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Perceptions of Failed Foster Care

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This is to certify that the doctoral study by

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Abstract

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MSW, Jackson State University, 2003

BA, Alcorn State University, 1998

Project Submitted in Partial Fulfillment

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Doctor of Social Work

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Abstract

The purpose of this action research study was to investigate social workers' perceptions of the problems that prevent successful family reunifications after foster care. The study explored social workers' perceptions of barriers that prevent family reunifications in central Mississippi. Using Bronfenbrenner's ecological theory as the framework, the research question explored the problem from multiple levels of practice including family, individual, institutional, and community. The focus group approach aligned with the project goal by allowing participants opportunities to share experiences and perspectives regarding family reunifications. The study used a purposive sample of 10 participants who were practicing licensed social workers or certified mental health professionals in central Mississippi. Focus group responses were transcribed and coded by defining categories, assigning labels, and classifying relevant information using the comparative method. The key results of the study included that family reunification was impeded by the lack of training of child welfare social workers and limited resources to address psychosocial issues. The recommendations of the study included improving practice by engaging in mental health screening for foster children and families, promoting current knowledge and interventions by addressing psychosocial issues, and participating in program evaluation by targeting and strengthening policies. The impact of this study for positive social change includes understanding critical issues of family reunification after foster care stemming from lack of resources, unstable placements, and mental health issues.

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Dedication

I dedicate this doctoral research to the memory of my deceased mother-in-law, Joyce, for her inspiring vision to pursue higher education for the promotion of more positive social change. I dedicate this page to my wife, Rashida, for her faith and sacrifice, my daughters, Hope and Makayla, for their understanding and support, and my wife's aunt, Ola Mae, for her prayers and spiritual guidance. I also dedicate this page to my mother, Etta, and siblings, John, Brenda, Linda, and Patricia, for arranging family gathering and providing supportive words throughout my studies.

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I thank God for making it conceivable to accomplish one of the most significant educational milestone. I acknowledge Walden University for providing exceptional online Doctor of Social Work Program that enabled me to have the flexibility to maintain my career, business, and spend flexible time with my family throughout the academic process. I thank the committee Chair Dr. Kenneth Larimore, second committee Dr. Kristin Richards, and the URR, Dr. Nancy Campbell, for their guidance, support, and helpful contributions throughout the process. I appreciate all professional staff and mentors who taught the required classes and support that helped me to prepare and manage the rigorous stages of this doctoral study.

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Section 1: Foundation of the Study and Literature Review

Permanency is a crucial outcome for foster care for child welfare services, and even though the case may remain open for a period of time, family reunification is the preferred permanency goal. Unfortunately, this desired result is not always possible. I investigated failed family reunifications at the family, individual, community, and institutional levels from practitioners' points of view. The social welfare dilemma associated with the family reunifications process is affected by many factors: (a) poverty, (b) social, political, and cultural environment; age of the child, (c) implausibility due to parental imprisonment, (d) drift patterns, (e) neglect due to addiction or drug dependence in parents, (f) availability of therapeutic foster care, or (g) unlicensed and untrained foster parents (Dettlaf, Graham, Holzman, Baumann, & Fluke, 2015; Koh, Rolock, Cross, & Eblen-Manning, 2014; Lopez, del Valle, Montserrat, & Bravo, 2013).

Using a phenomenological methodology, I interviewed 10 agency social work practitioners from two organizations in central Mississippi who specialize in foster care. The members participated in focus groups to promote opportunities to share professional experiences and perspectives. The significance of the study was that I examined the potential contributions of the project to the field of social work. This section includes information regarding the nature of the study, theoretical /conceptual framework, values and ethics, and review of the professional and academic literature.

The implications for positive social change of this study are to provide knowledge of failed family reunifications for training and improve practical approaches that will help

shape more successful family reunifications. The study will help foster care agencies identify conditions that contribute to failed family reunifications for more successful treatment planning. The results will help social organizations understand the complexities of family reunifications.

I will present this study in four sections. Section 1 is the introductory section. This section consists of the introduction, statement of the problem, the purpose of the study, and the research questions. In this action research project, I highlight the gap in the literature that informs local and national social practice issues: failed reunifications of families.

The theoretical framework—Bronfenbrenner's ecological framework—is carefully considered to support the research (Bronfenbrenner, 1981). The benefits of the ecological framework are aligned with the research questions at all levels of practice: individual, family, institutional, community. Micro-level social work is a term used to refer to the practice of working directly with an individual or family. Macro-level social work practices are large-scale interventions that have significant impacts on the healthcare systems as well as the communities affected by the care systems. Meso-level practices, which deal with smaller units, institutions, or groups, fall in between the micro- and macro-levels.

. The purpose of the research was to facilitate discussion of foster care reunifications with the goal of investigating the problems with successful family reunifications after foster care. Family reunification occurs when children are

successfully returned to their biological families. This placement is the best solution for the children and families when conditions allow (Gilligan, 1997; Ryan et al., 2016; Whittaker & Maluccio, 2002).

I will use the values and principles cited in part 5.02 (Evaluation and Research) of the NASW Code of Ethics (2017) to support the values and principles of this research. I maintained positive regard for the members' privacy, dignity, and well-being. Before evaluation or research, I included written and voluntary informed consent from the participants, as appropriate, without actual or implied sanction for refusal to participate.

Section 1 includes a review of literature exploring the deterrents and determinants to successful reunifications of families after foster care. The review begins with the child and family factors and expands from neighborhoods, schools, and social elements to societal and governmental influences on family reunifications. The literature review was not limited to the micro- and meso-systems, but the emphasis was placed on situations that affect the perceptions of child welfare workers.

I addressed sources of the data and summary of the methodology used to organize and analyze the findings including the design of the study, methods, and procedures in Section 2. The findings of the study were presented in Section 3. Section 4 included the summary, the implications of the study, and recommendations for further study. Appendices follow Section 4.

Problem Statement

The complex psychosocial issues that have complicated social workers' strategies to successfully reunify families are of concern to social work practitioners (Collins, Paris, & Ward, 2008; Crandall, 2013; Geomans, Van Gell, Van Beem, & Vedder, 2016). According to Ryan, Victor, Moore, Mowbray, and Perron (2016), the major purpose of the foster care systems is reunification, which often informs the development of policy frameworks or decision-making processes. However, even considering the importance of this area to healthcare delivery, few studies have been conducted to investigate the significance to families of reunification as well as the reintegration of children into their birth families. Worker views and characteristics, as well as the perspectives of caregivers, birth parents and especially fathers, and children have tended to be neglected (Fernandez, 2013). I designed this action research study to investigate social workers' perceptions of the problems that prevent successful family reunifications after foster care.

In 2015, more than 400,000 children were placed in foster care systems throughout the United States (Holt & Kelly, 2015). More than half remained in foster care longer than anticipated due to failed service agreements between the parents and the Department of Human Services (Holt & Kelly, 2015). The social work practitioners experienced adverse outcomes with foster care reunifications as parents face complicated issues with limited social support and resources (Brisobois & Marsack, 2015). In Mississippi, thirty-eight percent of 2,340 failed reunifications were due to lack of training, inadequate caseload management, and system turnover (CWLA, 2016).

The failure of family reunifications has led to the termination of parental rights, multiple placements, and families separated from biological siblings and other members. The elements of separation may involve children placed at separate locations, which impedes regular contact needed for more successful reunifications. For example, Fraidin (2012b) noted that children might be removed from their family of origin by well-meaning social workers and courts when other more beneficial solutions were available. Florida is a perfect example of a state that has decided to invest more on family preservation as opposed to care given after the family has broken. Consequently, Florida's state foster care system has yielded significant results evidenced by the reduction of children (around 7000) who have been separated from their families. In the 2 years that the foster care system has been implemented, the reunification has improved dramatically, in both expediency and scale (Fraidin, 2012).

The social welfare dilemma associated with the family reunification process is affected by several factors: (a) age of the child, (b) implausibility due to parental imprisonment, (c) drift patterns, (d) neglect due to addiction or drug dependence in parents, (e) short-term or long-term fostering, (f) poverty, (g) access to mental health counselling; and (h) social, political, and cultural environment (Dettlaf et. al., 2015; Koh et al., 2014; Lopez et. al., 2013). Deprivation and poverty cause children to be repeatedly placed in foster care and cause failed reunifications efforts (Fraidin, 2012b). Social and economic status of biological families often predicts how child welfare placements are made (Fraidin, 2012b). Family mental health concerns also affect decisions involving children in the foster care system (Barth, Wildfire, & Green, 2006). The key criterion for

admission into the Child Welfare Services (CWS) is child maltreatment. McLeod and Shanahan (1996) found factors like poverty are responsible for the mental health problems that affect these children. The tough economic conditions that the parents have been subjected to can make parents more aggressive and punitive toward their children as well as less concerned about their children's needs (Barth & Blythe, 1983; Fraidin, 2012b). Consequently, these environments give children mental health problems, which have been cited as the most significant contributor to the placement of children in out-of-home care.

The CWS currently receives a number of children afflicted with mental health issues engendered by diverse reasons that are not always directly linked to parental maltreatment (United States Government Accounting Office [U.S. GAO], 2003). According to Giliberti and Schilzinger (2000), the most significant risk to the safety of children has been associated with parenting as well as environmental and situational factors such as homelessness and poverty, there are other factors that significantly pose risks to the safety of children such as parental health problems, domestic violence, children's disabilities or special needs, social isolation, and parental substance abuse (Pecora, Whittaker, Maluccio, & Barth, 2012). Active domestic violence, substance abuse, and parental mental illness are the most prevalent risk factors (Barth et al., 2006). Reunifications as a permanency plan in the best interests of the child require active participation and contributions from all levels of the ecological system–the court, government agencies, and the family–for successful outcomes (Lercara, 2016).

Lercara (2016) described how states demonstrate the lack of uniform interest for the children and families and reasonable efforts to reunify them. The author suggested that the Adoption and Safe Families Act of 1997 (ASFA) has failed to define reasonable efforts and failed to establish clarity and consistency for successful reunifications. Fraidin (2012b) noted that in sixty percent of cases studied at the University of the District of Columbia in Washington D.C., a safe return of a child to his or her birth parents was possible. For example, in one case a family member followed a child to school and abused him for having stolen a video game. This abuser was not the guardian or in-home resident of the child, but as a result of their actions, child protection services had to place the child in a foster home, where the child had to live with strangers for 1.5 months. The judge, having found too little evidential grounds of abuse to keep the child in foster homes, sent the child to his mother. Several children were returned to their parents in this manner after staying away from home for a few days or a few months until no substantial evidence to support the case of child abuse was found (Fraidin, 2012a).

Purpose Statement and Research Question

The purpose of the research was to investigate the child welfare social workers' perceptions of the problems that prevent successful family reunifications in the foster care system in central Mississippi. When biological parents failed to meet the plan of reunification, the outcome often resulted in adoption or a different permanency goal. Failure to reunify a family may result in the termination of parental rights (TPR), long-term foster care with multiple placements, guardianship, or adoptions (Lercara, 2016). Family reunification occurs when children are successfully returned to their biological

families. This placement is in the best interest of the children and families when conditions allow (Gilligan, 1997; Ryan et al., 2016; Whittaker & Maluccio, 2002).

According to Fraidin (2012a), the basis for some cases of child abuse and a clear connection of how parental action has adversely affected a child is usually speculative and unfounded. Existing studies or theories have not adequately investigated or explained the factors the can be considered most relevant to child welfare. Due to this lack of clear basis or standards, many cases have been founded on unstable foundations. Moreover, other considerations are not always made in tandem with the child's needs. The judges, on most occasions, are often challenged by factors including preconceived biases regarding gender, race, or social class (Gillingham & Humphreys, 2009). As a result, the judgment rendered may not be fair, standard, or in alignment with the child's needs. It must be noted, however, that what is best for a child is often a broader concept that is riddled with a significant amount of ambiguity (Fraidin, 2012a; Lercara, 2016).

This study was necessary to provide insight from social workers regarding the causes of failure to reunify children with biological families. During the focus groups, the social workers shared practical experiences and knowledge. The action research project can inform professionals' understanding of the current challenges of foster care. The findings may result in an original contribution that advances the profession of social work by increasing awareness and practical insight for more successful reunifications and outcomes.

Research Question

The following research question guided this action research: What are social workers' perceptions of psychosocial barriers that prevent family reunification in central Mississippi? I also asked the following subquestions:

    A. How do social workers perceive the effects of family problems?

    B. How do social workers perceive the effects of unstable placements?

    C. How do social workers perceive the effects of mental health issues?

Definition of Terms

The following terms were used operationally in this study:

Failed Foster: Foster children not reuniting with biological families (Ryan et al., 2016).

Family Problems: Highly defined as conditions such as child maltreatment, substance abuse, parental incarceration, lack of parental compliance, poor parenting skills, mentally ill parents, and low socioeconomic that prevent family reunification (Brisobois, & Marsack, 2015).

Family Reunifications: The process of returning children in temporary out-of-home care to their families of origin. The preferred permanency planning outcome is reunification with the child's family (Phillips and Mann, 2013).

*Foster care***:** The term foster care is used to describe a welfare system operated by the government or social agencies. The system is designed to temporarily place minors who are unable to live with biological parents (Ryan et al., 2016). Foster care refers to

twenty-four-hour alternative care for a child outside of biological homes (Child Welfare Information Gateway, 2017).

*Foster Care Drift***:** Patterns of placement that become unsteady and mobile (Forsyth, 2017).

*Kinship Care***:** Children placed in the home of relatives (Swanke, Yampolskaya, Stozier, & Armstrong, 2016).

*Placement disruption***:** A mental health situation that may create a break in the placement of children during foster care (Villodas, Litrowknik, Newton, & Davis, 2016).

*Psychosocial barriers***:** Internal and personal problems that stem from individuals' beliefs, attitudes, values, hang-ups, and inhibitions. These are the problems that appear in private thoughts and social interactions as well as in cultural norms and expectations (Kemp, Marcenko, Hoagwood, & Vesneski, 2009).

*Social Workers' Perceptions***:** The perceptions of practitioners involving the reasons, practical insight, and experiences regarding various issues (Gerritsen-McKane, Hunter, & Ofori-Dua, 2013).

*Termination of Parental Rights (TPR)***:** The legal injunction provided by the court which permanently ends parental rights and obligations that bind the parent to a child. A decree issued by a judge during the court process can set the child legally free to be adopted. The adoption process can go on with or without the birth parents' agreement or input, either voluntarily or involuntarily. In some states, however, the parent (s) has a period to appeal against such a decision to terminate parental rights and obligation

against his or her consent. In addition, the time for appeal varies from one state to another (National Adoption Center, 2017).

*Work Conditions***:** High stress, high demands, extremely large caseloads, insufficient time for collaboration among professionals, parents, and foster parents, poor staffing, and lack of resources that prevent family reunification (Crandall, 2013).

Significance of the Study

The findings of this action research project may help foster care agencies identify conditions that contribute to failed foster care reunifications for more successful treatment planning. The results will help human services organizations to understand the complexities of family reunifications as seen by professional child welfare social workers in the field. The research highlighted crucial issues that may contribute to improved practical training, interventions, and preventions. The study results will help human services agencies with training programs using group interviews to provide depth and breadth of accountability allowing researchers to form a complete picture of reunification problems (Bastian, Bosworth, Washington, & Yano, 2013).

This action research will contribute to overall social work knowledge by increasing the practitioners' experience in foster care reunifications. Social work practitioners have explored practice and professional services providing the opportunity to delve into information about various elements that contribute to unsuccessful reunifications (Chamiec-Case, 2013; Crandall, 2013). Further, I addressed the critical problems that adversely affect the outcome of foster care reunifications (Loughran, McCann, & Ellen, 2015). Additionally, the results can be used to inform the knowledge

base by promoting opportunities for the development of ideas into training programs to help clients through more efficient and useful services.

The implications for positive social change are the improvement of professional training opportunities that promote family reunifications creating opportunities for children to return to biological parents. Knowledge and perspectives from professionals may improve collaboration preventing long-term foster care placements and the termination of biological parents' parental rights (TPR).

Theoretical Framework

In the course of this study, I borrowed extensively from Bronfenbrenner's ecological theory (Bronfenbrenner, 1981). The principles upon which the theory is founded are aligned with the research questions at all levels of practice including family, individual, institution, and community. This alignment occurred because natural ecosystems are defined as the network of interactions among organisms and between organisms and their environment. Thus, social ecology becomes a framework or set of theoretical principles for understanding the dynamic interrelations among various personal and environmental factors that influence the perceptions of social workers and their clients. The most widely known type of practice is the micro-level, which consists of direct involvement, interaction, and working with either an individual or a family. Macro-level care refers to large-scale intervention targeting the entire community and systems of care. Additionally, meso-level social work involves working with smaller institutions and groups (Ryan et al., 2016).

I used this theory in my research because it provided critical ways to explain the problems with family reunifications—such as family breakdowns due to abuse, addiction, or divorce—at the microsystemic level. Events and people at many levels of society affect and are affected by other levels of society. The model is based on the principle that human behavior is a result of the influence of interactions over a period or in the course of a given circumstance (Sallis, Owen & Fisher, 2008). In light of this principle, the causes of behaviors are diverse and can incorporate environmental influence as well as intrapersonal, community, group, organizational, and interpersonal conditions. The ecological model is critical in enabling the development of a holistic framework through which individuals can transact or interact with both their physical and abstract environments (Swearer & Espelage, 2004 p. 248; Sallis et al., 2008, p.466).

Bronfenbrenner (1981) proposed the Ecological systems theory. The theory is commonly used by practitioners who focus on understanding the persons in context. This theory explains that interactions with different environments constantly and consistently shape a person's behavior in various ways throughout their existence. These multilevel systems include the microsystem and the mesosystem as mentioned above. Beyond these, the exosystem, the macrosystem, and the chronosystem help researchers to understand themes of societal interactions and assist researchers with more flexible and accurate ways of analyzing environmental circumstances (Neal & Neal, 2013).

These multilevel systems impact the success or failure of family reunifications. The concepts and framework enabled the researcher and participants to explore influences that contribute to unsuccessful family reunifications through multiple systems.

An overview leads the reader to understand the extent that relationships exist among variables as well as phenomenological relationships leading to the necessity for this action research (Neal & Neal, 2013).

The research question and subquestions address the multilevel systems that affect the process of family reunifications. The primary research question in this study is a general question for practitioners to begin the deductive process of analyzing the factors that they perceive to be affecting the failures of family reunifications in central Mississippi. The first subquestion focused on the microsystem–family problems that prevent family reunification in central Mississippi. Placement disruptions also directly affect the child in the microsystem. Mississippi has acted to reduce these disruptions through training and licensing would-be foster parents (Amy, 2016). Thus, the question aligns to the micro-system—the child and family, neighborhood, and school.

The mesosystem–community, society, and church–and the exosystem–economy, culture, and government–are related to the social conditions affecting the family, the child, and the practitioner. Subquestions reach from the exosystem to the macrosystem. The Mississippi Department of Child Protection Services (MDCPS) has begun the reparation process by adding more social work practitioners to work with foster children and train and license foster care parents. There is evidence that prospective adoptive parents are included in the process, but there is little evidence that families of origin are being helped to reunite (Amy, 2016).

These questions created an avenue to explore and investigate conditions that contribute to the gap between services and outcomes of reunifications at multiple

systematic levels. The questions aligned with the problem statement by explaining or identifying influences that impede successful foster care reunifications. The concepts aligned with the purpose of the study–to facilitate discussion of family reunifications with a goal of investigating the problems to successful post-foster family reunifications–by suggesting systems to assist social workers in addressing adverse foster care outcomes. The concept further aligned with the research question and subquestions by providing approaches, concepts and guiding essential questions that revolve around the failure of family reunifications.

Literature Review

I began this study with a review of literature involving the child and the immediate family–the microsystem–and expanded to explore the research leading out to the mesosystem, the exosystem, the macrosystem, and finally, the chronosystem. After a brief overview of the foster care system, I examined research through the lens of the ecological systems theory from recent peer-reviewed, academic journals and relevant books on the topic of social work practice (Dettlaff, Bauman, Fluke, 2015).

I used the human services and social work database from Walden University's library to find articles that represented the thematic topics—Ebsco host. I used the years 2012 to 2017 for relevant findings; I used peer-reviewed and scholarly journals within five years to establish relevant social work issues that help inform practice regarding the failure of family reunifications. I found sufficient resources to identify subtopics that support the themes. When confronted with limited research, I used a different combination of words on the topic of study. I used some of the following keywords for

the literature search: *permanency placements outcomes, foster children placements, out-of-home placements, unstable foster care, child maltreatment, and foster care, termination of parental rights, and child welfare,* and *mental health.*

Problems and overview of foster care services

Today, foster care settings come in many forms—kinship foster homes, non-kinship foster homes, emergency shelters, group homes, pre-adoptive homes, and residential facilities. Unfortunately, Barnow et al. (2015) found that many youths exceeded the amount of time in foster care creating poor outcomes for youth exiting from the foster care system. Through a 2-year exploration of foster care system alumni transitioning to programs in five United States cities, the researchers gathered the data on 1058 youths. Because services improved incrementally during that time, Barnow et al. concluded that additional services bring positive outcomes in the lives of foster care youth. Further, the authors examined how practice and engagement contributed to adverse outcomes.

In 2015, the estimated number of children in foster care exceeded 420,000, representing a 7% rise from 2011 (HHS, 2016). Of the nearly 270,000 children placed in foster care in 2015, 243,000 children were released to their families. Thus, over 26,000 children remained in foster care the next year (HHS, 2016). Lopez et al. (2013) concluded that the increasing number of foster care children and failures at reunifications results in the risk to the safety of the children.

Permanency planning is a crucial process that defines the length and outcome of placements as well as reunifications of families. For the past quarter-century, permanency

planning has been standard practice for the child welfare system. In a recent study, Wald (2015) investigated the role of Child Protective Service (CPS) systems in protecting children from abuse that comes from poor or neglectful parenting. Wald (2015) found that around 20% of all children are from families that do not pay attention to their needs. This, he concluded, was one of the factors that significantly contributed to the long-term mental health issues in affected children. According to Wald (2015), there are three major aspects of health and well-being that inform most state programs. These factors include safety, emotional health, and economic success. However, Wald (2015) further stated that although these aspects were critical to a child's safety, CPS should not consider them in isolation but rather applied only when the child's immediate physical or mental safety is threatened, and not considering the child's long-term emotional or academic development. For Wald (2015), CPS systems lacked the capacity to solve issues of children's long-term development. However, it must be noted that the state was obligated to enhance proper parenting so that children's mental and cognitive development is not compromised. Moreover, Wald (2015, p. 9) further argued that parents should be encouraged to provide adequate parenting by adopting the current best parenting practices as well as coordinated services. In addition, parents must be educated on the importance of good parenting as well as the care and interactions needed to enhance their children's emotional and academic development.

Lercara, (2016) identified the length of time for the process of professionals taking efficient, decisive action to keep children in their homes or permanently place them with other families. The purpose of the Adoption and Safe Action Act of 1997

(ASFA) was to provide stability, safety, and permanency for children in foster care (Phillips & Mann, 2013). The ASFA provided opportunities for permanency planning and demanded a focus on the time frame for achieved permanent placements. The ASFA shortened the number of months a child experienced foster care in the absence of a permanency hearing from 18 months to 12 months (Lercara, 2016).

The AFSA approach is not universally accepted. Adler (2001) argued the kind of thinking that AFSA is grounded in relies on the concept of an ideal family and is biased in that it isolates nonconformist families with detrimental consequences to foster children. In light of this idea, the author advocated for a paradigm shift in the legal perception and interpretation to open up space for more broadly permissible family structures, which creates room for a wider range of possibilities and outcomes. According to Moye and Rinker (2002), ASFA made the challenges faced by the foster care system worse instead of improving the situation. Moreover, under these guidelines, a family that lost a child would find it challenging to reunify with the child due to the stipulated 12-month permanency period or deadline. The unfortunate consequence of this step is often the Termination of Parental Rights (TPR).

Fiscal issues: Adoption over reunification.

There is a critical need to carefully examine laws that may create problems for family reunifications. States may choose more fiscally beneficial methods of permanency.   The ASFA was passed to fix the problems with the Adoption Assistance and Child Welfare Act of 1980 (AACWA). The AACWA was the first major federal welfare act before the ASFA; the goal of the AACWA was to preserve natural families

who were involved with child welfare agencies and the courts due to child maltreatment. Keeping the child with their natural parents took precedence over the removal of the child. The Act also emphasized returning the child to their natural home as soon as possible. Critics of the AACWA argued that the child's safety was being threatened.

Regrettably, the ASFA provided financial inducements to states that accomplish successful foster care adoptions. Individual states were given a base number for the estimated amount of foster care adoptions the state should reach within the fiscal year. A state was awarded $4,000 for each additional foster child that was adopted over its base number (Andrews, Scarcella, Bess, Hecht Zielewski, Warner, & Geen, 2004, Welfare; 2004; Zill, 2011). The state was allocated money to ensure that adopted children's needs are met. Moreover, the state has been awarded $2,000, bringing the total amount to $6,000 per child for the adoption of a child with special needs. An additional policy in ASFA budgeted $20 million as incentive payments for the adoption of children with special needs. In addition, ASFA must have followed the legal processes and terminate the natural parent's rights within 15 months if reunification was not successful in those months.

In 2001, to successfully reunify children with their families and keep them out of foster care, ASFA was replaced with the Safe and Stable Families Program (Phillips & Mann, 2013). The purpose of the program is to ensure that the broader federal goals relating to safety, well-being, and permanency of the child are achieved. Moreover, this program has the aim of enlightening parents on their role to enhance their capacity to meet their children's' needs as well as facilitating a timely and efficient reunification

process, guardianship, or adoption. However, to have children remain in their own homes is a key focus. In order to move toward these goals, a substantial amount of money, $345 million and $200 million, were allocated by the Safe and Stable Families Program (PSSFP) from 2007- 2010. Additionally, Congress budgeted an additional $63.3 million into the discretionary PSSF in 2010. The statute describes four service categories that correspond to families at various levels of need:

 • <u>Adoption Promotion and Support Services</u> provided with the intent of assisting families with the preparation of adoption.

 • <u>Family Preservation Services</u> encompass post-reunification services, placement prevention services, safe infant programs, parenting skills, and respite care for families in crisis.

 • <u>Time-Limited Family Reunification Services</u> include crises nurseries, counseling, domestic violence intervention, mental health services, substance abuse transportation, and other services to help families that are seeking assistance to address the problems and circumstances that contribute to placement.

 • <u>Family Support Services</u> are designed to enhance child development, promoting healthy marriages, and strengthening parental relationships. The program is designed to provide assistance to families as well as empower them to provide safe and conducive environments for their children (Allen & Bissell, 2004; Safe, 2001).

  In order to enhance the children's safety and mitigate adverse effects caused by traumatic experiences, a focus on building safe, stable, and nurturing homes should be a priority. This process can be created by exposing children to influences that can

strengthen them and not harm them. According to Allen and Bissell (2004), the Safe and Stable Families Program is critical because it provides a conducive family setting in which children can be introduced to constructive and engaging parenting that help them grow holistically.

Factors affecting reunifications and adoption.

The Ecological systems theory states that development is not only influenced by the diverse types of environmental systems involved in a child's growth, but the relationship is reciprocal. Placement changes for children have contributed to their length of stay in foster care homes. However, these placement changes and the longevity of children's stays can also be assigned to developmental, behavioral, or foster family-related issues relating to the child. The social welfare dilemma associated with the family reunifications process, then, is affected by many factors: (a) age of the child, (b) implausibility due to parental imprisonment, (c) drift patterns, (d) neglect due to addiction or drug dependence in parents, (e) foster care under voluntary arrangement with visits, (f) poverty, (g) availability of mental health care, and (h) social, political, and cultural environment (Dettlaf, et. al., 2015; Koh et al., 2014; Lopez, et. al., 2013).

Micro-Level and Meso-Level Problems to Foster Care Reunifications

The age of a foster child is a critical factor in the reunifications process. Hood (2014) argued the age of the child in foster care influences permanency planning outcomes. A toddler is more likely to reunite with biological parents as compared to older children in the foster care system. Copple and Bredekamp (2009) noted that the parents are the child's first and best teacher, so young children develop an attachment to their

parents. The younger the child, the better the chance of bonding with the birth parents.

Hood (2014) found that a shorter time for reunifications in younger children was

associated with a lower risk for placement disturbances than for older children. The

author identified higher episodes of unstable placements for older children because the

older children may have had poor experiences in the foster care system or unresolved

issues with their family of origin. The annual rate of aging out of the foster care system

is large and increasing. Specifically, the authors identified that between 2008 and 2013,

aging youth who experienced difficulties with adoptions and reunifications increased

between 23,000 and 29,000 annually (Rebbe, Nurius, Ahrens, & Courtney 2017). Over

25,000 youth end up aging out of the United States child welfare system annually without

reunifications with biological families or other permanent placements. The writers

concluded that aging youths who experience behavioral and mental health issues are

more likely to experience failure of foster care reunifications or placement stability. Lee,

Courtney, Harachi, and Tajima (2015) noted the process of social exclusion might begin

in the adolescent legal system, leading to higher levels of adult criminal activities among

foster youth who have aged out of care. Practice that addresses these factors may provide

opportunities to improve the permanency placements (Shook et al., 2013).

     The state of Mississippi created Rescue 100, under the direction of Justice Dawn

Beam, as a collaborative program intended to bring together the private sector,

government, and the religious community to train foster parents to obtain the capacities to

take care of neglected and abused children (MDCPS, 2016). These collaborative efforts

are under MDCPS' direct control (MDCPS, 2016). In central Mississippi, there are

generally about 1,000 children in the foster care system and 272 in licensed foster care centers. In the past, the licensing process took several months with a number of classes conducted every week. Rescue 100 was created to fast-track such classes that foster parents must undergo before they are licensed. Under Rescue 100, a foster parent can complete the classes in only 3 days. In most cases, a private agency or the MDCPS make a follow-up by visiting individual homes to check on the progress of reunion (MDCPS, 2016).

While more foster care homes may solve the problems associated with permanency solutions, the resolution of family problems may result in increased family reunifications (Chisolm, 2015). Solutions that create fewer disruptions in the family can be found through mental health counseling and substance abuse treatment (Chisolm, 2015).

Family problems: Substance abuse and family reunification. Chisolm (2015) noted the need to explore solutions for parents with mental illness and the loss of parental right which results in the failure of reunifications. Many parents who are diagnosed as mentally ill experience difficulties with unity. The stability of a family is dependent upon a number of factors, which include a parent's mental illness, socioeconomic and cultural level, and the family's resilience in the face of problems. All these factors determine whether a family disintegrates or re-integrates after a disruptive occurrence. Smith (2015) found that in the last hundred years, over 70% of biological parents with mental illness have lost custody of their children, and he examined how American states have been hesitant to protect and preserve families who are challenged. Lauritzen,

Reedtz, Van Doesum, and Marinuseen (2015) found there is a critical need to study the attitude of the professional workforce to understand the discrepancy that exists between service delivery in mental health and family-focused practice. The authors noted that key elements that hinder treatment might also play an adverse role in reunifications and family preservation.

Moreover, families who experience issues with substance abuse contribute to the elements of failed foster care reunifications. Substance abuse correlates with incarceration. Harris-McKoy et al. (2014) found three-fourths of prison inmates suffer substance-related disorders, and almost half are diagnosed with substance dependency or addiction within 30 days before entering prison, thus indicating that an increasing number of youths have entered foster care due to parental incarceration and incarcerated parents, more particular mothers, have experienced likelihood of TPR. Further, the authors found that alcohol and drugs are a significant indicator of TPR (Harris-McKoy et al., 2014)

Lloyd and Akin (2014) examined how child protective social workers strongly recognize that substance abuse was widespread for biological parents involved in the welfare system. Almost half of foster care cases included parental substance abuse. The authors further indicated that parents who fail to participate in substance treatment successfully are less likely to achieve reunifications.

DeBortoli, Coles, and Dolan (2013) found that parental substance abuse more likely accompanies noncompliance with services and court. The lack of parental compliance increased chances for child removal and TPR. The authors found the reasons for noncompliance are criminal history, transient lifestyles, domestic violence, and

various antisocial tendencies. Biological parents' drug use and out-of-home placements frequently appear in practice and the literature. Workable solutions to parents' substance abuse and improved outcome and engagement must go beyond drug treatment. Child care, housing, parenting skills, transportation, and education for parents are necessary to empower parents for stable placements (Olsen, 2015).

Fallesen (2016) identified critical problems for fathers who experience adverse psychological outcomes of having a child placed in foster care coupled with struggles to find or retain a job. Family involvement during the foster placement period is a salient factor in positive reunifications efforts. Southerland, Burns, Farmer, Wagner, and Simpson (2014) suggested that programs that involve families while in foster care improve chances for reunifications. Moreover, the researchers explored issues relating to foster care systems including types of family involvement, factors that affect involvement, placement outcomes, and data that support family involvement. Nearly 80 percent of youth studied experienced recent family contact and/or family participation in treatment planning. This factor caused the researchers to understand that of the role of family involvement during foster care treatment benefited reunification efforts, while youths that are not involved with family tended to experience TPR. Programs that participate in Foster Family-Based Treatment have developed positive outcomes and relationships with treatment parents (Bass, Shields, & Behrman, 2004).

Akin and Gomi (2017) found that treatment non-completion was one of the challenges that interfered with the achievement of successful outcomes. Due to this challenge, this authors focused on investigating the differences that exist between those

who completed treatment (completers) and those who did not (non-completers). Moreover, this study examined the reasons for non-completion as well as its effect on families of children in foster homes. As a result, the evidence-based interventions (EBIs) created to address the challenges of children's foster care became popular in childcare systems. However, non-completion of treatment by some families is still a big challenge in the child welfare field.

Forgatch & Patterson (2010), using clinicians' notes, examined a sample of 315 families who were receiving Parent Management Training to find the reasons why the parents may not be completing treatment. By employing assessments, the researchers compared those who completed the treatment and those who did not base on factors such as parent and children's social-emotional functioning, demographics, and socioeconomics. The authors indicated that a third of the families did not complete the treatment. Moreover, the study revealed that parents who were poor tended to be non-completers. Single fathers were also found to be more likely to drop out. In contrast, the researchers showed that parents with parenting challenges as well as those with children with special needs were found to complete the treatment. Some of the parent problems involved mental illness and substance abuse. The researchers recommended parental training to equip parents with the necessary skills and strategies that promote the completion of the treatment and reduce treatment problems.

Mississippi ranks as one of the states with the highest rates of neonatal abstinence syndrome (NAS) along with Kentucky, Tennessee, and Alabama. These regions also have higher rates of infants coming into care. Drug abuse by a parent as a reason for the

child's placement increased by nearly 20 percent, more than any other factor (Young, 2017). In Jackson, Mississippi, SAMHSA has requested grants for family-based treatment facilities where young mothers can seek treatment for drug abuse and bring their child. Young (2017) found increased awareness and a widened knowledge base due to concerted efforts by stakeholders to invest in opportunities through regional partnership grants (RPGs), federal investment created during the methamphetamine epidemic, and SAMHSA's investment in the family drug courts. These efforts have significantly improved family outcomes and child safety. The MDCPS has included therapeutic family programming in their new paradigm. It is too early to see the results of the program, but hopefully, the state can tap into funding from the PSSF for reunification efforts (MDCPS, 2016).

Family problems: Parents as therapeutic healers. The education of prospective adoptive parents is essential. Responsively, the creation of an education program known as "Parents as Tender Healers (PATH)" has been a timely and effective program that seeks to educate foster care parents on the significance of child welfare. Moreover, PATH is instrumental in helping to create loving and caring foster homes for adopted children. It should be noted that this a collaborative effort, and PATH, in conjunction with courts, nonprofit organizations, religious organizations, and local child protection ensures that children, as well as their families, are protected (MDCPS, 2016). This kind of collaboration is crucial to developing frameworks that enhance success and lessen the complexities associated with child care systems and discourses that permeate the manner in which child-care challenges affect children and their families. In addition, this program

aims at providing members with the necessary support and resources to strengthen their resolve to be better parents. PATH's core principle is a belief in a conducive environment where children are supported for healthy growth and beneficial relationships. Furthermore, this program offers children an opportunity to access stable and safe family settings in tandem with the goals of the child welfare system. This is a view supported by Ainsworth (1998) and Valentino (2017) in their assertion that PATH enables adoptive, foster, and kinship care families to meet the needs of the children.

Unstable placements. Increasing numbers of children face unstable placements and ongoing abuse which contribute to a shift in child protection procedures from reunifications to other permanency solutions, such as guardianship, adoption, long-term foster care. Multiple placements associate with higher risk for criminal activities and foster care disruptions (Pilkay & Sungkyu, 2015). To solve this problem, Mississippi has created therapeutic foster facilities and stringent licensing of foster care parents to alleviate unstable placements (MDCPS, 2016).

Additionally, case managers are encouraged to use procedures that place responsibility on parents to make necessary changes for reunifications. Still, after the TPR phase, reunification is replaced by adoption, Another Planned Permanent Living Arrangement (APPLA), or guardianship as the permanency plan. APPLA was a euphemism created by the Adoption and Safe Families Act of 1997 to replace the term long-term foster care. Adoption represents the most severe form of state intervention through TPR. Risk factors of abuse or neglect contributed to the necessity of adoption or guardianship (Tefre, 2015).

Forsyth (2017) noted practical challenges to address the outcome of foster care reunifications. He examined drift patterns and aging out as critical structural issues that determine the outcomes of foster care services. Drifting patterns often correlate to significant behavior problems and limited chances for foster care reunifications. Other studies found a range of 20 percent and 50 percent of foster children experienced placement breakdown (Chambers et al., 2017; Geomans et al., 2016,).

Huang, Ryan, Sappleton, and Chiu (2015) found that youths in long-term foster care are more likely to report chronic behavior problems. The study examined how levels of problems contribute to adverse opportunities for reunifications with families which include antisocial behaviors, delinquency, and crimes. Unstable placement plays a role in permanency planning and the outcomes of reunifications. From a macro perspective, there is an essential need for procedures that promote stable placements for foster care children. The foster child's permanency correlates with outcomes (Pilkay & Sungkyu, 2015). Extended periods of time in placement or multiple placements associate with higher risk for criminal activities and foster care disruptions noted Pilkay & Sungkyu (2015), who suggested that the way to improve evidence-based practice was to investigate programs for more quality permanency outcomes. Stakeholders must advocate for smaller caseloads of out-of-home placements and reduce high practitioner turnover (Pilkay & Sungkyu, 2015). Mississippi's governor has pledged to support the MDCPS through finding funding to hire more social work professionals to the workforce (Amy, 2016).

Steen and Duran (2013) recognized permanence as one of the ultimate goals of foster care. States have a duty to reduce the time frames foster children stay and prevent multiple placements and instability. The study suggests for policymakers to explore privatized systems to improve critical aspects of the permanency plan, precisely the length of children placed and reunifications. For instance, in the State of Florida, privatized foster care has improved family reunifications and drastically reduced the length of time for foster care placements. In Mississippi, Canopy and Methodist Children's Homes provide privatized care. Canopy Children's Solutions offers Therapeutic Foster Care to children in custody of the MDCPS.

Yampolskaya, Armstrong, Strozier, and Swwanke (2017) found longer lengths of foster care placements correlated with decreased chances for reunifications, and children that experience fewer disruptions tend to experience less challenging family reunifications.   The study indicated that mothers' adverse substance abuse treatment, mental health issues, and low socioeconomic status increase negative results for reunifications. They also found that parents who were non-compliant with the service plan or viewed the plan as irrelevant increased their chances for TPR.

White et al. (2015) found that the chances of achieving permanency decrease by twelve percent each year from first placements. More specifically, foster children between the ages of 13 to 18 achieve twelve percent guardianship permanency, 6 percent adoption, and only 5 percent reunifications. The researchers suggested the longer youths are in foster care, the more difficult it is for them to have successful foster care reunifications (White et al., 2015). Concurrently, Osei, Gorey, and Hernandez (2016)

found foster teens more commonly placed with more than 9 families within 2 to 5 years have amplified risk for criminal acts and delinquent activities. The writers suggested delinquent activities contribute to the failure of foster care reunifications and increase the chance for placement in residential facilities.

Over half a million children are placed in foster care because they have encountered child maltreatment (Farineau, 2016). These children demonstrated a range of defiance and severe delinquency behaviors (Farineau, 2016). During adolescence, Doyle (2013) found that foster care placement increases the chances of delinquent behaviors. The foster children who engage in criminal behaviors and become involved in the legal system hinder chances for reunifications, weaken the permanency plan, and create placement instability. Further, placements in youth detention interrupt services and label teens. Labeling consequently contributes to social exclusion with limited functioning opportunities such as placements, education, and employment (Lee et al., 2015).

Child welfare increased demand to preserve families has shifted practical focus to the reunification of children in out-of-home placement with their families. Yet, this type of family preservation is perceived by some as competing with the government's responsibilities are conflicting, and the child's safety and protection become paramount. However, at the philosophical level, family preservation and child protection are complementary rather than competing values. Family preservation is a critical process to protect the children (Ward, 2015).

Placement disruptions and mental health issues. Foster care children experience a high demand for mental health treatment as compared to the general

population for many reasons—unstable placements, untrained foster caretakers, or various problems from their families of origin (Scozzaro & Janikowski, 2015). Children and adolescents experience depression, anxiety, post-traumatic stress disorder, and other mental health issues as a result of multiple placements or unsuccessful placements. Regardless of unity with biological families or out-of-home care, behavioral health remediation can assist with stable placement outcomes and the reduction of constant changes in the living environment. Koh et al. (2014) found that out of over 183 foster care placements changes examined, over thirty-two percent accounted for behavior and other mental health issues.

Child welfare placement disruptions are associated with elevated physical and mental health problems (Hood, 2014). Hood and others also found that foster children's age and the types of psychological abuse determine long-term and short-term reunifications (Hood, 2014; Koh et al., 2014; Villodas et al., 2016). The effects of long-term permanent placement patterns among youth are issues that have attracted interest. Villodas et al. (2016) conducted a study in this area, especially among the youth who were involved in the LONGSCAN (longitudinal studies of child abuse and neglect). In their findings, Villodas et al. (2016) highlighted the centrality of having effective long-term strategies targeting youth placed into the foster care system, emphasizing that the development of effective evaluation strategies for traumatized children as well as practical intervention strategies should be the primary priority. Villodas intended to describe the roles played by post-traumatic stress (PTS) and adverse childhood experiences (ACEs) on adolescents, especially in linking the mental health problems with

unstable long-term placement patterns. This data was collected on adolescents between the ages of 4 and 14 years. During early adolescence, most of the youth were taken care of by the same caregiver; however, others experienced patterns of instability. During late childhood, ACEs enhanced the relationship between unstable placement patterns and mental problems, but not health or physical problems. Moreover, as the children transition to adolescence, late childhood PTS enhanced the relationship between unstable placement patterns and the resultant decline of mental and physical problems.

Additionally, maltreatment histories, adverse placement experiences, familial relationships, and mental health status link to criminal activities (McMahon & Fields, 2015). Substance abuse and mental instability have contributed to drifting placements and adverse outcomes for troubled youths. Criminal conduct and repeated contact with the criminal justice system have frequently disrupted social connections and living arrangements (McMahon & Fields, 2015).

Swanke, Yampolskaya, Strozier, and Armstrong (2016) comparatively investigated the effectiveness of mental health services to children in both kinship and non-kinship care. Kinship care was much less effective with children having to wait for 2.7 months before they are attended to while those at the non-kinship care had to wait for 2.4 months. Swanke et al. (2016) further indicated that children in kinship foster care are fourteen percent less likely to receive mental health services than those in non-kinship care. Thus, the children at kinship care are less likely to receive mental health services as compared to those placed in non-kinship care

Children's mental health conditions are indeed factors that prevent foster care reunifications. Over half of foster care children experience some form of mental health disorder (Hambrick, Oppenheim-Weller, N'Zi, & Taussig, 2016). Logically, foster care placement is more frequent, and family reunifications are less successful in the cases of youth with remarkable behavioral problems. At the micro-level, children's behavioral issues can contribute to placement disruptions. Foster children's mental health condition correlates with poor permanency outcomes due to repetitive placements and the challenge of providing appropriate therapeutic services. The unstable arrangements further complicate results by disrupting mental health services (Hambrick et al., 2016).

Mental health and substance abuse issues: Access to care. Conn, Szilagyi, Albert-Gillis, Baldwin, and Jee, (2016) described how foster care children suffer the high prevalence of mental health issues which indicates a need to explore the association between standardized screening and mental health problems. The authors found that strategies to design a system that promptly identifies mental health diagnosis can facilitate treatment for foster children. The intervention may reduce placement disruptions. Routine psychological screening can help practitioners to timely recognize mental health issues thereby improving the quality of life and treatment outcomes (Conn, Szilagyi, Albert-Gillis, Baldwin, and Jee, 2016).

The interrelationship between mental health, physical health, and behavioral symptoms in children in foster care is of concern to scholars in the field. Woods, Farineau, and McWey (2013) tested a hypothesis of mental and physical health for youths in Long-Term Therapeutic Foster Care (LTFC) and found that psychiatric symptoms

mediated health quality and foster children delinquency. Over forty-five percent of children entering the foster care system had at least one chronic illness causing problems with successful placements and outcomes. There is a need for change that reflects targeted interventions, comprehensive services, and improved collaboration between healthcare and protective services to address foster children needs in LTFC (Woods, Farineau, and McWey, 2013).

The states of Tennessee, Georgia, Indiana, and Mississippi explored the Parents as Therapeutic Healers (PATH) program. Canopy Children's Solutions and Methodist Children's Homes are therapeutic foster care agencies in Mississippi that can fill the need for loving foster homes for children. As mentioned earlier, the protection and safety of children is a collaborative effort among multiple stakeholders which include children's adoptive parents, local churches, courts, nonprofit organizations, as well as protection staff and agencies (MDCPS, 2016). PATH, informed by such apparent challenges, was designed to offer foster, adoptive, and kinship care parents in Mississippi an intensive education for them to be able to protect and care for children. Consequently, PATH has been crucial in helping parents navigate the complexities associated with the child welfare system as well as entities that affect the children and their families. Through this program, the participants have an opportunity to evaluate their strengths and weaknesses to make informed decisions regarding their functions and roles as a foster parent. The children who get into foster homes need family stability to grow holistically. The proponents of PATH firmly believe that a stable family setup is vital in the development

of lasting and meaningful relationships. This program may also contribute to successful family reunifications (Chappell et al., 2015).

Plans that provide useful substance abuse approach for foster children and families may further contribute to successful family reunifications. These issues are worthy of lobbying and advocacy. Upon emancipation or reunifications, Jones (2014) found a high number of substance abuse and mental health problems with foster care adolescents. The youths have limited access to healthcare due to loss of safety net such as entitlement programs. There is a need to advocate for federal legislation that requires the state to support foster children until the age of twenty-eight and provide access to healthcare, Medicaid, and placements (Jones, 2014).

DeGarmo, Reid, Fetrow, Fisher, and Antoine (2013) examined the prevention of re-entry into the foster care and reunifications for high-risk children who were exposed to substance abuse. Very few research evidence-based programs focused on successful reunifications for families and even fewer studies focused on reunifications with substance abuse issues. Nearly ninety percent of foster children in the study came from homes where substance use disorder was a prominent issue (DeGarmo et al., 2013). As a result, many foster children were prone to reunifications failure. Between fourteen and thirty percent of these children reenter foster care, and the foster children face longer terms in the child welfare system. Programs that link parental substance abuse, foster children's behavior and the onset of substance abuse can improve the reunifications efforts and the reduction of reentry to child welfare (DeGarmo et al., 2013).

McDonald, Mariscal, Yan, and Brook (2014) found that caretakers' substance and alcohol abuse have adverse consequences for foster children from exposure to violence, traumas, injuries, health problems, neglect, and abuse. These adverse effects lead to behavioral and emotional problems which are correlated to high-risk behaviors and hinder permanency decisions and more successful family reunifications. Programs that provide collaboration and intervention from multiple facilities such as health care, law enforcement, mental health, and treatment centers reduce the problems to successful foster care outcomes (McDonald, Mariscal, Yan, and Brook, 2014).

According to Darling-Hammond (2015), the U.S. has yet to catch up with other developed countries when it comes to childcare protection and support because the nation fails to demonstrate effective universal healthcare, early childhood education, and support for low-income families who are not able to care and protect their children. Staffing has continued to demonstrate critical concerns to address complex foster issues. Darling-Hammond (2015) also found inadequate staffing contributes to poorly trained workers which hinder the reunifications process and that countries who prioritize their children have embraced collaborative efforts in an attempt to enhance healthy family relationships.

Exosystemic Influences

From a micro-level perspective, the living conditions of families are a key consideration in the reunifications process. Youths who experience out-of-home or other service systems are more likely come from unstable conditions of life which include lower social support, legal issues, poverty, and domestic violence (Vidal et al., 2017).

The failure of family reunifications is linked to lack of socioeconomic resources and where families depend on the welfare benefits. Fallesen (2016) suggested that limited resources prolong out-of-home placements. In the United States, annually, more than 2.5 million intervention referrals stem from child neglect and abuse. Unintentional injuries were the primary cause of death among children (Fallesen, 2016). Child neglect is correlated with substance abuse and environment and physical neglect which increase risk factors and home safety hazards. Many social workers utilize the Home and Safety Beautification Assessment (HSBA) Checklist to measure and determine a safe environment which determines the decisions such as removal and reunifications (Donohue et al., 2016).

Rocklock, Jantz, and Abner (2015) found that foster children from families receiving welfare assistance experience a lower rate of reunifications. Poor neighborhoods impact how social agencies provide services and make critical decisions. Child Protection Services personnel have experienced little to no decline in neglect or abuse cases with children living in poverty. Over 75 percent of neglect results in the separation of children from biological families (Lopez et al., 2013). Twenty percent of children live below poverty which links to neglect (Lopez et al., 2013). As with the prevalence of neglect, the number of children living in impoverished conditions has not declined in the past two decades (Wald, 2015).

According to Molnar et al., (2016) neighborhoods with high poverty and crime rates can influence youths' well-being. Child maltreatment rates are significantly lower in communities with high social processes. Huang, Ryan, and Rhoden (2016)

investigated the relationship between geographic neighborhood change and the risk of delinquency for adolescents in foster care settings. The environment in which a child grows greatly affects development. A neighborhood that is marred by criminal activities and instability contributed a higher percentage of children to out-of-home placement. The environment where the child is placed matters, and as such, choosing a neighborhood in which to place children should be critical in the placement decision-making process to maximize successful outcomes. Learning about the consequences of changing the community can inform the decision on placement criteria for fewer disruptions and more successful family reunifications (Huang, Ryan, and Rhoden, 2016).

Maguire-Jack and Wang (2016) examined how social support is a useful component of the family's overall well-being. The family members have direct contact with their neighbors comprising the mesosystem. From an ecological perspective, neighborhoods give children and parents critical resources such as access to goods and services, safety, behavioral models, and social interactions. Maguire-Jack and Wang (2016) suggested that neighborhoods who lack these critical resources increase family stressors and create challenges for child welfare workers and resulting placements.

Davis, O'Brien, and Rogg (2013) identified factors such as abuse history, race, gender, age, demographics, and placement history that affect the length of stay and achievement of reunifications. The authors recognized that foster care placements in Indiana were nearly three times longer than those in North Carolina; thus, the time of placements in foster care presents considerable variation. The states' inconsistencies in the average length of time in foster care contribute to unclear standards for response to

child maltreatment which can hinder interventions aimed to improve foster care reunifications. A child welfare gap in foster care entry rates and reunifications across the United States is another area of concern to policymakers and social workers (Russell & Macgill, 2015). It is essential to understand the elements that determine the outcomes of reunifications to explore factors that contribute to the failure of reunifications. The outcomes of family reunifications often fail because children who live in an environment including substance abuse or some other mental health issue are over sixty-eight percent less likely to reunify with their biological families (Aguiniga, Madden, & Hawley, 2015). Adverse factors include difficulties in maintaining a secure and safe environment, poor monitoring, inadequate coping skills, and challenges maintaining employment for the well-being of the family (Harris-McKoy et al., 2014).

Pelton (2015) supported the idea that environment is vital in childcare and protection. In his study, Pelton (2015) found that poverty was a significant challenge to childcare and that over 50% of the children entering the foster care homes come from families who are challenged to meet basic needs. Moreover, Pelton (2015) further observed that low income and poverty had been linked to child abuse and neglect, regardless of class. It is clear that racial disproportionalities in the child welfare system have a strong correlation with racial disproportionalities in poverty-stricken communities (Dettlaf et al., 2015; Koh et al., 2014; Lopez et al., 2013).

Pelton (2015) further indicated child mistreatment strongly correlated with poverty. Additionally, unemployment is closely associated with child maltreatment. The majority of children in foster care homes are from financially disadvantaged

backgrounds. Changes that occur in financial security, either through job loss or other

factors, contribute to the high risk of some placements (Pelton, 2015). Further,

dysfunctional family structures contribute to a higher percentage of children who enter

into out-of-home placement. One million children living in out-of-home placement

represents ongoing problems of the child welfare system, and the new model has not been

able to change these problematic conditions. Thus, social services that provide economic

and employment opportunities might be a tool for more successful placement, prevention,

and reunifications (Dettlaf et al., 2015; Koh et al., 2014; Lopez et al., 2013).

Other exosystemic factors such as socioeconomic status and race influence the

decision for placements (Sieracki, Fuller, Leon, Jhe Bai, & Bryant, 2015). The authors

found that African-American or other minority groups more likely experienced foster

care reunifications as compared to Caucasian foster children. Social workers used data

derived from the youth's assessment and not demographic characteristics to influence

placement decision. Wulczyn, Gibbons, Snowden, and Lery (2013) conducted a study to

investigate the correlation between poverty or social disadvantage, racial status, and the

white/black care placement gap. The placement rate for Black children was higher than

that of White children. Huang, Ryan, and Rhoden (2016) found that the ecological

measurement of poverty was linked to the narrower gap as opposed to the wider gap. In

addition, the gap is found to be narrower in areas where poverty rates are high. But

generally, the placement rates are more engendered by White poverty than by the Black

poverty. The authors found a significant difference between Afro-American children

placed at an average of 2.7 times higher and the average Caucasian population. On the

other hand, Shook, Goodkind, Herring, Pohlig, Kolivoski, and Kim (2013) found that African American foster youth were overrepresented in the aged-out group and continued to note that African American children are three times more likely as Caucasian to be without placement.

Professional practice strategies affecting the reunifications process. The complicated process of determining situations in the home, the best decision for the child, and unclear guidelines regarding criteria to make practical decisions create problems for placement and reunifications outcomes. I designed this study to contribute to the understanding of how social worker's social, political, and culture play a role in clinical judgment. Ben-David (2016) found that social workers experience difficulties in building a working relationship with biological parents because they are assigned extremely large caseloads.   Other researchers suggest that work conditions, such as high stress and demands of social work responsibilities play a factor in adverse outcomes of child welfare (Pecora, Whittaker, Maluccio, and Barth, 2013). Insufficient time for collaboration among professionals, biological parents, and foster parents adversely affect the decision-making process which may lead to added displacement among foster care children (Pecora, Whittaker, Maluccio, and Barth, 2013). Nevertheless, for successful foster care reunifications, practitioners must consider family-centered practice approaches that promote family involvement (Dettlaff et al., 2015).

Ruggiero (2015) suggested a critical need for a comprehensive approach that promoted the biological parents' participation. The inclusion process provides accountability for the achieved interest and individualized needs. The failure of building

collaborative relationships and providing family support services for specific needs
hindered the outcomes of foster care cases (Ruggiero, 2015).

Yampolskaya et al., (2017) examined the outcomes of case managers' abilities to
achieve parental rights and reunifications. The authors argued that case managers' roles
should include support, encouragement, and advocacy for biological families. Further,
increasing numbers of children face unstable placements and ongoing abuse which
contribute to a shift in child protection procedure from reunifications to adoption and
permanence. Social workers were encouraged to use procedures that place responsibility
on parents to make necessary changes for reunifications. The collaboration process
strengthened assessment by gathering information, offering referrals for parental and
educational skills, and beginning mental health counseling leading to a stable home
environment (Mariscal, Akin, Lieberman, & Washington, 2015).

Resources, time, opportunities, work climate, and engagement produce challenges
for foster care reunifications. Michalopoulus, Ahn, Shaw, and O'Conner (2012)
conducted an efficiency study with nine focus groups concerned with childcare in
different regions of one state seeking to identify experiences of the social work
practitioners with FCP. Some factors contributing to inferior quality include delayed time
for service plan and high volume of caseloads.

Problems with support systems. The Safe and Stable Families Act offers
support services to families that enable safe and nurturing environments (Safe, 2001).
These support services aimed at enhancing child development, promoting healthy
marriages, improving parenting, and strengthening parental relationships (Safe, 2001).

Moreover, these support services also provide help such as placement prevention services, infant safe-haven program, training on parenting skills, and respite care and post-reunification services to families in crisis (Allen & Bissell, 2004; Safe, 2001). Further, practitioners must consider how the gap in mental health services hinders the overall care and reunifications of foster care children and their families. Youth in foster care experience difficulties accessing mental health services which are necessary to maintain stability and permanency planning. Up to forty-seven percent of all children in foster care experience mental health issues (Phillips et al., 2015). Additionally, foster care children experience various and intense behavioral and emotional health needs. There is a gap in linking foster children in critical need for mental health services which contributes to adverse service outcomes. The authors suggest a critical need for foster care social workers and mental health providers to collaborate to assist the needs of children and families (Kerns et al., 2014).

A substantial number of foster care youths leave the system with mental health challenges associated with separation from biological families, multiple placements, and trauma (Phillips et al. 2015). Critical services and planning are necessary to address mental health issues and improve foster care children's quality of life and outcomes. Lucero, Barrett, and Jensen (2015) indicated that prevention services are critical since they reduce parenting stress by enhancing the sense of belonging among the youth who are at risk of engaging in delinquent behaviors. Delinquency is a cause of great concern not only to school administrators since it leads to problematic behaviors that hinder learning but also to the government as it can lead to juvenile delinquency. Lucero,

Barrett, and Jensen (2015) adopted an ecological framework that projected early delinquency and explored factors (individual, school, and family) that relate to juvenile delinquency. Delinquency is often a function of a feeling of lack of belonging in the children, family and societal controls, and parenting stress. A strong correlation existed between parenting stress and early delinquency. However, the school setting was negatively associated with early delinquency (Lucero, Barrett, and Jensen, 2015).

On the other hand, Harwich, Lindstrom, and Unruh (2017) focused on understanding the experience of transitioning to adulthood for alumni of foster care with disabilities. Semi-structured interviews were conducted with seven young adults who had exited care over a six-month period. Participants described their journeys from foster care to independence and articulated a vision for successful adulthood. Key themes that emerged included a desire for stability and personal fulfillment in adult life. Participants also identified common problems encountered including unmet mental health needs and lack of disability awareness or the implications of mental health diagnosis. Emotional Intelligence skills that helped overcome those problems included resilience, advocacy, and self-determination.

Scozzaro and Janikowski (2015) found between forty and sixty percent of the foster care population had at least one mental health disorder. Despite these findings, mental health treatment was not conducted routinely. With psychiatric interventions, the authors found placement disruptions reduced and foster care outcomes significantly improved. For the improvement of successful foster care reunifications, the authors

suggested that coordinated treatment, assessment, and placement play a critical role in placement outcomes.

Challenging Macro-Systemic Issues

The decision to remove a child to out-of-home care is challenging and complex, while other factors such as reunifying foster children with their families of origin are equally complicated.   Thus, children become involved in a decision-making process in which decisions are made that have a significant effect on their future and well-being. Unfortunately, this decision-making process can be even more multifaceted. Dettlaff et al. (2015) developed an instrument to explore the context of the removal decision at the social work practitioner level. In order to examine the factors that affect the decision-making process of protective service workers, decision-making ecology (DME) was used in several states as a foundational framework to obtain measures. Analysis of decision-making processes of social work practitioners uses internal and external references relevant to the decision-making process. The process is ambiguous at best. During the use of the DME framework in the context of a social agency, differences in practical approaches across agencies contribute to the variation of successful family reunifications. Despite the seriousness of various criteria, social organizations have different standards of time, decision-making, and resources—factors that have received little research and attention (Dettlaff, et al., 2015; Font & Maguire-Jack, 2015).

The development and implementation of structured assessment tools is a critical concern for protective workers to make proper decisions. Researchers and scholars have debated on the positive and negative effects of utilizing such assessment tools.

Gillingham (2011), found that the employment of assessment tools in professional development may be damaging due to their prescriptive nature.

Further, differences in practice create a need to build research and clinical knowledge about perceptions of failed family reunifications. Rodrigues, Calheiros, and Pereira, (2015) examined the lack of guidelines which makes decision-making susceptible to social worker's subjectivity and interpretation and explored decision making and risk assessment that may determine the outcome of reunifications. These risks are the parents' involvement and compliance, maltreatment characteristics, and social support.

According to Rodrigues Calheiros, and Pereira, (2015), current researchers exploring the decisions connected with out-of-home placement in foster care have not substantially explained the errors in decision-making as well as in professional decision-making processes. Furthermore, the decision-making process involved in childcare is often complex and full of uncertainty due to its ambiguity, particularly in cases involving parental neglect. The participants were drawn from 195 professionals engaged children and youth protection in Portugal (Rodrigues, Calheiros, and Pereira, 2015). A vignette of a neglect case concerning a one-year-old child revealing psychological and physical neglect was presented to participants to read, and after that participants were provided with questions that measured their thinking and subjective norm toward residential care placement. This process revealed that decision-making processes considered personal as well as contextual and social factors, and the decision-making ecology was influenced by the definition of the effective decision-making threshold. The intent to decide residential

care placement was informed by the social, affective, cognitive, perceived, value-laden, and experience variables. This model explained sixty-one percent of all the caseworkers' decisions when it came to a parental neglect case. The implications of Rodrigues, Calheiros, and Pereira's (2015) findings reveal the presence of biased psychosocial determinants.

Summary

I investigated failed family reunifications. It was necessary to allow practitioners to share their perceptions of these complex psychosocial issues that confound social work practice to successfully reunify families. I designed the study to investigate the problems that prevent social workers from arranging for successful family reunifications after foster care from the practitioners' point of view. The purpose of this study was to facilitate discussion of family reunifications with a goal of investigating the problems to successful family reunifications.   I applied a qualitative design to explore the literature and practice of social workers to precipitate the positive reunifications of families in the foster care system in central, Mississippi. Additionally, I explored the professionals' perceptions of failed family reunifications and created the opportunity to share clinical insight to promote successful family reunifications. Limitations included the need to understand when and how interventions may apply for individual cases, and community-based mental health may have programs that specifically focus on the foster care population.

The findings of this action research project help child welfare agencies identify conditions that contribute to failed family reunifications for more successful planning and

training. The results help human service organizations understand the complexities of the foster care system. I highlighted crucial issues that may contribute to improved practical training, interventions, and preventions.

Bronfenbrenner's Ecological systems theory was the primary theory to frame the study. I began the Literature Review with an overview of foster care and the development of Federal legislation to protect children and families. Then, I reviewed the research starting with the micro-system of the child and family and expanded within the paradigm of the ecological systems theory toward the exo-, macro- and the chronosystems of changes that are necessary to improve the current foster care system.

Section 2 included the following subsections: Research design, methodology, data analysis, ethical procedures, and a summary. I discussed the values and principles cited in part 5.02 (Evaluation and Research) of the NASW Code of Ethics (2008) to support the values and principles of research.

I used action research in this project. Focus groups comprised of practitioners from central Mississippi gave voice to the perceptions and practices of these professionals to determine the effects of collaboration on the vulnerable children in the system. Sources of the data and a summary of the methodology used to organize and analyzed the findings were addressed in Section 2 including the design of the study, methods, and procedures. The findings were presented in section 3. Section 4 contains the summary, the implications of the study, and recommendations for further study. Appendices follow Section 4.

Section 2: Research Design and Data Collection

Social work practitioners experience practical problems on multiple levels—individual, family, community, and institutional—resulting in failed family reunifications. I designed this study to investigate the problems that prevent social workers from arranging for successful family reunifications after foster care. In 2015, more than 400,000 children were placed in the foster care system through the United States (Holt & Kelly, 2015). More than half remained in foster care longer than anticipated due to failed service agreements between the parents and the Department of Human Services, (Holt & Kelly, 2015). The social work practitioners experienced adverse outcomes with family reunifications as parents face complicated issues with limited social support and resources (Brisobois & Marsack, 2015). In Mississippi, thirty-eight percent of 2,340 failed reunifications were due to lack of training, poor caseload management, and system turnover (CWLA, 2016).

This section includes the conceptualization of the study, collection of data procedures, and steps in the process. Section 2 includes information regarding the following: research design, methodology, data analysis, ethical procedures, and a summary.

Research Design

The following research question guided this action research: What are social workers' perceptions of psychosocial barriers that prevent family reunification in central Mississippi? I also asked the following subquestions:

A. How do social workers perceive the effects of family problems?

B. How do social workers perceive the effects of unstable placements?

C. How do social workers perceive the effects of mental health issues?

I used action research to explore the literature and practice of social workers to precipitate the positive reunifications of families in the foster care system in central Mississippi. The professionals shared their perceptions of failed family reunifications, imparted clinical insight to promote successful family reunifications, and used the group as a forum to share practical experiences and knowledge. The goal of this study was to create social change that reflects the understanding of current challenges and risks of foster care. The findings present an original contribution that advances the profession of social work by increasing awareness and practical insight for more successful reunifications and outcomes.

I investigated the problems that prevent social workers from arranging for successful family reunifications after foster care. The failure of parent participation in reunifications has led to TPR, multiple placements, and families separated from biological siblings and other members. Social work practitioners experience problems that prevent successful family reunifications after foster care.

The findings of this study may help child welfare agencies to identify conditions that contribute to failed family reunifications for more successful planning. The findings of this study may improve the overall social work knowledge by informing social workers about various elements that contribute to failed family reunifications. The opportunity for sharing ideas resulted in more reliable and valid assessment and

interventions in central Mississippi to positively affect the care of clients by drawing on expert experiences and perspectives (Crandall, 2013).

The purpose of the study was to facilitate discussion of family reunifications with a goal of investigating the problems to successful family reunifications through exploring the social workers' perceptions of failed family reunifications. The focus group approach aligned with the goal of investigating the problems to successful post-foster family reunifications by allowing the participants the opportunities to share experiences and perspectives regarding family reunifications. The social workers' perceptions involved the reasons, practical insight, and experiences regarding reunifications issues.

Methodology

A lack of using focus groups as a data collection method is one of the most significant challenges to researchers who wish to improve the child welfare system (Dettlaff & Rycraft, 2010). Dettlaff and Rycraft's (2010) study, in which the researchers used focus groups, provided critical findings that can be used together with other studies conducted in child welfare to get a better understanding of the problems affecting children and families. These problems can be connected to factors such as workforce issues, fearful agency environment, cultural bias, ineffective service delivery, and communication problems.

Stake (2011) suggested that the priority of qualitative research is on measuring effects as well as outcomes across target groups instead of quantitative analysis. However, it must be noted that common traits and unique factors that cut across all cases

are present, and that is why qualitative studies are better at capturing personal and specific cases and the interweaving themes throughout. Stake (2011) recommended that the purpose of the research should always be prioritized because it has the potential of focusing the research to gain better findings that would aid in understanding the phenomenon under study. The specific research design for my study was descriptive, explanatory, and embedded.

Action research procedures aligned with the selected research question and subquestions indicated in the previous section. I chose a design that was the best option to collect the data to answer the research questions for the study and to collect data to describe the nature of the phenomena in detail.

Urgent long-term social reform is necessary to resolve the child welfare problems and create equal opportunity for all children and families. The protection and support for children need additional attention to mitigate the effects of child maltreatment. Bartholet, Wulczyn, Barth, and Lederman (2011) suggest targeting these kinds of solutions through focus groups with stakeholders designed to encourage further research to assess which programs work best to support families and protect children.

Participants

I used expert sampling, a form of purposive sampling, in this study, meaning that I categorized attributes of the population that best fit the research question and subquestions. The participants in this study were professional social workers in central Mississippi. The research methodology involved focus groups with ten agency social

workers from two organizations in central Mississippi that specialize in foster care. I gained indirect information filtered through the views of the participants by using the focus groups.

For the collection of data on strategic and operational issues among professionals, Spratt and Devaney (2008) utilized focus groups and interviews. The interview process included recording and transcribing so that interview data could be analyzed. The research outlined the perceptions of practitioners from five research sites in the United States, the United Kingdom, and Australia. The participants identified challenges to their practice and provided services to dysfunctional families. Similarly, in the current study, I used focus groups and interviews to determine the views of social workers in central Mississippi. Though using this method, I could conduct the research with limited participants and within a shorter time frame than other designs. I could more thoroughly explore the problems to reunifications in central Mississippi using interviews and focus groups with practitioners who provided the data for this study. Secolsky & Denison (2012) suggested using this methodology to study the phenomenon—the problems associated with reunifications in central Mississippi

Instrument

I collected the primary data through in-person focus groups to analyze variables inductively. I combined larger categories of the phenomena (constructs) to determine the relationships among them to understand participants' meaning. I reported the results as thematic findings per the overarching and major supporting research question and subquestions.

Janesick (2004) suggested that an interview protocol should keep track of the questions to ask and also serve as a vehicle to observe the participants. Therefore, I designed the interview protocol not only to keep track of the questions to ask but also to observe the setting, behavior of participants and responses. As an observer of the participants, I used the protocol form to make notes of the type of engagement that existed between participants as they discussed topics and any patterns that emerged from their discussions per suggestions by Hatch (2002) and Yin (2011). In this way, I captured any passion or lack of interest in topics the participants revealed. I used the observation component of the form to note any implications regarding participants' responses and behaviors as possibly influenced by the setting of the focus group. The protocol form is included in Appendix A.

Each session lasted approximately 60 minutes. With the help of the administrators, I scheduled the focus groups in a natural, unstructured, and flexible setting at the agency office. I coded the information gleaned from the group by theme for analysis. The focus groups consisted of 10 social workers. I contacted the supervisors at the agencies for the follow-up reminder. The supervisors provided contact information

for the recruitment of participants. I arranged a meeting with the social workers to give

them the opportunity to agree to participate in focus groups. I communicated with the

supervisor and social workers to ensure adequate time for the process. I provided focus

interview questions that inquired about the social workers' perceptions of failed family

reunifications. I designed the focus questions (see Appendix A) to provide participants

with opportunities to express their perspectives and experiences in their terms.

I asked questions that clarified the information presented, extended understating

of perspectives, and moderated without participating. I also encouraged all to participate

and provided opportunities for all members to have ample opportunity to contribute. I

professionally transcribed and then coded the focus group responses by defining essential

coding categories, assigning labels to categories, classification of relevant information,

the reliability of the coding, and exposing unreliable sources in the coding using the

comparative method outlined by Miles and Huberman (1994).

The focus group was useful to explore the social workers' perception of the

failure of family reunifications. I provided the participants with interview focus questions

that inquired about challenges and adverse foster care outcomes. The participants had an

equal chance to describe perspectives and professional experiences. I used narrative notes

and focus questions to document findings. I utilized focus groups since it is critical to

provide a clear understanding of the contexts or situations that enabling the identification

of unanticipated outcomes and provided direct information about what motivated the

members' behavior. On the other hand, Cyr (2016) noted that groups are not always

objective in that they may affect the behavior of participants and may succumb to the selective perception of the observer. I was careful to be objective in my approach. Additionally, Cyr (2016) noted that the investigator has very little control over the situation, and the observed responses of the participants may be atypical.

The focus group was an interview session and not a decision-making process or problem-solving session. The group dynamics offered various advantages to research, such as the use of interactions and related insights to come up with relevant information. The focus group process enables the combination of both participant observation and interview, which permitted an understanding of the respondent's language, attitude, and behaviors (Coyne, 1997; Cyr, 2016).

In a study, a focus group often consists of eight to 10 participants, who share characteristics that are pertinent to the research. However, the focus group approach has been adopted by other fields like social work because it is effective in the collection of data (Coyne, 1997; Cyr, 2016). In focus groups, the moderator/recorder focuses on observing, taking notes, and asking questions (Stringer, 2013). I designed the focus groups to be the primary instruments used to elicit the practitioners' perceptions of the reunifications process experience. I also provided opportunities for the participants to describe experiences and perspectives on family reunifications. Stringer (2013) suggested that questions be open-ended and that participants debrief their experience afterward. Therefore, I addressed most of the questions to be open-ended to glean indirect information filtered through the views of the participants. After the focus groups,

participants debriefed their perception of the professional benefits or lack thereof of the focus groups

Data Analysis

After the approval (06-25-18-0607086) by the Walden University Institutional Review Board (IRB), I began data collection. I collected the data by coordinating focus groups with two agencies in central Mississippi. I served as the facilitator and moderated without participating, encouraged everyone to participate, and provided opportunities for all members to have ample opportunity to contribute. I professionally transcribed the focus group responses and coded them by defining essential coding categories, assigning labels to categories, classification of relevant information, the reliability of the coding, and exposing unreliable sources in the coding using the comparative method outlined by Miles and Huberman (1994).

I used document analysis to concentrate on data material using a system of data reduction and color coding to analyze data from the interviews. In this way, I discovered common themes derived from the participants' perceptions of the complex psychosocial issues that have complicated social work strategies to successfully reunify families. I established content validity for the focus group questions through notes that reflected the direct responses and answers from the social workers to focus questions to collect the data. I used content analysis to determine the presence of specific words, concepts within the text and identifying variables, themes, and experiences that answered the research question and subquestions. To determine the elements and nature of experiences, I used key experiences for data analysis.

I reviewed the data relevant to the problem and research question and subquestions to determine which information to incorporate into the analyses. I explored significant experiences and events that impact practice. For each feature, I found the elements that create the comprehensive thematic aspects of social workers' experiences. I, then, identified themes and features of each participant and identified common experiences among members and listed them as themes as suggested by Stringer (2013).

Through ensuring the research did not represent biased or subjective perspectives, I sufficiently added precision and rigor to the study. The methods represented the suggestions of Stringer (2013), so I made certain that experiences and perspectives of all the participants enhanced credibility, validity, and objectivity. I used notes that provided verbatim terms and concepts drawn from the words of the members. I indicated the understanding, intuitions, or interpretation of the group members. I provided all members with extensive opportunities to express and explore experiences related to the problems investigated. I considered multiple perspectives to clarify meaning. I held a debriefing meeting with each participant to clarify each participant's perception of the value or usefulness of the group proceedings per Stringer (2013).

For reliability and validity, ideas and concepts within the study reflect and draw from the experiences and perspectives of the participants. I explained factors in the language and terminology of the participants. Stringer (2013) noted that subtle and extraneous factors that contribute to bias and unreliability in human judgment could cause reliability, dependability and transferability issues; however, I provided a detailed

description of the activities, contexts, and events reported as part of the study outcomes. I

achieved confirmation of the proceedings through the collection of data, notes, and

instruments related to the study which ensured trustworthiness (Stringer, 2013).

Ethical Procedures

According to the NASW (2017), social workers should assess and evaluate

policies, execute programs, and apply interventions, further, they should support and

engage in research and evaluation to add to the development of the field. When

conducting research or evaluation, consequences should be considered, and guidelines

created for the protection of the participants. The social worker should have a positive

regard for the members' privacy, dignity, and well-being. Before evaluation or research,

the social worker should apply written and voluntary informed consent from the

participants, as appropriate, without actual or implied sanction for refusal to participate.

The social workers should qualify appropriate explanations, acquire the participants'

agreement to proficient standards, and get written consent from an appropriate

representative (NASW, 2017).

I utilized appropriate consent procedures (not included).   The consent forms

educated the participants about their right to refuse research or evaluation at all times

without penalty. I informed participants about unwarranted mental or physical distress,

deprivation, harm, or danger per NASW (2017).

I maintained truthful and accurate research findings. I did not falsify any results

and corrected errors in published data with standard methods for publications. The

NASW (2017) guides the practice of social work by encouraging practitioners to assess and evaluate agency values for the most efficient outcomes. Social workers are expected to support and participate in research and evaluation to increase the body of knowledge. The practitioners adhere the privacy and consent to protect the target population and agencies information. When engaging in investigation and evaluation, the code of ethics guides the social workers to report accurate findings and refrain from dual relationships.

I designed this project to support the NASW Code of Ethics (2017) by integrating the values and principles which include transparent consent for the participants. The members had ethical protection by ensuring proper consent, confidentiality, and private and comfortable research settings. The NASW Code of Ethics (2017) is evident in this action research project by adhering to clients and social workers' privacy and confidentiality throughout the research. I supplied the participants with a written consent form for permission and openly identified their rights to withdraw at any time without consequences. (not included). At the completion of the focus groups, the researcher clarified answers and provided a debriefing to promote correct findings. The collection of data and research procedures and results represented the values and ethics of social work. I reported data that reflect the perceptions of the participants and not my own bias or interpretation. The data will be held in a private office and placed and stored in a locked file for at least five (5) years. The raw data will be shredded after five years. The data collection procedures were anonymous and confidential. Access to the data will continue to be limited. I will disseminate the data to social work practitioners and administrators to inform practice, training, and publications.

Summary

I used focus group research as the major source of data in this study—a form of qualitative research in which a group of practitioners was asked about their perceptions, opinions, beliefs, and attitudes toward problems to reunifications of families in foster care. I intended the research to discover the participants' beliefs, reactions, experiences, attitudes as well as feelings that are often disregarded by other methodologies. Therefore, I designed the research to be a form of action research that utilized interviews seeking respondents' attitudes, perceptions, beliefs, and opinions on the topic in an organized and structured dialog.

The group lasted one hour and provided the opportunity for all the respondents to participate and to give their opinions. The purpose of the research—to facilitate conversation about family reunifications with the goal of investigating the problems to successful family reunifications—were communicated to the members of the group and their supervisors. I utilized a process guide, including group questions and a session outline. I was the facilitator and record keeper. I used key experiences to determine the elements and nature of experiences for data analysis. I analyzed the data which indicated the understanding, intuitions, or interpretation of the group members. I met all ethical considerations.

Section 3: Presentation of the Findings

I designed the research to investigate the child welfare social workers'

perceptions of the problems that prevent successful family reunifications in the foster

care system in central Mississippi. This study provided an opportunity for professional

social workers to explore perceptions of failed family reunifications, share clinical

insights to promote successful family reunifications and share practical experiences and

knowledge. For the collection of data, I used focus groups with 10 social workers from

two child welfare agencies located in central Mississippi. The social workers possessed

specialized knowledge and skills in the foster care system. The following research

question guided this action research: What are social workers' perceptions of

psychosocial barriers that prevent family reunification in central Mississippi? I also

asked the following subquestions: A). How do social workers perceive the effects of

family problems? B). How do social workers perceive the effects of unstable placements?

C). How do social workers perceive the effects of mental health issues? Section 3

includes information regarding the data analysis techniques, findings, and a summary.

Data Analysis Techniques

Initially, I received a conditional IRB approval, pending letters of participation. I

swiftly obtained letters of participation from the two social-service agencies. After the

official approval from the IRB--06-25-18-0607086, I contacted one agency for

recruitment and facilitated the first focus group. I contacted the participants and then

facilitated the next focus group. The response rate for focus groups was 100%. Ten

social workers signed the required materials and openly shared experiences, perceptions,

and thoughts.   I collected the data by coordinating focus groups with two agencies in central Mississippi. Serving as facilitator, I moderated without participating, encouraged all participation, and provided opportunities for all members to have ample opportunity to contribute. I coded the focus group responses and professionally transcribed them by defining essential coding categories, assigning labels to categories, classification of relevant information, the reliability of the coding, and exposing unreliable sources in the coding using the comparative method outlined by Miles and Huberman (1994).

I concentrated on data materials and documents through document analysis and used a system of data reduction and color coding to analyze data from the interviews to discover common themes derived from the participants' perceptions of the complex psychosocial issues that have complicated social work strategies to successfully reunify families. I then gave attention to content validity for the focus group questions through notes that reflect the direct responses from the social workers and answers to focus questions to collect the data. I used content analysis to determine the presence of specific words, concepts within the text and identifying variables, themes, and experiences that answered the research question and subquestions. To determine the elements and nature of experiences, I used verbalized key experiences for data analysis.

I reviewed the data appropriate to the problem and research question and subquestions to determine relevant data for the analyses. I noted significant experiences and events that impact practice, and for each feature, I learned the elements that created the comprehensive thematic aspects of social workers' experiences. I identified themes

and features of each participant and identified common experiences among members and itemized them as themes per the suggestions of Stringer (2013).

I analyzed data from interviews and focus groups through an inductive approach and detailed linkages between the frequency of similar words, phrases, and sentences to identify and condense themes which emerged from the data. I used audio recordings and transcribed the information where the data was coded, organized, and analyzed to discover the frequency of themes, patterns, words, and shared items. I coded the data in the margins of uploaded work documents permitting me to see codes as they were used.

According to Creswell (2013a), coding data represents a symbolic meaning of the data. Numbers and letters are frequently included in qualitative studies to refer to some meaning associated with a particular research question or interview item. Examples of hand coding are [RQ] for a research question and [IQ] for an interview question. Small letters or numbers (a, b, c; 1, 2, 3) distinguish between the research questions being referenced. These codes result in a code for identifying emerging themes.

I used simple statistics to analyze demographic data per the methodology outlined by Sauro & Lewis (2016). I used this data as other qualitative measures to further understand and describe the perspectives of the participants. Through descriptive statistics, I determined emerging themes from the analysis and reported them as the results and answers to the research questions. I used sample responses in a narrative of results to demonstrate support for the themes.

Limitations

The study only included child welfare providers who work with foster care clients in central Mississippi. The study's limitations are examples of those particular to qualitative research. Sampling in terms of both selection and size potentially place limits on the findings. These limitations may impact usefulness by not applying to other unique problems in a different location or different target population.

Trustworthiness

Responses to open-ended survey questions are subject to participant bias. I cannot assure responses are reflective of truthfulness or completeness. Therefore, I was prepared to use the methodology that was outlined by Malterud (2001): (a) strategies for questioning findings and interpretations instead of taking them for granted; (b) assessing their internal and external validity instead of judging them obvious or universal; (c) thinking about the effect of context and bias without believing that knowledge is untouched by the human mind; and (d) displaying and discussing the processes of analysis instead of believing that simply following the rules grants trustworthiness.

Trustworthiness was assured through using thick descriptions of comments, the study's setting, and conditions associated with the study's problem so that the reader can visualize the setting and situation being described through responses. I confirmed the proceedings through the collection of data, notes, and instruments related to the study which also ensure trustworthiness per the methods outlined by Malterud (2001).

To enhance fidelity, I posed a question in diverse ways to assist in the coordination and coding of data collection. I triangulated data sources of information by

examining evidence from the participants to build a coherent justification for themes. Creswell (2013a) defined transferability as the range and limitations of the application of the study findings beyond the context in which the study was done. Thus, the process added to the trustworthiness of the study.

       Thick, rich description. Another procedure for establishing credibility in a study is to describe the setting, the participants, and the themes of a qualitative study in rich detail. According to Denzin (1989), "thick descriptions are deep, dense, detailed accounts. Thin descriptions, by contrast, lack detail and simply report facts" (p. 83). The purpose of a thick description is that it provides in detail the lived experiences of the subjects of the study.

       Member checking. I used member checking, in the form of participants reviewing transcriptions of their comments, using hand-written notes for accuracy, and using a peer to debrief the analysis of the data to ensure it is free of researcher bias to capture the actual voices of participants. This process involved taking the parts of the final report back to the participants to determine accuracy per Morrow (2005) and Hatch (2002). Key (1994) noted that one limitation of member checking as a validation procedure is its comprehensive data gathering approach, which limits the generalizability of data. Member checking limits the scope of the research due to the specificity required when validating the data from one focus group transcript (Key, 1997).

       Triangulation of data sources. I triangulated data sources of information by examining evidence from the participants to build a coherent justification for themes. Triangulation of data combines data drawn from different sources and at different times,

in different places or from different people, and it implies the combination of different sources of data to provide several points of view. I used this method because it helped identify forces that affect the outcome of the research per Creswell (2014). This process added to the trustworthiness of the study (Creswell, 2014).

Further, transferability is associated with the study's validity and reliability. Validity and reliability are described as trustworthiness in qualitative studies (Creswell, 2014; Golfashani, 2003). Participants' voices in interviews, focus groups, and/or responses to open-ended survey questions are subject to participant bias. I assured trustworthiness through using thick descriptions of comments, the study's setting, and conditions associated with the study's problem so that the reader can visualize the setting and situation being described through responses. I confirmed the proceedings through the collection of data, notes, and instruments related to the study which ensured trustworthiness. To enhance trustworthiness, I posed a question in diverse ways to assist in the coordination of data collection. I analyzed data sources of information by examining evidence from the participants thus building a coherent justification for themes.

Characteristics of the Participants

This qualitative action research study was an exploration of the perceptions of the failure of family reunifications associated with foster care among a purposive sample of practicing social workers in central Mississippi. There were specific demographics inherent in the 10 participants. All participants were women who were licensed social workers or certified in mental health who had completed a master's degree in social work

and had engaged in full-time, supervised postgraduate clinical practice for 2 or more years. Half of the participants were married, while the other half were single. Half of the participants had children under the age of 18, one participant had children over 18, and four had no children. Creswell (2013a) posited that participants in a focus group have the lived experience necessary to maintain a dialog on the topic to be studied. Therefore, I chose participants who had lived the experience and could provide the most information about the challenges of family reunification in central Mississippi. Because demographics represent characteristics of the sample, I summarized these responses and presented them narratively. All of the married participants lived with their husbands. Of the single participants, two lived alone while one lived with her mother and another lived with her family. With regard to the number of years in practice, four participants had less than 10 years of experience; five participants had between 10 and 19 years of experience; one participant had between 20 and 29 years of experience, and no one had over 30 years of experience. The ages of the participants range from 25 years old to 54 years old. The mean age was 37. The median age range was 35–44 years of age.

Findings

This section includes a summary and analysis of the data in a nonevaluative, unbiased, organized manner that relates to the research question. To determine the results of the focus group interviews, I used inferential statistics to describe the data and then went beyond the data to make inferences about the population based on the sample data.

The following research question guided this action research: What are social workers' perceptions of psychosocial barriers that prevent family reunification in central Mississippi? I also asked the following subquestions:

A. How do social workers perceive the effects of family problems?

B. How do social workers perceive the effects of unstable placements?

C. How do social workers perceive the effects of mental health issues?

I reviewed the data relevant to the problem and research questions to determine which information was incorporated into the analyses. I noted significant experiences and events that impact reunification. For each feature, I noted the elements that created the comprehensive thematic aspects of practitioners' experiences. The researcher used content analysis to determine the presence of certain words, concepts within the text, and identifying variables, themes, and experiences that answer the research question. I paid specific attention to key experiences to determine the elements and nature of experiences for data analysis per the direction of Stringer (2013).

Themes

I uncovered several themes. Overall themes that became evident in the data were training issues for concerned parties to prevent unstable placements, mental health issues, parental compliance issues, and lack of resources for families.

Theme 1: Training issues. Interview question three was: When providing services for foster children, how do unstable placements affect the outcome of family reunification? Participants noted that this issue was best addressed through training. One participant noted: "There can be more training for everybody that's involved in [the

process] . . . also just come together as a community working together." Another replied that the system should, "give more support to those foster parents to decrease multiple foster care removals and placements." She continued, "parents and foster parents could undergo behavior therapy. . . again family therapy, parent management training so parents and foster parents could feel they're equipped to address challenging behaviors their children exhibit." Another noted that the system needs to provide, "More . . . training with parents that have to deal with the emotionally disturbed foster children." Further, regarding training and resources another participant noted, "[the] availability of resources for the parents, more training and preparedness for them and their families. . ."

Theme 2: Mental health issues. Interview question number 4 addressed research question 1C: What are your perceptions of mental health problems and the failures of family reunification? An interesting comment by one of the participants was:

Basically, parents are uneducated and unfamiliar with mental health issues, and I feel that most failures in reunification are attributed to a lack of understanding resources to help them with mental health issues. . . for both themselves and the children, and a lack of involvement where CPS is concerned.

A participant emphasized that family doesn't understand the nature of a child's mental health or mental illness, and "[there is] no one to educate the family on mental illness of the children in a way that the family can comprehend or understand." Another participant noted, "Children may not receive mental health services due to parents' lack of awareness [and] parents don't understand how being separated from your family can cause psychological trauma."

Theme 3: Compliance issues. Interview Question number two was, "What family problems make it difficult for reunification"? The overwhelming answer among the participants involved compliance issues – not meeting their service agreements. Another participant referenced, "Families with temporary custody [may] not [be] willing to allow visitation, not having good relations with family due to past failures, and not having the means to be able to reunify with their children.

Theme 4: Resource issues. Interview Question number 3 involved services that were needed to help family reunifications: What kinds of service would you like to see to improve foster care reunification? Resource Issues were a constant thread throughout the other issues noted. The participants' comments were summed up here, "I feel that most failures in reunification are attributed to a lack of understanding [of] resources to help them with mental health issues for both themselves and the children, and a lack of involvement on where CPS is concerned."

Theme 5: Systemic issues. The participant with the most experience in the field noted:

I don't believe that foster care reunification is a complete failure anyway. I think it's a great process that they've got, better than certain situations that they um ... they did not get back to the home [in a] timely manner, and there are situations that reunification does fail. But I do not believe in the overall program; I would say, [it is a] failed system.

Within the demographic survey, I placed a few questions about the organizations in which the participants worked. In the focus groups and the individual interview

sections, participants reflected on the systemic issues relating to their jobs. With regard to the participants' satisfaction with the culture of the workplace, sixty percent of the participants were satisfied, and forty percent showed strong dissatisfaction through the statement: "I am satisfied with the culture of my workplace." This attitudinal issue is also related to interview questions 3, 4, and 5 (In your organization, what do you feel are the challenging aspects of foster family reunification? What needs improvement for more positive placement reunifications? What do you think of the placement program?) Regarding the statement, "I feel completely involved in my work." Eight participants responded that they strongly disagreed that they were completely involved in their work. Only two respondents felt involved in their work. All participants expressed that they did not have the opportunities to apply their talents and expertise in their chosen profession.

Summary

Section 3 displayed the findings of this qualitative action research study. All participants were female licensed social workers or certified in mental health who have completed a master's degree in social work and have engaged in full-time, supervised postgraduate clinical practice for two or more years. Half of the participants were married, while the other half were single. Further, half of the participants had children under the age of 18, one participant had children over 18, and four had no children. Half of the participants were married, and half were single. Two of the participants lived alone. Fifty percent of the participants had children under 18 years old. Salient themes were the need for training for concerned parties to prevent unstable placements, mental health issues, parental compliance issues, and lack of resources for families. The section

finally discusses the attitudinal and systemic issues that were discussed by the participants.

Section 4 will address how the findings inform social work practice ways the findings extend the knowledge base. Further, the section will discuss the findings as they relate to the Code of Ethics and suggest recommendations for practitioners in general and specific suggestions for the researcher's practice.

Section 4: Presentation of the Findings

The purpose of this study was to investigate child welfare social workers'

perceptions of the problems that prevent successful family reunifications in the foster

care system in central Mississippi. I noted the following key findings:

(a) It is necessary to train significant parties to prevent unstable placements and

increase parental compliance.

(b) There should be available and understandable mental health support for

families.

(c) There exists a need for accessible resources for families.

(d) There is a powerful need for systemic methods to increase practitioners'

feelings of self-worth to the profession to work toward change across individual, agency,

and systems levels.

This information can be used to develop training programs to help foster families

and biological families reduce unstable placements. Programs for clients to more clearly

identify resources for mental health issues can be created through more efficient and

useful services for families. Recommended solutions include behavior therapy for

biological and foster parents. The results of this study may help foster care agencies

identify conditions that contribute to failed foster care reunifications for more successful

treatment planning. The findings are an original contribution that advances the profession

of social work by increasing awareness and practical insight for more successful

outcomes. I conducted this action research to create positive social change to promote

practice that creates opportunities for children to return to biological parents. Further, it

can contribute to the overall social work knowledge by increasing the practitioners' experience in foster care reunifications.

Application for Professional Ethics in Social Work Practice

Complex psychosocial issues have complicated social work strategies to successfully reunify families (Collins et al., 2008; Crandall, 2013; Geomans et al., 2016). When practical problems contribute to failed family reunification, social workers follow ethical principles (NASW, 2017). I identified two principles from the NASW Code of Ethics related to addressing problems and engaging in competent practice by striving to improve professional knowledge and skills (NASW, 2017). The ethical principles are aspirational goals that describe the value of competence as "Social workers practice within areas of competence and develop and enhance their professional expertise" (p. 25). Competence value guides social workers by informing the social workers to work toward becoming and remaining proficient in professional performance and practice by maintaining current and new knowledge relevant to social practice**.** (NASW, 4.01, 2017). The NASW Code of Ethics guides clinical social work practice by encouraging social workers to improve services by utilizing the types of skills, knowledge, and values to not only to help people they serve but to address societal problems (NASW, 2017). The NASW Code of Ethics creates a model that informs social workers to continually aim to develop professional expertise and to apply them to foster care systems for more successful family reunification (NASW, 2017).

The second integral value guides social workers by encouraging importance of human relationships. The principle states: "Social workers recognize the central

importance of human relationships." (p. 6). NASW goes on to state that social workers understand that relationships among people are a vital means for change. Social workers involve people as allies in the helping procedure. Social workers pursue methods to fortify relationships among people in a focused effort to restore, preserve, promote, and boost the well-being of individuals, families, social groups, organizations, and communities. This qualitative research with 10 social workers provided opportunities to share knowledge and experiences related to increasing family reunifications and creating healthy, peaceful family and community relations (NASW, 2017).

Thus, these findings ethically impact social work practice by:

1.   Evaluation and Research Standard: The findings will impact social work practice by monitoring and evaluating policies and understanding problems that hinder successful family reunification (NASW, 5.02 (a), 2017).

2.   Ethical Competence Standard: The findings will impact social work practice by building on the knowledge to improve relationships with parents and foster children through training, understanding complex issues, and increase competence (NASW, 4.01 (b), 2017).

3.   Integrity Ethical Standard: The findings can assist needy families by targeting critical issues (limited resources, mental health issues,) by drawing on social workers contribution to the knowledge of social work related to research, practice, and ethics which may address failures of family reunification (NASW, 5.01 (d), 2017).

Recommendations for Social Work Practice

The findings of the study yielded the following recommendations for practitioners in the area of foster care:

Practice

Action step 1: Engage in mental health screening for foster children and families

Action step 2: Build open relationships with families and children to identify and link appropriate referrals and resources for families and children

Action step 3: Utilize knowledge and experience to increase compliance and promote family reunification

Research

Action step 1: To promote current knowledge and intervention that address psychosocial issues.

Action step 2: To engage in useful training that suggests positive ways to promote compliance and working with difficult families

Action step 3: To investigate how psychosocial issues affect families and children.

Policy

Action step 1: Engage in program evaluation to strengthen useful policies that promote assessment and treatment strategies that promote family engagement and resource referral for mental health issues.

Action step 2: Since social work is ultimately concerned with maximizing the potential of all humans to lead healthy, productive, and fulfilling lives, programs must continually address the systemic barriers that impede the realization of these goals for all people, both locally and globally.

The findings of this study will impact my personal social work practice by empowering me to understand the perspectives of other professionals. In this way, I can help other practitioners persevere to fulfill the goals of the profession. Further, I have learned more about the need for further training and research to work with families that experience complex psychosocial issues. Through engaging in continued research and training, practitioners in the field can assess how limited resources affect families and cause compliance issues. Through new insights and techniques, the professionals can better understand and concretely address the noted problems of our society.

The results are useful to understand how mental health issues affect families and children. It is useful to understand the need for continued training to improve practice and engagement with families. Recommended research considerations include a need for training and developing new knowledge and methods to assist these families and identify issues that contribute to families' noncompliance with service agreement in the foster care system. Policymakers should identify policies that create challenges for clients to establish procedures that promote appropriate referrals for resources.

Limitations

The study explored the professionals' perceptions of failed family reunifications and created the opportunity to share clinical insight to promote successful family reunifications. Limitations included: (a) the need for practitioners to understand when and how interventions may apply for individual cases, because community-based mental health organizations may have programs that specifically focus on the foster care population.   (b) Sampling in terms of both selection and size potentially place limits on the study's findings. Purposive sampling permits the selection of participants who can provide the type of information that is in concert with the purpose of the study as noted by Creswell. (2013a). (c) I only included health care providers who work with foster care clients in central Mississippi. Although the sample size is normally associated with a number that is representative of the population, a sample size of eight to 10 participants is recommended as appropriate in qualitative studies when interviews are conducted (Creswell, 2013a; Hatch, 2002; Yin, 2011). The study's limitations are examples of those particular to qualitative research. Recommendations for future research based on these limitations include larger scale studies from other geographic areas.

The transferability of findings is also a potential limitation. Creswell (2014) suggested that the results of a study relying on the perceptions or lived experiences of participants are limited to transfer within the setting of the study; nonparticipating readers of the results would need to determine if the results could apply to their specific settings (Creswell, 2013b). Transferability is also associated with the study's validity and reliability. Validity and reliability are described as trustworthiness in qualitative studies.

Participants' voices in interviews, focus groups, and/or responses to open-ended survey questions are subject to participant bias; therefore, I could not assure responses were reflective of truthfulness or completeness. To enhance trustworthiness, I posed questions in different ways to assist in the interconnection of this aspect of data collection.

In developing a dissemination plan, I guided the research process and remained focused on the goal. The audience will likely be the social work community. Therefore, journals, conference presentations, and book chapters may be appropriate. After determining possible dissemination methods and identifying the audience, I determined the communication skills and resources available to address the needs of the dissemination plan to be sure that the results will be shared with the appropriate audience in the right way.

There are several factors that contribute to the success of the research dissemination and help to make it more effective. First, the sharing of the research results will be oriented toward the audience and reflect the purpose of the research project. I will also consider formal and informal collaborations to ensure the best use of resources, time and funds. I designed documents used to disseminate findings to be attractive, readable, concise, and highlight results.

Implications for Social Change

The potential impacts for positive social change at the micro-level of practice include understanding critical issues about how lack of resources and mental health issues contribute to problems and foster care placements. At the mezzo-level, positive social

change arises through understanding problems that affect families to engage and participate in foster care reunification. Communities and neighborhood residents can be educated to recognize strategies to assist families living in poverty to reduce unstable placements and foster care placements. Hopefully, networks will begin to identify effective policies, types of training, and procedures that will assist with more successful family reunification.

In the areas of practice, research and policy, the research results can help to build knowledge and experience to better assist families and foster children to achieve more positive family reunifications. This study contributes to the overall social work knowledge by increasing the practitioners' experience in foster care reunifications. Policy makers may use this research as an opportunity to evaluate policies and procedures that will promote family engagement, reunification, screening for mental health, and referrals.

<div align="center">**Summary**</div>

The purpose of this study was to investigate the child welfare social workers' perceptions of the problems that prevent successful family reunifications in the foster care system in central Mississippi. Key findings were the necessity of training for significant parties to prevent unstable placements and increase parental compliance, available and understandable mental health support for families, the need for accessible resources for families, as well the need for systemic methods to increase practitioners' feelings of self-worth to the profession to work toward change across individual, agency, and systems levels.

The findings of this action research project help foster care agencies identify conditions that contribute to failed foster care reunifications for more successful treatment planning. The results help human services organizations to understand the complexities of family reunifications as seen by professional child welfare social workers in the field. The research highlighted crucial issues that contribute to improved practical training, interventions, and preventions. For the strategies that produce successful outcomes, the study results help human services agencies with training programs using group interviews to provide depth and breadth of accountability allowing researchers to form a complete picture of reunification problems.

This action research contributes to the overall social work knowledge by increasing the practitioners' experience in foster care reunifications. Social work practitioners have explored practice and professional services providing the opportunity to delve into information about various elements that contribute to unsuccessful. Further, the study addressed the critical problems that adversely affect the outcome of foster care reunifications. Additionally, the results informed the knowledge base by promoting opportunities for the development of ideas into training programs to help clients through more efficient and useful services.

The implications for positive social change is the improvement of professional training opportunities that promote family reunifications creating opportunities for children to return to biological parents. Knowledge and perspectives from professionals

will improve collaboration preventing long-term foster care placements and the

termination of biological TPR.

References

Adler, L., The meanings of permanence: A critical analysis of the Adoption and Safe
    Families Act of 1997 (2001). Harvard Journal on Legislation, Vol. 38, No. 1, pp.
    1-36, Winter 2001; Northeastern University School of Law Research Paper.
    Available at SSRN: https://ssrn.com/abstract=2045653

Aguiniga, D. M., Madden, E. E., & Hawley, A. (2015). Exploratory analysis of child
    protection mediation permanency placements outcomes. *Children and Youth
    Services Review, 50,* 20-27.

Ainsworth, F. (1998). Family centered group care: Model building. *Child and Youth Care
    Forum, 27*(1), 59-69.

Akin, B. A., & Gomi, A. (2017). Non-completion of evidence-based parent training: An
    Empirical examination among families of children in foster care. *Journal of
    Social Science Research, 43(*1), 52-68.

Allen, M., & Bissell, M. (2004). Safety and stability for foster children: The policy
    context. *The Future of Children, 14*(1), 49-73.

Amy, J. (2016, January 7). Report finds Mississippi foster care system still worsening.
    The Clarion Ledger. pp. E1, E14. Retrieved from the Internet on 7/22/17.

Andrews Scarcella C., Bess, B., Hecht Zielewski, E., Warner, L., & Geen, R. (2004). The
    cost of protecting vulnerable children IV. Washington: Urban Institute.

Barnow, B. S., Buck, A., O'Brien, K., Pecora, P, Ellis, M. L., & Steiner, E. (2015).
    Effective services for improving education and employment outcomes for

children and alumni foster care service: Correlates and educational and employment outcomes. *Child & Family Social Work, 29*(2), 159-170.

Barth, R. P., & Blythe, B. J. (1983). The contribution of stress to child abuse. *Social Service Review, 57,* 477–489.

Barth, R. P., Wildfire, J., & Green, R. L. (2006). Placement into foster care and the interplay of urbanicity, child behavior problems, and poverty. *American Journal of Orthopsychiatry*, *76*(3), 358.

Bartholet, E., Wulczyn, F., Barth, R. P., & Lederman, C. (2011). Race and child welfare. Chaplin Hall Issue Brief

Bass, S., Shields, M. K., & Behrman, R. E. (2004). Children, families, and foster care: Analysis and recommendations. *The Future of Children*, 5-29.

Bastian, L. A., Bosworth, H. B., Washington, D. L., & Yano, E. M. (2013). Setting the stage: Research to inform interventions, practice, and policy to improve women Veteran's health and health care. *Journal of General International Medicine, 28* (2), 491-494.

Ben-David, V. (2016). Parental cooperation with social services and termination of Parental Rights in Israeli Court Cases of Child Maltreatment. *Journal of Child and Family Studies, 25* (8), 2498-2507.

Brisobois, E. T., & Marsack, C. (2015). The relationship between caseworker assessment of the client's social networks and child welfare placements outcomes. *Families in Society: Journal of Contemporary Social Services, 96*(1), 8-16.

Bronfenbrenner, U. (1981). *The Ecology of Human Development: Experiments by nature and design*. Cambridge: Harvard University Press.

Chambers, R. M., Crutchfield, R. M., Willis, T. Y., Cuza, H. A., Otera, A., & Carmichael, H. (2017). Perspectives: Former foster youth refining the definition of placement moves. *Children and Youth Services Review*, 73, 392-397.

Chamiec-Base, R. (2013). The contribution of virtue ethics to a richer understanding of social work competencies. *Social Work & Christianity, 40* (3), 251-270.

Chappell, E., Sielbeck-Mathes, K., Reiserer, R., Wohltjen, H., Shuran, W., & McInerney, E. (2015). Effects of intensive family preservation services in rural Tennessee on parental hopefulness with families affected by substance use. *Child Welfare*, *94*(5), 187.

Child Welfare Information Gateway. (2017). Foster care statistics 2015. Washington, DC: US Department of Health and Human Services, Children's Bureau.

Child Welfare League of American. (2016). Reunification. Retrieved October 9, 2017. http://www.cwla.org/our-work/advocacy/placement-permanency/reunification/ Washington, DC: CWLA

Chisholm, R. (2015). Misrepresenting the facts about family law cases and mental illness: A Brief response to Elspeth McInnes. *Psychology and Law, 22*(3), 474-479.

Collins, M.E., Paris, R., & Ward, R.L. (2008). The permanence of family ties: Implications for youth transitioning from foster care. *American Journal of Orthopsychiatry, 78*(1), 54-62.

Conn, A.M., Szilagyi, M. A, Alpert-Gills, L., Baldwin, C. D., & Jee, S. H. (2016). Mental

health problems that mediate treatment utilization among children in foster care.

Journal of Children and Family Studies, 25(3), 969-978.

Copple, C., & Bredekamp, S. (2009). *Developmentally appropriate practice in early*

childhood programs serving children from birth through age 8. National

Association for the Education of Young Children. Washington, DC: NAEYC.

Coyne, I. T. (1997). Sampling in qualitative research. Purposeful and theoretical

sampling; merging or clear boundaries? *Journal of advanced nursing*, *26*(3), 623-

630.

Crandall, C. A. (2013). Review of social work practice with individuals and families:

Evidence-informed assessment and interventions. *Research on Social Work*

Practice, 23(5), 578-579.

Cyr, J. (2016). The pitfalls and promise of focus groups as a data collection method.

Sociological Methods & Research, 45(2), 231-259.

Darling-Hammond, L. (2015). Want to Close the Achievement Gap? Close the Teaching

Gap. *American Educator, 38*(4), 14-18.

Davis, C. W., O'Brien, K., & Rogg, C. S. (2013). 24-month update on the impact of

roundtables on permanency of youth in foster care. *Children and Youth Services*

Review, 35(12), 2128-2134.

DeGarmo, D. S., Reid, J., B., Fetrow, B. A., Fisher, P. A., Antoine, K. D. (2013).

Preventing child behavior problems and substance abuse: The pathways home

foster care reunifications. *Journal of Child & Adolescent Substance Abuse, 22(5)*, 388-406.

DeBortoli, L, Coles, J., & Dolan, M. (2013). Parental substance misuse and compliance as factors determining child removal: A sample from the Victorian Children's Court in Australia. *Children and Youth Services Review, 35*(9), 1319-1326.

Dettlaff, A. J., & Rycraft, J. R. (2010). Factors contributing to disproportionality in the child welfare system: Views from the legal community. *Social Work*, *55*(3), 213-224.

Dettlaff, A. J., Baumann, D. J., & Fluke, J. D. (2015). The decision-making ecology of placing a child into foster care: A structural equation model. *Child Abuse & Neglect*, 49, 12-23.

Dettlaff, A. J., Graham, J. C., Holzman, J., Baumann, D. J., & Fluke, J. D. (2015). Development of an instrument to understand the child protective services decision-making process, with a focus on placement decisions. *Child Abuse and Neglect*, 49, 24-34.

Donohue, B., Pitts, M., Chow, G. M., Genning, S. D., Soto-Nevarez, A., Plant, C. P., & Allen, D.N. (2016). Development and initial psychometric examination of the Home Safety and Beatification Assessment in mothers referred to treatment by child welfare agents. *Psychological Assessment, 28*(5), 523-538.

Doyle, J. (2013). Causal effects of foster care: An instrumental-variables approach. *Children and Youth Services Review, 35*(7), 1143-1151.

Fallesen, P. (2016). Downward spiral: The impact of out-of-home placement on paternal welfare dependency. *Children and Youth Services, 66*, 45-55.

Farineau, H. M. (2016). An ecological approach to understanding delinquency of youths in foster Care. *Deviant Behaviors, 37*(2), 139-150.

Fernandez, E. (2013). Accomplishing permanency: Reunification pathways and outcomes for foster children. In *Accomplishing Permanency: Reunification Pathways and Outcomes for Foster Children* (pp. 1-14). Netherlands: Springer.

Font, S. A., & Maguire-Jack, K. (2015). Reprint of Decision-making in child protective services: Influences at multiple levels of the social ecology. *Child Abuse & Neglect, 49*, 50-62.

Forgatch, M. S., & Patterson, G. R. (2010). Parent Management Training—Oregon Model: An intervention for antisocial behavior in children and adolescents.

Forsyth, C. J., (2017). The sociologist as storyteller: The broken foster care system used As mitigation at criminal trial. *American Journal of Criminal Justice, 42*(1), 134 147.

Fraidin, M. I. (2012a). Changing the narrative of child welfare. *Georgetown Journal on Poverty Law & Policy 19*(1).

Fraidin, M. I. (2012b). Decision-Making in Dependency Court: Heuristics, Cognitive Biases, and Accountability. *Clev. St. L. Rev.*, *60*, 913.

Geomans, A., Van Gell, M., Van Beem, M., & Vedder, P. (2016). Developmental outcomes of Foster children: A meta-analytic comparison with children from the

general population and children at risk who remained at home. *Child*

Maltreatment, 21(3), 198-217.

Gerritsen-McKane, R., Hunter, R., & Ofori-Dua, K. (2013). Professional perceptions of

social work and potential impact on developing field. *Qualitative Social Work*

Research and Practice, 12(6), 816-832.

Giliberti, M., & Schilzinger, R. (2000). *Relinquishing custody: The tragic result of failure*

to meet children's mental health needs. Washington, DC: Bazelon Center for

Mental Health Law.

Gilligan, R. (1997). Beyond permanence? The importance of resilience in child

placement practice and planning. *Adoption & Fostering*, *21*(1), 12-20

Gillingham, P. (2011). Decision-making tools and the development of expertise in child

protection practitioners: are we 'just breeding workers who are good at ticking

boxes'?. *Child & Family Social Work*, *16*(4), 412-421.

Gillingham, P., & Humphreys, C. (2009). Child protection practitioners and decision-

making tools: Observations and reflections from the front line. *British Journal of*

Social Work, *40*(8), 2598-2616.

Golafshani, N. (2003). Understanding reliability and validity in qualitative research. *The*

qualitative report, *8*(4), 597-606.

Hambrick, E. P., Oppenheim-Weller, S., Nzi, A. M., & Taussig (2016). Mental health

intervention for children in foster care: A systematic review. *Children and Youth*

Services

Review, 70, 65-77.

Harris-McKoy, D., Meyer, A. S., McWey, L.M., & Henderson, T. L. (2014). Substance use policy and foster care. *Journal of Family Issues, 35*(10), 1298-1321.

Harwich, R. M., Lindstrom, L, & Unruh, D. (2017). In their own words: Overcoming problems during the transition to adulthood for youth with disabilities who experienced foster care. *Children and Youth Services Review, 73*, 338-346.

Hatch, J. A. (2002). *Doing qualitative research in education settings*. Albany, NY: SUNY Press.

Holt, K., & Kelly, N. (2015). When adoption without parental consent breaches human rights: Implications of RE-B-S (children) [2013] EWCA Civ 963 on decision making and permanency planning for children. *Journal of Social Welfare & Family Law, 37*(2), 228-240.

Hood, R. (2014). Complexity and integrated working in children's services. *British Journal of Social work, 44* (1), 27-43.

Huang, H., Ryan, J. P., & Rhoden, M. A. (2016). Foster care, geographic neighborhood change, and the risk of delinquency. *Children and Youth Services Review*, 65, 32-41.

Huang, H., Ryan, J. P., Sappleton, A., & Chiu, Y. (2015). Crossover youth post-arrest: Placement status and recidivism. *Children and Youth Service Review*, 57, 193 200.

Janesick, V. (2004). Stretching exercising for qualitative researchers. (2nd ed.). Thousand Oaks, CA: Sage Publications, Inc.

Jones, L. (2014). Health care access, utilization, and problems in a sample of foster

    children: A longitudinal investigation. *Journal of Evidence-Based Social Work,*

    11(3), 275-290.

Kemp, S. P., Marcenko, M.O., Hoagwood, K., & Vesneski, W., (2009). Engaging parents

    in child welfare services: Bridging family needs and child welfare mandates.

    Child Welfare, 88(1), 101.

Kerns, S. E. U., Pullmann, M. D., Putnam, B., Buher, A., Holland, S., Berliner, L.,

    Silverman, E., Payton, L., Fouree, L., Shogren, D., & Trupin, E. W. (2014). Child

    welfare and mental health: Facilitators of and problems to connecting children

    and youths in out-of-home care with effective mental health treatment. *Children*

    and Youth Services Review, 46, 315-324.

Koh, E., Rolock, N., Cross, T. P. Eblen-Manning, J. (2014). What explains instability in

    foster care? Comparison of a matched sample of children with stable and unstable

    placements. *Children and Youth Services Review, 37*, 36-45.

Lauritzen, C., Reedtz, C., Van Doesum, K., & Martinuseen, M. (2015). Factors that may

    facilitate or hinder a family-focus in the treatment of parents with a mental

    illness. *Journal of Child and Family Studies, 24*(4), 864-871.

    involvement on adult outcomes for foster youth aging out of care. *American*

    Journal of Orthopsychiatry, 85(5), 441-451.

Lercara, B. (2016). The Adoption and Safe Families Act: Proposing a 'best efforts

    standard' to eliminate the ultimate obstacle for family reunifications. *Family Court*

    Review, 54(4), 657-670.

Lee, J. S., Courtney, M. E., Harachi, T. W., & Tajima, E. A. (2015). Labeling and the effect of adolescent legal system involvement on adult outcomes for foster youth aging out of care. *American Journal of Orthopsychiatry*, *85*(5), 441.

Lloyd, M. H., & Akin, B. A. (2014). The disparate impact of alcohol, methamphetamine, and other drugs on family reunifications. *Children and Youth Services Review, 44*, 72-81.

López, M., del Valle, J. F., Montserrat, C. & Bravo, A. (2013), Factors associated with family reunifications for children in foster care. *Child & Family Social Work, 18*, 226–236. doi:10.1111/j.1365-2206.2012.00847.x

Loughran, H., McCann, H., & Ellen, M. (2015). Employing community perspectives research methods to advance service user collaboration in social work. *British Journal of Social Work, 45*(2), 705-723.

Lucero, J. L., Barrett, C., & Jensen, H., (2015). An examination of family and school factors related to early delinquency. *Children & Schools, 37*(3), 165-173.

Maguire-Jack, K., & Wang, X. (2016). Pathways from neighborhood to neglect: The mediating effects of social support and parenting stress. *Children and Youth Services Review, 66*, 28-34.

Mariscal, E. S., Akin, B. A., Lieberman, A. A., & Washington, D. (2015). Exploring the path from foster care to stable and lasting adoption: Perceptions of foster care alumni. *Children and Youth Services Review, 55*, 111-120.

McDonald, T. P., Mariscal, E. S., Yan, Y., & Brook, J. (2014). Substance use and abuse for Youths in foster care: Results from the communities that are normative database. *Journal of Child & Adolescent Substance Abuse, 23*(4), 262-268.

McLeod, J. D., & Shanahan, M. J. (1996). Trajectories of poverty and children's mental health. *Journal of Health and Social Behavior, 37,* 207–220.

McMahon, R. C., & Fields, S. A. (2015). Criminal conduct subgroups of 'aging out' foster youth. *Children and Youth Service Review,* 48, 14-19.

Michalopoulos, L., Ahn, H., Shaw, T. V., & O'Connor, J. (2012). Child welfare worker perception of the implementation of family-centered practice. *Research on Social Work Practice, 22*(6), 656-664.

Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook* (2nd ed.). Thousand Oaks, CA: Sage Publications.

Mississippi Department of Child Protection Services (MDCPS) (2016), September 1). Press Release: Foster parent training scheduled for Central Mississippi. Retrieved from the Internet on 1-8-2018: https://www.mdcps.ms.gov/2016/09/press-release-foster-parent-training-scheduled-for-central-mississippi/

Molnar, B. E., George, R. M., Gilsanz, P., Hill, A., Subramanian, S. V., Holton, J.K., Duncan, D. T., Beatriz, E. D., & Beardslee, W. R. (2016). Neighborhood-level social processes and substantiated cases of child maltreatment. *Child Abuse & Neglect, 51*, 41-53.

Moye, J., & Rinker, R. (2002). It's a hard knock life: Does the Adoption and Safe

    Families Act of 1997 adequately address problems in the child welfare system?.

    Harv. J. on Legis., 39, 375.

National Adoption Center. (2017). Termination of parental rights. Retrieved from

    http://www.adopt.org.

National Association of Social Workers (NASW). (2017). Code of ethics of the National

    Association of Social Workers. Washington D.C. Retrieved from

    http://www.socialworkers.org/pubs/code/cose.asp

Neal, J. W., & Neal, Z.P. (2013). Nested or networked? Future directions for ecological

    system theory. *Social Development, 22*(4), 722-737.

Olsen, A. (2015). Punishing parents: Child removal in the context of drug use. *Drug and*

    Alcohol Review, 34(1), 27-30.

Osei, G.K., Gorey, K. M., & Hernandez, D. M. (2016). Delinquency and crime

    prevention: overview of research comparing treatment foster care and group care.

    Child &Youth Care Forum, 45(1), 33-46.

Pecora, P. J., Whittaker, J. K., Maluccio, A. N., & Barth. R. P. (2012). *The child welfare*

    challenge: Policy, practice, and research. Aldine Transaction.

Pelton, L.H. (2015). The continuing role of material factors in child maltreatment and

    placement. *Child Abuse & Neglect, 41*, 30-39.

Phillips, L. A., Powers, L. E., Geened, S., Schmidt, J., Winges-Yanez, N., McNeely, I.

    C., Merritt, L., Williamson, C., Turner, S., Zweben, H., & Bodner, C. (2015).

    Better futures: A validated model for increasing postsecondary preparation and

participation of youth in foster care with mental health challenges. *Children and Youth Services Review, 57*, 50-59.

Phillips, C. M., & Mann, A. (2013). Historical analysis of the Adoption and Safe Families Act of 1997. *Journal of Human Behavior in the Social Environment, 23*(7), 862-868.

Pilkay, S. L., & Sungkyu, L. (2015). Effects of court-appointed special advocate intervention on permanency outcomes of children in foster care. *Journal of Social Service Research, 41*(4), 445-453.

Rebbe, R., Nurius, P. S., Ahrens, K. R., Courtney, M. E. (2017). Adverse childhood experiences among youth aging out of foster care: A latent class analysis. *Children and Youth Services Review,* 74, 108-116.

Rocklock, N., Jantz, I., & Abner, K. (2015). Community perceptions and foster care placement: A multilevel analysis. *Children and Youth Services Review, 48*, 186 191.

Rodrigues, L, Calheiros, M., & Pereira, C. (2015). The decision of out-home placements in residential care after parental neglect: Empirically testing a psychological model. *Child Abuse & Neglect, 49*, 35-49.

Ruggiero, J. A. (2015). Adopting children from US public foster care: A sociological analysis with practical implications. *Sociology Between the Gaps: Forgotten and Neglected Topics, 1*(1), 9.

Russell, J., & Macgill, S. (2015). Demographics, policy, and foster care rates; A predictive analytics approach. *Children and Youth Services Review, 58*, 118-126.

Ryan, J. P., Victor, B. G., Moore, A., Mowbray, O, & Perron, B. E. (2016). Recovery
coaches and the stability of reunifications for substance abusing families in child
welfare. *Children & Youths Services Review, 70*, 357-363.

Safe, P. (2001). Stable Families Amendments of 2001. *Public Law*, 107-133.

Sallis, J. F., Owen, N., Fisher, E. B., Glanz, K., Rimer, B. K., & Viswanath, K. (2008).
Health behavior and health education. *Theory, Research and Practice.*
Chapter, *20*.

Sauro, J., & Lewis, J. R. (2016). *Quantifying the user experience: Practical statistics for*
user research. Morgan Kaufmann.

Scozzaro, C. & Janikowski, T. P. (2015). Mental health diagnosis, medication, treatment
and placement milieu of children in foster care. *Journal of Child and Family*
Studies, 24(9), 2560-2567.

Shook, J. J., Goodkind, S., Herring, D., Pohling, R. T., Kolivoski, K., & Kim, K.H.,
(2013).How different are the experiences and outcomes? Comparing aged out and
other child welfare involved youth. *Children and Youth Services Review, 35*(1),
11-18.

Secolsky, C., & Denison, D. B. (Eds.). (2012). *Handbook on measurement, assessment,*
and evaluation in higher education. Routledge.

Sieracki, J. H., Fuller, A.K., Leon, S. C., Jhe Bai, G., & Bryant, F. (2015). The role of
race, socioeconomic status, and system of care services in placement decision-
making. *Children and Youth Services Review*, *50*, 3-11.

Smith, C. (2015). Finding solutions to the termination of parental rights in parents with

mental challenges. *Law & Psychology Review*, *39*, 205-238.

Steen, J. A., & Duran, L. (2013). The impact of foster care privatization on multiple

placements. *Children and Youth Services Review, 35*(9), 1503-1509.

Sourtherland, D. G., Burns, B. J., Farmer, M. Z., Wanger, H. R., & Simpson, A. N.

(2014). *Residential Treatment for Children & Youth, 31*(1), 2-16.

Spratt, T., & Devaney, J. (2008). Identifying families with multiple problems:

Perspectives of practitioners and managers in three nations. *British Journal of*

Social Work, *39*(3), 418-434.

Stake, R. E. (2011). Program evaluation particularly responsive evaluation. *Journal of*

*MultiDisciplinary Evaluation, 7(*15), 180-201.

Stringer, E. T. (2013). *Action Research* (4th ed.). Thousand Oaks, CA: Sage Publications,

Inc.

Swanke, J. R., Yampolskaya, S., Stozier, A., & Armstrong, M. I. (2016). Mental health

service utilization and time to care: A comparison of children in traditional foster

care and children in kinship care. *Children and Youth Services Review, 68*, 154-

158.

Swearer, S. M., & Espelage, D. L. (2004). Introduction: A social-ecological framework

of bullying among youth. In D. L. Espelage & S. M. Swearer (Eds.), *Bullying in*

American schools: A social-ecological perspective on prevention and

intervention (pp. 1-12). Mahwah, NJ, US: Lawrence Erlbaum Associates

Publishers.

Tefre, O. S. (2015). The justifications for terminating parental rights and adoption in the

United States. *Children and Youth Services Review, 48*, 87-97.

US Department of Health and Human Services (HHS). (2016). AFCARS report–
Preliminary estimates FY 2014 as of July 2015.

U.S. Government Accounting Office. (2003). *Child Welfare and Juvenile Justice:
Federal agencies could play a stronger role in helping states reduce the number
of children placed solely to obtain mental health services.* (No. 03–397).
Washington, DC: GAO.

Valentino, T. (2017). 2017 Behavioral healthcare champions. *Behavioral
Healthcare*, *37*(3), 14-19.

Vidal, S., Prince, D., Connell, C.M., Caron, C. M., Kaufman, J. S., & Tebes, J. K.
(2017).   Maltreatment, family environment, and social risk factors: Determinants
of the child welfare to juvenile justice transition among maltreated children and
adolescents. *Child Abuse & Neglect, 62*, 7-18.

Villodas, M. T., Litrownik, A. J., Newton, R.R., & Davis, I. P. (2016). Long-term
placements trajectories of children who were maltreated and entered the child
welfare system at an early age: Consequences for physical and behavioral well-
being. *Journal of Pediatric Psychology, 41*(1), 46-56.

Wald, M. S. (2015). Beyond CPS: Developing an effective system for helping children in
"neglectful" families. *Child Abuse & Neglect, 41*, 49-66.

Welfare, H. (2004) *The Cost of Protecting Vulnerable Children IV*. Washington: Urban
Institute.

White, C. R., Corwn, T., Buher, A. L., O'Brien, K., DiLorenzo, P., Kelly S., & Morgan, L.J. (2015). The Multisite Accelerated Permanency Project: Permanency roundtables as a strategy to help older youth in foster care achieve legal permanency. *Journal of Social Service Research, 41*(3), 364-384.

Whittaker, J. K., & Maluccio, A. N. (2002). Rethinking "child placement": A reflective essay. *Social Service Review*, *76*(1), 108-134.

Woods, S. B., Farineau, H. M., & McWey, L. M. (2013). Physical health, mental health, and behaviour problems among early adolescents in foster care. *Child: Care, Health, and Development 39*(2), 220-227.

Wulczyn, F., Gibbons, R., Snowden, L., & Lery, B. (2013). Poverty, social disadvantage, and the black/white placement gap. *Children and Youth Services Review, 35*(1), 65-74.

Yampolskaya, S., Armstrong, M., Strozier, A., & Swanke, J. (2017). Can the actions of child welfare case managers predict case outcomes? C*hild Abuse & Neglect, 64*(1), 61-70.

Yin, R.K. (2011). *Applications of case study research*. Thousand Oaks, CA: Sage.

Young, Nancy K., Ph.D. (2017). Testimony at the Hearing before the Committee on Finance, United States Senate, One Hundred Fourteenth Congress. Second Session. February 23, 2016. Washington: U.S. Government Publishing Office

Zill, N. (2011). Better prospects, lower cost: The case for increasing foster care adoption. *Adoption Advocate*, *35*, 1-7.

Appendix A: Focus Group Protocol

Hello! My name is _____ _____, I'm a doctoral candidate in Social

Work at Walden University. I'm here to learn about your perceptions of the failure of

family reunifications associated with foster care. Thank you for taking the time to be here

today. The purpose of this group is to learn about family reunifications and how to

address them. There are no right or wrong answers, or desirable or undesirable answers. I

would like you to feel comfortable saying what you really think and how you really feel.

You will not be in a group with your supervisor. Everything you say will remain

confidential, meaning that only I will be aware of your answers.

II. Preamble/Consent Form Instructions

Before I get started, please take a few minutes to read this preamble (read and

sign this consent form).

III. Discussion

A. Individual and Family

1. Tell me about challenging experiences to reunify parents with children?

2. What family problems make it difficult for reunification?

3. When providing services for foster children, how do unstable placements

    affect the outcome of family reunification?

4. What are your perceptions of mental health problems and the failures of

    family reunification?

B. Organization

1. Tell me how long you have been working in the child welfare foster care system.

2. In your organization, what do you feel are the challenging aspects of a foster family reunification?

3. What kinds of service would you like to see to improve foster care reunification?

4. What needs improvement for more positive placement reunification?

5. What do you think of the placement program?

C. Procedure

Are you aware of any social programs that create problems for foster care reunification?

> If you could change or add a procedure to improve foster care, what procedure would you add or change?

> What intervention or strategies would you recommend that could improve foster care reunification?

IV. Debriefing

Thank you very much for coming this morning (afternoon). Your time is very much appreciated, and your comments have been very helpful.

The purpose of this interview is to better understand professionals' perceptions of their experiences with the structure and system of foster care. I am interested in your opinions and your reactions. In no way is this interview designed to individually evaluate a person's abilities. The discussion is not diagnostic, nor can it provide a measure of the "quality" of your performance. The results of this research will provide useful information to practitioners, professionals, and other stakeholders to mitigate failures in foster care reunification.

You will be kept confidential during all phases of this study including any experimental writings, published or not. Procedures for maintaining confidentiality are as follows: (1) individual participants' comments will be pooled with group results; (2) no individual information will be revealed, and (3) participants should not reveal any identifying information throughout the data collection process. (Such identifiers include name, social security number, client names, student identification number, specific birth data, telephone number, address, etc.)

DQ1. Is there any other information regarding your experience that you think would be useful for me to know?

DQ1a. (IF NOT ALREADY ANSWERED) Please share that information with me.

DQ2. How did your perceptions of failed foster care reunification change after the group experience?

DQ3. What did you learn from the discussion?

DQ4. What did you find most surprising?

Again, thank you for participating.

Appendix B: Confidentiality Agreement

Name of Signer:

During the course of my activity in collecting data for this research: "An

Action Research on Social Workers' Perceptions of Failed Foster Care

Reunifications" I will have access to information, which is confidential and should

not be disclosed. I acknowledge that the information must remain confidential, and

that improper disclosure of confidential information can be damaging to the

participant.

By signing this Confidentiality Agreement, I acknowledge and agree that:

1. I will not disclose or discuss any confidential information with others, including friends or family.
2. I will not in any way divulge, copy, release, sell, loan, alter or destroy any confidential information except as properly authorized.
3. I will not discuss confidential information where others can overhear the conversation. I understand that it is not acceptable to discuss confidential information even if the participant's name is not used.
4. I will not make any unauthorized transmissions, inquiries, modification or purging of confidential information.
5. I agree that my obligations under this agreement will continue after termination of the study that I will participate in.
6. I understand that violation of this agreement will have legal implications.
7. I will only access or use systems or devices I'm officially authorized to access, and I will not demonstrate the operation or function of systems or devices to unauthorized individuals.
8. I will not divulge identifiable information about my clients.

Signing this document, I acknowledge that I have read the agreement and I agree to comply with all the terms and conditions stated above.

Signature: **Date:**