the presenting value-driven influences. By understanding the manner in which caseworkers gain information within their environment, including values in their professional identity and organization, and how they apply the information in their work, the process of decision-making can be more clearly defined. With an increased understanding of the decision-making process, surrounding tools and training can be identified to target areas of need, leading to increased ethical responses and consistent child welfare decisions.

Review of the Professional and Academic Literature

Using the key concepts noted in the research questions (i.e., *practices*, *perceptions*, *decisions*, *child welfare caseworkers*, and *reunification*) as search terms, I launched the literature review with the Walden University Library, Thoreau database,

PsycINFO, SocINDEX, Social Work Abstracts databases, and Google Scholar for the

years 2015 to present. Mendeley Reference Manager was used to manage the collected

resources. Following the review of resources, the reference lists were reviewed for

additional articles as appropriate. More specific searches included key words noted above

along with social learning theories. In addition, I expanded the search to another level

using the following terms: *child protection*, *child welfare social workers*, *caseworker*

values, *actuarial tools*, *professional judgment*, and *confirmation bias.* Finally, searches

were conducted using the names of researchers who had previously noted research in the

field to determine if more recent literature existed.

Nature of the Decisions Made in Child Welfare Settings

The standards and expectations for child welfare caseworkers are high.

Caseworkers are charged with protecting and caring for some of the communities' most

vulnerable members (Hodgson et al., 2019). In addition to the level of responsibility, the

pressure of the caseworker to make the right decision for the family at any point in the

case is also significant, knowing that the decision may have lifelong impact on the

children and family (Dettlaff et al., 2015). These factors, combined with the caseworkers'

experiences facing significant risks, responsibilities, liabilities, and potential political or

media response from decisions and actions, can lead to a challenging environment for

decision-making (Hodgson et al., 2019).

The lives of families and children involved in the child welfare system often

include complicated and multi-dimensional challenges. For this reason, it is impossible

for a person to know and truly understand the full set of dynamics at play in a family

situation. This scenario makes prediction of the future likelihood of maltreatment and circumstances surrounding existing abuse, with any degree of certainty, virtually impossible (Hodgson et al., 2019). The reality is that making decisions in child welfare situations is a delicate balance between protecting the vulnerable, maintaining ethical practice, and following agency and federal expectations.

When making some of the most challenging child welfare decisions, a caseworker may only have a limited information on which to base a decision (Dettlaff et al., 2015). In the difficulty of balancing potentially conflicting pieces of information available, the situation can be further convoluted when information sources are possibly unreliable. Sorting through the information can mean filtering through multiple versions of conflicting information to determine what happened, while balancing the requirement to fully interpret the information to make an assessment and decision on how to move forward (Carvalho et al., 2018; Davidson-Arad & Benbenishty, 2016). The balance of information must be considered along with the immediacy of the decision needed and the challenge of limited time to make the decisions (Dettlaff et al., 2015).

Caseworkers are often faced with competing priorities and conflicting understandings of the use of assessments and standardized tools and how to apply the results to the situation with which they are faced (Keddell, 2017). Davidson-Arad and Benbenishty (2016) posited that, without adequate legal or professional guidance on decision-making, including what information to weight more heavily and how to balance the dynamics and complexities of decisions, the caseworker is left to rely on, and be influenced by, personal values and judgments.

Caseworkers are required to balance many aspects and sources of information to make the right decision or set of decisions for the circumstances. Decision-making guidelines in child welfare are poorly defined and can lead to confusion and a lack of clarity among staff (Dettlaff et al., 2015). These issues, combined with increasing caseloads and high turnover rates, can increase uncertainty and confidence in decision-making, leading to the potential for error in decisions (Dettlaff et al., 2015). The worker's underlying pressure to make the appropriate decision for the family is significant, as the decision will ultimately have lifelong impacts, either positive or negative, on the children and the family (Dettlaff et al., 2015).

Heggdalsvik et al. (2018) conducted a qualitative research study comparing focus groups on the use of discretionary decision-making and decision-making based on using a standard tool. The research team wanted to explore whether or not the use of an assessment tool impacted the decision. Through the lens of the decision theory, Heggdalsvik et al. found that caseworkers tended to rely on their experiential knowledge from previous cases when making decisions, and further tended to share this knowledge with other caseworkers in the same organization.

The path of decision-making should be viewed across a continuum of possible actions that can take place, each leading to the next, creating a series of small decisions which can impact the trajectory of a case and the overall outcome (Heggdalsvik et al., 2018). Regardless of the type of decision made, the results and outcomes can impact future decision-making as they are made incrementally and are ultimately influential to future decisions made in the case (Font & Maguire-Jack, 2015; Heggdalsvik et al., 2018).

Moreover, Heggdalsvik et al. (2018) found that caseworkers who made decisions using discretionary judgment tended to lean towards an emotional response to the situation as a means of filtering the information. Although some may argue that the use of emotions in decision-making can increase the vulnerabilities or risks of the caseworker, others say that without emotion in decisions, caseworkers cannot empathize with the family and their situation, many of whom are in various states of socioeconomic distress.

Socioeconomic Status as an Intervening Variable

The child welfare system has historically entangled poverty and neglect issues, as demonstrated through the disproportionate number of cases involving socioeconomically disadvantaged families (Gupta, 2017). Although it is common sense that being in poverty does not constitute neglect, the field of research has attempted to dissect the issues prevalent in cases where poverty is present to understand better the relationship between the two dynamics (Gupta, 2017). Nationally and internationally, families of lower socioeconomic classes are more likely than families of other socioeconomic classes to become involved in the child welfare system (Bradt et al., 2015; Font & Maguire-Jack, 2015).

Through quantitative research, Bradt et al. (2015), studied the relationship between the socioeconomic status of families and the interventions of the child welfare organization. Using available data systems and regression analysis, Bradt et al. found that families experiencing poverty were more likely than others to receive an intervention from the child welfare organization. Through examining the independent variables present, the researchers demonstrated the increased risk present for child welfare

interventions for families experiencing poverty or unstable socioeconomic status. The

researchers surmised that the results of the study would suggest the child welfare system

focuses more on a response to socioeconomic class than the actual risk presented in the

family, leading to the likelihood of those in poverty have increased contact with the child

welfare department. The type of maltreatment or alleged maltreatment leading to an

intervention from the child welfare system and placement of a child is a strong indicator

of reunification success (Biehal et al., 2015). Physical neglect cases, one of the most

common allegations, are not as likely to reach reunification as other types of

maltreatment (Carvalho et al., 2018). Researchers and professionals in the field debate

whether or not children in poverty are experiencing more maltreatment than families of

higher socioeconomic status or whether the caseworkers influence the situation through

their perception or bias of poverty (Bradt et al., 2015). Caseworkers, with their

perceptions and preferences, may view families in poverty as not solving their problems

as a means of a moral decision, rather than a recognition of the actual lack of power and

resources available to them to solve the challenges they face (Bradt et al., 2015).

Pressure as an Intervening Variable

When the path for a decision is not clear, or when competing priorities exist that

serve as pressure to choose one way or the other, the caseworker may decide based on

what they believe is in the child's best interests. This term describes the explanation for

recommending one option over another, often without providing additional reasoning or

an accurate understanding of what is in the child's best interests (Keddell, 2017).

Determining the child's best interests often requires the worker to speculate that one

future path is potentially better than an alternative (Keddell, 2017). These decisions are

usually based on the concept of existing social norms and what would be considered a

typical experience for children (Keddell, 2017). However, making decisions based on a

typical experience has its faults. It does not take into consideration that children's

normalization of experience can be very different based on culture, religion, race,

ethnicity, geography, and even beliefs (Keddell, 2017). In this position, caseworkers may

balance the issues they are faced with and choose what appears to be the least detrimental

alternative without assessing the options available (Davidson-Arad & Benbenishty,

2016). Caseworkers who believe the children are in a stable placement are less pressured

to move the children to reunification, leading to delays in the reunification process

(Carvalho et al., 2018).

Power as an Intervening Variable

An additional dynamic present in the decision-making process is that of power.

When one human is faced with deciding about another human, a primary difference

between the two is one is in a power position. Power can be used as a tool by the

caseworker to create a narrative of the version of events that may or may not represent

the perspective of the client (Keddell, 2017). When power enters the relationship, there

may be an imbalance: the advantage in the relationship shifts to lean towards the

caseworker, who is relied upon as the family's expert, rather than the family. Although

the concept of power in decision-making is not discussed in much of the literature,

Hodgson et al. (2019) argued that power can be a positive resource as well, and when

policies and rules are the expectation, often the caseworker's ability to be more flexible to meet the specific needs of the family is quashed.

Awareness of the environment in which decisions are made, the potential pressures impacting decisions, and the power differential in the relationship between a caseworker and client provide a foundational understanding of the nature of decisions being made in child welfare systems. The limitations of the available information on which to base a decision, the impact of socioeconomic status of the family, and the expectation of the worker to decide on a path for a child without an ability to foresee the potential outcome of the decision create a melting pot of complex and chaotic dynamics present in the decision-making process in child welfare.

Reality of Inconsistent Decision-Making

Inconsistency and variation in decision-making are virtually inevitable when working with human situations, where no two circumstances are the same. Variation exists between workers, between offices, and between geographical locations (Biehal et al., 2015; Carvalho et al., 2018). In a mixed-methods study, Biehal et al. (2015) surveyed 149 children, who had been removed from the home and subsequently reunified, to examine the decision-making process of caseworkers. Findings revealed practice variations between offices, despite the same requirements in each location (Biehal et al., 2015). Font and Maguire-Jack (2015) surmised that variability in decisions existed across various geographic locations and was closely associated with the characteristics of the region for which the decisions were being made, including socioeconomic standards and poverty rates.

In response to the issue of variability, and with the intention of increasing consistency, organizations and agencies tend to increase the production and requirements of new documentation and tools to track decisions and actions (Hodgson et al., 2019). Hoybye-Mortensen (2015) conducted a qualitative study of caseworkers using decision-making tools, with the intention of understanding the use of the tools on decision-making, and the level of discretion a caseworker was able to employ when using a standardized tool. Hoybye-Mortenson found that the level of discretionary influence in the decision-making process was impacted by how the caseworker used the tool. The results of the standardized tools were further influenced and varied based on the caseworkers' understanding of the concepts used within the tools.

The dynamics of the local policies, expectations, and interpretations of the concepts can lead to variability in decision-making (Biehal et al., 2015; Font & Maguire-Jack, 2015). As caseworkers face numerous policy and practice requirements, variability can exist in understanding the requirements and the application of the policies and procedures in daily practice (Chambers et al., 2018). Variation exists in the casework documentation process and the caseworkers' understanding of how to balance risk variables in decision-making (Biehal et al., 2015). Variation and inconsistency further exist in the caseworker's expectations of the threshold of evidence and information they needed to inform decisions (Biehal et al., 2015; Dettlaff et al., 2015; Font and Maguire-Jack, 2015).

The local variations and understandings of the policies and concepts may be factors which help to explain the findings of Font and Maguire-Jack (2015). The research

demonstrated that the caseworker's organization was the strongest predictor of how decisions were made (Font & Maguire-Jack, 2015). This finding is significant to further understanding the potential influence of the child welfare organization, workplace, and colleagues on the caseworker's decision-making practices.

Objectivity in Decision-Making

Child welfare agencies have historically developed policies, procedures, and standards to guide caseworkers in their work with families and minimize the level of inconsistency and subjectivity in decision-making between caseworkers and families (Hoybye-Mortenson, 2015). Many child welfare organizations have shifted to the use of actuarial based tools to reduce liability in decision-making (Bosk, 2018). Research has demonstrated that using actuarial and standardized tools leads to an increase in child safety and well-being; however, Bosk (2018) argued that while the situation appears through data points to have made improvements in children being safer, it has created another issue, in children being removed from their homes. Through an overcorrection in one area of practice to ensure children are safer, an unintended consequence of unnecessary removals may have resulted in negative outcomes for children and families.

Standardized tools in child welfare, while intended to increase consistency in decision-making, remain subject to the interpretation of the person completing the form (Hoybye-Mortensen, 2015). In a qualitative cross-sectional study on the use of standardized tools in decision-making, Hoybye-Mortenson (2015) studied the level of room available for inserting discretionary judgment in the use of standardized tools. Hoybye-Mortenson found that the standard tools did allow for discretion in decision-

making when used as intended and designed. Hoybye-Mortenson further found that not every standard tool used for decision-making is equivalent to the level of discretion that can be inserted into the tool in decision-making. Caseworkers, the environments they work within, the actual tool used, and the tool's purpose are all critical elements to how tools are used in decision-making (Hoybye-Mortenson, 2015). Some caseworkers do not use the tools as intended but simply use it as part of a process for documentation of the decision they made, rather than using the tool as a means of getting to the decision. Failing to use standard instruments as intended and designed leaves the decision directly influenced by personal discretion and documented on a standard form (Davidson-Arad & Benbenishty, 2016; Hoybye-Mortensen, 2015). The fidelity of the implementation of the standard tool is a critical point to ensure accuracy in the tool's results.

Some researchers assert that the sole use of actuarial tools, without professional judgment, can lead caseworkers to become mechanical in their decision-making and ultimately not consider the human aspects of the situation (Bosk 2018). As laws and funding requirements increase reporting expectations from public child welfare organizations, solutions for reporting the information have shifted to primarily quantitative reporting for simplicity, timeliness, and based on the large amounts of data that needs to be reported. The use of standardized tools, and their completion, is a simplistic form of gathering and subsequently reporting information. However, the quantitative data may only tell part of the picture.

Hodgson et al. (2019) created a conceptual framework to support policy evaluation, using systems theory and considering critical elements in the decision-making

process. In their work, Hodgson et al. surmised that standard decision-making tools and processes could not be used in situations where the organization is understaffed or where there is no clear direction on the policies and expectations. In using standard tools and structured decision-making processes, workers receive praise and support for reliable performance based on compliance within the timelines and meeting the policy expectations (Hodgson et al., 2019). The balance between a sense of uncertainty in the caseworker to make a decision, combined with a sense of urgency by management to make a decision within standard requirements and timelines, can lead to misinformation and decisions that are not fully informed.

Lauritzen et al. (2018) conducted a review of the literature on child welfare decision-making. Similar to Hodgson et al. (2019), Lauritzen et al. also found a weakness existed in using standard tools regarding the differences when comparing risk factors and protective factors. However, due to the imbalance in the comparison of risk versus protective factors, Lauritzen et al. asserted that standardization of tools was appropriate to ensure an adequate and fair comparison of the factors present in a case.

Completing and using standardized tools and forms tend to create a level of accountability within the judiciary system, seen as a validation of the work and documentation that the work has been completed (Heggdalsvik et al., 2018). Through the presentation of the use of a standardized tool, the caseworker can gain credibility in the court's eyes. The tool can be presented as complete evidence when in fact it may have been inappropriately applied to the case or even misunderstood by the court. In and of itself, the presence of a standardized tool can impact the perception of the court, even if it

is not understood or completed with fidelity, leading to an imbalance in power and influence in the court and ultimately impacting reunification of children and families.

The complexity of child welfare decisions is akin to solving an adaptive problem. There is no one answer that can be rapidly applied as you would in a situation where a person is faced with a technical problem (Whittaker, 2018). For this reason, the use of standardized tools may be more appropriate for situations where the decisions are more straight forward, suggesting that perhaps the use of standardization in child welfare settings is not a proper application due to the individualized differences and needs, as well as the nature of the types of decisions that need to be made (Hoybye-Mortensen, 2015; Whittaker, 2018). Heggdalsvik et al. (2018) surmised the use of standardized and structured tools may actually impede the ability of the workers to develop their knowledge and experience and that the implementation of the tools in practice ultimately impacts the effectiveness of the tool for the caseworkers using it.

The use of standardized tools to support decision-making in child welfare can impede the level of engagement and relationship between the caseworker and the clients they are serving as it removes any level of flexibility of the caseworker to base decisions on the specific situation they are facing, or the individualized needs of the people they are facing (Heggdalsvik et al., 2018; Hodgson et al., 2019). Using standardized tools in the field demonstrates a commitment to the requirements of policies and standards rather than individual issues and solutions, ultimately impeding the work (Heggdalsvik et al., 2018; Hodgson et al., 2019). Hodgson et al. (2019) noted that when caseworkers use structured decision-making and standard tools, they tended to focus on performance and

compliance rather than adaptive thinking, reflectivity, discretionary judgment, or

professional judgment. In their qualitative research on the comparison of discretionary

judgment and analytical decision-making, Heggdalsvik et al. (2018) found that the

caseworkers who did not use the standard tools focus conversations and discussions with

children and families on the emotions and feelings they were experiences. In contrast,

those who used the standard tools were focused on completing the tool and the rules and

requirements behind the tool. Hoybye-Mortenson (2015) argued that the use of standard

decision-making tools provides the method and process for what issues to consider in

decision-making, based on the type of tool that was being used and at what point in the

case.

In addition, the use of standardized tools also provides a means and place for the

caseworker to document decisions already made or made throughout the assessment

without using the tool's prompts and guidance (Hoybye-Mortenson, 2015). There are a

variety of standardized tools to be used at various decision points in a case. Some tools

are created to identify immediate issues, some used to identify plans, and others designed

to determine the potential of recurrence of child abuse or neglect. The type of tool used in

the decision-making process will determine the type of information considered in the

actual decision. Some tools are based heavily on the parents' past actions and the type of

abuse, whereas others are based on current circumstances. The correct tool to use is based

on the point the case worker is in the decision-making process and the type of

information needed to inform the decision.

As the pressure increases for organizations to use and implement evidenced based tools, public child welfare agencies respond with the incorporation and use of standardization in their practice (Heggdalsvik, et al., 2018). However, when caseworkers use only standardized tools in their decision-making, they are defining their practice based on existing policy requirements (Hodgson et al., 2019). This process removes worker's analysis and the input of the children and families, who are most impacted by the actual decisions (Hodgson et al., 2019). Heggdalsvik et al. (2018) found that as the use of standard instruments and actuarial tools increased, caseworkers reported a decrease in the level of discretion applied in decision-making and the need for professional judgment in work. As such, caseworkers reported standardization was a threat to their profession and that the use of standardization required caseworkers to objectify the children and families they were making decisions about (Heggdalsvik et al., 2018).

Subjectivity in Decision-Making

Decision-making in child welfare is complex and includes not only an application of education and knowledge to a situation, but also manifests as a complex puzzle inclusive of elements of subjectivity, dominating how the worker understands the issues, how the information is received and manipulated, and how it is acted upon (Spratt et al., 2015). Numerous factors exist that may impact decisions, including the worker's personal experiences and perceptions of their role as a caseworker and the agency's characteristics, ultimately supporting more subjective decision-making (Bosk, 2018).

Decisions in child welfare can be influenced by subjective factors that are not directly related to the family's specific case circumstances, including both implicit and

explicit factors (Davidson-Arad & Benbenishty, 2016; Dettlaff et al., 2015; Keddell,

2017). These factors vary between caseworkers and are influenced by a combination of

elements, including the child welfare organization, the life experiences of the caseworker,

and the training on the use of theoretical concept application in the fieldwork (Davidson-

Arad & Benbenishty, 2016; Dettlaff et al., 2015; Keddell, 2017). In a quantitative study

using a convenience sample, Davidson-Arad & Benbenishty (2016) examined the

difference in the personal attitudes and assessments between professionals and students

and further considered whether their level of experience made a difference in how they

assessed the situation. The research demonstrated similarities in the case assessments of

both professionals and students, with the level of experience having little impact on the

assessment (Davidson-Arad & Benbenishty, 2016). As a result, the researchers surmised

the results of similar assessments regardless of experience may be due to the culture

fostered by the organization for which the students and professionals were a part

(Davidson-Arad & Benbenishty, 2016). Dettlaff et al. (2015) also conducted a

quantitative analysis using a volunteer sample, examining the factors involved in

decision-making. The research confirmed the assessment of the caseworkers were

influenced by variables that were ultimately not related to the family or case (Dettlaff et

al., 2015). The additional factors included the level of workload, the availability of

resources, and the stress and worry experienced by workers, all of which have nothing to

do with the families they are facing in the decision-making process (Dettlaff et al., 2015).

Decisions made by child welfare caseworkers about family reunification, based

on organizational and personal experiences, coupled with the complexity of human

relationships and dynamics of the families they are working with, can lead to

inconsistency and subjectivity in decisions (Davidson-Arad & Benbenishty, 2016). With

numerous factors and demands at odds in child welfare situations where decisions are

needed, the application of personal values of the caseworker serves as one means of

sorting through the competing pieces of information and leading to a decision; however,

the intrusion of personal values in the decision-making process also leads to subjectivity.

(Davidson-Arad & Benbenishty, 2016).

Professional Judgment

Professional judgment, or professional discretion, is a means of applying sound

reasoning, ethical analysis, and arguments to the application of certain information in the

decision-making process (Hodgson et al., 2019). This manner of decision-making

requires the caseworker to employ a deeper level of thinking and connection to the ethical

issues faced in a situation requiring a decision, especially when conflicting information is

available (Hodgson et al., 2019).

Professional discretion can be subject to the professional standards and reasonings

for which the decisions were made and can be used to make decisions in situations where

standard tools and systems do not neatly fit or align (Hodgson et al., 2019). Hodgson et

al. (2019) asserted that the use of personal discretion of an experienced child welfare

caseworker is critical and should not be replaced with the use of standardized forms,

which can lead to an overly bureaucratic and structured process that ultimately fails to

account for the human element and experience in the process of decision-making.

Reinforcing the concept of the recognition of the individuality of the human experience

in the children and families reliant upon the decision of the caseworker, professional discretion in decision-making for caseworkers is critical, as it would be impossible to create policies, procedures, and standards to address all potential issues faced by caseworkers in work with families (Hoybye-Mortensen, 2015). For this reason, discretionary judgment can be a positive attribute to the overall process of decision-making in child welfare (Hodgson et al., 2019). In a qualitative study by Hoybye-Mortenson (2015), the research focused on reviewing the level of professional discretion remaining in situations where standard tools were also used. Through group interviews, researchers found that there was still room for professional discretion when standardized tools were also used (Hoybye-Mortensen, 2015).

When caseworkers make assessments of situations involving children and families through professional judgment-based decision-making, caseworkers may unconsciously take shortcuts in the thought process or gathering of information, ultimately missing critical steps along the way and possibly making incorrect judgments (Bosk, 2018). Through case studies, Bosk (2018) examined how caseworkers managed their work when the actuarial assessment conducted with a family did not align with the caseworker's professional judgment. Bosk (2018) determined that while using actuarial tools in decision-making is intended to minimize the error rate, when caseworkers cannot balance the tool with professional judgment, the consequences to the family can be dire. The trajectory of the case can take on a path that is not consistent with the context of the situation when based solely on the results of a tool-based assessment instrument.

The contradictory belief among researchers is the importance of having the flexibility to allow for some discretionary and professional judgments in situations where circumstances may be unusual (Hodgson et al., 2019). Caseworkers report the belief that professional judgment is no longer valued by the organizations they work for, due to the requirement for systems and organizations to standardize practices (Hodgson et al., 2019).

Intuitive Reasoning

Intuitive thinking, reasoning, and decision-making involve the infusion of heuristics, meaning that the process and steps of decision-making in a case is simplified when the caseworker applies knowledge and information from previous experience with similar dynamics (Spratt et al., 2015). Intuitive thinking can often be a subconscious act of incorporating influencing factors in decision-making (Nyathi, 2018). Intuitive thinking is not arbitrary but rather stems from a cue the caseworker recognizes from a previous memory and applies to the situation they are facing (Whittaker, 2018). The caseworker tries to identify the internal match or pattern between what they are assessing and what they recognize as a pattern, leading them to a decision based somewhat on a level of familiarity (Whittaker, 2018).

Heuristic thinking can lead to inappropriate decisions, resulting in critical mistakes being made when working with families (Spratt et al., 2015). The reality of the human experience is that while many situations may have similarities in the elements for consideration in decision-making, rarely are the elements identical (Spratt et al., 2015). What may have worked in one situation with similar dynamics may be detrimental in

another. When caseworkers use the method of intuitive reasoning, they tend to selectively choose what information they will consider and determine how it aligns with their preconceived interpretation of the situation (Spratt et al., 2015). Heuristic thinking and decision-making, if used for any length of time as a method, can lead to bias infiltrating the decision-making process (Spratt et al., 2015).

Although there are many critics of intuitive reasoning in decision-making, others argue the use of intuitive reasoning can provide opportunities to see a situation outside of the rigidity of standardized tools (Spratt et al., 2015). In a case study, Spratt et al. sought to identify elements important in decision-making surrounding the removal and reunification of children, with the intention of identifying themes and patterns in the decision-making process. Spratt et al. (2015) implemented a two-part vignette with 202 caseworkers. Spratt et al. (2015) hypothesized that the maternal attitude at the time of removal, and the child's desire to reunify would have an impact on the decision of the caseworker, which was not proven to be true in the study. The research results revealed that when presented with a situation, caseworkers tended to have a preconceived idea of the path to resolution and how they intended to pursue it, based on the use of selective case information (Spratt et al., 2015). To increase the quality of decisions, caseworkers need to balance the information in the presenting circumstances with both intuitive reasoning and the results of standardized tools, while also testing and challenging the intuitive decisions against the results of the standardized tool (Spratt et al., 2015).

Decision-Making Bias

Subjective decision-making tends to lead to the practice of caseworkers pulling

particular facts of a case together to mold the version of events that most closely aligns

with their belief or perception about what happened, rather than considering all the

information with a lens of neutrality and balance, to identify and discover the real version

of events (Hodgson et al., 2019; & Spratt et al., 2015). Bias can also present when

caseworkers only use or consider evidence that appears concrete or factual and base

decisions on that information without consideration that the believed factual pieces of

information might be outweighed by other concepts (Hodgson et al., 2019). This form of

bias in decision-making also exists when workers use information that is not fully

formed, existing in a level and form of ambiguity, and the caseworker chooses what

information to use in their interpretation of the situation, in a manner which supports their

previously held belief about the existing circumstances (Bosk, 2018). In a qualitative

study based on the decision theory, Heggdalsvik et al. (2018) conducted focus groups of

caseworkers to study and compare the process of decision-making when using a standard

tool or personal judgment. In their research, Heggdalsvik et al. found that when personal

bias is introduced into the decision-making process, a caseworker may respond to a

situation and decide based on an invoked emotional response to the circumstances they

are facing. Caseworkers are often caught in a dichotomy regarding the use of emotions,

as one perspective in the field believes when caseworkers use emotions in their work, it

can be considered a weakness, while the opposite argument from researchers is that

caseworkers who are more in touch with their emotions are better able to engage children and families in a more meaningful manner (Heggdalsvik et al., 2018).

Bosk (2018) referred to the concept "conjunction fallacy" as the situation where a caseworker may bring elements of information together and create links between them when they are not necessarily linked in reality. This concept recognizes the ability of a caseworker to pull information together and create, even if subconsciously, relationships between pieces of information that may not necessarily be connected but can ultimately lead to inappropriate or inaccurate conclusions in decision-making (Bosk, 2018). In their work with families, caseworkers tend to apply information subjectively, interpreting it either positively or negatively for the family they are working with, ultimately supporting the caseworker's pre-existing belief they had about the family or situation (Hodgson et al., 2019). This level of slanted interpretation of the information leads to bias in decision-making when caseworkers only consider the evidence they deem, based on the caseworker's beliefs, as concrete or factual (Hodgson et al., 2019).

Researchers have surmised that decision-making through human reasoning alone is often subject to error and inclusive of biased perceptions (Hodgson et al., 2019). One example of this can be demonstrated when caseworkers make a decision on a case, and later receive new information, yet they fail to update the assessments or consider the new information and how it may positively or negatively impact their view of the situation (Hodgson et al., 2019).

In a systematic review of available literature on decision-making in child welfare, using the framework of the decision-making ecology (DME) model, Lauritzen et al.

(2018) supported the findings of Bosk (2018) in confirming the practice of caseworker's

rejecting new information that does not align with the initial assessment or decision on a

case or failing to acknowledge or give recognition to new information, can lead to

inconsistency in decision-making between caseworkers, even when provided with the

same information. Based on how the caseworker takes in the information and works to

align the information with their preconceived beliefs, two caseworkers can be given the

same set of information and return a decision opposite of one another (Lauritzen et al.,

2018). Decision-making in child welfare cases should include weighing existing

information with any new information added to make a fully informed decision using all

available information (Bosk, 2018).

Using the social judgment theory as a foundation, Carvalho et al. (2018)

conducted a quantitative study to understand better the differences in caseworker's

characteristics in decision-making regarding reunification. Carvalho et al. found that the

perception of risk and safety is influenced by education, experience, and geography.

These characteristics impact a caseworker's perspective of the situation and solidify their

beliefs as to what happened, forming their preconceived bias.

When a caseworker makes decisions based on their preconceived bias and beliefs

about a situation, they tend only to seek out the information which would confirm their

initial judgments, rather than look for information to disprove their initial belief

(Carvalho et al., 2018; Davidson-Arad & Benbenishty, 2016; & Spratt et al., 2015). In

these scenarios, personal bias can enter in the decision-making process (Carvalho et al.,

2018). As a result of the practice of only considering information that affirms a

preconceived belief of what has happened, or what should happen in a case, and ignoring

critical information that could provide a valid assessment of the family situation, children

may be left in situations that may be high risk (Davidson-Arad, & Benbenishty, 2016;

Spratt et al., 2015). In addition to children being left in situations where they are at risk,

children may also remain in placement and not be returned to their families if a

caseworker does not use all available information to assess the situation from a holistic

perspective, recognizing the potential alternatives and possible options available (Spratt

et al., 2015). In the decision of reunification, the failure to consider all available

information can potentially lead to devastating impacts for children and families when

they may have their relationships severed forever, based on an ill-informed decision.

The Balance of Standard Tools and Professional Judgment

There is also no real understanding of how a worker applies their discretionary

judgment to reconcile a tool when their responses differ from the reported results of the

quantitative tool (Bosk, 2018). In addition, not every tool that is created is equal with the

level of discretionary judgment or thinking that can be infused (Hoybye-Mortenson,

2015). The purpose of the tool, and the environment in which the tools are used are both

critical to the application of the tool, and ultimately the results that are derived from the

completion of the tool.

Influential Factors in Decision-Making in Child Welfare

Decision-making in child welfare is complicated due to the nature and types of

decisions child welfare caseworkers face. The reunification of a family after a placement

out of the home requires a family to interact with multiple systems, each of which bring

their level of influence to the process (Jedwab et al., 2018). Caseworkers are influenced in their decision-making through a variety of internal and external factors (Delgado et al., 2017) and a multitude of variables that are not directly related to the specific case (Hodgson et al., 2019). Spratt et al. (2015) referred to caseworker decision-making as occurring along a continuum, with one end being decisions made using analytical processes and tools and the other end being decisions made from unconscious processing, or intuitive response. The continuum moves from rigorous and structured to informal, which is part of the challenge that makes it difficult to understand when and where influence enters the process.

Another means of understanding the complexities in the decision-making process is to examine the frame of reference for the caseworker making the decision (Dettlaff et al., 2015). Dettlaff et al. (2015), through the lens of the ecological decision-making framework, examined the internal and external influences that factor into decision-making throughout the life of a case. In making decisions, Dettlaff et al. (2015) determined that caseworkers who were primarily oriented towards an internal frame of reference were more likely worried about making the wrong decision, their liability, or the view from administration within their agency. Caseworkers with an external frame of reference tended to be less motivated by their liability. They focused on how their decision would impact the family and how they would feel about the intervention (Dettlaff et al., 2015). Caseworkers with a more external reference may believe that their agency will support the decision they made based on their level of confidence that the decision was appropriate and necessary for the situation (Dettlaff et al., 2015). On the

other hand, caseworkers who have an internal frame of reference may not be thinking about how the decision will impact the family or child, but how the decision will impact the caseworker if they make the wrong decision and have some personal liability in the outcome (Dettlaff et al., 2015).

Internal factors impacting decisions may include characteristics of the family situation, characteristics of the work environment, and characteristics of the caseworker, including their level of experience and education (Delgado et al., 2017). External factors influencing decision-making may include the broader community and community driven pressures, local or national politics, the potential liability or legal consequences of decisions, legal requirements for casework practice, and the media (Carvalho et al., 2018; Delgado et al., 2017). Keddell (2017) noted that decisions by caseworkers could be influenced at the micro, mezzo, and macro levels in practice, reinforcing the power of the national agenda, combined with the dynamics within a particular community or organization, which all interact in the process of decision-making. The decisions being made, which are influenced by the interaction of these variables, are ultimately couched under the ambiguous concept of what is believed to be in the best interest of the children.

The ecological approach to decision-making in child welfare would suggest that the levels of influence in decision-making are multi-faceted and dependent on the person charged with making the decision (Carvalho et al., 2018). The ecological theory is focused on the interaction of an individual with their natural and social environments (Robbins et al., 2012) and supports the notion that this interaction is critical to shaping the perspective of the caseworker. The ecological theory has been used in research to

better understand and further dissect the influential factors present in decision-making (Dettlaff et al., 2015; Jedwab et al., 2018). The influential factors present in the decision-making process can open the door to subjective and biased perspectives, leading to variability in decision-making (Delgado et al., 2017). By understanding the levels of influence present in the decision-making process, caseworkers' actions can be better understood within the context in which the decisions are made.

Value-Driven Influences

Spratt et al. (2015) examined the reasons provided by caseworkers as to why they made specific decisions. Through the lens of the confirmation bias theory, Spratt et al. sampled 202 professional caseworkers who volunteered to participate in the mix-methods study. Spratt et al. found three primary underlying values that inform the caseworkers' decision-making when faced with children and families regarding issues of child welfare. The value of protection is held by those caseworkers who believe that their primary role is to protect children at all costs, basing all decisions solely on the safety of children (Spratt et al., 2015). When held by caseworkers, the value of independence, is the recognition of the rights of families to raise their children (Spratt et al., 2015). Caseworkers who carry the value of children's rights tend to believe children have the right to be with their family and remain safe at the same time (Spratt et al., 2015). Spratt et al. found that these values impacted how the influential factors were considered or weighed by the caseworker. These values, combined with the additional influential factors which may be present for caseworkers, paint a picture of a complex interplay of

variables, many of which are not directly related to the family. These factors may have a positive or negative influence on the process of decision-making.

Spratt et al. (2015) identified five primary areas where influential factors impacted child welfare decision-making. The areas of influence included the perspective of the child or youth at the heart of the intervention, engagement of the parents in services, demonstrated progress of the parents in mitigating the present risk, progress of the child or youth, and the services which were required to be completed (Spratt et al., 2015). Additional research broadened the sphere of influential factors, demonstrating additional levels and avenues of influence into caseworker decision-making.

Characteristics of the Caseworker

The caseworker brings a unique perspective into any new situation. Personal factors of the caseworker, including their history of abuse and neglect, their personal beliefs, temperament, how they interpret information, and the level of empathy they have for the clients they are working with all influence their decision-making process (Delgado et al., 2017). Beliefs about the use of corporal punishment can influence caseworkers' perceptions when faced with physical abuse as a report of excessive corporal punishment for the intention of discipline (Lauritzen et al., 2018). In the quantitative research conducted by Font & Maguire-Jack (2015), and through the examination of over 5800 cases involving investigations, researchers found that the practice beliefs of the caseworkers, such as keeping families together or removing children to ensure safety, were the most influential factors in the decision-making process.

Caseworkers can be impacted by their surroundings and geographical location due to different living standards and values present in various communities (Dettlaff et al., 2015). Caseworkers are also influenced by their level of anxiety about making a mistake and the potential liability and fear of making the wrong decisions in cases and the workload which must be balanced and managed with continually increasing expectations (Dettlaff et al., 2015).

The reality of child welfare decisions is that while some may be simple and technical, others are complex and deal with real-life situations that are emotionally triggering and can invoke an emotional response by the caseworker working with the family (Carvalho et al., 2018). These emotions and response to the type of maltreatment and risk present in the case, coupled with the high stakes of the decisions that are being made, can create a situation where the emotional response of the caseworker drive and influence the decisions made (Nyathi, 2018).

Individual caseworkers approach their role with families differently. Although they may respond to the same policy and practice requirements, caseworkers bring their own practice values to work. In addition, the caseworker brings their characteristics, beliefs, and perceptions to the workplace. These characteristics are personal, individual, and unique to the caseworker. Part of a caseworkers' professional identification includes a connection to their personal life, and the social circles they are engaged in. Dettlaff et al. (2015) noted that the decision-making preferences were strongly based on the connections of professionals to one another. Using the decision-making ecology framework, Dettlaff et al. (2015) used quantitative analysis to study and identify areas of

influence present in the decision-making process at key points in the case's life. Over 1,100 investigative caseworkers in one state responded to a survey tool (Dettlaff et al., 2015). Between the survey responses and a comparison to administrative data, Dettlaff et al. (2015) sought to closely examine the rationale provided by caseworkers for why the decisions were made in the manner they were, attempting to further understand the role of the personal characteristics of the worker and the organizational characteristics in the process of decision-making. The findings indicate that the resulting primary influence was not one or the other, but rather an interrelationship between the personal characteristics and the organization for which they were employed (Dettlaff et al., 2015). Dettlaff et al. (2015) further noted a significant connection between the level of confidence a caseworker had in their decisions based on how they perceived their own skills and abilities. Personal characteristics, including a caseworker's confidence in their own skills and abilities, combined with their personal experiences and education level, all lead to a system of practice framed by individual and personal values and beliefs.

The caseworker's personal values and beliefs can also serve as guides in their professional role as they approach the work with varying understandings, beliefs and philosophies of the role children and families should have in decision-making. These caseworker values can color the lens for which they view the family needs and the potential for risk and safety issues within the family. Nationally, practice expectations for shared decision-making between caseworkers and families have increased through initiatives focused on bringing the families and youth into decision-making. While there may be a mixed level of evidence about the effectiveness of the client's input in shaping

decisions, research has demonstrated that caseworkers are influenced in their decision-making by the level of demonstrated engagement by the parent in the case and the relationship between the caseworker and the client (Chambers et al., 2018). Chambers et al. (2018) studied a specific pilot program aimed at supporting timely reunification. Through qualitative analysis and semistructured interviews of both caseworkers ($n = 13$) and parents ($n = 17$), the researchers noted that close relationships between caseworkers and families influenced the ability to achieve reunification, demonstrating the caseworker being influenced by the level of engagement and participation of the parent.

Jedwab et al. (2018) surveyed caseworkers who had completed successful reunifications to understand the perspective of the caseworker in the process of reunification and create strategies for addressing timely reunification. Through a survey that included personal and professional history, statements related to reunifications that needed to be rated by the worker, and several open-ended questions, the researchers identified some commonalities amongst the caseworkers in the process of reunification (Jedwab et al., 2018). The findings suggest that caseworkers who focused on the family's individual needs and promoted practices that included a quality relationship and family participation tended to be successful in achieving reunification (Jedwab et al., 2018). The practice of involving families and children directly relates back to the caseworker's underlying values and philosophical beliefs as to whether or not the practice is something the caseworker is comfortable with or find is of importance in their work with children and families. These values serve as critical characteristics of the caseworker as they strongly influence the caseworker's lens in their practice. However, while the

relationships between the caseworker and the client have been demonstrated to be essential steps in supporting reunification efforts, Carvalho et al. (2018) argued that significant evidence showing the impact of the families' input on the actual decisions being made, does not currently exist.

Characteristics of the Organization

The culture within the organization is a significant influential factor in how a caseworker makes decisions. In a review of the literature available on the factors involved in decision-making at the time of an investigation, Lauritzen et al. (2018) found that the influence of the organization was more influential in the decision than the actual assessment of the situation by the caseworker (Spratt et al., 2015). The organization of the caseworker can influence them through external factors, including the structure of the organization, caseload size, the level of clarity in the role and expectations of the caseworker, and the priorities of the organization (Dettlaff et al., 2015). Without proper support and supervision in the organization, a caseworker's performance can become negatively impacted (Dettlaff et al., 2015). These issues, combined with increased workloads, and empathy burnout, can create a scenario where the caseworker's performance may indirectly influence the decisions made (Dettlaff et al., 2015). Increases in caseloads have been connected to a decrease in removal rates of children from their homes, as workers who are already overwhelmed with due dates, deliverables, and reports, are not as interested in adding additional work to their plate and often seek other alternatives (Font & Maguire-Jack, 2015).

Organizational systems can be the source of increased expectations for productivity and performance while concurrently failing to balance the needs of the caseworker and the multitude of tasks required due to increased expectations (Bosk, 2018). In an attempt to collect information on practice and provide performance reports to various sources, organizations are using a variety of tools to collect data and information. Whether they are used for data collection or designed to support decision-making, the organizational tools are additional expectations added to the workload for caseworkers (Bosk, 2018). When numbers and data are used to present the practice of casework, Bosk (2018) surmised the collection of the data itself could shape and influence the caseworker as the interactions between the caseworker and the family changes to support the lens of the data collection (Bosk, 2018).

Caseworkers are also influenced by the social aspects of their organizational environment (Davidson-Arad & Benbenishty, 2016). Davidson-Arad and Benbenishty (2016) used the attitudinal theory to examine whether the caseworker's professional level impacted their perspective at the time of the decision for reunification. Researchers initially hypothesized that the level of professional experience and training would be the key to decision-making, noting that caseworker's attitudes would be mitigated by their level of professional experience (Davidson-Arad & Benbenishty, 2016). Through the use of a vignette, professionals and students were asked to assess the situation and provide recommendations for the next steps (Davidson-Arad & Benbenishty, 2016). The results indicated that the participating professionals and students' decisions and recommendations were similar, despite the level of experience (Davidson-Arad &

Benbenishty, 2016). Davidson-Arad and Benbenishty (2016) surmised the similarities in responses were more likely due to the connection of shared workplace culture.

This finding is consistent with the literature review of Lauritzen et al. (2018) focused on factors present in the decision-making in child protection investigations. Lauritzen et al. (2018) found increased consistency in decision-making required organizations to be based on a culture of learning, supporting the quality of decisions, and the use of experienced clinical judgment. Organizations often set parameters for decision-making, including the common approach and culture in working with families, and the availability of resources to support and service families (Lauritzen et al., 2018). Each of these elements has demonstrated an influence on the decisions of caseworkers.

The training and supervision a caseworker received can be key to the decision-making process (Chambers et al., 2018). Davidson-Arad and Benbenishty (2016) found that increased training and professional supports from the organization led to an increase in the quality of decisions made with and for families.

Caseworker requirements and qualifications vary by agency, location, and role. With the varying expectations for a particular degree or experience, caseworkers may enter the field with differing backgrounds, and as a result, may base decisions made on varying theoretical frameworks. For this reason, the organizational guidance on the practice framework and theories guiding the work needs to be provided to the caseworker to contextualize the work and create a foundation for which to launch the practice and future decision (Keddell, 2017). Without a foundation and consistent framework

approach, organizations can witness an increase in the variability between caseworkers, ultimately creating an inconsistent decision-making method within the organization.

Although the framework and model for the organizational practice are critical for increased consistency, organizations can also compound the situation with additional stressors for caseworkers when the model is presented to address risk. Font & Maguire-Jack (2015) found that when organizations present a culture of liability and self-protection to their staff, it can influence how a caseworker responds to issues and the actions they choose to take. This scenario can occur when organizations are faced with the fallout from high-profile cases (Font & Maguire-Jack, 2015). This pressure within an agency can lead to caseworkers focusing on a response to families with the lens of the risk of liability versus the risk faced by the children in their home and community. Munro (2019) found that creating a work environment for caseworkers based on learning from mistakes in a positive and supportive manner, rather than threatening or instilling punishment, ultimately improves decision-making and ultimately influences the caseworker's performance.

The outcomes of decisions can also be influenced by the availability of existing resources to offer families (Lauritzen et al., 2018). Families enter the child welfare system door due to an identified need or parental deficiency that must be addressed to ensure children are safe. When a family needs a specific service to help them mitigate an identified risk or safety issue, they rely on the caseworker to help them identify what is needed. When a specific service is needed yet not available, this, alone, can impact the ability of the family to address the issues and reduce the risk or address the safety

concern. The availability of services and resources further impacts the decisions made by others in the case, such as the court, and the response of the family as they are unable to receive the individualized services needed to support their children and family, and as such, courts cannot confirm the department made reasonable or active efforts.

These findings are significant in demonstrating the importance of the caseworker's organizational environment in decision-making, and the influence the organization can have on the actions of the caseworker. Given the significant influence an organization can have over the decisions and actions, this factor alone may serve as the foundational explanation to the variability experienced between different child welfare offices and locations.

Case-Related Factors and Characteristics

The characteristics of the children and families are also influencing factors impacting decisions. Characteristics involving the alleged maltreatment and actions of the caregivers in the case, combined with race and ethnicity, socioeconomic status, family history of maltreatment, addiction and other risk or safety issues present in the family, can all impact and influence the decisions made regarding the family (Dettlaff et al., 2015).

The way the family chooses to engage with the caseworker is also an influential factor, impacting the caseworker' perception of the family and presenting circumstances. For example, families and caregivers presenting with an aggressive approach towards the caseworker in the intervention process can lead to caseworkers experiencing increased

anxiety and stress, impacting the decisions made (Dettlaff et al., 2015; Lauritzen et al., 2018).

Caseworkers' decisions can also be influenced by the actual events they are faced with in the context of the case, including the specific allegations, results of the investigation into the allegations, the severity of the allegations, the potential risk and safety issues, and even the credibility of the family members (Lauritzen et al., 2018). Keddell (2017) noted similar spheres of influence, highlighted the relationship with the family, and the history of mental health challenges and existing support system for the families, as being additional levels of influence. While mental illness or substance abuse should not be the sole reasons for removal of a child from their home, research has demonstrated that children are often removed for these reasons without the caseworker drawing a link between how the mental illness or substance abuse are safety or risk issues to the child and how they are considered as safety threats in the process (Roscoe et al., 2018).

In a quantitative study focused on understanding the connection between mental illness and substance abuse factors and how they impact decisions, Roscoe et al. (2018) studied new intakes received for maltreatment where there were subsequent risk and safety assessments (*n=2,488*). The authors noted that substance abuse and cognitive impairments were primary indicators and variables noted in the safety assessments (Roscoe et al., 2018). However, the researchers determined that for approximately one-third of the sample where substance abuse was identified as a factor, it was due to it being present in the home, versus connecting the use of substances to a parental deficiency

(Roscoe et al., 2018). Biehal et al. (2015) found that the type of alleged maltreatment leading to the placement strongly impacted the timeline to reunification. Physical neglect, commonly associated with parental mental illness or substance abuse, is the alleged maltreatment with the lowest rate of reunification (Biehal et al., 2015; Carvalho et al., 2018).

Jedwab et al. (2018) further identified areas of influence existing in the relationship between the caseworker and client. Jedwab et al. (2018) specifically outlined the level of engagement the caseworker has with the client, the process of case planning, the frequency of contact with the family in their home, the identification of strengths of the family and identification of proper services which are offered and provided to the family as factors influencing the caseworker.

External Influences and Pressures

Caseworkers are influenced and pressured by factors outside of the agency as well. Courts, who have the responsibility of oversight for the child welfare system services and cases, further serve to ensure the rights of the children and families are protected and ensure the safety issues are properly addressed. Courts vary across the country regarding their expectations for caseworkers. In the study by Jedwab et al. (2018), caseworkers did not identify the court as a critical factor influencing reunification decisions. Jedwab et al. (2018) surmised this was more likely because the caseworker's recommendations and input are weighted heavily in a process that is intended to be legally equal. The court is also one avenue where the use of standardized forms for reporting has been found to demonstrate a level of accountability and documentation,

creating a sense of validity in the findings, only through the completion of the tool (Heggdalsvik et al., 2018).

Foster parents and out-of-home caregivers are influential in decision-making; they have a large role in the system supporting children (Keddell, 2017). Foster parents can choose to keep children in their home or require them to leave if they cannot manage the child's behavior. This active pressure, balanced with the federal requirements to ensure placements are stable and moves are minimal, can place an undue burden on a caseworker to make choices to stabilize a placement by complying with the request of a foster parent, over action needed for the family (Keddell, 2017). A primary example of this influence is when a foster parent reports a child is acting out following visits and requests that visits must stop if they are to keep the child. A caseworker, who is torn between recognizing the need for parent-child contact in visitation and the need to stabilize and preserve the child's placement, is left in a position where the caregiver's influence will ultimately impact the decision made on behalf of the child. Additionally, Carvalho et al. (2018) found that when out-of-home placements are stable, and there are no concerns, caseworkers are influenced to lean away from reunification as the known placement's stability is better than the potential instability of a reunification.

Community factors, including the organization's location, can influence the beliefs, standards, and expectations of the agency and caseworker (Dettlaff et al., 2015). The agency's location is also often tied to the available resources and services for families (Dettlaff et al., 2015). Organizations existing in poverty ridden areas may experience a higher demand for services and supports due to the marginalized and

oppressed families they are working with, and a need to be able to provide basic supports before being able to address more significant issues that may be present (Dettlaff et al., 2015; Font & Maguire-Jack, 2015). Communities with more services and readily available access to services may also correlate with children remaining in the home due to the accessibility of the services needed to mitigate the issues present (Font & Maguire-Jack, 2015).

The social factors present in the community, based on location, also include local politics and oversight regulators with vested interests and other social factors present in the communities. These social factors can impact and influence the caseworker's decisions and the perspectives they have of the families residing in the service area (Nyathi, 2018). Additionally, a communities' perspective of risk, how it is socially defined based on community standards, and what is or is not socially acceptable are factors of influence (Nyathi, 2018). One example of this concept is demonstrated when caseworkers assess housing for safety standards and space requirements. Understanding the community standards for acceptable living conditions is important to an accurate assessment of the situation.

Additional areas of influence include professionals who are external to the agency but may be a service provider or other stakeholder (Biehal et al., 2015). As child welfare organizations move to increase the inclusion of providers and partners in a shared decision-making environment, people outside of the family unit enter the conversations, bringing their lens, area of professionalism, practices, and perceptions to the conversation about the family. The caseworker's role is to understand the family's needs from a

holistic lens, which includes understanding the perspective of the people providing the services. Through this increased sharing of information, caseworkers can be influenced by providers and their perspectives of the situation.

Policies at the local, state, and national levels can also serve as drivers of influence in decision-making. The federal oversight for public child welfare systems and subsequent funding provisions require compliance with federal policies and casework practice (Chambers et al., 2018). The goal of the policies and standardization is to create consistency and minimize discretionary decision-making (Hoybye-Mortenson, 2015). Hodgson et al. (2019) argue that system requirements and policies can constrain the caseworker's actions, ultimately influencing their decisions and options available for them to consider. One example of this in practice is the requirement under the Adoption and Safe Families Act (ASFA), which requires specific timelines for permanency, which may not align with the timeframe needed for the family to address the presenting challenges (Chambers et al., 2018). Policies and practice expectations influence the worker as they are faced with requirements to follow the organizational policy in a field of practice that involves unpredictable challenges and a need for an individualized solution.

Decision-making may also be influenced by the level of oversight required based on court orders, consent decrees, or other actions requiring improvements to the system, likely due to a history of poor practice or a tragic event (Font & Maguire-Jack, 2015). Additionally, policies and practices vary between jurisdictions, offices, or locations, leading to differences in decision-making (Biehal et al., 2015).

Gaps in Existing Research

Child welfare is a broad area of practice, ranging from interventions at the onset of the case to removal and placement of children, to permanency planning for children and families. The majority of the literature reviewed on decision-making in child welfare addressed the process of decision-making at the initial stages of the case, assessing the decisions about whether a case should open for services, how or when a case should be substantiated, and the decision to remove a child from home and place them in care. The research included a broad range of foci, including examining the use of standardized tools, the use of professional judgments in decision-making, the influential factors that impact decision-making, and a more in-depth analysis of the implementation of pilot programs designed to create consistency in decision-making.

The field of child welfare has various tools available to support decision-making, with varying levels of evidentiary support in each. Although some researchers disagree on the use and effectiveness of the standardized tools versus professional judgment, there was limited research focused on understanding how or if professional judgment could skew the results of a standardized tool when used in the process of decision-making and whether or not standardized tools allowed room for the use of discretionary or professional judgment (Hoybye-Mortenson, 2015). A current gap existing in the research on the use of the standardized tools is the long-term outcomes of the use of the tools on families and the impact of using tools on the professionalization of social work as a practice.

The research collected for purposes of the literature review included the use of multiple theoretical constructs, with the majority of the work relying upon the systems and ecological theories as a means of analyzing the data (Alfandari, 2017; Hodgson et al., 2019; Nyathi, 2018). The decision-making ecology was another common theoretical framework used by researchers to understand decision-making in child welfare (Dettlaff et al., 2015; Font & Maguire-Jack, 2015; Heggdalsvik et al., 2018; Lauritzen et al., 2018). The theory, based on the idea that child welfare caseworkers make decisions, and the outcome of the decisions are dependent upon the interaction of the child and family with their environment, focused on the child's circumstances, the caregiving skills of the parents, and availability of local community resources to address the identified need (Dettlaff, et al., 2015; Font & Maguire-Jack, 2015; Lauritzen et al., 2018).

The social judgment theory and attitudinal theory, which share similarities in the judgment of situations and others based on a person's attitudes, values, and personal beliefs, were used in several studies (Carvalho, 2018; Davidson-Arad, & Benbenishty, 2016; Graham, et al., 2015; Mosteiro et al., 2018). Researchers examined reunification decisions using social judgment theory and quantitative analysis (Carvalho et al., 2018). In another similar study, researchers examined decision-making by the caseworker at the time of removal (Davidson-Arad & Benbenishty, 2016). The common hypothesis was the belief that the level of education and experience of a caseworker ultimately impacted decisions made. The studies were consistent in their findings that the level of professional experience did appear to impact the caseworker's attitudes and perspectives (Davidson-Arad & Benbenishty, 2016). For example, caseworkers with more experience in the field

preferred not to use removal as a solution, instead leaned towards a more family-oriented

solution if possible (Carvalho et al., 2018; Davidson-Arad & Benbenishty, 2016).

Although the differences existed, they were minimal, and the similarities between the

professionals at various levels of experience and education within the same organization

were noted to be strong (Davidson-Arad & Benbenishty, 2016). Based on the data,

researchers surmised the similarities in the caseworkers with differing levels of

experience were likely due to the workplace culture and organizational philosophies for

which they worked (Davidson-Arad & Benbenishty, 2016; Lauritzen et al., 2018).

Despite the common finding of the importance of the organization and work environment

as influential factors in the decision-making process (Alfandari, 2017; Dettlaff et al.,

2015; Kettle, 2017; Kettle, 2018; & Munro, 2019), the concepts were not evaluated using

the social learning theory.

The literature on making decisions in child welfare matters demonstrated the use

of various research methods, including quantitative, qualitative, and mixed-method

studies, with the majority being quantitative. Although the sample size for the

quantitative studies provided the opportunity to have a larger population to evaluate,

researchers noted if the findings were compared to actual agency outcomes, the

information may have been more valuable. For example, the use of standardized tools

may be a means of assessing a particular decision within a case. However, additional

research is needed to analyze the possible unintended outcomes of the standardized tool

to develop a more holistic understanding of the data and findings (Dettlaff et al., 2015).

To evaluate the effectiveness of tools used in making decisions, without consideration of

the unintended outcomes of the decisions made would be remiss. For example, if research examined the use of safety assessment tools designed to make decisions to keep children safe, and the data supported the use of the tool, the researcher should further examine why the children are determined to be safer. Hypothetically, if children are placed out of the home as a means of keeping them safe using the standardized tool, then an unintended consequence of the use of the tool may be a higher rate of out-of-home placement. Through a deeper understanding of the quantitative data, researchers can prevent the mistake of making assumptions about practice through a surface understanding of the data (Spratt et al., 2015). Carvalho et al. (2018) indicated a need existed to conduct more qualitative research to closely examine the judgments and decisions in child welfare, which was echoed by Font and Maguire-Jack (2015) and Bradt et al. (2015).

Strengths

There is a significant amount of literature available on decision-making within child welfare. The findings across many studies were, for the most part, consistent in identifying significant, influential factors present in decision-making for child welfare caseworkers. With much of the literature focused on removal decisions, the literature painted a landscape of complexity for which caseworkers must weave and balance as they navigate the path of decisions for and with families. The literature demonstrated that the environment for child welfare decision-making is complex and impacted by many internal and external factors of influence, leading to variability in results and inconsistent decision-making when faced with similar circumstances.

The literature is extensive on developing and using standardized tools, designed to support decision-making and support the training and development for caseworkers to increase awareness of personal bias in their daily work (Bradt et al., 2015; Davidson-Arad & Benbenishty 2016; Hodgson et al., 2019). The literature reviewed included studies completed internationally, with similar findings regarding the types and levels of influence as well as the level of variability in decision-making between organizations, confirming these issues are present in the field of child welfare, despite geography (Davidson-Arad & Benbenishty 2016; Hoybye-Mortenson, 2015).

Studies also found that to support sound decision-making in child welfare, the organizational culture must support an environment focused on learning, reflecting, and building child welfare practices based on lessons from previous actions taken (Davidson-Arad & Benbenishty, 2016; Lauritzen et al., 2018). Through an increased understanding of the practices involved in decisions and understanding the experiences of the organization as a means of learning, less experienced staff are able to build skills and abilities through professional growth and decrease inconsistency in decision-making (Whittaker, 2018). Similarly, Munro (2019) noted the importance of having an organizational culture free from blame and one that includes an openness to discuss and learn from errors made. These findings demonstrated specific strategies to employ in child welfare agencies designed to strengthen practice.

Weaknesses

The literature spoke to the concepts of child maltreatment, but there was not a significant amount of literature focused on the specific types of maltreatment. Although

neglect is the most common type of alleged maltreatment (U.S. Department of Health and Human Services, 2018), the literature did not discern decision-making based on the type of maltreatment. Research specific to the area of neglect may assist the field in understanding how the caseworker's values and beliefs impact the threshold for decision-making in situations of neglect and create strategies for the disentanglement of the issues of neglect and poverty.

Although the research focused on decisions about human life and experience, most of the literature reviewed was quantitative, and examined the results of questionnaires and surveys and responded to scales regarding beliefs and attitudes about a particular subject. The literature included only a limited number of studies using qualitative interviews with caseworkers to gain a perspective outside of a response to a vignette, which involved a limited frame of reference. To better understand the decision-making around reunifications, the research did not focus on understanding the beliefs, values, and perceptions of a caseworker and how they may have influenced their decision-making.

Limitations

Although the literature was extensive, limited research exists explicitly focused on practices in decision-making focused on reunification. Literature addressed the factors of influence, recognizing caseworker's characteristics as a significant factor influencing decision-making. However, the research did not include an examination of caseworkers' perceptions about whether or when to reunify a child with their family. Jedwab et al. (2018) focused research on caseworkers' experiences regarding successful reunifications,

and the author's findings provided an opportunity to share insights into the practice and process of decision-making. The research identified several critical factors in common in successful reunifications (Jedwab et al., 2018). However, the literature did not examine the process of decision-making in all paths towards permanency, which may have included failed reunifications (Jedwab et al., 2018). The research was only focused on plans which were defined as successful reunifications.

One of the primary limitations of the research and literature available is the generalizability of the information. One key finding throughout the set of research reviewed was that variability within and across the field of child welfare was inevitable at every level. The variability in decision-making existed at the micro, macro, and mezzo levels of practice. While the research helped understand the variables that may be important to consider when looking at decision-making, the results would not be able to be generalizable across the field or practice.

The results of the research demonstrated one of the challenges in evaluating this topic. Caseworkers are influenced by a multitude of factors when making decisions and the situations they encounter are never truly the same as all families are different, and all case situations are different. The researchers also relied on the use of vignettes to understand the differences and commonalities in the decision-making process and ultimate outcomes. However, using vignettes is a significant limitation in the generalizability of the research, as the vignette cannot begin to encompass all the dynamics that may be present in direct practice.

Although the caseworkers' workload was mentioned in the results as an influencing factor, it was not further dissected to understand how it influenced the decisions or what part of the workload was critical to the decision-making threshold. Similarly, while the organizational culture was noted as a significant influencer, the research did not focus on the organizational capacity and aspects that led to the influence.

Summary

Decision-making in child welfare is complex due to the nature of the types of decisions child welfare caseworkers face. The decisions, coupled with the additional complexity of the sphere of potential influential factors, both internal and external, impact how caseworkers make decisions.

There is existing and ongoing disagreement among researchers regarding the best path to take, between objective and actuarial tools and subjective and discretionary approaches, when making decisions. Researchers who discredit the use of objective decision-making tools base it on the inflexibility of the tools to address the unique needs of the clients and the concern that standard tools used to predict behavior may lead to a future of stigmatizing people served by the child welfare system (Gillingham, 2019). Researchers who discredit the use of the subjective decision-making processes, base their critique on the concern that caseworkers can more easily interject their values and beliefs (Davidson-Arad & Benbenishty, 2016; Hodgson et al., 2019; & Nyathi, 2018). In all of this, the consideration needs to be made about whether or not the use of standard decision-making tools achieves their intent, or if the use of tools as a practice is at odds

with the practice of caseworkers being expected to meet families where they are and respond to their unique and individualized needs (Hodgson, et al., 2019).

Although the influential factors for a caseworker identified in the research may change over time, with some factors weighing heavier than others in the process, the consistent and present factor is that there will always be children and families who need the support, services, and safety that a child welfare system can bring and they need to have caseworkers prepared to assess, assist, and support them in the process. While the number of children entering out-of-home care has declined slightly since 2017, less than half of the children in care (47%) had a permanency plan of reunification for FY 2019 (Children's Bureau, 2020). If the decision to place children is analyzed and understood with the various spheres of influence, reunification and the decision-making process are critical to understanding why nearly half of all children placed out-of-home are not able to return to their families.

Much of the literature discussed the importance of increasing consistency in decision-making for children and families or reducing errors. However, the issue of reunification with families is never really defined as success or failure. Children are placed in out-of-home care and whether they reunify with their parents, or find another permanent plan, the result is a success as the child achieved permanency and is safe from harm. Understanding the perspectives of a caseworker regarding the reunification of a family is critical to understanding how to improve the potential outcomes for children and families. Decision-making must be understood within the complex environment for which the decisions are made (Heggdalsvik et al., 2018) and in consideration of the

factors of influence for which a caseworker may not even be consciously aware as they make their decisions and recommendations (Carvalho et al., 2018).

In order to understand how caseworkers' perspectives impact decisions on cases or impact the practice of decision-making about reunification, it is important to understand the process through the lens of the social learning theory, dissect and understand the worker's perspectives, and identify how those perspectives impact practices with families regarding reunification.

Section 2: Research Design and Data Collection

Child welfare caseworkers assigned to work with families have a significant amount of power and influence over the future of families as they make decisions that can ultimately shape the outcomes for children and families. Individual variables and influencing factors can cloud these decisions, resulting in inconsistency and subjectivity, with multiple caseworkers making different decisions based on the review of the same case scenario (Davidson-Arad & Benbenishty, 2016; Hoybye-Mortensen, 2015). Evidence in the research demonstrated significant variations in decision-making among individual caseworkers, offices, and even geographical locations (Biehal et al., 2015; Carvalho et al., 2018).

Using the social learning theory, I designed this qualitative research to gain valuable insights directly from child welfare caseworkers through semistructured interviews. Through coding and analysis of the interviews, the findings were summarized to increase understanding and awareness of how child welfare caseworkers perceive reunification and the steps taken in the process of decision-making regarding the reunification of children and families in the child welfare system. Through an understanding of the potential influential factors in decision-making and an exploration of the personal perceptions of workers and how they impacted resulting decisions, practices and trends can be better understood to create a means of supportive decision-making that will balance the use of actuarial tools and professional judgment.

Research Design

Using a basic qualitative approach, this research included the collection and

analysis of data gathered from participant interviews of public child welfare caseworkers,

using purposive and snowball sampling methods. Research participants included

caseworkers employed in public child welfare agencies and organizations, who were

primarily responsible for working with families following the placement of children in

out-of-home care. To ensure research participants had experience in the field, I focused

recruitment efforts on locating caseworkers who had been in the role of child welfare

caseworker for a minimum of 6 months prior to participation in the study.

The naturalistic paradigm was used as the philosophical framework for the

research design, aligning with the theoretical constructs of the social learning theory and

the research questions. The naturalistic philosophy of the research was based on the

concept that the reality of a situation "cannot be measured directly, only perceived by

people, each of whom views it through the lens of his or her prior experience, knowledge

and expectations" (Rubin & Rubin, 2012, p. 15). As a foundational philosophy

underlying the research, the naturalistic paradigm relied upon basic qualitative research

methods of observations, combined with in-depth interviewing to collect data

surrounding the phenomenon of study (Patton, 2015). The data were collected from

semistructured interviews of the participants as a means of understanding the issue from

the perspective of the caseworker. Perception is personal and individual; it cannot be

observed, and it cannot be assumed. To further understand it, it must be shared by the

person experiencing it. The semistructured interview process allowed me to capture the

personal perceptions of reunifications and how they affect the process of decision-making.

Methodology

Aligned with the research questions, the theoretical framework, and philosophical foundation, the research data were collected using semistructured interviews with a responsive style to interviewing, supportive of a collaborative presence, and an increased understanding of the material (see Rubin & Rubin, 2012). The interview format allowed for an opportunity to ask follow-up questions of the participants to understand their response better or seek clarification if needed (see Rubin & Rubin, 2012). This format ensured the caseworker was able to speak privately, sharing perspectives in a conversational style.

Instrumentation

To ensure a uniform process in the data collection across participant interviews, I used an interview guide and script (see Appendix) that I consistently applied with all research participants. Although the interviews were recorded using a digital recording method, notes were also taken during each interview, if possible, and in a manner not intrusive to the flow of the interview. Immediately following each interview, I created notes regarding any observations made during the interview or thoughts generated as the interview progressed. The journaling process and reflective memos were also used throughout the research to capture ideas, thoughts, and reflections (Rubin & Rubin, 2012).

Participants

Research participants included child welfare caseworkers, employed in public child welfare organizations, with a minimum of 6 months of experience in child welfare. Participants needed to have been assigned to work with children and families after a child was placed into out-of-home care. Participant recruitment included the use of social media (Facebook and LinkedIn), emails, postings near public child welfare offices, and contacts with workers in the field. Upon agreement to participate, the participants were offered the opportunity to interview via phone or virtual platform, including Zoom or Teams. Due to COVID-19, it was initially expected this method of data collection would serve as the primary method, with in-person contact being minimal.

Following contact and interview of a participant, the snowball method of recruitment (Patton, 2015) was employed. I asked participants if they knew additional people they could refer or recommend for participation in the research who met the established sampling criteria (Ravitch & Carl, 2016). For purposes of the sampling plan, the initial identified goal was a minimum of 15 participants. The research included 16 participants. According to Guest et al. (2006), "there are no published guidelines or tests of adequacy for estimating the sample size required to reach saturation" (p. 60). Additionally, while literature included varying opinions as to the specific number of interviews, a guideline for an average number indicated the smallest number of sources should be no less than 15 (Guest et al., 2006). Outreach and solicitation continued until saturation was reached in the data collection.

Data Analysis

All participant interviews were recorded using a digital recorder, immediately

uploaded to the computer, and saved on an external password-protected hard drive. To

save time in the process of manual transcription, I also uploaded the interviews into

Rev.com (https://www.rev.com/), an online transcription service, through which all

interviews were transcribed verbatim. Following receipt of the finalized transcript, the I

reviewed recordings again and compared them to the typed transcript to ensure the

responses were accurately captured before the transcript was considered final. In

qualitative research, the process of using verbatim transcriptions of interviews, combined

with audit trail notes or journaling by the worker, has been identified as increasing

reliability and validity of data (Halcomb & Davidson, 2006).

The research was analyzed using inductive analysis to review the raw data,

develop codes, and identify connections and categories in the codes (Patton, 2015). I used

ATLAS.ti, a qualitative data analysis software, to assist in the management of all data

sources, including transcriptions, notes, memos, journals, and documents (see ATLAS.ti,

n.d.). The coding process included a two-level round of code development and review,

followed by categorization of the material and thematic development.

The initial review of the material involved looking for concepts of meaning and

topics, considering the information presented (Rubin & Rubin, 2012). As codes were

identified, notes were kept as to the definition of the code, for consistency in future

coding (Rubin & Rubin, 2012). The process of creating definitions included notes to self,

addressing what the label meant and how it could be recognized in other interviews in the

research (Rubin & Rubin, 2012). I coded the data as soon as possible following the participant interviews and continued to do so throughout the research project until the point of saturation was reached. For this reason, there were times between coding sessions where coding was paused to ensure consistency and alignment. To provide additional credibility and confirmability of the research, definitions of the codes were developed and documented (Ravitch & Carl, 2016; Rubin & Rubin, 2012).

To ensure consistent coding, I completed a second level review of the codes. The initial codes were reviewed, and categories of information were developed from the emerging data. Through inductive analysis, I identified interrelationships, leading to the development of themes, which ultimately served to address the research questions (Patton, 2015; Saldaña, 2016).

Addressing Rigor

In qualitative research, trustworthiness is critical to the validation of findings, confirming that the research conducted measured what it was intended to measure, providing a level of confidence in the results (Burkholder et al., 2016). To be considered trustworthy, the research needs to be dependable, credible, transferable, and confirmable (Burkholder et al., 2016). One strategy in confirming trustworthiness is to ensure the qualitative researcher is skilled at interviewing, which can lead to increased validity of the data collected (Burkholder et al., 2016). In addition, trustworthiness can be further impacted by the potential bias in the interpretation of the results, not reaching saturation of the data, or making assumptions of the data collected (Burkholder et al., 2016). Failure

to establish credibility in the data can impact the ability of the data to be relied upon as transferable or confirmable.

Credibility

In consideration and analysis of the credibility of the research, the instruments used in the research needed to be considered and evaluated to determine if they measured what they were intended to measure (Ravitch & Carl, 2016). Interview questions were based on the findings in the literature review, and the participants were offered the opportunity to review the transcripts of the interviews to ensure they accurately represented their responses (Burkholder et al., 2016). If additional clarification was needed, follow-up interviews were sought to ensure the information collected was an accurate representation and the content correctly captured the participants responses.

Transferability

Researchers need to ensure the information about the study is provided to allow readers and consumers of the data to make decisions regarding applicability of the information (Burkholder et al., 2016). During the research, efforts were made to ensure the participants met the participant recruitment requirements, ensuring broad participation across the public child welfare field, increasing the transferability of the findings.

Dependability

Dependability of the data "refers to the stability of the data" (Ravitch & Carl, 2016, p. 189). Dependability looks at the consistency of the data and findings over time, and whether the findings are reasonable when considering the research plan, and if they are aligned with the argument of the researcher (Ravitch & Carl, 2016). In essence, the

dependability of the research was determined by how the information gathered addressed the research questions. Through clear alignment and focus on the research questions, and methods designed to achieve the responses to answer the research questions, the results were dependable.

Confirmability

Although qualitative researchers do not strive to achieve objectivity, findings from qualitative research needs to be able to be confirmed to be considered valid (Ravitch & Carl, 2016). One means of balancing for this is to ensure the researcher is considering their own biases and perceptions in the process of the research (Ravitch & Carl, 2016). One option to address this was through the process of reflexivity (Ravitch & Carl, 2016). Through this process, the researcher can identify issues that may impact the interpretation and analysis of the data (Ravitch & Carl, 2016). To address this in the research, I ensured adequate time and commitment to the process of reflexivity through journaling and the creation of memos (Ravitch & Carl, 2016). Through this process, my beliefs as a researcher were noted and ensured to not be projected on the responses of the participants, ultimately influencing the data collected (Ravitch & Carl, 2016).

Ethical Procedures

All participants in the research were treated respectfully and ethically. To ensure the protection of the participants, the Institutional Review Board (IRB) within Walden University reviewed all processes, methodologies, and plans, ultimately providing critical feedback and guidance on any potential ethical issues the participants faced that had not been previously identified.

The confidentiality of the participants was protected throughout the process. All research participants were initially identified in documentation and transcription using only a coded number, which I later added a pseudonym. The codes and names and contact information of the participants were stored in a separate locked cabinet in my office, separate from the data and recordings. All audio recordings of interviews continue to be kept in a locked storage within my home office. In addition, any written materials which summarized the interviews, or the verbatim transcriptions are kept on an external hard drive which was also locked and stored when not in use. Any printed documents used for purposes of data analysis, or handwritten notes from the interviews were kept in a folder and locked in a file cabinet for security.

Similar to ensuring the confidentiality of the person, the specific office where the caseworker is employed should also be protected. Demographic information for participants was gathered and reported in a more generalized format, noting residential states and jurisdictions of residence, but not specifically the office for which they were working. This ensured the participant there was no opportunity for them to be identified through their location.

Although the field of public child welfare may be broad, it may have been the case that a participant volunteered for the research and the person was previously known to me through work in the past. To ensure this was an appropriate participant in the research (Ravitch & Carl, 2016), boundaries were be established, and no participants were interviewed that had a previous relationship.

Confidentiality was provided for the participants but may pose an ethical challenge when a research participant responded to a question and shared names or information from personal experiences that may have been critical to understanding the issue or data. "The ethical principle of respect for persons refers to respecting autonomy, which involves acknowledgment of an individual's autonomy to make personal choices regarding research participation and protections from harm for individuals with diminished or impaired ability to exercise autonomy" (Burkholder et al., 2016, p. 129). To ensure the protection of anyone referenced in the interviews, the participants were asked at the outset of the interview to be sure to change the name of any child or family or experience they are referring to while responding to the question. In the debriefing process, following the interview, the participant was asked if any names used in the interview were actual names of people. If they were accidentally revealed, I made a note of them and ensured they were coded with an alternate name to prevent the revealing of confidential information.

Summary

The research plan included purposive and snowball sampling methods aimed at recruiting 15 child welfare caseworkers to participate in the study. The participants consisted of caseworkers in public child welfare who worked a minimum of 6 months and had experience in permanency planning. The data was gathered through semistructured interviews, recorded with the participant's permission, transcribed, and coded to develop themes and findings. Given the COVID-19 restrictions for travel and in-person contact, the participants were offered participation opportunities by phone or

online virtual meeting (Microsoft Teams or Zoom). Following the consent process, an

interview guide and script was used with participants for consistency in approach.

Journaling was key to data collection, and was an additional means of capturing thoughts,

feedback, and observations, while supporting the research's dependability and

confirmability. Systems were implemented to ensure the anonymity of the participants.

All information was secured and locked and protected from unauthorized access and

followed all ethical obligations.

Section 3: Presentation of the Findings

The purpose of this qualitative study was to explore child welfare caseworkers' perceptions and practices regarding reunification, dissecting the findings through the components of social learning theory. Through an understanding of the foundational underpinnings of social learning theory, the research is focused on increasing understanding of the caseworkers' perspectives and how those perspectives impact practices with families regarding reunification.

Decision-making in child welfare has been highly researched, primarily focused on children's entry into out-of-home care and the threshold for which the decisions are made (Chambers et al., 2018; Lee et al., 2017). Decisions leading to the reunification of children and families, which is the intended goal of child welfare systems, has not been as heavily researched or understood. Child welfare system client demographics demonstrate the focus of child welfare services is on impoverished and marginalized families; additionally, permanency outcomes for children are inconsistent across the nation, leaving many young people lingering in the child welfare system without permanency (Children's Bureau, 2020). To improve the lives of families and ultimately the outcomes for children in care, the influential power of a caseworkers' perceptions and personal beliefs must be understood. An understanding of how internal and external influences impact caseworkers' child welfare organizations can be used to create and sustain systemic changes designed to promote equity and the appropriate balance of power, regardless of a person's socioeconomic status, race, religion, or geographical location. The perspective and practices of the caseworker in decision-making at the phase

of permanency planning are critical to families' outcomes, ultimately defining the fate of

the child and family based on the decision made (Dettlaff et al., 2015; Nyathi, 2018;

Roscoe et al., 2018). The qualitative study focused on two research questions:

- RQ1: What are the perceptions of child welfare caseworkers about

  determining whether and when a child can reunify with their family of

  removal or extended family of origin?

- RQ2: How do these perceptions affect practices employed by child welfare

  caseworkers when determining whether and when a child can reunify with

  their family of removal or extended family of origin?

Section 3 includes a review of the data collection and analysis techniques,

validation procedures, and limitations. Additionally, findings of the research are

summarized, including the characterization of the participant population, the themes that

emerged from the data, and findings that were unexpected in the research. Finally, the

section will include a summary of the findings as they relate to the research questions.

Data Collection

Data collection was initiated in March 2021, following the final approval from the

Walden University IRB (Approval no. 03-10-21-0981534). Participants for the research

included caseworkers who were employed in public child welfare organizations, with a

minimum of 6 months of experience working with children in out-of-home placement.

Using snowball and purposive sampling methods, I contacted existing professional

connections through email and social media, requesting they share information about the

opportunity to participate in the research with anyone they were aware of who may

qualify. Professional connections were also asked to share the research opportunity with others in their extended professional network to increase the potential pool of possible participants.

Solicitation of Participants

Beginning on March 14, 2021, initial contacts were made with existing professional connections via email. After an initial 207 professional contacts were informed about the research opportunity, solicitation efforts were expanded to include members of the NASW who had reported a practice focused on child welfare. Between the professional connections and NASW membership list, I created bulk emails and sent them out approximately two times per week in an attempt to solicit participants. As noted in Table 1, the recruitment efforts spanned approximately 8 weeks, from March 14, 2021, through May 7, 2021. A total of 784 direct emails and contacts were made in attempt to solicit participants. All emails were blind copied for all professional contacts and NASW members to ensure everyone's privacy, protection, and confidentiality and to ensure emails were not inadvertently released. An additional email was sent to the subscribers of the Child-Maltreatment-Research-L, a listserv managed through the National Data Archive on Child Abuse and Neglect (NDACAN). The listserv is an electronic mailing system that distributes research findings and opportunities to hundreds of subscribers (National Data Archive on Child Abuse and Neglect, n.d.).

Table 1

Recruitment Efforts Through Email Contact

Date	Number of emails	Source of contacts
March 14, 2021	42	Professional connections
March 15, 2021	18	Professional connections
March 17, 2021	85	Professional connections
March 19, 2021	62	Professional connections
March 22, 2021	35	NASW membership
March 23, 2021	44	NASW membership
March 24, 2021	1	Professional connections
March 29, 2021	50	Professional connections
April 1, 2021	43	NASW membership
April 2, 2021	25	NASW membership
April 4, 2021	50	NASW membership
April 5, 2021	25	NASW membership
April 8, 2021	35	NASW membership
April 17, 2021	49	NASW membership
April 18, 2021	29	NASW membership
April 22, 2021	46	NASW membership
May 6, 2021	49	NASW membership
May 7, 2021	96	NASW membership
Total	784	

I used social media as an additional platform to solicit possible participants. Using Facebook, public postings were made on three separate occasions, requesting that acquaintances share the information with others who may qualify as a participant in the research. A request was also sent to the Social Worker Life Facebook page administrator, requesting approval to solicit possible participants, which was granted, and the request was posted on the Social Worker Life page on one occasion. The page has access to over 500 social workers who can view the content of the page. Twitter was used as a contact platform on one occasion. LinkedIn was also used to request possible participants on five occasions, updating the post and refreshing it weekly throughout March 2021.

Professional connections on LinkedIn were asked to share the information with colleagues. Following the post on LinkedIn, Alia Innovations, a company focused on child welfare advocacy and policy reform, reposted the request for study participants on five occasions in the 2-month time period and sent out a social media release regarding the research opportunity.

Finally, following contact with potential participants, whether the person was screened in as a potential participant or disqualified for not meeting the criteria, I sent follow-up communication emails, asking if they would send the opportunity to others within their professional network that may qualify as participants.

Screening Participants and Scheduling Interviews

Upon being contacted by an interested participant, I sent an email to the person, including the attached IRB-approved consent form for review. Potential participants were asked to review the consent form to ensure they understood the purpose and process and validate that they met the participant criteria. Follow-up contacts were made via email regarding potential interest, offering a phone or Zoom meeting to talk through the consent form, discuss the research opportunity, and determine whether they met the qualifications to participate.

Thirty-three potential participants expressed an interest in being involved in the research. Following the screening of applicants to ensure they met the qualifications for participation and completion of consent forms, I offered 20 potential participants interviews through phone, Zoom, or Microsoft Teams. The interviews were scheduled following receipt of the participant's consent and at the convenience of the participant.

Out of the 20 potential participants, four did not attend their scheduled appointment for the interview. The four applicants were contacted and offered an opportunity to reschedule. Two responded and requested to reschedule. The interviews were rescheduled at their request; however, they also failed to show for the rescheduled appointment. Two participants who initially consented and scheduled interviews did not respond despite two follow-up emails.

When the interviews were scheduled, the participants were able to choose if they wanted a phone interview with digital recording, Zoom meeting with recording, or Microsoft Teams meeting with recording. Eight of the participants who completed the interviews chose Zoom for the interview platform, with the remaining eight requesting a phone interview.

<div align="center">

Data Validation and Analysis Procedures

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Immediately following the interviews, the recordings were saved onto an external hard drive, using an alphanumeric participant code to protect the confidentiality of the participants. Following the participant interviews, the nonidentifying recordings were uploaded to Rev.com, a confidential transcription site, for initial transcription. The recording lengths varied in length from 35 to 80 minutes, leading to varied costs for each transcription.

Upon receiving the email notification of the completed transcription, I downloaded the transcripts from the online source and saved them onto an external hard drive for storage. To increase the validity of the information, each transcript was sent to the participant for review, requesting a response within 10 days if the participant had any

changes or needed additional time to complete the review. Half of the participants

responded with small corrections to the transcriptions, including changes such as

acronyms, local names, or materials that may not have been easily understood in the

interview. Any updated transcriptions were saved on the external hard drive within a

participant folder. The initial version and the corrected version were compared and

stored.

I used ATLAS.ti, a qualitative data analysis software, to assist in data

management and coding. A student version of the software was purchased for purposes of

the project and all final transcriptions were uploaded into the database. The coding

process was initiated, and all interviews were reviewed using inductive analysis to review

the data, identify initial codes, and create connections and categories for the codes (see

Patton, 2015). To code the data, I gave careful attention to each transcribed interview,

noting phrases or words that summarized the discussions (see Saldaña, 2016). Memos

were created throughout the review when needed to capture thoughts about the coding or

observations. Using the qualitative analysis software, the second level of coding was

completed. Common codes were grouped together to focus the data, create categories of

information, and develop thematic responses. Using inductive analysis, interrelationships

in the data were identified, leading to the thematic findings intended to address the

research question (see Patton, 2015).

Limitations

The limitations of the research include the overall low number of participants.

Although 16 participants were interviewed and completed the process, and saturation of

the data was reached, the low number of participants limits the generalizability of the information.

Additionally, using the NASW membership list to solicit participants may have aimed more towards caseworkers with a degree in social work or an advanced degree in social work. To be a member of NASW, a person must possess a social work degree. Many child welfare organizations have expanded their minimal educational requirements for caseworkers, allowing people to work in the field with a degree other than social work. As such, the use of the NASW membership list for recruitment may have unintentionally limited the perspectives of caseworkers with degrees other than social work. Although the study included participants with different educational backgrounds, most participants possessed degrees in social work.

Findings

In this study, I explored the perceptions of child welfare caseworkers about determining whether and when a child can reunify with their family of removal or extended family of origin. The responses from participants about their perceptions regarding reunification were varied, and participants consistently reported that perceptions were individualized and based on their life experience, both personal and professional. The data revealed four primary themes related to RQ1: the perceptions of child welfare caseworkers: (a) internalized influential variables, (b) organizational influence and impact, (c) shifts in the role of the caseworker, and (d) power as an influential factor in decision-making.

Additionally, the research focused on understanding how the perceptions of caseworkers affected their practices regarding reunification with the family of removal or extended family of origin. The data revealed four themes related to RQ2: impacting practices, including (a) measuring change, (b) skills and practices of the caseworker, (c) boundaries and self-care, and (d) critical services and supports for families.

Characteristics of Sample Population

The sample population for the research included 16 participants from 11 different states, representing a cross-section of geographical locations in the United States, as demonstrated in Figure 1. The participants were caseworkers in child welfare organizations. Three participants were employed in state-managed child welfare systems, four participants were from county-managed child welfare systems, two participants were from private agencies under contract with state child welfare programs, and two participants were from tribal child welfare systems. To ensure the confidentiality of the tribal participants, the specific tribes they worked for are not identified. Rather, the states where the tribes are located are noted on the map to ensure participant protection.

Figure 1

Participants' Geographical Locations
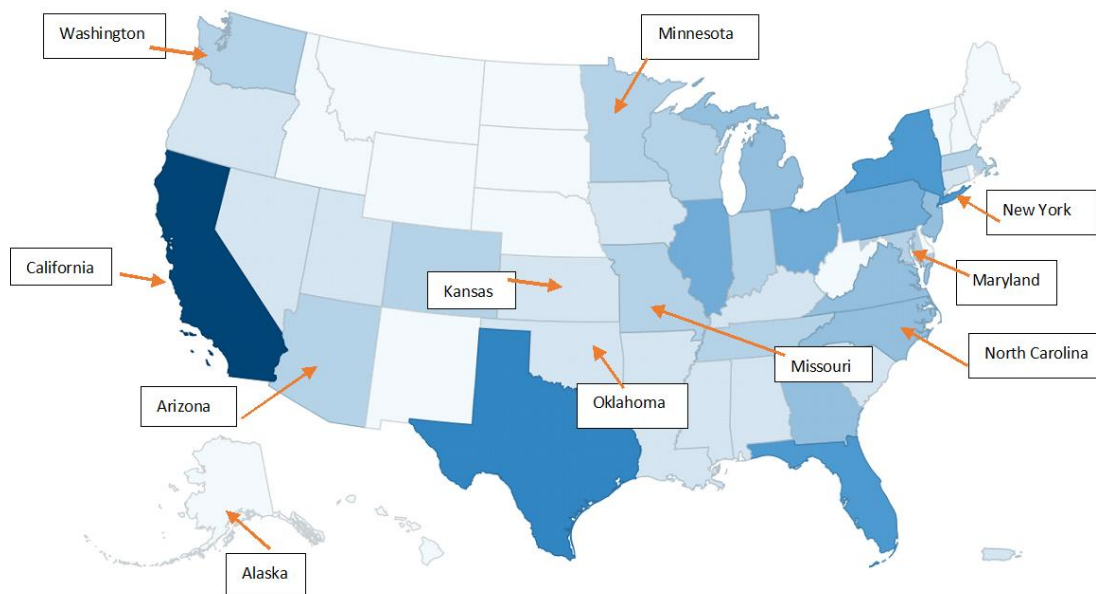
The participants in the sample population had experience ranging from 9 months to 22 years. The average number of years of experience for the sample participants was 8.15 years. Participants self-identified their gender, with two males and 14 females. Four participants identified themselves as African American or Black, two participants identified themselves as Native American, and ten participants identified themselves as Caucasian.

Each participant was asked to describe their educational background. As noted in Table 3, over half of the sample participants held a bachelor's degrees in social work, human services, or social sciences. All participants holding an undergraduate degree in

social work also reported having an advanced degree in social work. Four of those with

an advanced degree also obtained licensure.

Table 2

Educational Background of Participants

Bachelor's degree	Number of participants	Advanced social work degree	Licensed social worker
Social work	9	9	4
Criminal justice	3	1	0
Human services or social sciences	3	2	1
Business	1	0	0
Total	16	12	5

The research participants ages ranged from 27 years old to 69 years old, with an

average age of 42. Participants reported caseloads ranging from a low of 8 in a

jurisdiction where the agency was under a consent decree by the courts due to practice

issues to a high of 33. All participants reported case counts based on the number of

children they were working with rather than the number of families. All participant

names and details regarding the location of their employment are being excluded from

the findings to ensure the confidentiality of all participants. Furthermore, pseudonyms are

provided in the summary of findings to support anonymity of the participants.

RQ1: Perceptions of Child Welfare Caseworkers

In an attempt to understand the influence of caseworker perceptions on decisions,

interview questions were focused on topics intended to gain a deeper understanding of

personal beliefs and life experiences of the participants. Throughout the participant

interviews, questions were designed to produce a greater understanding from the

caseworkers as to how their perceptions and personal beliefs impacted their decision-making.

All caseworkers interviewed subsequently reported their strong belief that the perceptions and personal beliefs of individual caseworkers were significant and influential factors in case related decisions they made, ultimately impacting the outcomes of cases for the children and families with whom they worked. As noted earlier, the social learning theory opines that people gain knowledge through their interaction with their social environment (Bandura, 1971). Additionally, human perceptions, which include an individual's responses to sensory stimulation, are critical to understanding how each human views the circumstances they are faced with (Gregory, 1986; Pascucci, 2019). The alignment of the social learning theory and the process of a human's perception development suggest that caseworkers can be influenced and shaped through exposure to both internal and external processes throughout their life (Bandura, 1971; Pascucci, 2019). These experiences are connected to the individuality of each person and as such, they are individual to each caseworker as they work with families.

Theme 1: Internalized Influential Variables

All participants expressed the opinion that the perception and personal beliefs of caseworkers were heavily influenced and shaped by their life experiences. For some caseworkers, personal beliefs and perceptions were reported to be the singular reason for the decisions made in a situation, particularly when time did not permit ample opportunity for reflexivity or shared discussions in the decision-making process. Kay stated,

I think this goes back to the lens, each individual lens of a social worker. I'd like

to think that I, as every social worker, would all exemplify their core values and

ethics. I think that's what leads us all to choosing the path of social work and

addressing any sort of social injustice. However, I think that each social worker

has a different lens, just from their own experience.

The participants discussed various areas of influence which they believed impact the

perception of a caseworker. The following spectrum of influences includes internal and

external influential factors.

Influence of Personal History and Experiences

Participants recognized the intersectionality of themselves and their colleagues,

raising awareness and understanding of the uniqueness of each caseworker, despite any

common training or education for the position of caseworker. Ann explained the

relationship between the life experiences of a caseworker and the potential for differences

in perception between caseworkers stating,

I feel that a large part of it is how the caseworker was brought up as a child.

Sometimes your parents did something a certain way and then you hear about a

family that you're working with doing something a different way. Obviously not

in every case because everybody has different parenting styles, but you might see

it as very concerning and outrageous. Whereas you could tell your coworker and

they won't think it's such a big deal because they are familiar with that kind of

thing.

Aubrey stated, "You're going to judge everyone based on your experience. That's our survival. If you want to know the truth. That's how we survive as human beings." Jonathan stated, "Nobody's above their childhood. Nobody's beyond it. It's such a part of you."

In trying to understand the types of personal experience that may have more influence than others, participants reported the caseworker's socioeconomic status as a young person may be an influential factor in how they viewed the families they worked with. All but one of the participants interviewed reported being raised in the moderate or high range of socioeconomic status. Aubrey stated,

> If you have a young worker come in from a middle class home that's very functioning and typical, they come in and some of these kids have never even heard of child welfare before they go to college. And then they get in it, and they start seeing how other people and other families live and their mindset is people can't live this way. Children can't live this way. And it's very hard to readjust their thinking.

Julie stated,

> With a lot of the different caseworkers, you could definitely see how personal experiences or opinions were definitely influencing that. I'm sure my personal opinions have influenced decisions that I've made as well. But I'm hoping they were less like that, than some of those.

While recognizing the life experiences can influence decisions, one participant noted the importance of separating the experiences of the worker from the families they are working with. Josh stated,

> All of our life experiences make us who we are and how we think, bit I think in this job, you have to be able to recognize how those experiences have affected you as a person so that you don't bring those stigmas and those opinions into the situations you're walking in to.

Denise agreed, stating, "I think it's inevitable that what you think in your own experiences impact the decisions you make and if you're not conscious about it and talking about it, it goes into your work."

Participants recognized and shared their personal experiences and history as a realistic influence of their perception in the process of decision-making. The level of influence personal history and experiences played in decision-making was reported by participants to be balanced by their own recognition of their personal experience and history. Through the recognition of their past as influential in their decision-making, some participants believed their past experiences would not influence their decisions. Josh stated, "I do think that if a worker can acknowledge what they've been through, how it impacts them, it makes a difference in how they look into every situation." Jonathan stated, "I try not to let my past personal experiences come into this case too much, because it's not about me. It's about this child and what they're going through right now. I always keep perspective."

Some participants reported the belief that their personal experience and childhood adversity were actually strengths they brought to the work and helped them in their role as a caseworker. The same participants noted their belief that the advantage of their past adversity enabled them to make better connections with the children and families they serve. Jonathan stated,

For me, it's a good thing, I really think that I can connect to a kid that's going through something like that and able to help them cope without overstepping. It can make you a better social worker. I understand these children. I've been here. I've seen this before or whatever. Just as your childhood or upbringing could be a hindrance, it can also be a positive as well.

Victoria stated, "I think just a culmination of just growing up. I've been through a lot in my life, and I think that kind of really makes you more resilient and more flexible, and more empathetic." Marcie echoed the sentiment, stating,

I feel like just in situations like that, you tend to advocate harder for some of the ones that have similar to your situation than you would somebody else. I know it's something they're not supposed to do but I definitely think it happens…You work harder for the families that look more like you.

Josh stated,

I'm someone who, if a child starts talking about how they're spanked or disciplined, I dig deeply because I need to make sure that I'm not brushing it off because I'm someone who didn't think how I as disciplined was bad.

Andrea stated,

There's value in our experiences, and there's value in knowing what healthy looks

like. But just because healthy looked like this for your family, doesn't necessarily

mean healthy looks like this for this family.

Participants discussed the influence of a caseworker's personal belief system in their

daily work as a critical factor in how they viewed a situation, noting that the impact of

personal beliefs was a significant influential factor in decision-making.

Influence of Personal Beliefs

Several participants reported their opinion of the influential power of personal

beliefs in decision-making. Participants further reported the opinion that the more years

of experience the caseworker had, the more the influential power of the personal beliefs

decreased. Regarding personal beliefs, Aubrey stated,

I think it's 80% of their decision-making, absolutely. I think it lowers as every

year goes by, but I think it's huge. It's just huge. And I think there are some

people that can never readjust to it. And I personally think there's people that

shouldn't even be social workers in child welfare…But yes, I think it has a huge

play in how they do their job in their practice.

Personal belief systems were reported by participants to be derived from their

personal history and experiences, including exposure to religious beliefs, and the life

lessons of their own parents and caregivers. Lucy stated,

I had four African American social workers, one Mexican social worker, one

Vietnamese social worker and then a social worker who happens to be a lesbian

from the South. And I think each one of the social workers came with some sort

of something that impacted the way that they work.

One specific example raised by several of the participants was the personal belief

surrounding the use of corporal punishment in parenting, versus whether or not the

corporal punishment crossed the line and was considered an allegation of physical abuse.

When asked how their personal beliefs were balanced in the process of making decisions,

participants consistently responded that they believed they were able to differentiate their

personal beliefs from the situations they faced. Josh stated,

> I feel that I'm good at pushing away my beliefs in that because that's not what
>
> I'm there for. I tell new workers all the time, there are a lot of parents that I don't
>
> agree with their parenting techniques, but that doesn't make them unsafe parents.
>
> That doesn't mean I need to do something about it and remove their children from
>
> them. It's just, I don't agree with their parenting techniques.

Parenting practices and lifestyle choices of the clients were noted as being issues

caseworkers grappled with as they made decisions in cases, attempting to balance their

own perception and belief about the care of children with the rights of the parent they

were working with.

Influence of a Caseworkers' Belief in the Ability of People to Change

To further understand how the personal belief system of a caseworker impacted

their perceptions of the clients they work with, probing questions were asked of

participants regarding their personal beliefs in the ability of people to change their life

and improve their circumstances, mitigating the parental deficiencies that led to the

placement of a child into care. Overwhelmingly all participants responded that they believed in the potential for people to change, with several caveats, including the presence or absence of a desire to change. Ann stated, **"I do think if people are willing to change and they want to work on themselves, then they could change."** Julie stated, **"I do think that everybody has more potential than what they're living up to, but that they just need the right support to be safe enough to actually live up to their full potential."**

In addition to the desire of a person to want to make a change, some participants held caveats that some circumstances or history of a client could serve as indications that they could not change, even if they wanted to. Josh stated,

> I would say, in most circumstances, I believe people can change. I don't believe someone who has the ability to murder an infant can change. Something inside of you, either it's past trauma, bad wiring, I don't know, something inside of you is not right and I don't believe that that can be changed if you can do something like that. I don't believe, if you're raping children, I don't believe that can be changed either. Those are two very big no-no's in my mind. I don't believe that can be changed. Maybe changed enough to where they could maybe, maybe... well, I don't even want to say that. No. Definitely no to get their kids back. Those are two things that I don't think could be changed enough to where they could safely parent children ever again. But, most circumstances, I do believe that people can change.

While some participants reported their belief of some parental actions (e.g., murder and sexual abuse) demonstrated they were incapable of changing, others noted the difference

in the ability of people to make changes, as compared to their desire to want to make a change. Victoria stated,

> I think anybody can change. They just have to be given the right tools to see where they are, where they're going, and be able to see what is available. Now, not everybody is going to…That's not going to apply to everybody because you can lead a horse to water, but you can't make them drink. But I do think everyone has the capability to make changes.

As previously noted, the personal beliefs of the caseworkers were reported by participants to be heavily influenced by their personal history and childhood experiences. Throughout their interviews, participants often revealed personal history and adverse childhood experiences as significant influential factors in the formation of their personal belief systems, impacting how they viewed the clients on their caseload.

Adverse Childhood Experiences of Caseworkers

An emerging theme common in the responses of a majority of participants included reflections and reports of adverse childhood experiences, including childhood abuse and neglect. The interviews were not structured to inquire specifically about the childhood experiences of the participants, but the responses were consistently evoked when discussions of perceptions and personal beliefs were shared. Specifically, the childhood experiences of participants were primarily shared when they were asked if there were any circumstances or situations in their work where they felt an emotional reaction, or trigger, about something within a family or situation they were working with that may have influenced their decision-making process.

Although the participant responses regarding the types or details of triggering experiences varied widely, all participants responded with the recognition and admission that they have experienced some level of an emotional reaction or trigger in their work that may have had an effect on their decision-making at the time. Specifically, Kay stated,

> I mean, I think every social worker has triggers. I would say that honestly, I still have a personal trigger where, this is one of those that I really have to step outside or step away and really re-evaluate my triggers. My trigger would be the parents that choose addiction over parenting, and those that just relinquish their rights and sign their children over just so they could continue on their addictive path. It would be the active addict that makes the choice to remain sick rather than using the life of their children as a motivation to just represent health, happiness, life. I would say that's ... My parents both chose addiction over getting things on a functional level up until the time of their death.

Some participants responded that their own adverse childhood experiences actually served as a motivational factor in their decision to pursue a career in child welfare. Kay stated,

> I was raised in a very religious household that was completely toxic with addiction and with alcoholism, and with that being said, because I was the one child that was different, I was the target. I was the scapegoat with my father, so I underwent a lot of emotional abuse but it's also what's brought me to work in the helping field. I call it spiritual abuse.

Tanya responded similarly noting,

>One of the reasons I got into, I mean, social work was because of personal
>
>challenges in my family. Significantly, substance abuse, so when I'm working
>
>with the families, it happens all the time. When I'm working with families where
>
>substance abuse is a presenting issue, I think I am more lenient and really, and I
>
>push to kind of say, "You can get over this. This doesn't have to take you down."
>
>Then, if they get over it, great. If they don't, I'm disappointed.

Sarah supported the notion stating,

>My parents got divorced, I think when I was pretty young, and my dad had a lot
>
>of substance abuse issues. There was some domestic violence there and stuff like
>
>that, so I think that also is what kind of drew me back to wanting to be in this field
>
>as well.

Participants reported a range of adverse childhood experiences including domestic violence, physical abuse, sexual abuse, neglect, and parental substance abuse. Although research has demonstrated the significance of adverse childhood experiences in the future health outcomes for children (Spratt, Devaney & Frederick, 2019), participants reported their own experiences as children which would qualify as adverse childhood experiences. Jonathan stated, "I was a battered child. Not domestic violence, but just child abuse when I was a kid." Additionally, Josh stated,

>Corporal punishment was big in my house. I can tell you how I was disciplined in
>
>my house would be considered physical abuse today, that if I wouldn't have
>
>known better and someone would have came and talked to me and I would have

said how I was disciplined in today's world, something probably would have

happened because of that.

One participant responded that they did not like to work on cases involving drug affected

infants, based on their own life experience. Julie stated,

I was born two months early and was in an incubator for a long time and then they

didn't know if I was going to survive…The only thing where I really had to fight

back tears and not just burst out and cry was whenever we would get drug

affected infants.

All participants confirmed they believed they had emotional responses to

situations that reminded them of their past experience of trauma. Although participants

noted the existence of potentially emotionally driven situations, they further responded

they believed they were not influenced by the emotions in their decision-making as they

were able to suppress their reactions based on their awareness of the issue. However, they

were able to recognize the response of others who brought their childhood into their

decision-making. Andrea shared an experience about a worker with a history of foster

care placement, stating, "one worker recently who was "Well I grew up in the foster care

system, so blah blah." And you're like, "But you can't take that and apply that to this

situation." Kay discussed a case they were involved in where the parent struggled with

substance abuse, stating, "That one gets under my skin, but that's where, again, that's the

cases where you have to step away and do some self-care work on your own trigger."

Participants reported that when a caseworker was aware of their potential triggers,

which were often based on their own past history, they would try to avoid working with

the families who were facing similar issues, in an effort to prevent personal experiences

from influencing professional decisions. Cases involving sexual abuse allegations were

commonly noted as the type of cases participants reported as challenging. Diane stated,

> I think that we all just, from the experiences that we've had before we got to
>
> where we are, we feel a certain way. Some people I know will never want to work
>
> with sex abuse or severe neglect or physical abuse. I don't know how to get past
>
> that.

As a follow-up question, participants were asked if there was a type of case they

preferred to steer away from. Jonathan responded they did not like to be involved in cases

where there were allegations of sexual abuse. Regardless of their personal request, the

participants' responses to the questions indicated they still had to work on cases

involving dynamics and allegations that were known triggers. In regard to the types of

cases they preferred to avoid, Jonathan stated,

> Typically, anything that deals with sexual abuse. I like to separate children off the
>
> top and they never really go back. There should be some type of barrier there. I've
>
> lost cases. I don't get to make all the rules and I understand that. Against my
>
> testimony in court, and things like that, I have lost and children are sent home.
>
> You can't take it personally. You've just got to move on. Things never seem to
>
> work out. I know that, but I don't get to make all the decisions.

Some participants shared that they were triggered by the recidivism of families

within the system and sometimes what appeared to be a cyclical response to crisis

management and services, often having families continuously involved with the

department, or repeatedly having open cases. Kay stated,

> We're dealing with a lot of recidivism. We're dealing with the same clients over
>
> and over again that aren't addressing the concerns, or maybe it's just parents that
>
> get comfortable living in the system. However, those are the areas where, if a
>
> social worker has burnout, it's going to be a trigger.

> Additionally, several participants shared experiences with particular clients they

found traumatizing. When similar behavior by other clients was experienced, participants

noted feeling triggered in their responses to the client and feelings about the situation

they faced. Teresa stated, "I invited mom to the appointment, and she went off and was

just screaming and yelling, and she was right next to me. She's a dangerous person. And

so, I was very triggered."

> The level of influence from adverse childhood experiences was a common thread

in the interviews. To address the response by caseworkers, Jonathan stated, "You must

keep your eye on what you're doing, not pull your life into it. You must have integrity.

You must actually be present to be able to help these children get to where they need to

be." Participants consistently noted the recognition when a colleague or co-worker was

being influenced by a personal experience, but all participants denied the influence their

own history played, as a factor in their decision-making with families.

Influence and Presence of Implicit and Explicit Bias

> The potential influence and existence of bias when working with families, both

implicit and explicit, was a recognized reality by all participants. According to Jonathan,

"Social workers are just people. They have biases. They're scared. They're just people and they have issues going on just like the families that they come across…Most social workers are broken themselves. That's just the fact of life."

Participants commonly discussed the level of bias existing within each caseworker assigned to work with children and families. The participants responded with the affirmative recognition that the caseworkers enter situations with bias. Furthermore, the participants noted that the bias held by caseworkers, whether implicit or explicit, had the potential to impact their decisions when working with families. Lucy stated, "I think we all come with our biases, and we all have our history that we bring to the table." Autumn stated,

> I used to work with somebody who had a history of substance abuse in her past, and I felt like she always went very much above and beyond in helping parents to try and establish their own sobriety because I felt like she kind of probably brought that implicit bias to the table.

Some participants believed the existence of bias in caseworker was the direct result of an organization which promoted workloads and expectations which they believed were inconsistent with the missions of family focused efforts and caseworker self-care. As a result, participants expressed their belief that organizational health, or lack of health, was a root cause of the existence of bias in the workplace. Marcie stated,

> A lot of these people [caseworkers], they're just overworked and underpaid. So, you're kind of just going to get what you get. I mean, and if that means you get all

the biases and all of the perceptions about everything that I have that are going to

come out, because at the end of the day, I'm tired.

Whether or not bias was recognized by the caseworker as an aspect of their own

work, participants responded that pre-existing bias was a foundational aspect to their

perspective and view of the client they were working with, which they believed

ultimately impacted how the situation was viewed. Tanya stated,

I mean, we have implicit and explicit biases. If you do not hold the belief that the

person you're there to serve, is worthy, then how you respond and what you think

impacts your decisions and impacts how you talk to them. It impacts how you

interpret what they say. It impacts the level of effort. It does all of that.

Participants tended to respond that they believed they personally approached their

casework without bias, however, they were able to easily recognize the presence of

implicit and explicit bias in the work of their colleagues, providing scenarios and

examples where they witnessed the presence of bias. Participants reported they believed

they possessed an awareness of their own bias; therefore, they believed that the bias they

carried did not have an impact on their decisions, simply because of their awareness of it.

Similar to the adverse childhood experiences, the simple awareness of bias in themselves

was reported by the participants to be enough to prevent bias from impacting their

decisions with families.

As a seasoned caseworker, Josh stated, "Because you have to go in with a blank

mindset. You can't be impacted and swayed already." However, when asked about

whether or not they had seen co-workers demonstrate bias in their work, the participants

clearly stated that they recognized bias and perceptions in their co-workers and colleagues and confirmed they believed their colleagues' bias and personal beliefs impacted the decisions they made with families. Josh stated, "I've seen workers who read a [report] and already have something in their mind." Josh specifically noted they specifically challenged co-workers in the past when they witness the co-worker approaching a case with a preconceived belief, stating, "This is the first report on this family. You know nothing."

However, despite the comments about entering work with a family with a blank mindset to ensure avoidance of bias, there appeared to be a commonality amongst participants with more than one year of experience, who reported using common approaches to working with families who have had similarities in their situations. These statements are inconsistent with the statements of entering the work with a blank mindset and approaching without bias. Victoria stated,

> I think the past is kind of what you've endured, what you've seen, what you've gone through. Up until the moment of your next case, you're going to have some kind of a bias because this is how it worked in this case. This is how everything rolled out. I think there are expectations that you think something may happen the same way.

This concept was further confirmed by Lucy who stated, "And usually if you have some sort of bias in your brain and you're having an emergency, you're going to go with your gut and it's going to be biased."

Participants reported consistently and confirmed their belief that bias exists and is present in all of the work. Lucy stated,

I think we all come with our biases, and we all have our history that we bring to

the table. And when you're a little bit older like I was, you have different kind of

history than somebody who's 27 years old and is right out of school and hasn't

had life yet, but they're a social worker and they got hired on. So, I think that

social workers, Black, White, Asian, Hispanic, whatever, come with history and

baggage.

Some participants identified the issue of bias in the workplace as being a challenge in the decision-making process. While participants, who acknowledged the presence of their own bias, reported they attempted to have a level of reflexivity about the decisions they made, and the presence of influencing factors in the decision, they further shared their feelings of experiencing a level of vulnerability in the workplace. Participants stated that if they were to share their biases in the workplace as a means of reflecting on how their bias impacted their decision, they would be vulnerable to scrutiny and the questioning of co-workers as to their ability to do their work. Denise stated,

I think it's something that's really hard to talk about because even if you

consciously know that it's happening, it's hard to bring up because you don't

want someone to judge you about it or just look at you about it.

Others stated that caseworkers asking for reflexivity in the workplace did not demonstrate their strength as an unbiased caseworker, but rather demonstrated their fallibility as a caseworker and perhaps even noting potential liability by recognizing these

flaws of humanity. Andrea summarized the issue, "It comes to a space where like you're willing to be wrong and you're willing to be challenged." Participants noted that by admitting they did not have the answers to a situation, or were unsure of their decision and needed reflexivity, the result would be a diminishment of power the caseworker had in the workplace and over the family.

Whether recognized or not, the participants, in their interviews, made statements that demonstrated a level of bias or assumptions about situations, inflicting their belief in how others should respond. For example, one participant was sharing a situation about a foster parent and natural parent relationship as she discussed reunification. The participant shared her concern about what she would have expected the parent to do in the situation, ultimately impacting how she viewed the client and surmising the client was not well based on her response, or lack thereof. Victoria stated,

> The one thing that really got me was…there was a group text that the foster mom and the natural mom, natural father and I were all on…She [the client] would never ask about [the] baby…She wouldn't ask for pictures. Or when pictures were sent from foster mom, she never would say anything about them or even really ask…I think it's because she was high. She wasn't in her right mind.

Participants demonstrated and reported the various areas where implicit and explicit bias can impact decision-making, ultimately impacting the permanency outcomes for children regarding possible reunification, or to the use of relative care as a permanency option. When specific topics were discussed and targeted questions were asked, the level of bias was noted to be more apparent.

Relative Placement and Care

In the child welfare system, when children cannot reunify with their parents, the system is required to consider relatives as another means of permanency (Nelson et al., 2010). To increase understanding of the perception of caseworkers in decision-making surrounding reunification with the family of the child, the concept of relative placement and care was further explored. Specifically, participants were asked to share their belief as to why relative care was not used more often as a resource for children who could not return home. All participants responded with the belief that the perception of the caseworker was a critical factor in the decision of whether or not to use relatives as caregivers. The majority of participants responded that caseworkers lacked the trust in relatives as suitable placement options.

Participants shared their concerns about the use of relatives, including the assumptions that the grandparents or older generations of the family must have made mistakes in their parenting for the family to be involved in the child welfare system. Diane stated, "Sometimes the apple doesn't fall too far from the tree. So, there is sometimes a trust issue with the families." Autumn echoed this sentiment stating, "The mindset that the apple doesn't fall far from the tree." The metaphor of the apple tree was frequently used by multiple participants to demonstrate their underlying belief or perception that the relatives must not be very different than the parents of the child needing placement, as though the grandparents or other relatives were responsible for the action of the parents that led to the child needing placement. Aubrey stated,

There are some judgments on worker's parts, the apple doesn't fall far from the

tree, especially when it comes to grandparents. I mean, they didn't raise their kids

to be good parents, why do we think we should place them there?

This underlying perception of generational dysfunction as an expectation of the

relatives' skills and abilities to support the placement was a common thread throughout

the interviews. Julie stated, "What we've seen here was that relatives are pretty much in

the same position parents are." To further expand the concept, Kay stated,

In social work, I've found that you're not just dealing with first-generation

dysfunction. We're dealing with multiple generations of negligence and abuse.

Often our parents or our current clients have had a history of childhood abuse or

neglect that led to either department or social worker involvement or removal,

foster care themselves.

While recognizing that relative placement is a better option for children in out-of-

home care, for many reasons, participants overwhelmingly indicated their concern about

the unhealthiness of extended family members, reporting the belief that the decision to

use relative placement was individual to the particular case and needs of the child and

family. Jonathan stated,

Being a foster parent, being a designated kin, or however you want to call it – it

really is case by case. Again, every child wants to be with his or her parent.

Period. The next best thing is a family member that knows and understands that

child. What we need to do is actually take the time to try to figure out what's best

for the child. Yes, it's better for your culture. It's better for your family

connections, that children be placed with a family member. It should always

happen, but we know and understand that families are unhealthy.

Additional concerns were reported by the participants about the use of relatives as

caregivers. The concerns included the time involved in the proper assessment of a relative

caregiver for placement. Aubrey summarized this sentiment, stating, "It's just human

nature. I mean, they're going to choose the easiest thing.

Participants shared their perceptions and personal beliefs of relative caregivers as

not being as protective as non-relative caregivers. The allegation that relatives were less

protective was described by participants as being due to the personal investment the

relatives had with the situation. Other participants stated that they faced challenges in

locating viable family members that would serve as appropriate caregivers. Josh stated, "I

would say our struggle is working with families that have family, that have family that

are appropriate." Ann stated, "I personally feel that a lot of times when family is

involved, it just gets messy. Whereas with a stranger the parent could feel like they don't

have anything against them necessarily."

Two participants in the study, who both worked for tribal agencies, indicated they

immediately searched for relative placements and that they recognized the value in the

use of relative care for children. Additionally, the two participants highlighted the level

of trauma present for the children when they were not placed with family and had to live

with a non-relative caregiver. Julie stated, "If they end up in foster care with strangers

they don't even know, that's definitely more traumatic than being picked up and then

taken to their aunts." The two participants who promoted the use of families and relatives

for placement believed that relative caregivers actually made their job easier, as they assisted with transportation and supervision that took a load off of the caseworker. Autumn stated,

> I personally think that for the majority of kids that are placed with relatives, those cases are easier to manage because hopefully the parents and the relatives have the kind of relationship where they can, at least the relatives can, facilitate the visits, which has a huge strain on workers.

The participants supporting the use of relative care were frustrated about the lack of overall organizational support provided to the relative caregivers versus the non-relative foster homes. The lack of support for relatives was believed to be a critical component about why relatives were not stepping forward as a resource for their families. Marcie stated,

> They don't get any type of stipend or anything. So, it literally just becomes yeah, you know, these family members, they want to take whoever in to help out, just to make sure they're with family but they don't get the support like foster parents get. So, I think that's the biggest hindrance in my opinion. It's like, there's really no support when you're family, other than just being family.

Despite the challenges noted in finding and assessing relatives for possible placement, several participants noted that when relatives were involved in cases, the results were more successful. Andrea stated, "It comes down to family supports. When we have family that's showing up for these families for reunification, we're finding success."

Simultaneously, while noting the perceptions and personal beliefs against the use of relative care, participants also shared some concerns about the use of non-relative foster care placement. Some participants shared concerns about the use of foster care as a barrier to successful reunification, when foster parents do not support the relationship between the parent and child. Participants noted the belief that some foster parents were motivated as caregivers with the intention of expanding their own family through adoption, rather than to support parent and child reunification. Additionally, participants shared that non-relative foster parents sometimes have a perception of the family as not safe and are resistant to the relationship with birth parents. Autumn stated,

> I don't mean any disparaging comments whatsoever about a foster parent, but I've seen some foster parents who are resistant to that relationship, but I also wondered how much of it is what they've been provided, like the perspective that they've been given of the case, which may perhaps be department slanted, for lack of a better term.

Other participants noted the issues of using foster care placement with an assumption that the non-relative foster homes are a safer option for placement, simply because the foster parent completed the licensing process. Andrea talked about the unspoken dangers of using a non-relative foster care placement stating:

> We've got foster homes that, sure, check all these boxes, but I can reference a case… where the little girl died, even though all the boxes were checked. And so, we as an agency, and we as a system, go, "Well, this person's safe because they do x, y and z." But just because they do x, y and z doesn't mean that they're safe.

Responses by participants indicated a presumption that by checking the boxes of a licensing application, the perception of the majority of caseworkers interviewed was that the non-relative foster homes were then safer options for placement, and ultimately and more appropriate.

Theme 2: Organizational Influence and Impact

The organizational environment was reported to be a common factor and influential aspect of decision-making. Although participants reported they relied on their organization for guidance in decision-making and supporting families, participants further noted the commonality across organizations of a lack of proper training and organizational support. Participants shared their concerns about the social environment of the child welfare organizations, noting the organizations themselves are traumatized, and are filled with unhealthy people and unhealthy behavior. Julie stated, "The entire organization is a traumatized organization. There is a lot of stuff going on. There are a lot of people still there who shouldn't be there anymore, who are this close to being burned out."

The participants reported their belief that the health of the organization was closely aligned with their own personal health and well-being and when the organization was not healthy, the caseworkers also experienced challenges. These challenges for caseworkers led to high turnover rates and inexperience in new hires, with the loss of institutional knowledge over time. Participants described the need for organizations to be healthier in order to properly support the needs of the clients they serve. Jonathan stated,

Resources and support, and honesty are just so important. The integrity of your

organization is the best way to help children. It must be above board and open for

everyone to see that we are actually trying to make a decision in the best interest

of this child. It's really important.

However, overwhelmingly, participant responses described environments within

their child welfare organizations that were the opposite of what caseworkers needed.

Andrea stated,

We need to be in an environment where it's okay to make mistakes and it's okay

to be wrong. Like, you need to learn. You don't get to keep making the same

mistakes. You don't get to keep being wrong. But, like, for instance, through old

and case consults, you can learn things differently and decide to do things

differently. I don't want you gambling with nobody's life.

Participants recognized the need to have organizational support and opportunities

to make decisions in a manner conducive to shared decision-making to ensure the safety

of children. Participants further recognized that regardless of the format of decision-

making, the liability of the outcome or ramification of the decision did not fall upon the

organization or shared decision-making collaborative; rather the responsibility fell upon

the individual caseworker who took action on the decision.

Liability and Pressure in Decision-Making

Several participants reported when they are faced with a decision regarding

reunification, they felt a sense of internal pressure about the potential risk of

reunification. they felt internal pressure when faced with making a decision regarding

reunification. Participants expressed their fear of potential ramifications of making the

wrong decision, and the anticipated lack of support they would receive from management

and the organization about any mistake that may occur. Rather than support the system,

learn from mistakes, and create means to address the gap areas, participants reported they

believed their organizations see caseworkers as expendable. By removing one caseworker

who made a mistake, the organizational leadership believes they adequately addressed the

issue, rather than learning from the mistake and using it as a lesson and opportunity to

identify and fill any gaps in existing practice. Lucy stated,

> We are all running around, making life changing decisions every fricking day.
>
> And we allow families to make mistakes over and over and over again. And still
>
> at the end of the day, we trust that they're going to keep their kids safe. But
>
> management doesn't trust social workers and doesn't give them the same latitude
>
> to make mistakes. When we make a mistake, big or small, we're called to task and
>
> our life changes in a heartbeat, and we don't have compassion for social workers
>
> that are making those life and death decisions.

Knowing that the challenges exist in the ramifications or outcomes of their

decisions, participants reported hesitancy in making decisions or taking action without a

significant level of certainty in the decision. Ann stated, "I still have my hesitations, but

right now there's no reason for this child to be in care. But I'm hesitant because who's to

say that the mother's not going to go back to her ways when we're out of the picture."

Participants reported internal organizational decisions were made in cases based

on policy, and organizational requirements and expectations. However, participants were

clear to state that the ultimate decision about what to do actually left up to the court as the final, and ultimate, decision-maker. Lucy stated,

> I think policy dictates what we can do and what we can't. And I often did not like policy. I think policy comes from a really weird place, from really weird people who don't know anything about what we do. And so that, and then the other thing is court orders. I mean, I could go in and say, "This is a threat, or this is not safe and why we shouldn't do it." And then a judge gets to say whatever it is they want to do.

Participants reported they used shared decision-making in the process of determining what should happen for families, but further noted that there were issues in the process and how the work was completed that impacted the overall outcomes for children and families. Jonathan stated, "It's just a lot of structural problems in case management that lead to out-of-home placement disparities and not being reunified with the family." Participants reported that one of the structural issues within child welfare organizations was the reliance upon existing staff to support and train incoming staff. However, concurrently, participants shared their perspective on the resistance of the existing staff to invest a significant amount of time on new staff that they felt were not going to stay at the organization, creating only additional work with little hope of future relief of their workload through a fully staffed team. Andrea stated,

> I talk about bringing someone under your wing, and later on what we were doing is like, "sink or swim. You're either going to make it or you're not. We invest all

this time and energy into you and then you leave anyways, so you're on your

own. Either you have what it takes, or you don't have what it takes."

Participants reported veteran workers often expended little effort on new

caseworkers due to the significant level of turnover, and somewhat of an unwillingness to

actually support the new person in the work until they had proven they were going to stay

in the organization, making their time worthwhile.

Training

The lack of proper training of caseworkers was consistently an issue reported by

participants. To further understand the process of onboarding and opportunities for

training, participants were asked to describe the training they were provided when they

began their job. Although all participants reported attending the standard initial child

welfare trainings, offered by the agencies and organizations, the feedback about the

trainings provided were that they did not believe the child welfare organizations

adequately prepared them for the role of caseworker, and did not adequately address the

areas of decision-making in reunification. Participants consistently responded that the

training provided by organizations focused primarily on the technical aspects, such as

policy and logistical requirements of the day-to-day work, rather than the adaptive

challenges faced in casework, including how to determine if reunification is an

appropriate permanent plan.

All participants interviewed responded that they were not provided training on the

aspects of decision-making, or on the elements of consideration in determining if

reunification was an appropriate plan for the family. Julie stated, "[Core training] doesn't

really teach you about how to do the job. It teaches you a lot of the policies, in the policy manual and stuff."

All participants shared their experience in learning about their role and expectations of their job through their organization and from their co-workers. Through the process of social learning in the workplace, combined with shadowing others in the position, participants reported no formal or specific training on reunification decision-making. As such, participants shared their experience of being influenced by those who were in the position of training them. Even in the experience of job shadowing, there was no formal process, no specific lessons, and no criteria provided to workers as they analyzed information and balanced risk factors to determine if a child should be reunified. In regard to their initial training, Ann stated,

> I actually had a shock because I wasn't expecting things to be how they were. I learned on the job. I don't think I really knew the job until I was actually there for like a year because of all these different scenarios and documents or assessments they came up at different times.

Other participants blamed mentors or supervisors with bad habits for steering them in the wrong direction Andrea stated, "There seems to be efforts made, but there's no follow through. It's very much like, learn on the fly, learn as you go. I had a mentor when I started….I blame her for a lot of my bad habits."

Although participants talked about the importance of training for the job, and the consistent delays in accessing needed trainings until they had been on the job for a significant period of time, not one participant could describe any trainings, materials, or

lessons they were provided about how to decide if or when reunification was the right choice for a family. Andrea stated, "[The training and support was] super informal. There was no formal training."

Participants attributed the lack of support and formal training on issues of importance, such as reunification, to the compliance-driven requirements of the child welfare organizations, rather than on the required elements that caseworkers needed to do their jobs with families more effectively. Victoria stated, "I think the turnover could be turned down quite a bit if people had the training they needed to do the job." Josh stated,

I was thrown into the fire in the sense that I had a caseload of 85 the first day I started…..I think all those life experiences in general helped me just relate more. I do think I'm very grounded when it comes to just being able to relate to people, but as far as formal training, none, really, in my mind before this job that would have prepared me for this.

Participants noted the significant influence and role of their co-workers in training them. Additionally, participants shared that they would in turn need to train the new staff hired behind them, noting the potential influence the caseworkers in an office would have on how the work was completed. Diane stated, "We just learned from our coworkers and from our supervisor." Julie stated, "You learn through shadowing other workers." Participants reported the inconsistencies in the education and experience of the worker also led to inconsistencies in how they approached the job. Julie stated, "I shadowed people with a criminal justice degree. I shadowed people with a degree in gerontology…A lot of different approaches to do the job."

Although some participants did not think that the use of shadowing was an effective training tool, others thought it was the preferred method to classroom training. Josh stated,

> I was essentially helping the other trainees because I was like, hey I've been
>
> through all of this. I've done all of these things. I can talk to you about them from
>
> a personal standpoint and not just from the trainers who either didn't necessarily
>
> do a job or have been out of the position for a very long time.

Other participants indicated their personal investment in training their new co-workers, as it would mean they would have a more manageable workload when the new staff could take on cases. As such, training of new co-workers became an investment in the future happiness of caseworkers in their role, recognizing that the new caseworkers are not properly trained without their co-workers' involvement. Josh stated,

> I think my coworker and I put it on our shoulders a lot more than we need to be to
>
> train workers because I think we're more involved than our current supervisor is,
>
> but we feel like we're the ones who will suffer if we don't. If we aren't the ones
>
> training them and teaching them, at the end of the day, we're going to get more
>
> cases. They're going to quit. They're not going to know what's going on. So, we
>
> really do put it on ourselves to try to help them and change those behaviors.

While recognizing the value of co-worker support and training for new staff, participants interviewed noted the inconsistencies in expectations and practices present between child welfare offices, simply based on the different practices in each office. Diane stated,

At least from my perspective, upper management does not provide us any kind of

guidance about how everybody should be doing something. Everything is left up

to the individual office to just go their own way and figure out how things need to

be done.

Diane stated, "If I have a parent that had a kiddo born in one zip code a couple of years

ago and now has a new case born in one of my zip codes…we do things completely

different." The variation in expectations and practices between offices was reported by

participants as a challenging factor in training new and incoming staff.

Support

Participants consistently reported feeling undervalued and overworked by a

system that lacked appreciation for the role or support for the level of work provided,

which they believed was leading to burnout and ultimately turnover of caseworkers.

Aubrey stated,

[There is a] lack of appreciation by the legislators, lack of appreciation by the

administrative people, because they don't….if they valued children and families,

there would be more money and there would be more workers. And that's the

bottom line.

Participants were clear to distinguish between support as in agreeing with

decisions and support as in guiding them through difficult decisions. Denise stated,

I think that some of our culture is very….It's not like an exchange of constructive

information because people here have a hard time hearing your feedback. So, I

think talking about yourself makes it hard to do in our office. And there are some

social workers or some supervisors that I've had support me and never once challenged me. They just support every decision that I make and never question me.

While the participants similar to Denise appreciated the support, they questioned if it impacted their ability to truly have a safe space where they could ask the difficult questions, share biases, and have a reflexive atmosphere where they could be challenged in their thinking, and have someone point out to them that they are missing elements. However, this was balanced with the concern that being challenged also meant that they did not have all the answers, which would lead to others placing judgment in the workplace. Andrea stated, "How do you resolve that through dialogue, and through a safe space to do that, one where you feel like you're not going to get judged for not having the right answer?"

While recognizing the judgment that some experience when bringing to light potential challenges, others spoke of the safety they felt in their current situation, safety to share their thinking without judgment. They also acknowledged that others may not have such a conducive work situation. Andrea stated,

I'm super lucky with my supervisor and my unit because we have conversations and open conversations. And it's a safe space for us to be, "Okay, this is where I'm feeling, and this is what I'm thinking and this is why I'm feeling and thinking this way." And it's a safe space to express that. But that's not across the board. I can't go into another unit and say these things. My fear is that I go into another unit and those biases would be reinforced. Like, "Oh, my god. Yeah, I was

thinking the same thing." And so, the question is, do our biases play a role? Yeah, absolutely. I'd like to think less so in my practice, but I have an environment that fosters this open dialogue and this challenge.

The level and type of supervision was also a critical factor in the workplace regarding training and the challenging of bias.

Effective Supervision

Participants described the importance of having effective supervision that went beyond administrative duties and included more guidance than a rubber-stamped agreed upon plan. Participants felt like that supervision was not truly effective because it became more of a level of support that they needed and sometimes blurred the line with therapy. Denise stated,

Supervision is really important. But supervision sometimes becomes therapy because you naturally have these things come up and this isn't a job where you can fully separate your personal from your professional because I think that everyone in the helping profession is helping for a reason, because of their own experiences of the experiences of someone close to them.

Participants indicated they wanted supervision that was deeper and more meaningful. Marcie reported that staff wanted,

More support from supervisors because I feel like a lot of supervisors just sort of, they give you what you need to do and sort of check out, not unless it's an emergency, you have to call them after five o'clock.

Tanya stated, "You have to have supervision that is supervision, not just reviewing administrative tasks." Denise stated, "Supervisors try to be really strength-based with social workers and don't always tell them the cold, hard truth about their work."

Participants were asked what would happen if a supervisor disagreed with their decision or recommendation. While several participants had indicated a desire to have this type of a relationship with the supervisor, the responses indicated otherwise as the participants stated they would do what they were told, even if they disagreed with it, but they would be clear to document that they were told to do a certain action on a case. Lucy stated,

I disagreed with a lot of stuff, but ultimately my stance on everything is, "You're my boss. I'm going to do what you tell me to do, unless it's wrong. If it's wrong, then no, I'm not going to do that." And policy…I follow policy and I didn't always agree with policy, but policy is there to direct us, and I would never go against policy. I would push policy to the very boundary line that I could.

As participants shared experiences regarding supervision and the workplace, the caseworkers shared an eventual process of assimilation into their offices of employment, taking on the culture of the workplace as a part of their role.

Organizational Assimilation

Recognizing the role of the organization in their work and decisions and overall practice, participants shared some experiences where they felt that they needed to reach a

point of assimilating to the culture of the workplace and adjusting to the organization.

Julie stated,

> At some point, everybody tries to fit in, right? You do try to assimilate to what
> they're doing. At some point you do adjust to that a little bit just to not stick out
> or be the odd person out.

The pressure of assimilation was mentioned by several participants; however, the

participants did not believe that the assimilation to the office culture impacted or

influenced their decisions. Marcie stated,

> It became a situation where this has worked for however many years, so this is
> just what we're going to continue to do. Not saying that it's right. This is just
> what they're just used to doing. And it's kind of that we don't want to rock the
> boat. We don't want to change type of thing.

Julie further stated,

> I definitely do think that in an organization like that, you do pick up pretty quickly
> on the dark humor that's going on for sure. That does influence at least how you
> behave while you're in the office. I don't know if it influenced decisions. I'd like
> to think it didn't for myself, but I don't know, maybe it did on some level.

While recognizing the need to adjust and assimilate to the workplace and organizational

culture, participants were consistent in that it was a manner of creating a comfortable

work environment and did not influence their perceptions.

Theme 3: Shift in the Role of the Caseworker

The majority of participants reported that they believed the actual role and expectations of the caseworker had changed over time. Participants indicated the focus of the work had shifted from client support to an increased level of expectations focused on federal requirements, measurable outcomes and compliance requirements. The changing role was seen by participants as an influential factor in decision-making as incoming caseworkers attempted to understand their role in the lives of families. Marcie stated,

It's moved to a compliance driven system to the point where nobody wants to stay in this job because people got in it to help children and families, but they become glorious paperwork pushers with a lot of stress, and nothing is ever good enough.

Participants noted that federal timelines for permanency planning were unrealistic to actually support a family through the changes needed to successfully reunify, indicating that behavioral changes for parents and addressing trauma could not be measured on the calendar as an issue of time, rather it needed to be measured based on the individual needs of the clients. Tanya stated,

I would like to stress in reference to child welfare is, how does a social worker balance a family as an individual entity versus court and law, and timeframes? That's hard to do because everyone doesn't address their trauma in a 12-month period.

Although the participants recognized the need for federal expectations to guide the work and ensure timely permanency for children, they further believed that more options should be given to caseworkers to provide families with more time to engage and

receive services, if needed, to mitigate the parental deficiencies. The overwhelming timeline for permanency planning was always in the mind of participants throughout the interviews as they were asked what they considered

Theme 4: Power as a Factor in Decision-Making

Participants reported that they do not believe caseworkers make decisions on their own, and that the process of decision-making was shared among many people in the organization. The majority of participants reported decisions about reunification always being discussed with their supervisor or in a shared planning meeting with other colleagues present. Participants were asked if their recommended plan regarding reunification changed after staffing the case with their supervisor or in a shared planning meeting. The majority agreed that the results of the decision were consistently in-line with what they had proposed and believed should happen on the case they presented.

Participants shared experiences where they could not support reunification. In some of the examples of the cases that could not be supported, the issue of authority and power were shared, with the participant indicating their level of authority over the expectations and actions of the client. Diane stated,

> I go back and forth with one of my unit members about a mom that is incredibly
> confrontational. She doesn't want to listen to anything the court has to say, she
> doesn't want to abide by any kind of court order or expectation of the department.
> My unit member kind of feels stuck in the spot, if she won't... I don't want to say,
> "Do what we say," because I don't think it's quite like that. But she's just very
> adverse to any kind of authority telling her what she should or should not do.

Whether or not participants viewed themselves in a position of power, the statements rendered in interview indicated the level of power present in their decision-making.

Two participants stated they staffed cases with their supervisor, recommending reunification, but the supervisor disagreed and overruled their recommendation, requiring the children to remain in out-of-home care. Caseworkers reported the support of their supervisor was an important aspect in their work. Lucy stated, "….if a social worker doesn't trust that their supervisor has their back and that management doesn't have their back, then the way we make decisions about reunification is very difficult. And it's hard to say, "Yes, let's try this and hope for the best."

Participants noted that the situations they were faced with were not really situations about finding a level of agreement, but rather it was about who was right in the situation. Josh stated,

> You don't agree with their parenting. That doesn't mean they're maltreating their children. You just don't agree with them. That's okay. And sometimes people get upset about that, but I feel like that's a common trend in today's society; we can't agree to disagree. It's like you're right or I'm right and that's it. Period.

However, other participants did not believe they had power to make decisions or to effect change. Andrea stated, "We feel this burden to keep these kids safe. And the work that is required to do family preservation or family reunification is really scary because it comes down to us not having power."

Power was noted to be present from other parties in the cases, including foster parents and parties in the court system. Sarah stated,

> I feel like I've noticed that foster parents have a lot more control. Like, "I don't want parents to go to sports games, I don't want parents to go to this, I don't want parents to go that." I think it's hard, and I get the safety elements of it, but I think it drives a wedge between the children, between their parents and placements. Yeah, it definitely puts that wedge in place.

Others recognized the power that was present in the work and challenged colleagues to think differently about the decisions they made. Josh stated,

> Well, you need to tell me why, because "I feel it" isn't a reason to remove a child from a home. It's just like, yes, have there been cases where I'm like, I do feel like this one's weird, but if I can't prove why it's weird, I'm just going to try to make some referrals for some services that I think maybe could help that, but removing a child from a family is such a huge deal that I try to tell everyone the power that we have is so incredible substantial and it can't be overused. That's why people think we are kidnappers, is because we over abuse our power.

Power was noted in families of upper socioeconomic status. Sarah stated,

> I think the differences that I noticed, was with more affluent families. I had a case with, I think it was a previous youth court judge, and his family got involved in child welfare services. I think that's when I would notice different things. Like, "Well, no, no, no, no, no, this persons involved with this family, and so we don't do things the same way." I think that's when I would notice changes.

One participant drew attention to the role of the volunteer Guardian ad Litem in a case, stating that they have power to require elements in a case that would be beyond the minimal standard.

Aubrey stated,

> Guardian ad Litems, who are very, very often difficult to work with, because many times they are judgmental…And I'm not talking about the attorneys, I'm talking about the Guardian ad Litem volunteers that work with the families. They have, I think, this perception that when we remove children from homes, we've got to make the home perfect before they can return.

The perception of the presence of or absence of power appeared to vary amongst participants. Some noting they had no power while others recognizing the level of power that existed in their role. Additionally, others viewed power from the lens of the other parties involved in the case.

RQ2: Practice of Decision-Making

Despite varying reasons for entry into out-of-home care, children and families facing separation rely upon the wisdom, guidance, and decision-making authority that lies within their assigned caseworker to support the reconciliation of the family. Often, caseworkers working towards reunification are different from the ones involved in the removal and placement of children, based on the structural organization of the child welfare system. All participants in the sample noted their organization had separate worker assignments based on the role of investigations and removal and the role of reunification and permanency.

Decisions are being made in a variety of manners and using systems that are formal and informal. Participants reported making decisions based on their own personal experience of similar situations or on instinct, based on what is known at the time. Participants noted the challenges in making decisions with and for families. Although some participants reported preferring the use of tools to make decisions, other participants reported using standard tools as more of a process that confirmed the decision they had already made. Lucy stated, "my motto for making decisions regarding anything with my work was, is this decision going to pass the front-page test?"

Regarding decision-making about reunification, Sarah stated, "I think it's the hardest thing about child welfare. I think that's the piece that I don't like, because it is so gray and it's not black and white. It definitely, it's hard to balance." According to Andrea,

> The only way our communities are going to heal is if our families heal. The only way our families are going to heal is if they get to be families. The only way that they get to be families is if we as workers are making sure that either they're staying together or they're getting back together.

Through the participants, several areas of casework practice and decision-making were identified as being influenced by the perception of caseworkers.

Theme 1: Measuring Change

Participants were asked to describe the tools, practices, guides, or training they relied upon in making the decision about reunification. Participants consistently responded that the decision-making process was individualized to the client and

dependent upon the reasons children came into care. However, the majority of the participants also responded that they conducted ongoing assessments after the time of placement and would often identify and provide additional services and supports for the family to complete prior to reunification. Kay stated,

> The basis is always the court-ordered services that are in that dependency order, but as the case builds, of course, you're going to see areas of weaknesses or concerns that the parents have not addressed….I request additional services to address those weak areas.

Participants reported that while they had some tools to assess safety, the tools were not necessarily the appropriate tool to assess the decision to reunify.

Tools Used to Support Decision-Making

Participants consistently responded that there were no tools available for them that actually helped them to make an assessment regarding reunification. Participants described the use of safety assessment tools or risk assessment tools, further recognizing that the tools were not the only aspects involved in the decision-making process. Autumn stated, "There are structured decision-making tools and there's a safety threat framework, but that's truly black and white. And just like removals, reunification is really gray."

One participant noted the issue with risk assessments and the subjectivity connected to the tool, questioning its effectiveness in supporting a decision as critical as reunification. Lucy stated,

> When I came on in '98 we used risk as a tool to determine whether or not kids could go home. So, was it too risky to send them home? And so, I think more kids

didn't have the opportunity to go home because risk is so, I mean, we could put

risk anywhere we want to put risks.

Ann stated,

There is a tool that we use. We have to complete it every six months. It's like a

large assessment on the whole family and each child and parent individually.

There's actually a part of that, that it's like system generated. You check off the

different risks and they give you a score and then it tells you how high it is. I've

had cases where the score came out very high and we didn't really agree with

what the system said based on, again, the details of the case.

Other participants felt that the decision was made through dialogue with

colleagues, in absence of a tool. Andrea stated, "There isn't an actual tool that I'm aware

of. There is no checklist that I'm aware of that I can be like, 'Hey, I found this super

helpful. You should try this too.' It's through dialogue with coworkers."

In the absence of an actuarial tool used in the decision-making process, the

majority of participants responded that the decision was more subjective. Sarah stated,

When I first did social work, there was much more of a check-off list. Like, well,

have they done this, and have they done that? Now, I think they're looking more

at, have behavior changes been made? Which I like, but I think it opens more of

that subjectivity.

The lack of tools to use in the process of decision-making about reunification was

consistently noted as an issue by participants. Andrea stated, "That's a challenge that I

think exists out there, and a gap in our field." The participants indicated the importance

of a person's education and experience as valuable in the process of decision-making, with the ultimate decision being based on the professional judgment of the assigned caseworker.

Professional Judgment

Participants reported having access to actuarial tools as a part of their materials they could access. The participants reported using tools to assess safety and risk only, further noting that it is only one aspect of the expectations for reunification. Sarah stated,

> I feel like most recently, yeah, they [the tools] do focus on things to look for, but I think it's still very much…There's no black and white and full story. It's just gray, so it's very much…I guess, subjective to the person, the specific caseworker or the social worker who's in charge of the case.

None of the participants noted the tools used as being helpful in determining if reunification was appropriate.

Additionally, as participants reported they assessed for ongoing weaknesses, they consistently responded that they did not have a tool or guides that helped them to determine if a "weakness" was present, noting that it was based on experience in the field and professional judgment. When asked what tools were used to support the decision-making process, Kay stated,

> My professional judgment, if I'm still seeing a risk concern outside of the safety assessment, that is when I team together with the service providers in order to collaborate and assess what additional services that we need to recommend.

Other participants described their decision-making process as one that was either

emotionally based or logical in nature. Josh, who has a degree in criminal justice, stated,

> I've worked with a lot of people that I would say are more emotional thinking
>
> based. They come in with, "I feel this needs to happen," and you go, why? And
>
> they can't tell you or they'll just say, "I just feel it." I've always been someone
>
> who feels that I'm more logical thinking than emotional thinking. I don't often let
>
> my emotions make judgments for me. I'm someone who wants to look at
>
> information provided to base my decisions off of, not "I feel this way, so this is
>
> what I'm going to do."

However, in the process of decision-making, and without clear direction and guidance on

how to make the decision about reunification, some participants reported experiencing

self-doubt. Ann shared an example, stating, "We started expanding visits and I kept

telling myself like, "Maybe I'm just going too easy on her. Maybe I'm missing

something. Maybe the child is not going to be safe going home."

> In the vein of self-doubt, participants reported that they believed caseworkers

tended to look for particular things when making their decisions, often varying by

worker. Autumn stated

> I see that if you take a case and you treat it like an onion, you're always going to
>
> find something wrong. You're always going to find a reason not to reunify. Like,
>
> oh, they don't have car insurance. Okay. Does that make the child unsafe? No, but
>
> there's a mindset in some of the workers that everything has to be perfect.

The caseworker is ultimately the person to determine the services needed to mitigate the presenting issues. Participants reported the inconsistencies in the approach of workers based on their perception, which is shaped by their knowledge and skills.

Theme 2: Skills and Practices of Caseworkers

Caseworkers reported organizations had varied education and background requirements for employees, meaning they could have college degrees unrelated to child welfare or human services.

Caseworker Education

Caseworkers' educational level and degree were reported to be important in their perception of the situations with which they were faced. All participants reported their organization did not require a social work degree to be hired on in the role of caseworker. Responses from participants confirmed the challenges in workforce and turnover, which has required organizations to broaden the minimal educational requirements of potential employees to fill the positions. Participants in the study who did not possess a social work degree indicated they did not believe a degree in social work was needed to do the job, and further did not believe it impacted their ability to successfully work with families. For participants who possessed social work degrees, there was a unanimous agreement that they believed a college education in social work better prepared caseworkers for their jobs. Autumn stated,

> I think having a degree in social work is really powerful….it teaches you to look
> at a family holistically. And I think having a social work degree is really strong

and a caseworker who has that degree may be better equipped to recognize bias, maybe.

Additionally, participants with social work degrees pointed out that they believed that people with criminal justice degrees were not a good fit for the position. Tanya described the differences impacting decisions, "The difference is having that insight, and that difference is having and knowing how to guide conversations to get a result that is necessary."

Participants consistently responded that they believe the perception of a person with a degree in criminal justice provided a different lens of a family; one which focused on investigation and proving a case one way or another, rather than a holistic view of the situation. Aubrey stated,

…they're [caseworkers with criminal justice degrees] coming from a whole different perspective, it's a punitive perspective, whereas the social work, the BSW…the social workers that would come in, they would at least have had some training about how to assess a family and how to view safety and stuff like that from their social work program.

Other participants stated that they could tell if a caseworker had a degree in social work prior to anyone event telling them. Julie stated,

I didn't even ask what their degree was in, but by the time we did two or three interviews, you could always tell. It was either there was no LGBTQ knowledge, not even the little bit of cultural competence understanding …you could definitely see a difference there. And then also, especially with criminal justice majors, you

could see they were more on the police side of things. For them it really was like

an investigation and not necessarily how can I help this family?

Additional participants agreed about the caseworkers without social work degrees having

a different perspective of their role. Aubrey responded about people with criminal justice

degrees stating,

They came in thinking that every bad action has a consequence, and its punitive

consequences. That's how they come in thinking because that's the criminal

justice mindset, is you're a criminal and you want justice. If a parent abuses a

child, that parent needs to be punished in order for it to be just to that child, and

that is so far off from social work.

The balance of educational experience and life experience was another common

factor that was reported by the participants. The value of life experience and seeing how

the world works was noted as an important aspect to the success of the caseworker.

Aubrey stated,

You put a brand-new college graduate in that position, and they're going to bring

all of their judgments and all their values and principles to the job. It just takes

time to move past that. I felt like we were very limited or hindered, because so

many times we'd have young workers right out of college, which is what they do,

but they have no life experience.

One participant believed that a successful social worker could not be trained or

educated to do the work, rather they believed that a person had to internalize it and had

the passion for the work or not. Lucy stated,

So, I think I often tell social workers when they're losing kind of the passion for what they're doing is, "Remember you're kind of born to do social work. We can't create a social worker by sending them to school, you have social work in your soul." And so, I think I had social work in my soul.

However, the lack of life experience, combined with the lack of training and education in social work was criticized by many participants as being the reason decisions were not made properly. Specifically, participants in the role of seeking out reunification for families consistently reported their concern about the decisions made at the time of placement and the skill levels and experience needed for each role was very different.

Decisions About Removal vs. Reunification

Participants reported feeling strongly that caseworkers assigned to the permanency and reunification of children, and caseworkers assigned to investigations and involved in the placement of children, needed to possess different skill levels. Participants consistently reported the concern and belief that newer caseworkers with limited experience are often at the front line of the response, and responsible for removals of children into care. The participants believed that no one should work as the front contact with children and families without understanding what happens at the permanency planning phase and the challenges faced by families after children are removed from the home. The belief was that if the workers assigned to investigations who were responsible for placement of children, had a better understanding of the work

at the permanency planning phase of the case, they may make more efforts to prevent the removal of the children from the home to begin with. Aubrey stated,

> We need to find some other alternative other than just removing that child from the home. I think people need to be in the other roles first. They need to be relative care workers, they need to be foster care workers, because they get to see then what those children who are coming out of the homes are going to feel and are going to be like. And it's just easy when you don't go to a house and you decide oh, this kid needs to go into foster care, but you don't think about what it's going to do to them. I don't think they try as hard. They just want to make them safe, and safe is right, but can we make them safe in another way without putting them in state custody.

Participants reported that it was often a way for a caseworker at the investigation phase to have a case moved on to another worker in permanency planning by placing the children in out-of-home care. One participant stated the belief that training could impact the number of children enter placement. Kay stated,

> I really believe that there needs to be more legal training in the front end, because yes, there are child removals that don't necessarily need to happen if there was more safety planning put in place, more in-home services to address the area of concern. I think that there could be more remedial services offered initially prior to that removal, so we're not feeding into the trauma of separation, just like that case I was talking about earlier. We were looking at a third removal, and I know that child experience a lot of trauma around, I mean, even just seeing a social

worker, so that was a case where the in-home services were vital to mitigate the concerns, and the in-home eyes-on, and then also addressing the deficiency in a way that hasn't already been addressed.

The decision to remove a child from their home was believed by participants to sometimes be based on reducing the liability of the caseworker at the investigation phase; where placing the child resolved any concerns the social worker may have had about risk or safety. Andrea stated, "The only difference is the kids are in out of home placements that we think are safe, but are they really?"

One participant was passionate in ensuring workers at the front end of the work truly consider the impact of their decision to remove a child from the home and balance the harm of removal with the harm of leaving the child in the home. Tanya shared an experience that changed their perspective on this issue,

> I had to go to the mom and her mom and her family and tell her, "Yeah, your parenting skills or whatever are not up to par, and we had to put your baby in foster care, and now your baby died in a foster home."

All participants reported they were never provided training on the process of making decisions about reunifications. Although they attended training as to the use of standard tools, there were no trainings provided about balancing the tools and other information in the decision. One participant suggested that offices promote consensus building and shared decision-making rather than sending people to be trained repeatedly on policy related issues. Lucy stated, "So my thought is that we need to have kind of maybe people in the office who can hear that there was this instant and then you talk

through the situation, not sending you to a training." Tanya echoed this sentiment stating, "Again, we're all human, and we need to have a structured form where we can process why we do what we do, and how."

Although some participants noted needing a place to have supportive decision-making take place, other participants recognized the challenges with providing feedback to caseworkers if the feedback is inconsistent with what the caseworker believes needs to happen on a case. Denise stated, "….when social workers in our office do get feedback, they can be very defensive." However, all agreed that decisions needed to be made differently and the threshold for removal and reunification needs to be more clearly defined. Diane stated, "[I] have a case in my unit that, there's concerns, but concerns don't always rise to the level of keeping a kid out of the home." Others believed that the initial placement of the child into care was the worst part, and that in their role in permanency planning, they could focus on the positive aspects of the work. Victoria stated,

> When CPS is involved, when CPS rings your doorbell, that's absolutely the worst part of the whole thing. Anything after that is putting the pieces back together. The worst part of the experience has already happened when CPS is involved. And when permanency steps in to try to put the pieces back together, I mean, that should be easier.

Participants were asked to describe case situations they were involved with where the family reunification was successful and to further describe what they felt led to the successful reunification. Jonathan stated,

Everybody's personal experience has some bearing on how they feel, how they think. I've always been able to just look at the facts and see where it leads. I don't get to make decisions on my own. We staff these cases. We go to court. I feel pretty confident about the outcomes of my cases, because I don't make the decisions all alone. These cases take time. There's a lot of eyes on the cases, as it should be.

Kay echoed the sentiment, stating,

At the time of reunification, we had a shared planning meeting and the recommendation with all the providers was to return home. During the reunification, the transition home period, he again engaged in all additional in-home services, so that was a case that we, all providers absolutely knew that it was the right choice to reunify.

While not denying the shared process of decision-making in their organizations, some participants also felt as though the ramifications of the decisions, including those agreed to in a shared decision-making process, fell mainly on the assigned worker. Andrea summarized this concept,

We are in a work culture overall, I think, that places so much pressure on the workers to not mess up. And to keep these kids safe. And that if these kids aren't safe, it's on you because you didn't make the right choice. You didn't make the right decision. And not that it shouldn't be, because I think in that instance there's some things that could have been done differently.

The participants repeated their concerns that the workplace culture was a primary factor in the response experienced should they have made the "wrong" decision. When asked to describe more about what a wrong decision could be, the participants wholly agreed that a wrong decision led to the child being in an unsafe situation.

Participants were asked what factors and circumstances were present in a case where they supported the family reunification. Participants reinforced the complexity of the decision-making process regarding reunification. Sarah stated, "I think that's the hard thing about child welfare. I think that's the piece that I don't like, because it is so gray and it's not black and white." Aubrey stated, "You're always looking to see if the problem they would remove for was corrected."

Some participants responded that reunification decisions were made from a compliance driven perspective, looking at the completion of requirements in a case plan. Kay stated,

> It's pretty black and white, so of course for the ….I mean they have to comply with the court-ordered services in order to start the reunification process, but as the social worker, if you're still seeing weaknesses or areas that need to be addressed, it's really important to get it back into that court order or to update the courts as to what you're seeing as the area of concerns, and what the additional services you need to offer to address the concern.

Other participants described a process of assessing progress and change before considering reunification. Participants had difficulties describing the process of assessing

the clients' progress and articulating the level of threshold that needed to be met to ensure

safety upon reunification.

In discussing successful reunification experiences, participants described the

importance of the level of client engagement in services. In deciding about reunification,

participants shared that the engagement aspect was heavily considered. Lucy stated,

> So, for me, did they engage in services? Not necessarily complete them, but
>
> engage in them fully once we offered them the service? Do you see something
>
> different in the visits? Do they communicate with you differently today than they
>
> did when the case first came to you? Do they have family or community support
>
> or church support? Do you feel like this kid is safe depending on what the reason
>
> and why they came into care was?

Jonathan stated the belief that it was more about the type of case that determined if

reunification was going to be successful. Jonathan stated, "Typically, anything that deals

with sexual abuse. I like to separate children off the top and they never really go back.

There should be some type of barrier there."

Participants were asked to describe a situation where they did not support

reunification and to share the factors present in the case that led them to believe that was

the right decision. Kay described a situation,

> The mother had extremely poor boundaries and one of the children, they were
>
> emotionally disturbed, and they would do things that were very concerning. She
>
> still hasn't fully engaged or completed any services at the recommended level of
>
> care. She refused to engage in mental health or psychiatric services. She refuses to

engage in court services….the child has refused to engage in any sort of visitation, coming up on a year now.

Client engagement and refusal to participate in services was a common response in cases that were unsuccessful.

Engagement

Engagement of clients in the services and supports needed to mitigate the existing issue is an expectation and standard practice. The term engagement means different things depending on the perspective of the person in the role. For example, child welfare organizations have expectations that the caseworker will work with the client to engage them in services. However, during the interviews, the majority of participants described the level of engagement in terms of the action taken by the parent in service compliance or remedying the situation. No participants connected engagement in services as their role to provide a level of support.

For example, some participants reported engagement from their view included providing clients with lists of numbers of service providers for the client to contact and follow through with setting up services. Other participants reported the lists were not effective. Autumn stated, "…new parents did not find it helpful to be given a list of resources…It's overwhelming." Josh stated,

And one of our biggest things we tell parents, "You can't just go. You need to be engaged." And this is a family that, when I would call their counselors, they're actively involved in their treatment, in their classes and whatnot. And so, I think

that was the way we were monitoring their behavior change, because they weren't

just showing up, they were engaged and willing to work.

Others reported a much more involved approach to engagement and relationship

building, including a hand-over-hand approach where the caseworker would walk with

the client through the services as a level of support.

The participants' responses differed regarding what was considered as an

acceptable level of engagement for a caseworker. The perceptions of workers regarding

the practice of engagement varied significantly. Ultimately, the parent's behavior and

action in a case, or lack of action, was reported to be the most significant factor in the

determination as to the level of engagement and effort put forward by the assigned

caseworker as an aspect of a reciprocal relationship. Some participants focused on their

expectations of the client and how they believed the client should have responded to the

services and expectations. Josh expressed frustration when clients did not take steps to fix

the situation, stating, "They just had to pick up a phone and say, okay, I'll do it." Josh

further stated,

> When I have parents that wouldn't come to visitation to see their kids, wouldn't
>
> follow through with the things that we're asking because a lot of these families
>
> don't have jobs, now they don't have kids that they have to worry about, so what
>
> was it that they were so busy doing that they wouldn't see their children?....So
>
> that tells me you don't want it because you're not willing to put in the work.

The frustration reported appeared to be more in line with who would be held

responsible for the engagement, or lack thereof rather than the fact that the parent did not

take action to reunify with their child or the outcome of the case. Josh further stated, "And then the department is held accountable when we don't do all of those things to get them there."

The issue of engagement, and who is responsible to establish and promote a collaborative relationship with the client appears to differ by the person in the role. However, those clients that demonstrated a level gratitude to the caseworker for the help and demonstrated an interest in participation in services to their worker were seen in a more positive light by their assigned caseworker. Teresa stated,

> I think it can be hit and miss with different clients. In the beginning of the case, she absolutely hated me, but after going through trials and triumphs... It's just I love getting to this part where I've actually had a couple of families that wanted to continue services with me just a little bit longer because they weren't quite ready to not have me there still. And they just wanted to still receive that additional support because they knew that I was there and I wasn't looking out to get them or something, that I was just a support to them. I think a lot of our workers have that relationship with some clients, but I think it's really hit and miss on where the client is at especially. If they're hating us and thinking that we're completely against them, it can be hard to have a moment to show them that hey, no, really, we're here for you, we want to help you.

Whether or not there was engagement in services by the family or by the caseworker, the participants who discussed the importance of remembering the level of

significant needs the families were facing demonstrated a level of empathy in their descriptions of the struggles the clients faced.

Empathy

Participants' responses demonstrated how a level of connection with the clients or lack of connection is critical to their practice in decision-making. Ann stated, "There were times this mother can be very combative, so it's hard for people to be empathetic towards her." Empathy was noted as being critical to client connections, relations, and the success of the client. Autumn stated,

I feel like if a caseworker can't recognize where a family is coming from in their struggle, say that a mom grew up in an abusive household and left home as a teenager, then hooked up with some bad dude. That mom doesn't know any different. And the caseworker can't expect that mom overnight to realize the error of her ways. So, I think if a client can't feel like they can trust their worker or that their worker is actually trying to help them, I feel like that's going to be a struggle.

Sarah expressed the opposite frustration, noting that caseworkers are failing to see the people behind the case, stating,

I think people need to connect back that, yes, maybe this family has something extremely hard going on, but they're people. I think that's an element that a lot of people forget, is that we're dealing with people and families, not drug addicts and people with schizophrenia and this and that. We're dealing with people.

Additionally, Josh had difficulty with the approach of the system, stating, "I feel that our system enables those parents because our system wants us to walk these parents and do everything for them and we hold them with very little accountability."

Participants reported that the relationships with clients were positive when the clients were expressing initiative to make a change and stepping forward to engage in the process. This action by the client appeared to be a significant factor in the caseworkers' perspective and decisions about reunification. Autumn stated,

> So in regards to reunification things that are most important, I definitely think is
> to have a relationship with the worker and for a worker to have a relationship with
> the client where they can see them as a person and not just a case number. When
> you see someone as an individual and these are the things that they're struggling
> with and these are the reasons why they're struggling with it, you kind of get to
> the bottom and figure out what it is that they need help.

Participants reported they do not always connect with the clients they are assigned to work with, which can also impact their view of the client and family. Aubrey stated,

> There were families that I met, there were parents that I met that I just didn't like.
> You meet somebody, and you just have a feeling, "I just don't like this person." I
> don't know. And it's not what you should base anything you do on, but you listen
> to those people in a different way.

Sarah stated,

> I think we all are knowledgeable and go to trainings and different things, and
> we're supposed to be open-minded, and there's cultural competency and all of

that, but I think at the end of the day, if your feelings are so negative about

people, that plays off. It shows in your writing, it shows in your interaction with

families, and it affects the tone.

While successful engagement and parental behavior demonstrating initiative and

forward action to complete the services identified by the caseworker were elements

consistent with successful reunifications, participants also reported struggling with

making the actual decision about reunification and whether it was the right decision.

Theme 3: Boundaries and Self-Care

Self-care, and prioritizing self-care for oneself, was seen as a critical unmet need

consistent across participants. All participants attributed the level of burnout, stress, and

anxiety they experienced to the lack of organizational support provided to the

caseworkers. Without the necessary supports and time for self-care, caseworkers were not

able to take care of their own children and families. Lucy stated,

We have people drinking. We have people taking drugs. We have people

divorcing. We have people falling apart on their family on that floor every day

and we don't want to deal with it. We just want them to get up and be little robots

and go out there and save kids and make really important decisions every day and

we don't support them.

This support appeared to come from the sense of responsibility of the caseworkers, as it

was not described in a level of work support or organizational self-care. Tanya stated,

I think also as social workers we have to have supports outside of the work.

Sometimes you have to have counseling and therapy yourself and there's nothing

wrong with that and being able to work through yourself. I think all that helps in decision-making.

Self-care was described in the context of workers facing situations that were challenging to work with, noting trauma and stress in the workplace and as a result of things they had seen in their work, which impacted their personal lives.

Secondary Trauma

Participants reported that there are no systems in place to address the secondary trauma faced by the caseworkers, and there are not enough services or time for them to adequately address their own mental health before supporting the needs of others.

The level of compassion fatigue and lack of an outlet was described throughout the interviews. Participants talked about the overwhelming job and the emotional exhaustion they experienced trying to balance all the requirements and not having an outlet or time to decompress and take care of themselves. Lucy stated, "We do this very hard work, but we can't talk about it with anybody. I can't come home and talk about the dead baby with my partner who doesn't understand the dead baby or doesn't understand the impact of that." Aubrey described a horrific incident that led to nightmares and trauma for many years. Aubrey stated,

The father was in the military, the mother was a stay-at-home mom, and she had four kids. And she had a new baby, and the baby was maybe two months old, and she was super, super tired one night, whether she was tired or drunk, I don't remember. And she put the baby in the swing, in her swing, and she fell asleep on the couch and dad was gone, because dad was at work. And they had a pet ferret,

and ferret... Yeah, chewed four fingers of the child off his hand. Chewed them off.

And the babies screamed and screamed and screamed, and mom didn't hear. And

she was right in the room, I think she was in the same room. That's why I think

they felt like she was maybe drunk or something.

Tanya described an incident of a child in foster care and stated:

I get this call, and so I go in, and I just couldn't believe it. She drowned in the

bathtub, and she was 18 months old at the time. Mind you, developmentally

delayed, so was not able to move like an 18-month-old would move. What the

situation was, this particular foster parent had her nine-year-old daughter give the

baby a bath in the tub, and apparently this was something that they did regularly,

but the 16-year-old daughter came home, and she came home and was like, "Hey,

I'm about to go to the store. Do you want to go?" What does the nine-year-old

do? The nine-year-old will say, "Yeah, I want to go," and then leaves the baby in

the tub and goes to the store with her older sister, so the baby drowns.

Aubrey stated, "You have to social work yourself first if you're going to do this

job at all. And second of all, you have to be willing to take help." While all participants

noted they have an employee assistance programs that would allow them to access

counseling, they further stated that the sessions are limited and often the counselors did

not understand the frame of reference for the work of the caseworkers and with the

challenges of client confidentiality, they reported that it really was not a viable option.

Participants expressed their frustration that they are expected to be able to see and hear

horrific things on a regular basis, yet somehow not allow those things to impact their

decisions or overall happiness in the workplace. Tanya stated, "It's interesting how things that you experience in your work, especially with trauma, can impact you personally."

Worker safety was also noted as a concern, where the organization supported the safety of the workplace, rather than the safety of the worker. When threatened by a client, one caseworker stated that the organization hired an armed guard, but noted the vulnerability felt when they were outside of the office. Tanya stated, "The ironic thing was, is that they would have an armed guard during the visit, but I still had to walk to the building from my car."

The level of personal impact of trauma and lack of support in the workplace was described by participants as a significant factor as burnout and ultimately turnover of staff affected the ability of others to adequately do their jobs.

Burnout/Turnover

Caseworker burnout and turnover were reported by participants to be significantly impacted by the level of existing organizational support for the caseworkers and their ability to balance their own self-care. The concept of burnout was reported to be an influential factor in decision-making. Denise stated,

> No matter how long you do this job, you get a little jaded. There's some things that just, I don't know, don't impact you the way they might have five years ago, but there are always things that will come up that will impact you. I'll read something and think that's the worst thing I've ever heard and then a year later I think, oh my God, that's the worst thing I've ever heard. And I've cried over

things that haven't made me cry before, even if I've already done it a thousand

times before.

Some participants reported being able to manage the burnout better than others.

Jonathan stated, "I've been doing this nine years now. I'm just really good at

compartmentalization. I see people crying in their office all the time. Burnout is bad."

One aspect of burnout was discussed by participants as being the lack of services and

supports to help families, often not having what is needed to address the individual

family needs.

Theme 4: Critical Services and Supports for Families

To support reunification, critical supportive services are needed to address and

mitigate the existing parental deficiencies leading to out-of-home placement and to

ensure the children will be safe when reunified. Participants were asked to describe what

they saw as critical services and supports that were key to successful reunification for

children and families. Participants noted the priority services used and needed included

therapeutic supports, visitation services, substance abuse treatment, wraparound services,

housing, and the informal support from the assigned caseworker. All of these services

were identified by the participants as essential for a successful and sustainable

reunification. Julie stated,

Basically, all they really do here is either make parents go to substance abuse

treatment, complete that, or get a psych eval and depending on what that says, get

treatment, get therapy, get help for that. Work your reunification. If you're doing

what you're supposed to be doing, then you get visitation, then you get more

visitation and then at some point it's unsupervised and then it just goes from

there.

Additionally, participants reported challenges in obtaining the appropriate services for the

clients they served.

Timelines and Available Resources

When asked about services, some participants simply referred to the required

timelines for out-of-home placement and working to reunify the child within the first

year. Tanya stated,

When a child is first removed, for the first 12 months we're working towards

reunification, unless there's aggravated reasons why we would not. Those

aggravated reasons could stem from the parent having previous children removed

and their parental rights had been terminated for the previous children, or if

there's egregious offense. Outside of that, our goal is reunification within the 12

months. What we're looking for is we're looking for the parent to be engaged, to

understand why the children were removed in the first place and address those

specific reasons.

Many participants reported the lack of access to needed services for families,

primarily due to available funding or extensive waitlists that do not coincide with federal

timelines and policy expectations for establishing permanency. Tanya stated,

How do you as a social worker, support families and recognize that there is

relapse, recognizing that there's engagement time. There are so many factors that

can occur that a family may not meet the timeline. How do you advocate to get more time?

Additionally, for services that were available for clients, participants indicated the length of the available service was not always adequate to make a significant impact in the life of the family. Josh stated,

We need ongoing parenting treatment that goes through the first year or 18 months, but nobody wants to spend the money….We need a building or a system that takes care of it all, and not just compartmentalize [it].

Lucy agreed, stating, "Rather than create a new law, why don't we create services that make sense? Why don't we spend our money in a way that's going to make sense?" Participants reported available services that met the needs of the clients, combined with the challenges of long waiting times to access services impacted the success of reunifications through the completion of case plans in a timely manner.

Community Responsibility

Participants further reinforced the view that the child welfare organization is not the entire child welfare system and expressed the belief that other organizations needed to step up and share in the support for their communities, including the schools and community providers. Participants noted that the responsibility tends to fall to the child welfare organization when many of the community providers and schools have more frequent access to the children and perhaps can provide some services or supports to prevent the need for placement altogether.

Unexpected Findings

Throughout the participant interviews, many participants shared their concerns regarding the use of relative placements for children who had been removed from their home. Concerns from the participants ranged from what appeared to be judgmental statements about generational family parenting practices to extreme statements including blaming the grandparents for the circumstances of their children, going so far as to accuse them of being responsible for the reason their grandchildren were in placement, due to poor parenting practices. Although national data suggested the underuse of relatives as placement options for children in out-of-home care (Children's Bureau, 2020), the majority of participant responses demonstrated a significantly deep level of bias against the use of familial placement options. Diane stated, "The mom had to learn something, she learned her parenting from somewhere." The level of disdain demonstrated by participants in the questions related to the use of relative placements was completely unanticipated and somewhat unsettling.

Additionally, during the interviews, the majority of participants surprisingly self-disclosed adverse childhood experiences including reports of parental substance abuse, domestic violence, physical abuse, and neglect. In the interviews, participants were asked to share any experiences where they found themselves emotionally triggered by an interaction with a client or client circumstances. In discussing any triggers they experienced, participants shared their personal experiences as children as a foundational response to their explanation about their experiences of being triggered in working with

clients. None of the participants were asked about their experiences as children or any abuse they may or may not have endured.

Summary

The research and data collection focused on two research questions. The first question was intended to gain an understanding about the perceptions of child welfare caseworkers regarding reunification of children and families. All participants expressed the opinion that the perception and personal beliefs of caseworkers were heavily influenced and shaped by their own personal life experiences, histories and the belief in others and histories. Additionally, the perception of a caseworker was found to also be shaped by the caseworker's belief in the ability of the client to make a change a change in their life.

The organization the caseworker was employed with was reported to be a significant influential factor in the perception of the caseworker, with participants reporting an underlying tone of personal liability in the decisions they made, and the pressure they felt by their organization to make decisions consistent with the views and practices of the organization. Participants shared their perspective of needing to assimilate to the practices of the organization, regardless of whether or not they were aligned with the beliefs of the caseworker, primarily due to the pressure they felt, and self-preservation in the work environment.

All participants reported inconsistent approaches to caseworker training, with the bulk of the training being placed on veteran workers to complete through the process of shadowing. Participants reported this type of training led to new employees learning the

process of other workers without knowing whether or not the way they learned the work was an accurate portrayal of the way it should have been done. Participants believed this pattern led to inconsistencies in approaching the work.

Supervision of the caseworkers was consistently reported as a significant influential factor in the perception of the caseworker. Participants reported the supervision experience was more commonly one where the supervisor provided support and agreement to the actions and decisions taken in the case, rather than challenging the biases or personal beliefs of the caseworker in the decisions made with families.

Participants discussed the concept of power as a factor in their decision-making, sharing their understanding of the power they held in their positions, and the influence that power had in ultimately deciding the fate of a family.

The second research question examined how caseworker perceptions affected practices when making a decision regarding reunification. Participants responded that there are no tools existing that they are aware of that get to the issue of determining the appropriateness of reunification. Although some participants reported that they use safety assessments to look at the present and impending danger, no participant could share what elements they were considering in determination if reunification was the right plan for a family. As such, measuring and assessing the appropriate level of change for a family was noted to be extremely inconsistent and primarily based on professional judgment. Participants reported that professional judgment was heavily weighted by the worker's perceptions and past history, which may include their own tumultuous childhood.

A common factor in the participant responses was the concern noted for the fact that child welfare organizations do not require caseworkers to have formal education in social work. Participants noted they were trained by colleagues who had a variety of educational degrees, each presenting a different way of conducting the work. Participants expressed particular concern regarding caseworkers who possessed a criminal justice degree, noting that the perspective in the practice was one of punitive and finding fault, rather than supporting and encouraging a family to engage in services.

Participants stressed the high level of burnout in the field, which they attributed it to a lack of self-care, a lack of support from their organization, and a failure to recognize the challenges they face in their position on a daily basis. Participants reported they were tired of the stress and pressure they worked within and noted the recognition that the exhaustion and burnout they felt impacted how they saw the clients they work with and the decisions they made in cases.

The lack of available critical services and supports, combined with stringent federal timelines were noted to be a challenge that often led to children and families not reunifying. This was reported by participants to be a frustration and several expressed concerns over the federal timeframes and noted they did not believe the timelines were appropriate for every case as some people needed more time to make the necessary changes in their lives.

Finally, participants reported a sense of feeling as though the entire responsibility for the work with families fell to the organization, and often the worker themselves. When things went wrong on a case, the responsibility for the poor decision fell to the

worker, despite the use of shared planning. Many believed the responsibility for correcting the issues was to ensure that child welfare was seen as the responsibility of the entire community, not just one organization. Even so, the belief is that the system, as an entire community, was set up to do what it was intended. Andrea summed it up, stating, "The system's not broken. The system is doing exactly what it's supposed to do, which is break up these families. So, we as workers with a different understanding, need to come in and do things in a different way." Andrea's sentiments were consistent with the reports of many participants, affirming that the caseworker has the power to make a change in how the process works.

The next section will include further discussion regarding the connection between the research findings and application to professional practice. Additionally, I will share how these findings can impact social work practice and professional ethics in the field of child welfare, ultimately creating social change. Finally, I will provide recommendations for social work practice, policies, and future research to continue to support the field of child welfare and improve services and supports to children and families.

Section 4: Application to Professional Practice and Implications for Social Change

The purpose of this research was to explore child welfare caseworkers' perceptions and subjective decision-making related to reunification, increase understanding of what triggers a decision for a caseworker, and understand how the perceptions of the caseworker influence the actions the caseworker takes when working with a family. Purposive and snowball sampling were used to locate participants; data were gathered through semistructured interviews. Reunification of children and families, and the steps taken in the decision-making process, are not well understood by the field. As such, in the course of child welfare cases, with caseworkers experiencing a varied level of training and understanding of the aspects for consideration in reunification, decisions are made inconsistently and often subjectively (Davidson-Arad & Benbenishty, 2016). By further understanding the perceptions and practices involved in decision-making, child welfare systems can aim for solutions designed to reduce subjectivity in decision-making, leading to increased consistency in working with families.

To further inform the field in this area, the sections below include a presentation of the key findings in the research, implications of the findings on the field, and considerations for the application of the information to professional ethics. Based on the results of the study, I discuss recommendations for social work practice, inclusive of limitations on the usefulness of the information. Finally, the following section includes recommendations for further research in this area and implications for social change.

Key Findings

The research revealed four themes related to understanding the perceptions of child welfare caseworkers when making decisions. The four themes center around various influential factors reported to impact caseworker perceptions: (a) internalized influential variables, (b) organizational influence and impact, (c) shifts in the role of the caseworker, and (d) power as an influential factor in decision-making. There were also four themes related to further understanding how the perceptions of caseworkers impacted their practice with families: (a) measuring change, (b) skills and practices of the caseworker, (c) boundaries and self-care, and (d) critical services and supports for families. Although the themes summarize the high-level findings of the research, several critical findings are worthy of additional discussion and recognition.

Personal Perceptions and Beliefs

Each caseworker enters their role in the child welfare system, bringing an intersection of their history and experiences, identities, opportunities, and personal beliefs (National Child Welfare Workforce Institute [NCWWI], n.d.). The intersectionality of the caseworker feeds the development of that person's perceptions and beliefs, which then accompany them into the workforce (Koncikowski & Chambers, 2016). Throughout the research, the participants consistently reported a shared agreement and understanding about the potentially significant impact of personal perceptions, beliefs, and experiences on decision-making. These experiences, including the self-reported abuse and neglect participants experienced as children, influenced the lens through which they viewed the families and the circumstances for which they had to work.

All participants volunteered a self-report of an adverse childhood experience. In most responses, the participants connected their experience with an emotional response triggered when faced with a family with a similar dynamic. All participants followed their disclosure by contending that they did not believe the trigger from their personal experience impacted their decisions and perceptions when working with their clients.

Even though participants reported recognizing and observing how personal bias influenced decision-making in their colleagues or co-workers, they appeared to be unable or unwilling to recognize bias as possibly being present in their own decision-making. The self-image portrayed by the majority of participants appeared to be more favorable of their own ability to overcome their past personal experiences and not allow those experiences to influence their decisions. However, participants freely reported the failure in their colleagues to create the separation between their experiences and their perception, alleging the influence of personal bias as being present in the case decision-making of everyone except themselves.

Although some of the participants may have the ability to separate their personal experience completely from their professional role, the same participants further demonstrated an inability to separate their personal experiences and professional roles in the interviews, making their self-report of separation unreliable. In one example, the participant strongly believed they could separate their personal experiences from their professional role, denying that their history and experiences impacted their practice, rather stating that they believed their past strengthened their practice. The same participant shared a personal history of parental substance abuse as a child, stating that

they become triggered when a client has an unresolved issue with addiction yet fails to seek the proper care or treatment to be reunified with their family. Subsequently, at the closure of the interview, the same participant stated that they expected their caseload would be busy in the months following the interview as it was approaching "drug baby season." This statement was shocking following the adamant responses by the participant that personal perceptions did not influence them in their work. The statements made by the participant clearly demonstrated a preconceived negative judgment about mothers who were using substances prenatally, encompassing and demonstrating their disgust for this type of case into a particular timeframe, as though it occurred concurrently with a season in time. The perplexing issue is that the caseworker did not stop to recognize or acknowledge the disparaging remark made, as though it were common knowledge that babies exposed prenatally were primarily born in one season.

In another example, a participant adamantly denied being influenced by their past and, while recognizing perceptional influences from colleagues, maintained steadfast in their belief. The same participant voluntarily reported that their trigger area was sexual abuse, stating that they had been the victim of childhood sexual abuse. The participant later responded to a question about whether or not they believed that people could change and mitigate existing parental deficiencies. The participant thought that most people could change; however, they believed that parents who sexually abused their children should never have their children returned.

The interview responses appear to demonstrate a discrepancy between the participant's self-report that they can successfully manage the separation of personal and

professional issues and perhaps their ability to recognize the presence of their own bias and perceptions in their approach to working with families. Through sharing personal experiences, participants described and demonstrated the presence of implicit and explicit bias in the workplace and as influential factors present in the decision-making process.

Training and Tools

Child welfare organizations serve as a significant source of influence in the perception and practices of caseworkers at various levels through differences in training, supervision, supports, and organizational culture (Font & Maguire-Jack, 2015; Lauritzen et al., 2018). The training systems for new caseworkers are inconsistent across agencies and offices within the same agencies. Training processes, whether through the organizational system of onboarding or through the support of shadowing co-workers, were consistently noted by participants as a significant issue, often leaving caseworkers without the necessary training and information to understand their role. The participants reported that the training provided by their child welfare organizations was not focused on practice-related issues, such as what factors to consider when determining whether reunification is the right option for families. Rather, the child welfare training focused on agency-specific reporting requirements, federal legislation expectations, local policies, and documentation expectations for the agency. Participants reported that the focus of formal training was on issues relevant to the decisions of removal, imminent harm, and permanency planning, with all participants reporting they did not receive any training specific to reunification.

The training process for new employees was reported to be heavily influenced by co-workers, as new caseworkers were expected to shadow more veteran workers as part of the process to learn their job. In this type of job shadowing, the focus for the caseworker was on learning how to respond to case situations based on different "types" of cases, rather than focusing on skills and actions needed when responding to families, including the application of tools and their use universally across various scenarios. Participants reported that training through shadowing was not formalized or skill-based and was not consistent among caseworkers or organizations. The shadowing training simply provided the new worker with one version of possible actions based on how the veteran worker conducted their work.

Regardless of the type of training received, all participants were consistent in reporting that there were no tools or set of guidelines for workers to assess readiness for reunification. Although participants reported using safety assessment tools as one aspect of the overall decision-making process, participants agreed that the safety assessment tools do not contain the full spectrum of elements that need to be considered in deciding if reunification is appropriate. As such, decision-making about reunification lacked consistency among caseworkers. Participants further reported that the formal tools they were required to use within the organizations were primarily used to document decisions already made rather than be used to guide decision-making.

Implications of Findings on the Field

The data and information gathered throughout this research are significant and can inform the future of child welfare social work practice and system improvements. In

a system plagued with inequities, in addition to unreliable and inconsistent decisions by child welfare workers (Davidson-Arad & Benbenishty, 2014), the research findings can be used to understand the influential power of personal perceptions and biases in decision-making and serve as a launching point to further consider the implications of bias and personal perceptions on the outcomes for children and families.

The information in the research can be used to increase understanding of the issues of bias and perception in caseworkers and the role of child welfare organizations in mitigating the influence of bias. By better understanding the impact of bias on decisions, child welfare systems can identify strategies to directly address implicit and explicit bias, leading to improved outcomes for children and families through the creation of a more equitable system. For systems to be successful, they will need to be able to understand the role of perception and bias in their work and how they plan to correct for internal and external bias impacting decisions.

Bias-Plagued System

The research findings have demonstrated the significant impact the personal perceptions and beliefs of caseworkers can have in the process of decision-making. The influence of personal perceptions and personal beliefs is an area where bias can emerge, be present in the work (Koncikowski & Chambers, 2016), and even lead to compromised and potentially faulty decisions (Featherston et al., 2018). When systems are not equipped or prepared to challenge the existence of bias in decision-making, inequities become apparent for the children and families served by the child welfare system.

Although the current research did not address the connection between perception and disproportionality, or the connection between perception and oppression, it does lead a reviewer to question whether the underlying bias in decision-making is demonstrated in the overall disparities present in the children and families served by the child welfare system. Additionally, how decisions are made and the potential impact of the caseworker's perception in those decisions leads to inconsistent approaches and ultimately inconsistent outcomes. Inconsistencies in decisions, and the presence of influential factors such as personal beliefs, may also be a factor for consideration in understanding the reason for the increasingly large number of young people lingering in the foster care system without a permanent plan. Although the connection has not been made clear in research, supporting workers to understand how their biases or perceptions impact their decision-making should be a critical component of social work educational programs, child welfare system training, and on-the-job competencies.

Training, Tools, and Supervision

By understanding some of the gaps in child welfare training systems and steps taken to support caseworker preparation, child welfare systems can more closely examine their training programs to ensure they are responding to the needs of the child welfare workforce. With a more comprehensive understanding, systems can adequately equip caseworkers with the information needed to understand their role and the factors critical to successful family reunification. By creating practice guides and supporting tools that direct caseworkers to a set of issues to consider when deciding about reunification, staff will be better equipped to understand the critical elements of a successful reunification.

Supervisors are critical to worker retention, organizational culture, and overall staff support (Bogo & Dill, 2008). Participants reported that their supervisors were involved in decision-making but did not tend to challenge the perceptions and bias of the workers; instead, the supervisors provided a role of confirmatory approval. As a key role in child welfare organizations, supervisors who are properly trained and empowered to confront and address bias in their staff can serve as a conduit to personal and organizational change.

Relatives as Resources

Relative placements have been heavily researched and determined to be a positive option for children who cannot return home (Blakey, 2012; Lee et al., 2017). While the child welfare systems across the nation report being in a state of crisis due to a lack of available foster care placements for young people, relatives have consistently been ready and willing to provide care for their families (Leon et al., 2016). When workers do not consider relatives as options, the burden is placed on non-relative foster homes to provide care for the child. Through this type of scenario, leaders and policymakers need to understand and recognize that the crisis they experience in their systems may not be due to a lack of foster placements, but rather to the existence of a biased system that does not value the role of extended family in the care of the children. When this organizational and personal bias against relatives exists, relatives are not seen as viable options to support their kin and alleviate the burden from the child welfare system.

Application to Professional Ethics in Social Work Practice

Child welfare caseworkers have the power to impact generations of families with decisions made in their daily work. As noted in the findings, many decisions are made by caseworkers based on their preconceived beliefs or perceptions. The NASW (2021) *Code of Ethics* emphasizes the professional principles and expectations for social workers. Although not every caseworker holds a social work degree, the principles and ethics apply to the caseworker's role.

Banks (2016) argued there is more to social work ethics than a standard set of items to adhere to, but that ethics go more in-depth in each aspect of the work, including the emotional connection and engagement with clients. This would be consistent with the responses of participants regarding aspects of influence in decision-making. Specifically, participants shared that when they had a positive relationship and connection with the client, they were able to see the progress made and support reunification more often. Banks (2016) opined that through empathy and recognition of the individualism of each client, the caseworker could connect with the client. Through the caseworker's demonstration of empathy and support to the client, while providing them with the feeling of being cared for and safe, caseworkers are able to create a deeper connection with the client, leading to a more substantial level of support provided (Banks, 2016).

The NASW (2021) *Code of Ethics* asserts that the principles and ethics were created to provide guidance to the profession, which are used to judge actions in the role. The values and ethics defined by the NASW are intended to support social workers in their role and provide guidance in the field, affording workers with a foundation for their

practice. As such, if caseworkers were to adhere to the values and ethics of the NASW, personal perception may be minimized as they work with families in the field. When caseworkers do not closely align their beliefs with the *Code of Ethics*, or do not internalize the ethical principles of the practice, they may respond to situations influenced by their perceptions and beliefs, not by the guidelines provided by the field of social work. When caseworker perceptions influence decisions, they may not be putting the needs of their clients above their own needs and treating every human with the dignity they deserve. When this occurs, it may lead to inconsistencies in practice and a lack of alignment with the NASW *Code of Ethics*.

Trustworthiness is an NASW ethical principle of practice for caseworkers. This principle expands beyond trustworthiness to include the expectation that workers demonstrate integrity through both professional and personal self-care (NASW, 2021). As mentioned in the findings, self-care and burnout were significant factors reported by participants as influencing their perception and decision-making processes. Although caseworkers reported the importance of managing their self-care, they also blamed their organizations for the lack of time for proper self-care. With high caseloads and ongoing turnover of caseworkers, organizations are managing priorities by emergencies rather than a focus on preventing burnout. As such, there appears to be a connection between the health of the organization and the support provided in the workplace to ensure caseworkers had time for self-care. As previously noted, burnout of caseworkers was reported to be a factor in their decision-making. Although every employee has a role in finding and balancing their own personal needs with the needs of the workplace, failing

to address burnout leaves the organizations somewhat responsible for the decisions caseworkers make with and for children and families.

Finally, another ethical principle pertinent to this research is the principle requiring social workers to practice within their field of professional expertise (NASW, 2021). This particular principle can be seen as a significant issue in the field of child welfare. According to participants' reports, child welfare organizations have broadened their minimum qualifications and have opened up the field to caseworkers who possess college degrees outside of the social work profession. Although social workers within the field may possess the appropriate training and education to work with families on child welfare cases, it is difficult to say how other degrees and educations have prepared staff, who were not social workers, to take on the role of child welfare caseworker. Participants reported inconsistent training across the field and organizations, demonstrating the lack of formalizing systems to ensure personnel have the appropriate training for the role. However, this issue alone could not account for the entire level of bias present, as the majority of participants possessed a social work degree, including advanced education in social work. Social workers who participated in the research were adamant that they have seen differences in casework practices based on the undergraduate or graduate degree of the caseworker. Participants reported they have voiced these concerns internally within their organizations, but it did not appear to change anything. Some participants shared their frustration that this issue had been repeatedly raised, but it appeared to fall on deaf ears. With no recourse for their concern about the qualification for a caseworker, based on governmental agencies broadly opening the field, social workers reported they

believed their input was no longer valid. This issue may be one of the reasons participants reported believing the caseworker's role was changing from one based on social work practice principles to one of case management, which they believe does not require the same skillset.

Recommendations for Social Work Practice

The field of child welfare values the safety of children and the engagement of clients in the change process; recognizing the partnership between caseworkers and families aids in the resolution of the challenges faced (Children's Bureau, 2021). Through supporting families to set and identify their own goals for a successful resolution, mitigation of risk and safety issues, and demonstration of a commitment to change, families can be healthy and function safely (Children's Bureau, 2021). Although the broad child welfare system value of child safety is paramount to the daily work (Pecora et al., 2013), each public child welfare organization also has values pertinent to the practices, culture, and beliefs of the area for which they exist. As an influential factor in decision-making, the child welfare organizations' values may be transparent or modeled in colleagues' behavior (Davidson-Arad & Benbenishty, 2016). Using the social learning theory as a foundational perspective in understanding how caseworkers gain and internalize knowledge in their role, several recommendations for future practice can be made based on the results from the current study.

Review of Caseworker Qualifications and Training

Participants reported significant concerns about co-workers and colleagues not being adequately prepared for the caseworker role, primarily due to their differing

secondary education paths and caseworkers hired without a degree in social work. Participants believed that the clash between caseworkers with and without social work degrees often led to problems in the workplace with differing perspectives and approaches towards the work. Although the origination of the differing perspectives is not clear, participants with social work degrees strongly believed the differing perspectives were based on the differing degrees.

Research on this area of practice is mixed. While some researchers posit that a difference in performance between social workers and non-social workers does not exist (Perry, 2006), others suggest that the research conducted has not actually examined the performance of social workers and non-social workers in relation to the outcomes for families, rather focused on the performance evaluation data for the caseworker (Mathias, 2006). Additionally, some scholars believe the field must be specialized with the appropriate training due to the nature of the assessments completed and the high amount of skill needed to perform the work (Siu & Hogan, 1989). However, researchers do contend that the question is worthy of asking, and additional research needs to be done in this area to determine if there is any validity to the claims of caseworkers in the field (Mathias, 2006). Other researchers opine that the issue is not the relevancy of the educational degree of the caseworker, but rather the diversity of the workforce, ensuring staff in the role of caseworker are reflective of the diversity of the clients for which they serve (Koncikowski & Chambers, 2016). With the knowledge of existing research on this topic, an understanding of the need to have a workforce representative of the diversity of the clients for which they serve, and the responses of the participants in the research, it is

recommended that organizations re-evaluate hiring practices to ensure hiring of the most

qualified staff, who are representative of the community they will work. Recognizing that

this is not an easy or quick shift, organizations would benefit from working collectively

with social workers to identify the gaps in knowledge between staff who possess formal

degrees in social work and those who do not. By identifying the foundational elements

needed to perform the tasks in the work, training can be created and provided for people

hired who do not possess a social work degree to improve consistency in the skillset.

Training System Improvements

Participants consistently responded that they believed the overall training for the

role of caseworkers, including the formalized training and the process of shadowing other

caseworkers, was inconsistent, lacked appropriate depth, and was not available until they

had been at their job for several months. Title IV-E funds have been provided to many

institutions of higher learning to implement a professionalized track to child welfare

work, including financial incentives to participating in an advanced education (Jones &

Okamura, 2000). Research involving participants who had participated in a Title IV-E

educational program found caseworkers who were much more prepared and realistic as

they entered the field. However, the research did not follow through to indicate if the

training led to improved outcomes for children and families (Jones & Okamura, 2000).

Regardless of preparation efforts, other researchers acknowledge the significant

challenges faced with transferring information from the organization to the assigned

caseworker, surmising that the transfer of training must happen at the individual and

collective level (Liu & Smith, 2011). Although the issues of application of training are

researched, information was not located that truly assessed whether or not the official

organizational training met the competencies needed to make decisions on the issue of

reunification. By identifying the competencies needed to create positive outcomes for

families, organizations can revisit their training systems to determine if they are

preparing their workforce to make a positive difference in the lives of children and

families. By understanding and differentiating the information caseworkers need to do

their job and positively impact families, versus the elements of training required as

agency expectations, training across the field can be created more consistently within

organizations, leading to increased consistency in practice.

The macro-level of child welfare system training can be impacted through an

expectation for a cross-system review of all organizations providing child welfare system

training funded through Title IV-E funding and aimed at preparing the child welfare

workforce. These organizations, which are often housed at local universities, should take

a system-wide approach, and assess the training provided with consideration of the input

of caseworkers. By understanding the gaps in the training materials as identified through

the input of caseworkers and providing a curriculum based on professional competencies,

caseworkers will be better prepared to confidently make decisions for families.

Ultimately, this practice could ensure families and communities receive the service and

care they deserve through increased consistency in response and a workforce more

educated on the skills needed to serve families.

Development of Guidance for Reunification Decisions

Participants consistently responded that they did not have training, tools, or guidance on the issues needed to consider when determining if or when reunification was an appropriate plan for families. In addition to improvements in the overall training and addressing the gaps in knowledge through different educational degrees, it is recommended that the field establish guides and tools specifically focused on supporting caseworkers to understand the critical issues for consideration in decision-making about when or if to reunify a family.

Participants reported needing a level of certainty and confidence when making decisions, which could not be clearly articulated, although they described the concept of time as a factor in increasing their confidence about the decision to reunify. Some researchers believe that decisions in the child welfare setting that are made without a theoretical basis lack an appropriate foundation (Lauritzen et al., 2018). Other researchers believe that tools are not truly effective in decision-making when the foundation for the decision is primarily intuitive on behalf of the worker (Nyathi, 2018). However, while participants were clear about federal and state timelines for establishing permanency, there appeared to be a disconnect in how they viewed the federal timelines intersecting with the time they needed to gain a level of certainty in their decision before recommending reunification. Although tools may not be the appropriate approach, given the participants' responses that tools were used as a means of documentation, it is clear that the field needs more guidance to better understand the threshold for which the decision for reunification is considered and what aspects need to be considered to support

the most positive long-term outcomes for children and families when reunification is the primary plan.

Many child welfare systems have a system to promote shared decision-making, providing opportunities for parents and children to be heard. However, research shows their input may be heard, but overall, it does not appear to impact the decision made (Carvalho et al., 2018). Participants reported they believed they did not make decisions in a silo, relying on the various methods of a multi-disciplinary team in making decisions and recommendations. The same participants further confirmed that the recommendation they preset in the multi-disciplinary teams weighed heavily in the team decision to reunify. The caseworker's recommendation to support reunification or not tended to carry significant weight in the decision-making process, despite the involvement of multi-disciplinary members.

Expectations for Relative Placements

Although there is federal legislation requiring child welfare organizations to search for and use relative placements as options for children entering care, the majority of participants noted their strong personal preferences for not using relative placements for a variety of reasons. Participants noted their personal belief that the relative situation is often not much better than the home the child was removed from, making placement a challenge. Research has demonstrated the positive impacts of using relative placements for children yet has also revealed the children tend to reunify less often when placed with relatives (Blakey, 2012). Blakey (2012) opined that the lower reunification rates with relative placements were primarily due to the relative caregiver impeding the relationship

between the child and parent and preventing reunification. Opposing research found that children fared better and maintained stability when placed with a relative (Font, 2015 & Ryan et al., 2016). However, the issue of lower reunification rates when relatives are used as placements must be balanced with the trauma and harm of removal and placement in the home of a stranger (Trivedi, 2019).

Relational permanence for a child with their extended family is critical for a young person's mental and emotional well-being when they cannot be with their parents (Samuels, 2009). Recognizing the bias existing in caseworkers about the potential use of relative placements, the demonstrated impact on the healthy emotional development of a young person must outweigh the existing bias. In order to address this, child welfare organizations must be held accountable to do a better job of locating, assessing, and using relative placements for children who cannot be in the home with their parents. While federal legislation under Title IV-E of the Social Security Act requires public child welfare agencies to place with relatives as a preferred placement (Children's Bureau, 2018), the requirement alone does not appear to be enough. The young person deserves for the departments to apply concerted efforts to make such a placement happen. Additionally, although relatives and kinship placements can receive financial support from child welfare organizations if they choose to become licensed, there is essentially no support for relatives who choose not to get licensed, or do not qualify as a licensed provider due to the licensing standards and requirements (Blakey, 2012; Lee et al., 2017; Leon et al., 2016). The child welfare system needs to consider the stringent licensing policies and rules for which they require relatives to follow in order to receive a subsidy

for the monthly support of the child while in care or to receive assistance in the event guardianship or adoption is completed with the relative. Although the potential subsidy amount and process may vary slightly from state to state, the Title IV-E requirements of the Social Security Act outlines expectations for public child welfare systems regarding relative placement (Children's Bureau, 2019).

Organizational Environment and Culture

The organizational environment and culture of child welfare systems were common areas of feedback from participants. Many child welfare organizations include families in the process of decision-making through the use of various models of facilitated family meetings where shared decision-making can be used (Schmid & Pollack, 2009). Participants shared that the decision-making meetings were a process where the caseworker would present the plan. The other attendees from the organization would agree with the caseworker's recommendation, not challenging or openly discussing any potential biases that may exist, confirming the bias of the caseworker. Child welfare organizations would benefit from a thorough review of the shared decision-making processes used at the local level, ensuring the process is authentic and where decisions of the caseworker are not just endorsed. When facilitated as intended, shared decision-making allows families an opportunity to be heard, and professionals can be appropriately challenged on their biases and perceptions in a manner conducive to learning and support of equitable services to all families.

Impact on Individual Practice

The process of collecting the data and analyzing the findings have been highly impactful to my practice and my ethical understanding of my social work practice. The results have been educational for me and opened opportunities to increase personal knowledge of the impact of perception and personal beliefs in the role of a caseworker. Through self-reflection throughout the process, the findings have taught me the importance of professionally challenging others in decision-making and being open and willing to be challenged on my perceptions of a situation.

As a practitioner, I have used the preliminary findings in a national forum focused on systemic changes to human services, specifically in increasing the identification of people affected by substance misuse and assisting them in obtaining treatment. As an experienced child welfare person, I participated as an expert on a panel and discussed the issues of relative placement and challenges around the use of relative care when a child enters placement. Following the presentation and input from the expert panel members, the issue of relative placements was one policy area that rose to the top of the list in recommendations presented to the current administration to support systemic change. Additionally, in an advisory meeting for the NCWWI, I presented the concerns about the lack of increase in reunification while the increase in the number of children pending permanency. The recommendation to focus on reunification at the worker level was provided to the current Associate Commissioner for the Administration of Children and Families (ACF) in the development of plans to focus on child welfare reform and system changes. In other forums, where provided the opportunity, I will use the information

learned and findings to continue advocating for changes and improvements in the child welfare system, promoting equity and justice for everyone served by child welfare organizations. The findings have piqued my interest in future research opportunities and areas where additional information can be gathered to better understand the decision-making process. The ultimate goal is to develop systems where bias, personal belief, and perception can be minimized.

Transferability

The participants were geographically diverse and representative of state, county, and tribal agencies. The participants were also of varying ages and backgrounds. Regardless of the fairly diverse representation, there were only 16 research participants, which was not a large enough sample to be considered transferrable. However, the reader and consumer of the findings are still able to use the information in their own experiences to help them to understand the decision-making process and potential influences impacting decisions. Additionally, while the sample size is small, the participants' responses were consistent in many areas. Given that the participants were representative of numerous child welfare organizations across the nation, the consistency in the responses from the participants lends to an increased transferability of the information. With the consistent responses and similar reactions to many issues raised in the research, child welfare organizations may benefit from considering the findings as consistent across the field.

Practice, Research, and Policy Considerations

The findings were focused on the decision-making in one aspect of practice in child welfare. However, the results can be valuable to other fields of social work practice through understanding the potentially influential factors of perception and personal beliefs on the decisions of clients they work with. The concepts and significant factors within organizational culture, including social learning, and internal and external influential factors, are applicable to a wide variety of environments within human services. By understanding the impact of perception and personal beliefs on decision-making, other organizations can assess processes and systems to minimize personal bias in decision-making across various fields.

Limitations on Usefulness

The research finding includes several limitations. The sample size was small and not large enough to generalize the results and information. Although the participants included a representation from diverse geographical areas, in addition to some diversity in gender, ethnicity, and race, a more extensive and even more varied sample may have provided additional findings regarding the process of decision-making. Additionally, while all participants were sent their transcription for review, not all participants responded with feedback. This may have an impact on the trustworthiness of the data.

Recommendations for Further Research

Several findings within the research highlight the potential for future research in this area. One potential area of research could be focused on understanding the influence of the educational degree of the caseworkers and gaining a deeper understanding of the

level of preparation they had for the role. Further research may include an examination of the differences in decision-making about reunification solely based on the educational degrees and differences in decisions, assessing the perceptions and personal beliefs within each decision.

Similarly, further research would be beneficial to understand the threshold for decision-making and what elements caseworkers are looking for to feel comfortable making a recommendation of reunification. Some participants noted that they were working with situations where the issues would not rise to the level of removing a child from their home, yet they were not confident in the decision to reunify. The threshold from removal to reunification appears unclear and may be beneficial to understand further in additional research.

On the same note, it would be helpful to dive deeper into understanding the decision-making process to increase awareness of which factors existing within the family unit or the caseworker contribute to increasing or decreasing the probability of reunification. Additionally, it would be interesting to understand if there is a connection between the decisions and the demographics of the children and families to better understand any potential connection between disproportionality and decision-making.

Finally, through engagement, support, and positive relations with a client, caseworkers have the ability and opportunity to empower positive changes in a person (NASW, 2021). As with most human services fields, the field of child welfare has the potential for error and mistakes in decision-making. To minimize this potential, the relationship between workers and families must also be balanced to ensure the

caseworker is not too close to the family, unable to see risks or safety issues (Kettle, 2018). Additionally, when a caseworker is too far removed from a family and not engaged, the family may not receive the appropriate services to address the presenting issues (Kettle, 2018). Jedwab et al. (2018) found children tended to reunify with their families sooner when caseworkers focused on a relationship with the family that included a quality relationship of encouragement, services, and support. The dance of the caseworker-client relationship is one of the most significant challenges in the field of child welfare casework, with an expectation to engage the client, demonstrate empathy, and create a connection with the client to support healing while appropriately balancing the need to not be too close and maintaining objectivity so the situation can continue to be properly assessed (Hardesty, 2015). This area of practice is worthy of future research to understand the balance of the relationship between a caseworker and a client. Specifically, it would be helpful to the field to understand the skills needed to appropriately balance the relationship with clients to achieve the appropriate level of engagement without compromising safety.

Dissemination

The findings of the research can be used to influence future training and education for child welfare caseworkers. As a current board member of the NCWWI, I will share the findings with the board members and committees focused on sharing information with the field. Additionally, the results will be used to present at conferences focused on child welfare practice and disseminated through the professional contacts used to identify and access the initial participants for the research.

Implications for Social Change

The research findings have potential implications for positive social change at the micro, mezzo, and macro levels of practice. At the micro-level of practice, caseworkers across the field of social work, not only child welfare, can use the findings to better understand the impact of their own perception and personal beliefs on the decisions they make in their daily practice. Through self-reflection and an awareness of the potential impact their beliefs can have on the lives of others, an increased awareness of bias and decision-making could be supportive of equity and consistency for all.

At the mezzo level of practice, understanding the findings from the view of child welfare organizations has the potential to impact many people. If child welfare systems used the findings to internally assess their practices on training and staff preparation for working with families, they would have the potential to change how families are treated and create a system of accountability and shared liability in decision-making, creating safer and more supportive work environments.

The macro-level of child welfare casework is significant. The potential impact for positive change at the macro level has already been initiated when preliminary findings were presented on a federal panel convened to focus on improving access to services. Through current connections within the federal government, and invitations to participate and provide input at a variety of convenings, the national perspective of child welfare can be changed, and system expectations and changes can be implemented to support a more equitable and bias free workforce, which would ultimately impact the level of disproportionality in foster care placements.

Summary

The field of child welfare is complex. Expecting humans to make decisions with and for other humans absent influences of perceptions and personal beliefs is challenging. Caseworkers face the unavoidable paradox of maintaining objectivity in decision-making while also developing meaningful relationships with their clients to promote resolution. Personal perception, bias, and personal beliefs are within the recipe of a caseworker's process and knowledge. Although caseworkers do not intentionally make decisions based on these aspects, the reality is they influence them. This dance in the profession is recognized as part of the significant challenge caseworkers face in their role on a daily basis and to which families are reliant upon to receive the support needed to mitigate the existing issues. In the study, the participants demonstrated a level of vulnerability to share their own personal beliefs and biases and further acknowledging that they recognize the impact perceptions can have on the decisions they face daily. At the end of this research, perception, personal beliefs, and bias play a significant role in influencing decisions about reunifications, perhaps even providing insight into the existing disparity in decisions. Although recommendations for the next steps include the development of guides and materials, the reality is that at the end of the day, the final filter of information in the process of decision-making is the caseworker.

The findings in the study are consistent with findings in other aspects of child welfare practice, noting the subjective process and significant influences in the process of decision-making (Nyathi, 2018; Reisel, 2017). The power of an individual in decision-making is clear. These issues and challenges have been known for many years. However,

despite the recognition of these flaws in the system of decision-making, correcting the issue has not risen to the level of priority needed to make a change.

Decision-making about reunification is further muddied by lists of service compliance expectations, assessments of progress, and perspectives of safety and risk. Participants shared they were looking for progress and change in families to support reunification, yet admittedly, they did not know what they were looking for. In this aspect of casework, the inaction of a worker to decide to support reunification appears to have been more socially acceptable than the potentially harmful action of sending the child home too early. With this type of a system where inaction is supported at the risk of a wrong action being taken, it is unclear how a system can truly change.

Regardless, the issues facing young people and families are paramount, and changes need to occur to support children and families differently and improve outcomes. As initially noted, the permanency outcome goal of reunification has decreased in the past 10 years from 52 percent in 2008 to 49 percent in 2018 (Children's Bureau, 2020). Although the number of children entering care has steadily decreased, the number exiting care has also declined (Children's Bureau, 2020). The result is children lingering in care without permanency and without options (Children's Bureau, 2018; Ryan et al., 2016). Using the findings from this research, combined with findings from other researchers, the system needs to understand the power of one person to change the life of a child with their decisions and the need to identify, challenge and remove bias in the decision-making process. Although systems try to address the challenges faced through

reorganization or creating and adapting new practice models, the power remains with the

individual caseworkers --the power to change systems and the power to reunify families.

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Appendix: Interview Guide and Questions

Date of Interview:
Time:
Participant Code #:
Location and medium used for Interview: *(in-person, video conference, phone interview)*

Steps in Interview	Script and Interview Questions
Introduction	Hello (<u>participant name</u>). Thank you for agreeing to speak with me. I know you have a busy schedule and really appreciate your willingness to participate in this research project. As stated in the email letter I sent you, I am a doctoral student at Walden University, conducting a study on the practices and perceptions of child welfare case workers when determining whether or when a child can reunify with their family of removal or extended family of origin. The purpose of today's interview is to gain insight into your perceptions of how you approach this issue and make the decisions surrounding the reunification of children and families. This interview should take approximately one hour. Please know that your participation in this study will be kept confidential. Any information you share with me will not be connected to you or used to identify you in any way. You will remain completely anonymous in any ensuing conversations, presentations or publications that may result from this research. Your participation is strictly voluntary and may be discontinued at any time during the interview. Please know that you may also decline to answer any question during this interview. To ensure I am able to adequately capture all of your responses, and that I do not miss anything in the notes I would like to record our conversation. The recording made today will be kept confidential and in a safe place and will be for purposes of ensuring your responses have been adequately captured. The audio recording will only be accessed by myself, the person transcribing the interview and members of the committee

Steps in Interview	Script and Interview Questions
	overseeing the research. All audio recordings will have codes for the identification of the participant, rather than names and will be kept on a password protected external hard drive, which will be kept in the locked file cabinet when not in use. Data will be kept for a period of at least 5 years, as required by the university.
	Consent forms and names of participants will be stored separately from the collected data and also kept in a secured locked file cabinet.
	Finally, if at any time during the interview you would prefer that I stop the recording, please let me know, and I will do so immediately.
	I want to pause for a moment to recognize that some of what you may experience during your decision-making process may feel vulnerable to share with me. I ask that you trust me to hold your responses in complete confidence and that in I am grateful for your time and appreciate your candor in better understanding the process of decision-making from your perspective.
	• Do you have any questions before we begin? • Can we confirm, did you sign the Informed Consent to participate in this study? • Are you ready to begin? • Do I have your permission to begin recording our discussion?
Background & General	1. **Can you share with me your journey to becoming a caseworker?** *For Example - circumstances, events or reasons?* *Follow-up: As a child or young adult, what socioeconomic status would you say your family held?*

Steps in Interview	Script and Interview Questions
	2. **Besides your formal educational background, can you please describe how you were trained in your role as a case worker?** *For Example – on the job training? Mentoring? Coaching?* *Follow-up: Were there any specific trainings focused on assessment and decision-making at the time of reunification for which you rely on in your work?*
Practices	3. **When you work with families and children in out-of-home care, what are you looking for to determine if a plan of reunification is the right choice for that child and family?** *Follow-up: Are there any specific tools, guides or trainings you use that you would be willing to share?* 4. **In your practice, what do you think are the most critical services and supports to parents and children to support reunification? (e.g., visitation, formal services, etc.)** 5. **In your practice, what steps do you take, or what tools do you use to help you in making decisions about reunification?** *For example: Actuarial tools? Professional judgment?* *Follow-up: How do the steps you take, or tools you use, increase your confidence in the decision you are making?* 6. **Please think about a circumstance where you supported reunification between a parent and child, and it was successful. What were the circumstances in the case that led you to believe it was the right choice to reunify?** 7. **Please think about a circumstance where you did not support a child's reunification with a parent, what were**

Steps in Interview	Script and Interview Questions
	the circumstances that led you to believe it was the right choice to sever that relationship? *Follow-up: How do you think your personal perception of the circumstances in the case impacted your process of decision making?* *How do you think your organization's perspective of cases with similar circumstances impacted your decision making?*
Perceptions	8. **Please describe your beliefs about people's ability to change to improve their parenting or life circumstances.** *Follow-up: If you can identify, where do you think your beliefs stem from?* 9. **Can you describe an experience where a co-worker or supervisor believed a different path should happen on a case regarding the decision of reunification?** *Follow-up: What were the differences in opinion based on?* 10. **When a child cannot be returned home to their parents of removal children are sometimes placed in relative care. Legislation has been developed to support placement with relatives and fictive kin, yet permanency with relatives continues to be only a small percentage of the permanent placements nationwide. In your opinion and experience, why do you think that is?** *Follow-up: How do the perceptions of case workers influence the decision to place a child with relatives or fictive kin?* 11. **In your experience, how do the perceptions and personal beliefs of case workers impact their decision-making regarding with families?**

Steps in Interview	Script and Interview Questions
	12. **How do you balance the potential impact of a child entering foster care with the potential concerns that remain at home for a child?** 13. **As humans, we all have our own perceptions and beliefs based on our life experiences. Can you describe a situation where you were working with a family and you felt troubled or triggered by something about the family (e.g., race, religion, beliefs, practices, etc.)?** *Follow-up: How do you believe that issue impacted your perception of the family and family dynamics?* 14. **Do you believe a case worker's perceptions and/or past experience are factors in how they view families on their caseload? If so, can you provide an example of where you have seen this happen and how you recognized this occurring?** *Follow-up: Can you suggest anything that you believe can be done in the workplace to decrease the impact of a case worker's personal perspective on decisions?*
Demographics	15. **Please provide the information you feel comfortable regarding demographics:** a. Age _____ b. Gender_____ c. Race/ethnicity_____ d. Educational background and degree type_____ e. Licensures_____ f. Years of work in public child welfare_____ g. Years in current role _____ h. Approximately how many cases do you have open at one time on your caseload? _____

Steps in Interview	Script and Interview Questions
	Follow-up: "cases" are counted differently depending on the agency. To ensure consistency, participants will be asked how they are counting or referring to cases, and will then be asked how many children are in care on their caseload that they are managing?
Closing	Do you have any final comments or questions? Do you have any questions for me? If you have any further questions for me, please do not hesitate to contact me at any time. A written transcript of this interview will be made available to you to verify accuracy of your views and experiences. You will hear back from me in 1-two weeks. As a reminder this information will remain confidential and will be destroyed at the end of the project. Let me confirm your email one more time. Thank you for your time and have a great rest of the day/evening.