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PERCEPTIONS OF THE ADOPTIONS AND SAFE FAMILIES
ACT OF 1997 AMONG CHILD WELFARE AND
SUBSTANCE ABUSE PROFESSIONALS

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

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

by
Nancy Rae Satterwhite

June 2004


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June 2004

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ABSTRACT

This study examined perceptions of the Adoptions and Safe Families Act (ASFA) of 1997 among child welfare and substance abuse professionals. Congress enacted ASFA in an effort to address the growing number of children lingering in the foster care system. One of the mandates of the Adoption and Safe Families Act requires states to work concurrently at reunification and finding permanence for children as they enter the system. A permanency planning hearing must be set within 12-months of a child entering the foster care system in an effort to find stable permanent homes. Therefore, time-limited reunification services are being mandated to states which lessen the amount of time parents receive such services.

This study reports the perceptions of social workers and substance abuse counselors working to reunify families about the Adoptions and Safe Families Act. An increased awareness of their perceptions of how this policy has impacted their respective roles may be helpful in understanding needed efforts of collaboration and cross training among these fields.

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I would like to thank my husband, Eric for all of his support during this process. Thanks to my little men, Sydney and Maxwell, for being patient and remembering that they always come first.

I would also like to give my warmest thanks to the agencies and individuals who took part in this study. Riverside County Department of Children's Services and NCADD Woman to Woman staff graciously offered their thoughts and expertise in hopes of improving service delivery for children and families everywhere.

DEDICATION

This project is dedicated to those individuals who work endlessly to improve the life of children and their families, albeit directly or indirectly.

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CHAPTER ONE

INTRODUCTION

Problem Statement

According to the U.S. Department of Health and Human Services Statistics, there were 581,000 children in foster care in 1999 (Moye & Rinker, 2002). This number is an increase of 77% since 1982 when it is reported that 262,000 were in foster care. Many of the children who are eligible for adoption linger in the system, often times spending many of the critical developmental years being raised without having a place to call home. The Adoptions and Safe Families Act of 1997 was enacted by Congress in an effort address this growing epidemic.

Foster care is intended to be a temporary placement for children while their parents work on whatever issues caused them to be separated in the first place. Instead, foster care placements have served as permanent homes for many children over the years. Many of these children move from home to home in an effort to find the "right fit" with a foster family. Some children never find a match and may move to many homes and eventually end up in-group homes.

In an effort to combat the number of children lingering in foster care, Congress enacted the Adoptions and Safe Families Act of 1997. The goal of this legislation is to limit the amount of time a child remains in the system without having a permanent home. The law requires states to set a permanency planning hearing for children within 12 months of their becoming dependents of the child welfare system.

The goal of the Adoptions and Safe Families Act is to identify families that have a poor prognosis for reunifying with their families and to find stable permanent homes for the children. When the policy is implemented in child welfare agencies, the number of children who remain in long-term care for unprecedented amounts of time is expected to decrease (Stein, 2000).

Purpose of the Study

The purpose of this study was to obtain perceptions of child welfare and substance abuse professionals about the Adoptions and Safe Families Act (ASFA). ASFA was meant to reduce the length of stay for children in foster care by providing permanency planning as a mandatory aspect of cases in the system for 12 months or longer. Perceptions of ASFA need to be determined, offering a sense of its

current relevance and impact. Substance abuse counselors were studied due to the large number of child welfare cases involving substance abuse clients. Gathering such information may be an essential aspect in influencing future child welfare policies.

There is a philosophical shift from reunifying broken homes to putting the health and safety of children first (Moye & Rinker, 2002). With this in mind, those working in the field of providing services to children and families need to evaluate how much emphasis is placed on reunification versus permanency.

The Adoptions and Safe Families Act of 1997 is said to exacerbate the problems the child welfare system faces (Moye & Rinker, 2002). Social workers must work more diligently to find recovery agencies and identify limited resources for their clients. Permanent homes must be located to accommodate the growing number of children entering the system on a regular basis. Funding is also an issue as well as increased caseloads producing social worker burnout. The current study seeks to gain increased understanding of how this policy affects the day-to-day operation of child welfare agencies, juvenile courts that hear these cases, and substance abuse treatment facilities.

Social workers, juvenile court judges and attorneys, and substance abuse counselors are the main professionals affected by ASFA. The requirement to set a permanency planning hearing at 12 months of a child's entering the system places a burden on the services providers of the affected clients. Research shows this time constraint does not seem to allow ample time for clients affected with substance abuse issues to regain custody of their children (McGowan & Walsh, 2000; Semidei, Feig, & Nolan, 2001; Wilhelm, 2002).

Families involved with the child welfare system who are affected by substance abuse issues reunify at a much lower rate than families who are not affected by substance abuse (McAlpine, Marshall, & Doran, 2001; Semidei, Feig, & Nolan, 2001). It is estimated that anywhere from 50-90% of child welfare cases have underlying issues of substance abuse according to the National Center on Addiction and Substance Abuse (McAlpine, Marshall, & Doran, 2001).

The data from this study came from conducting in-depth face-to-face interviews with child welfare workers, substance abuse counselor, and juvenile court staff. Each interviewee will be asked what they see as positive and negative about ASFA. Belief systems, attitudes, and norms will be revealed about their

perceptions of how the Adoptions and Safe Families Act of 1997 has affected their work with substance abusing clients and the system in general.

Significance of the Project for Social Work

This study examined perceptions of the Adoptions and Safe Families Act of 1997 among professionals who work in the field of child welfare and substance abuse. There is a common theme in most of the literature about an increased awareness that parental substance abuse is having a devastating effect on the child welfare system (Besinger, Garland, & Landsverk, 1999; Karoll & Poertner, 2002; McAlpine, Marshall, & Doran, 2001; McNichol & Tash, 2001; Semidei, Feig, & Nolan, 2001). A few states that have initiated policy changes in the way they serve substance abuse affected families in the child welfare system to combat the effects the Adoptions and Safe Families Act has had on their agencies.

This study reports the perceptions of those working to reunify families about the Adoptions and Safe Families Act. An increased awareness of their perceptions of how this policy has impacted their respective roles may be helpful in understanding reunification rates before and after the legislation. This information and similar

studies may lead child welfare agencies and substance abuse treatment centers to work collaboratively with this population with the realization that family reunification may depend on it.

The Adoption and Safe Families Act of 1997 directly affects social workers employed in child welfare. The policy requires social workers to provide a permanency plan for each child who has been on their caseload for 12 months. This results in an urgency to find possible placement options for children by the end of their first year in foster care. With the decreasing number of eligible foster care homes, this makes for a daunting task for the worker.

Child welfare caseworkers are faced with the growing number of children on their caseloads who have substance-abusing parents. These children usually linger in foster care for longer periods of time than their non-substance-abusing counterparts causing higher caseloads for workers. Substance abuse is recognized as a major factor affecting families involved with the child welfare system. Due to ASFA's time restraint, when offering services to parents, social workers must work even more diligently to find appropriate treatment services for the clients. Unfortunately, there is a lack

of treatment services available for the growing number of people who wish to utilize them.

This study reports perceptions of ASFA among child welfare workers, substance abuse counselors, and juvenile court staff in an effort to gain a deeper understanding of the impact and implementation of the Adoptions and Safe Families Act of 1997.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter discusses how the Adoption and Safe Families Act has affected the child welfare system and the reunification of families with substance abuse issues. This chapter also reviews relevant studies related to the Adoption and Safe Families Act of 1997. The literature review is organized by first taking a historical perspective of how past policies have influenced the current one, thus providing a critical analysis of ASFA. How substance abuse is a factor is discussed and, last, highlights of theories guiding conceptualization is presented.

Historical Perspective

With the release of pediatrician C. Henry Kempe's famous article, The Battered Child Syndrome, the argument was made that abusive parents did not necessarily fall into certain groups. Policymakers drew on the work of Dr. Kempe and others to advance an image of abuse as a problem knowing no barriers of class, race or culture (Adler, 2001). This perspective was the platform some politicians

needed to promote self-responsibility and cut funding for unpopular poverty programs.

The result of this type of ideology was the passing of the Child Abuse Prevention and Treatment Act of 1974. This act provided federal funds to states that complied with reporting, investigating, and treatment requirements for needy families. Child welfare workers tended to err on the side of caution by removing the children in hard to determine cases. Workers were often reluctant to return children to their family of origin resulting in a phenomenon known as "foster care drift." This refers to children lingering in out-of-home placement, often moving from home to home until they eventually age out of the system (Adler, 2001).

A distinct difference was not always clear in what differentiated abuse from neglect. Neglect is the primary reason children enter the foster care system yet there are no provisions to address the lack of resources that brought them into the system (Wilhelm, 2002). Most children deemed neglected came from poor families with children of color disproportionately represented (Adler, 2001; McGowan & Walsh, 2000). The Adoption and Safe Families Act of 1997 is said to unfairly target the poor by setting time limits for reunification without making

provisions to eliminate their destitute situations (Wilhelm, 2002). Also appearing at the same time was the work of child psychologists Goldstein, Freud, and Solnit. They wrote two influential books regarding the "psychological parent." In essence, they argued that disrupting a child's continuous relationship with a parent causes grave consequences for their psychological development and ability to form attachments (Adler, 2001).

Congress passed the Child Welfare Act of 1978 and Adoption Assistance Act of 1980 in response to the dogma of the time. The policies specified providing reasonable efforts when working to reunify families. Many programs were in the pilot stages with emphasis on best practices for working with families in crisis. Emergency response, frequent home calls, and 24 hour assistance was envisioned to provide assistance to families (McGowan & Walsh, 2000).

A cry for change was prompted by many factors including growing apprehension about government intruders, and responses to heinous high profile cases that were exploited in the media. Increased awareness of the implications intervention has for diverse religious and cultural traditions, and increasing numbers of families facing addiction, homelessness, and HIV cases contributed

to the ideology change needing to take place in public policy regarding these issues (Adler, 2001).

The dual goals of family preservation and child protection appeared incompatible. The call for individual responsibility, popularizing the image of the "welfare queen" as well as attacks on public assistance programs by the Reagan Administration led to policy changes to address social ills of society (Adler, 2001).

In 1996 Aid to Families with Dependent Children was eliminated with the passage of The Personal Responsibility and Work Act otherwise known as the welfare reform bill. This bill was seen as an attack on poor families, mainly single mothers who depended on assistance to care for their children. This legislation placed time limits on receiving aid and mandated aid recipients to find work to support their families (McGowan & Walsh, 2000; Wilhelm, 2002). There is a distinct correlation between children living in poverty and those who enter the foster care system.

"The passage of the Personal Responsibility and Work Act was the first time in U.S. history when federal law mandates efforts to protect children from maltreatment but makes no guarantee of basic economic support for families" (McGowan & Walsh, 2000, p. 17). The Adoption and Safe

Families Act passed the following year with overwhelming bipartisan support (Adler, 2001; McGowan & Walsh, 2000).

Critical Analysis of the Adoption and Safe Families Act of 1997

The Adoption and Safe Families Act (ASFA) of 1997 shifts the focus away from family preservation to permanence for children. The priority in child welfare decision-making is the safety of children instead of what some thought was an overwhelming focus on parental rights in regard to providing reasonable efforts. This philosophy comes from a concern that social workers gave more efforts to reuniting children with birth families than to assuring child's safety and stability. The media's exploitation of rare incidences of severe abuse or death after returning a child home implied that it occurred due to attending too much to family preservation and family reunification (Stein, 2000). ASFA intended to put foster children in safe, permanent homes and to reduce foster care drift.

The Adoption and Safe Families Act modifies the reunification effort requirement of the Adoption Assistance and Child Welfare Act so that reasonable parental efforts are not required in many circumstances. A judge can determine that a parent has subjected a child to aggravated circumstances such as torture, abandonment, or

extreme forms of physical or sexual abuse. A parent who is responsible for the death of another child or whose rights regarding a sibling have been terminated does not have to be offered reunification services. When reasonable efforts are required to reunify, a social service agency and court must decide what constitutes "reasonable efforts." After assessing a family, the agency (child welfare) can conclude that is reasonable to make no effort to maintain the child in the home or to reunify the family (Stein, 2000). One of the biggest criticisms of ASFA is the lack of a formal definition for "reasonable efforts" which vary among courts, agencies, and social workers across the country (Alder, 2001; McGowan & Walsh, 2000; Stein, 2000).

Another major change ASFA has implemented is a mandate for states to petition the court to terminate parental rights if a child has been in foster care for 15 of the most recent 22 months (Stein, 2000). Under the Adoption Assistance and Child Welfare Act, states had an 18-month Dispositional Review for a child's status to be evaluated for reunification by the court ASFA limits the time to 12-months and renames the hearing a Permanency Planning Hearing. States are also encouraged to engage in concurrent planning, which entails working to reunify with

the family of origin as well as to locate an adoptive family in case reunification efforts fail.

"States must actively recruit adoptive homes, document their child-specific recruitment efforts, and act to approve adoptive homes and to finalize adoptions," (Stein, 2000, p. 587). Of the 547,000 children in foster care in March of 1999, almost half were living in non-relative foster homes (Stein, 2000). This group of children will most likely be the greatest beneficiaries of ASFA's requirement to pursue parental termination.

In order for states to receive federal money for foster care, the Adoption and Safe Families Act mandates that they file a petition for termination of parental rights for children who spent 15 out of the most recent 22 months in foster care. This is a major policy shift from the Adoption Assistance and Child Welfare Act (AACWA) in that the AACWA earmarked funds for foster care and other services. These time limits seem to be unfair to poor families accused of neglect due in part to their inability to attain proper housing and adequate supervision of their children while their welfare benefits are cut and they are working a minimum wage job.

Under the Adoption and Safe Families Act, states receive financial incentives if the number of foster care

children adopted exceeds a base number (Clinton, 1997; Gelles, 1998; Moye & Rinker, 2002). This adoption incentive is in the form of a payment of \$4000 for regular adoptions and \$6000 for special needs foster care adoptions. The payments are made directly to the state to provide services for the child and adopting family. Moye and Rinker (2002) question whether states are encouraged to turn their focus away from family reunification with the incentive design. ASFA appropriates additional funding for states that exceed their prior number of completed adoptions and gives the U.S. Secretary of Health and Human Services the discretion to provide technical assistance to states to help them reach their adoption targets goals (McGowan & Walsh, 2000).

The adoption bonus is based on the number of children cleared for adoption as opposed to the number of successful adoptions. A 1997 study found that only one-third of the children freed for adoption in 1996 were actually adopted (Moye & Rinker, 2002). This group of children was in essence, legal orphans until an adoptive home was found. The state may count another prospective adoptive home for the same child and receive another bonus. This ultimately results in state's benefiting

financially at the expense of parents losing their children to adoption.

Other major provisions contained in the Adoption and Safe Families Act of 1997 are the requirement to complete criminal record checks before a foster parent can be certified and documentation of concurrent planning activities (Alder, 2001; McGowan & Walsh, 2000; Moye & Rinker, 2002). Also required is health insurance coverage for children with special needs, ensuring quality foster care services, and reporting of data under the Adoption and Foster Care Analysis and Reporting system (AFCARS). Unfortunately, quality services are not defined under the law.

The Adoption and Safe Families Act of 1997's impact on child welfare workers needs more examination. Frequent changes in leadership are common in the child welfare system and workers must continually adapt to new leadership views and expectations. Documentation and reporting requirements of ASFA increase social workers' paperwork and consume a lot of time. No additional funding or resources are provided for the agencies expected to administer quality services to families facing these new time limits.

The Adoption and Safe Families Act of 1997 fails to take into account the complexity of the court system in child welfare cases. The organization of child welfare and court systems varies from state to state. Some states combine child welfare court hearings with other legal matters. Judges who hear child welfare cases may lack expertise in the field but still make difficult life-changing decisions regarding reunification and termination of parental rights (Moye & Rinker, 2002). Judges rotate many times in some courts and may have varying views on family issues which can change the focus and expectation of the case plan many times, leaving parents confused and unable to meet requirements in a timely manner.

Substance Abuse as a Factor

Children who have substance-abusing parents remain in the child welfare system longer than do other children (Besinger, Garland, Litrownik, & Landsverk, 1999; Karoll & Poertner, 2002; McAlpine, Marshall, & Doran, 2001). Policy changes have shortened the time frame this population has to reunify with their children.

An abundance of literature agrees that the Adoption and Families Act of 1997 places an increased burden on the

child welfare and judicial systems (Besinger, Garland, Litrownik, & Landsverk, 1999; Karoll & Poertner, 2002; McAlpine, Marshall, & Doran, 2001; McNichol & Tash, 2001; Moye & Rinker, 2002; Semidei, Feig, & Nolan, 2001). The Montgomery County Model of collaborative services revealed that it takes about three years to implement a blending of services between child welfare and substance abuse agencies in an effort to change awareness, attitudes, and behavior (McAlpine, Marshall, & Doran, 2001).

Child welfare workers are better equipped to work with substance abusing parents when they have an increased understanding of the addiction process (McAlpine, Marshall, & Doran, 2001). When cross training, skill-building, education, development of clear protocols and assessment, and quality assurance measures are put into place during interagency collaboration between adult addiction services and child welfare, the outcomes are positive for reunifying families. The Montgomery County Model consisted of a task force formed by child welfare and substance abuse treatment agencies to address the requirements of the Adoptions and Safe Families Act (ASFA) and welfare reform. The agencies worked collaboratively to accurately assess parents for substance abuse rehabilitation and help provide needed services versus

just giving them a referral and mandating that they seek treatment. This approach has promising expectations for work with substance-abusing parents when direct child welfare staff is more informed, better prepared, and more supported in their efforts (McAlpine, Marshall, & Doran, 2001).

Research has indicated that in order to effectively serve families affected by substance abuse, caseworkers and judges must be educated on substance abuse and addiction (Besinger, Garland, Litrownik, & Landsverk, 1999; Karoll & Poertner, 2002; McAlpine, Marshall, & Doran, 2001). This includes the identification of risk factors, knowledge of relapse and its natural tendency to repeat before sobriety can be fully achieved, and an awareness of supportive community resources for the family.

An initiative the state of Delaware conducted, hiring substance abuse counselors in each of their child welfare offices, yielded better assessments and treatment for clients. The goal of the project was to reduce children's time spent in out-of-home-care (Semidei, Feig, & Nolan, 2001). Three and a half years into the program, Delaware found that out-of-home care costs had dropped significantly and the lengths of stay for children in

foster care was reduced by 37% for children who's families received the new services in comparison to those who did not (Semidei, Feig, & Nolan, 2001). Child welfare workers decided what clients were in need of an assessment by the substance abuse counselor and those were the cases included in the sample studied.

Other studies found that increased communication and interaction is needed between professional groups to best determine readiness to reunify these families (Karoll & Poertner 2002; McAlpine, Marshall, & Doran, 2001; McNichol & Tash, 2001; Semidei, Feig, & Nolan, 2001). There are many factors including economic hardship, limited education, family dysfunction, large family size, addiction severity, and limited access to treatment that affect substance abuse completion rates (Lennox, Rose, & Bohlig, 2000).

Theories Guiding Conceptualization

Theories guiding conceptualization of this study, as well as prior studies include the ideal family theory, psychological parent theory, and the theory of family justice. This study looks at how the ideal family theory relates to the implementation of the Adoption and Safe

Families Act of 1997 and examines perceptions of this issue among professionals in the field.

The ideal family theory posits that there are conflicting values or impulses in child welfare policy (Adler, 2001). Family preservation and termination of parental rights are in conflict with one another as being simultaneously unattainable. Cultural relativism and diversity compete with universal and civic values; family autonomy and privacy compete with the interest of the community as well as with the value of rescuing children; social responsibility for poverty vies against personal responsibility (Alder, 2001). These values have been seen as opposing views in regard to child welfare practices and shift back and forth depending upon the political climate of the time.

Other perspectives considered include the psychological parent theory, which examines the impact of foster care drift on a child's development. In this regard, permanence is the key to eliminate the prospect of a child's poor psychological development due to the instability of moving from home to home in the foster care system. This theory is based on the work of Goldstein, Freud, and Solnit, who argue that a child's health and

development is contingent upon a stable and uninterrupted relationship with one caregiver (Demichele, 1999).

The theory of family justice proposed by legal scholar, Anne Dailey, is also considered relevant due to the suggestion the family reflects values consistent with those of the political structure and helps sustain a healthy democratic order (Adler, 2001).

Summary

The literature important to the project was presented in Chapter Two regarding the Adoption and Safe Families Act of 1997. The Act was enacted in response to a child welfare system being heavily scrutinized and at times criticized for their failure to protect children. The main goal of the Adoption and Safe Families Act of 1997 is to place the safety of children as a priority over that of parental rights in decisions of reunification of families. The Adoption and Safe Families Act of 1997 seems to neglect to consider the impact this policy has on the most underrepresented facets of child welfare; children placed in care due to neglect, which in many case equates with poverty and substance abuse. The time limits the Adoption and Safe Families Act has on this population almost ensures these parents and children little chance of

reunifying. In light of the strict timelines, ASFA does not seem to consider the time needed for substance abusing parents to complete a recovery process that would promote family reunification.

CHAPTER THREE

METHODS

Introduction

This research project was a qualitative study of perceptions of The Adoptions and Safe Families Act (ASFA) among child welfare and substance abuse professionals. Identifying themes and conducting data analysis of the commonalities of the participant's responses produced outcomes. This study considers length of experience in the field and experience with family reunification as well as other variables that could influence perceptions of the ASFA.

Study Design

The purpose of the study was to offer qualitative data about the perceptions of professionals regarding ASFA. This study is a qualitative research project designed to offer a deeper understanding of the implementation of a policy that guides much of child welfare practice. Opinions on the Adoptions and Safe Families Act were gathered from the point of view of child welfare workers and substance abuse counselors.

Subjects participated in in-depth interviews to assess their perceptions of ASFA. This qualitative design

was selected to offer a deeper open-ended understanding of this community of practice. It is hoped that the results offer strategies for best practice with these families. A limitation of this qualitative design is its reliance on self-report among respondents. Social desirability may also become an issue if respondents seek to please the researcher. A strength of this qualitative design is that it allows respondents to express information more freely than in a survey format and offers a deeper open-ended understanding of a community of practice than a traditional survey format.

This study hopes to give insight into the effects the Adoptions and Safe Families Act of 1997 has on professionals in the field by exploring perceptions among child welfare and substance abuse professionals.

Sampling

The population of interest for this study is child welfare staff and substance abuse counselors who are currently working in the field and are affected by ASFA legislation. The Riverside County Department of Social Services (DPSS) was contacted for permission to speak to staff regarding their perspectives on ASFA since its implementation in the agency. A substance abuse treatment

facility the agency refers clients to was also contacted for permission to interview substance abuse counselors.

Participants must have met job experience standards, which include working in the field prior to the implementation of ASFA and working directly with families affected by ASFA. This criterion was met in an effort to allow participants to offer their perceptions and experiences before and after ASFA as it has affected their workload.

The sample used for this study was based on at least 10-12 interviews of child welfare professionals and substance abuse counselors who have worked in the field or with affected families since the implementation of the Adoption and Safe Families Act (ASFA).

Data Collection and Instruments

Data collection included gathering information from respondents through conducting qualitative interviews. An interview format was used in which the following core questions were asked: What do you see as the strength's of ASFA? What do you see as challenges of ASFA? What do other people you know think about ASFA?

Prompt questions were utilized if the responses to the core questions lacked sufficient information regarding

the purpose of the study. The following are prompt questions that were used: Have you noticed a difference in reunification rates since ASFA's implementation? What do you see as the greatest barrier to family reunification? What impact has ASFA had on your job and your clients? What role does substance abuse among clients play in your day-to-day job duties? What recommendations would you give to improve ASFA? What recommendations would you give to improve the implementation of the act in your agency? Would you like to make any other comments at this time?

The researcher made extensive professional use of self during the interviews. Open-ended questions asked by the researcher allowed the participants an opportunity to express a range of perceptions (see Appendix A).

Procedures

The data source for this study was be staff of the DPSS as well as substance abuse counselors in local treatment centers. Permission will be granted from both agencies to speak with their staff about the research project. Both agencies provided a list of professionals who have been employed at least since 1996 through the present. Participants were contacted from the list provided by the agency at work and asked to participate.

Interviews took place at convenient locations for the participant, which were at the nearest library or coffee shop.

Protection of Human Subjects

To ensure confidentiality of the participants, the names and identifying information on individual subjects were not recorded. Participants were informed of the nature of the study and were told that their involvement was totally voluntary and would not be brought to the attention of their employing agency. Informed Consent forms were read through and signed (see Appendix B) as well as a debriefing that took place after the interview (see Appendix C).

The Department of Social Work Sub-Committee of the Institutional Review Board of California State University, San Bernardino, approved the research project for protection of human subjects.

Data Analysis

Identifying themes and assigning codes to common perceptions of the Adoption and Safe Families Act was used to analyze the data from the interviews. It was expected that categories would emerge and common themes become apparent. This narrative data was assessed and placed in a

matrix table. In addition the researcher examined differences and similarities in the qualitative responses in an effort to study the affects ASFA has on service delivery.

Summary

The research was a qualitative study that explored the perceptions of the Adoptions and Safe Families Act of 1997 among child welfare and substance abuse professionals. It is hoped that this study offered a deeper understanding on how the Adoptions and Safe Families Act of 1997 is affecting professionals and the families they serve in this community of practice as well as recommendations for future child welfare policy.

CHAPTER FOUR

RESULTS

Introduction

This chapter covers the perceptions of the Adoption and Safe Families Act of 1997 (ASFA) among social workers and substance abuse counselors.

Presentation of the Findings

This study interviewed five social workers and five substance abuse counselors. They ranged in length of employment in their respective fields from seven to twenty years. The average length in the field was ten years.

Responses from the face-to-face interviews were summarized as to responses that pertained to the question asked or were relevant factors in the participants' perception of ASFA. These responses to questions were then used to form important themes that pertained to social workers' and substance abuse counselors' thoughts on the Adoption and Safe Families Act. A total of four themes were developed which dealt with ASFA's time limits, lack of appropriate services, need for collaboration, and substance abuse as a factor. The following is a list of questions with some sample responses and how these

responses were used to either establish main themes or to aid in the identification of important factors.

Question 1, "What do you see as strength's of ASFA?" This question dealt with the respondent's perception of how ASFA could be helpful. The social workers and substance abuse counselors agreed that ASFA focuses on the children. Substance abuse counselors tended to emphasize the time limit as being good due to the "addict's tendency to procrastinate and believe that they could do everything tomorrow and tomorrow never comes." The social workers' responses highlighted the need for permanency for children in the child welfare system, "there is a stability issue, this may possibly mean less amount of placement changes." They also raised the issue of increased parental responsibility, stating, "with ASFA's time limits and increased emphasis on the best interest of children, parents are made accountable for their decisions to comply with the reunification plan or risk losing their children for good."

Question 2, "What do you see as the limitations of ASFA?" This question was asked to solicit information about what the Act may lack as they see it. Responses to this question echoed a need for services by both social workers and substance abuse counselors. The social workers

tended to concentrate on the lack of quality service providers in the community while the substance abuse counselors focused more on the time limits not being long enough to complete the services required for family reunification. Social workers were clear on the impact ASFA has on the staff's workload and increased documentation demands the legislation brings, citing, "the impact on staff's workload affects moral, additional staff is needed to comply with the increased documentation." Substance abuse counselors saw ASFA as "playing beat the clock" and that "the reality of addiction is relapse, more time is needed."

Question 3, "What do others you respect think about ASFA?" This question was intended to assess the views of other people with whom the respondent is affiliated. For the most part, social workers responded that people they knew thought positively of the ASFA. "Those who think like me are the one's I respect," laughed one social worker. "Seriously," she said, "balancing ASFA should bring as much energy, resources and services toward reunifying as finding permanence." Responses from substance abuse counselors took on a different perception than that of the social workers. Perceptions from people they knew were that the system does not put enough money into

reunification services. One respondent summed up the sentiments of a few other counselors by stating, "People are pissed at the family because it has been ravaged by addiction and agree something should be done about it."

Question 4, "Some people have suggested that substance abuse may have prompted this act, can you respond?" The response from social workers to this question was an undeniable "yes!" They credit this to the high recidivism rate among substance abusing parents who enter the child welfare system. Substance abuse counselors tended to question substance abuse as being the cause for this legislation, but agreed it played a large factor in the creation of ASFA. One states, "As long as people were drinking alcohol, the government did not get involved. Crack cocaine came out in 1995 and all babies were tested."

Question 5, "Have you noticed a difference in reunification rates since ASFA's implementation?" Substance abuse counselor's response typically was that of not being sure. "It depends on the mother's willingness," was one answer. Another counselor stated, "It's like playing baseball without a bat, no way to hit a home run." She was referring to the lack of service available and the hardship that parents have in trying to meet all of the

requirements on the case plan. For the most part, social worker's stated that, "We need to look at case specifics and examine data to see who has gone home and stayed home." Other social workers stated they were not sure and estimated that reunification rates probably have decreased.

Question 6, "What do you see as the greatest barrier to family reunification?" Substance abuse counselors seemed to be unsure or cite the social worker's judgement and lack of focus on the whole family. They agreed with social workers on the need for services such as housing, therapy, substance abuse treatment, and job training. Social workers saw the lack of services, lack of collaboration, and lack of family support as major factors in the barrier to reunification. "For someone with chronic substance abuse history offering eight months of mental health services is not enough time to fix them; they need more support systems."

Question 7, "What role does substance abuse/CPS play in your day-to-day job duties?" Social workers state that about "90% of cases" deal with substance abuse issues in cases of neglect. Substance abuse counselors report that CPS plays a major role in their job duties due to their

"doing a better job recognizing substance abuse issues increasing the number of referrals to recovery."

Question 8, "What recommendations would you give to improve ASFA? Training was said to be the greatest factor in improving ASFA according to social workers and substance abuse counselors. Substance abuse counselors saw giving workable options to clients as a way for them to be more self-sufficient. Increasing minimum wage and offering job training and educational opportunities were given as examples. Both professions agreed an increase in communication between recovery programs and child welfare as having a great impact on improving ASFA. Social workers said concurrent planning and sharing of information would increase the outcomes for ASFA. Discussion of concurrent planning at every visit with the family at each stage of CPS intervention process would also improve ASFA's implementation.

Question 9, "What recommendations would you give to improve the implementation of the act in your agency? Education and training were cited by both professions as the cornerstone to improving implementation in their respective agencies. Substance abuse counselors stated that the addiction issue must be addressed first prior to completion of any services. Social workers think that

decreasing a social worker's workload and increasing education is essential. One worker stated, "Child welfare must stop working in a vacuum, and needs to update policy information."

Question 10, "Would you like to make any other comments at this time? Social workers and substance abuse counselors reiterated the need for training and education. A social worker stated, "We need a continuum of services to meet a continuum of needs, meaning that we need to support families and offer a variety of available services to meet the client's needs."

Summary

Responses were obtained from ten face-to-face interviews where notes were taken and later analyzed for difference and similarities in responses. Responses of the perceptions of social workers and substance abuse professionals were studied in an effort to understand the impact the Adoption and Safe Families Act has on their jobs and ability to provide services to their clients.

CHAPTER FIVE

DISCUSSION

Introduction

After analyzing the responses of individuals involved in this study four major themes become apparent for all of the respondents. Time limits, whether viewed as positive or negative were thought to affect social workers and substance abuse counselors. There is a lack of services available to assist clients in complying with ASFA's terms and conditions. Collaboration and training is needed between the recovery and child welfare fields in order to improve service delivery and remain within ASFA's time guidelines. The last theme involved the role substance abuse played in the formation of the Adoption and Safe Families Act.

Discussion

All through the interviews the theme of time limits kept emerging as either a strength or limitation of ASFA. Time limits were said to be helpful in instances where particular children seemed to linger in foster care and whose parents' had a long history of abuse and neglect. The time limits were viewed as positive in that they protected the children and maybe offered them a chance at

permanency. On the other hand, time limits, especially in the event of substance abuse, are questioned as to whether or not enough time is given to cure a chronic problem for which extensive treatment is needed. As stated by a respondent, "Someone with a chronic substance abuse history receiving eight weeks of mental health treatment is not enough; they need more time and support systems."

The lack of services available to clients in need poses a problem for adhering to the guidelines ASFA requires. There are not a sufficient number of service providers in the community to address the needs of those affected by child welfare involvement or substance abuse issues. This theme emerged very often during the interviews, being presented by both social workers and substance abuse counselors. The parents are seen to be at a disadvantage because, even if they wish to comply, they may not be able to within the deadlines because of long waiting lists or having no transportation. This is frustrating to both fields because they are trying to assist the clients but have only limited options which to refer them. This was said to cause frustration for the client and decrease their motivation to want to comply with services.

The need for training and collaboration were major themes throughout the interview process. Social workers and substance abuse counselors cited the need for training and more communication as vital to best service delivery and compliance with ASFA. It is believed that collaboration should cross educate the fields and create a better understanding of the other's focus and goals. This knowledge will ultimately enable clients to receive a more holistic approach to service planning and delivery.

The role substance abuse plays in ASFA and how the professionals' job duties are carried out was a theme that was at the forefront of the interviews. Social workers and substance abuse counselors differed slightly in their beliefs about the significance substance abuse played in the creation of ASFA, but both agree that it is an epidemic that cannot be ignored. It is also believed by both disciplines that substance abuse clients are the ones most affected by this legislation.

The main difference between social workers and substance abuse counselors' views was that most of the substance abuse counselors' responses involved personal experiences with child welfare. They were very concerned about the best interest of the children, but really advocated for the clients affected by substance abuse

stating "clients have too many conditions to complete on their case plans and need more time to work on recovery issues in order to become a better person and parent."

Another counselor who had her children placed in the child welfare system for five years due to her own drug abuse, stated, " If not for a social worker who had some knowledge of addiction and believed in me, I probably would not have gotten my children back ten years ago."

Substance abuse counselors' appeared to have a great knowledge of CPS and how the system works. This can be attributed to their own personal experiences or experiences of those whom they are affiliated. On the other hand, most of the social workers appeared to having little knowledge of substance abuse or recovery process and acknowledged that education and collaboration was essential in order to comply with ASFA and better serve clients.

Limitations

This study is limited by several factors. The social workers tended to be educated and have not personally

experienced their own battles with addiction. Most of the substance abuse counselors have personally experienced addiction and many are currently in recovery. Many of the

counselors have also had personal experience with CPS, having their children taken into custody and worked with social workers. These experiences could have created biased perceptions of the system by actual involvement in it or the lack thereof.

Recommendations for Social Work Practice, Policy and Research

This study reports the perceptions of those working to reunify families about the Adoptions and Safe Families Act. An increased awareness of their perceptions of how this policy has impacted their respective roles may be helpful in understanding reunification rates before and after the legislation. This information and similar studies may lead child welfare agencies and substance abuse treatment centers to work collaboratively with this population with the realization that family reunification may depend on it.

Conclusions

The respondents made it very clear that time limits, lack of services, the need for collaboration and training, and the role substance abuse are major factors that influence the Adoption and Safe Families Act. The need for training and collaboration was echoed throughout all of

the interviews despite their differences in opinions regarding their views of how the legislation came about. Working together to understand how to best serve clients in light of ASFA's time limits and the lack of services available emerged as major themes of importance with the client at the focal point.

APPENDIX A
QUALITATIVE QUESTIONS

Core questions will be asked:

What do you see as the strength's of ASFA?

What do you see as challenges of ASFA?

What do other people you respect think about ASFA?

Prompt questions:

Some people have suggested that substance abuse may have prompted this act, can you respond?

Have you noticed a difference in reunification rates since ASFA's implementation?

What do you see as the greatest barrier to family reunification? What impact has ASFA had on your job and your clients?

What role does substance abuse play in your day-to-day job duties?

What recommendations would you give to improve ASFA?

What recommendations would you give to improve the implementation of the act in your agency?

Would you like to make any other comments at this time?

APPENDIX B
INFORMED CONSENT

INFORMED CONSENT

The study in which you are being asked to participate is designed to explore perceptions of the Adoptions and Safe Families Act of 1997 among child welfare and substance abuse professionals. This study is being conducted by Nancy Satterwhite, graduate student of social work at California State University at San Bernardino under the supervision of Professor Rosemary McCaslin. This study has been approved by the Department of Social Work Sub-Committee, Institutional Review Board, of California State University, San Bernardino.

In this study you will be asked to express your opinions about the Adoption and Safe Families Act of 1997 and its affect on your work with clients. The interview should take about 30-40 minutes to complete.

It is understood that your participation in this study will be totally voluntary. The information from the study is confidential. You can refuse to participate in, or withdraw from the study at any time without penalty. Please also understand that you do not have to answer any question that you may not wish to answer. When the interview is complete, you will be given a debriefing statement. The agency will not know whether you participated or not.

If you have any questions or concerns about this study contact Professor Rosemary McCaslin at (909) 880-5501. If you would like to receive information regarding any research findings, contact your agency or the Pfau Library at Cal Sate San Bernardino in the Summer, 2004.

By placing a check mark in the box below, I acknowledge that I have been informed of, and I freely consent to participate. I also acknowledge that I am at least 18 years.

☐

Please place a check mark above. _____

APPENDIX C
DEBRIEFING STATEMENT

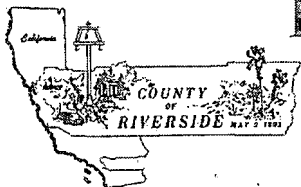
DEBRIEFING STATEMENT

The study you have just completed was designed to explore perceptions of the Adoptions and Safe Families Act of 1997 among child welfare and substance abuse professionals. This study will assess the commonalities of the participant's perceptions to core questions regarding the Adoption and Safe Families Act. The responses will be evaluated for themes common among various professionals.

Thank you for your participation and for not discussing the contents of this interview with others who may also be participating.

If you have any questions or concerns about the study, please feel free to contact Rosemary McCaslin at (909) 880-5501. If you would like to obtain a copy of the results of this study, please contact your agency, Pfau library, in the Summer, 2004.

APPENDIX D
AGENCY APPROVAL LETTERS



Department of Public Social Services

Administrative Office: 4060 County Circle Drive, Riverside, CA. 92503
(909) 358-3000 FAX : (909) 358-3036

Dennis J. Boyle, Director

SHARRELL BLAKELEY, MSW
Assistant Director
Children's Services

LOIS CARSON
Executive Director
Community Action

SUSAN LOEW
Assistant Director
Administrative Services

JO WEBER
Assistant Director
Self-Sufficiency

January 30, 2004

Cal State University San Bernardino
Department of Social Work
5500 University Parkway
San Bernardino, CA 92407-2397

Dear Sir/Madame:

This letter serves as notification to the California State University San Bernardino, Department of Social Work, that Nancy Rae Satterwhite has obtained consent from the Riverside County Department of Public Social Services, to conduct the research project entitled "Perceptions of the Adoptions and Safe Families Act of 1997 Among Child Welfare and Substance Abuse Professionals".

If you have any questions regarding this letters, please contact Crystal Shackleford, Supervisor, Professional Intern Unit at 909-358-3466.

Sincerely,

Sylvia Deporto, M.S.
Deputy Director of Children's Services



- Woman to Woman Recovery Programs Outpatient & Residential
- Woman to Woman Domestic Violence Programs
- Positive Choices Youth Programs
- Long Beach Regional Drug Court Program
- Community Prevention Education Intervention

**NATIONAL COUNCIL ON ALCOHOLISM
AND DRUG DEPENDENCE -
LONG BEACH AREA**

3750 Long Beach Boulevard
Long Beach, CA 90807
Tel: (562) 426-8262 - Fax (562) 426-5283
Email: NCADDLBO1@aol.com

February 05, 2004

Cal State University San Bernardino
Department of Social Work
5500 University Parkway
San Bernardino, CA 92407-2397

Dear Sir/Madam:

This letter serves as notification to the California Sate University San Bernardino, Department of Social Work, that Nancy Rae Satterwhite has obtained consent from National Council on Alcoholism and Drug Dependence-Long Beach, to conduct the research project entitled "Perceptions of the Adoptions and Safe Families Act of 1997 Among Child Welfare and Substance Abuse Professionals".

If you have any questions regarding this letter, please contact Jan Peckham, Executive Director at (562) 426-8262.

Sincerely,


Jan Peckham
Executive Director

APPENDIX E
RESPONSE SUMMARY

Response Summary

Question 1 - What do you see as the strength's of ASFA?

- The stability factor and probably a less amount of placement changes. Dialogue is increased with relatives about permanency and agencies are forced to look at permanency immediately.
- Concurrent planning. The focus is on the child's needs for permanency equally, if not more than the right's of the parents.
- Pushing for permanency in a child's life and asking families to commit to a permanent plan as opposed to foster care.
- To ensure permanency of kids a lot faster whether it be in relative care or foster homes. It forces us to look at permanency a lot faster for kids.
- Protecting children.
- Get people into gear. A great number of women are separated from children who do not have children's best interest at heart. Good to have alternatives to long and drawn out lingering in foster care.
- Keeping placement stability
- Time limits motivate. It makes parents aware that there is a time limit for you getting yourself together.

Question 2 – What do you see as challenges of ASFA?

- More money is given to children while they are in foster care than when they are with their parents.
- Too many things to complete in the parent's case plan. Mothers are expected to get a job with no education and they do not qualify for general relief once the children are placed in foster care.
- Expectation for a woman to raise a lot of children who are in process of changing their life is ludicrous.
- There are some parents who are willing to do the work, but do not have enough time.

- One year is not enough to deal with all the issues clients have.
- Consistency in documentation.
- Impact on staff's workload filling out forms and documenting.
- The focus has shifted from reunification and providing services to some parents.
- Reunification should be at the top of the continuum of permanence.
- The public perception of taking kids and adopting them out for monetary incentives as opposed to reunifying.

Question 3 – What do other people you respect think about ASFA?

- Viewed positively and forces the front end of CPS to look at the best home for children immediately.
- As much energy, resources, and services should be put on helping families reunify as finding permanence and realize legal guardianship is permanence.
- For the most part, heard support for it due to foster care drift and allowing kids to have a chance at a quality life.
- Colleagues are split 50/50.
- Want to see a happy medium. Children living in limbo is not alright.
- Not enough money is put into reunification services.
- Their feelings are that the system does not treat the whole person. Many people are not aware of their options. They need to take part in the legislative process to bring about change.

Question 4 – Some people have suggested that substance abuse may have prompted this act, can you respond?

- Substance abuse is used because it is an easy out.
- I don't think so. Crack cocaine came out in 1995 and all babies were tested. As long as people were drinking alcohol, CPS did not get involved. Families are judged on the level of "non-income." It's more of a culture of poverty issue.
- Yes, it applied pressure for mothers who desire to keep her children.
- Since many babies are born positive for drugs, they probably took substance abuse into consideration.
- I'm inclined to agree. A very large number of neglect cases are derived from substance abuse.
- I believe it has. The chronicity of substance abuse problems despite services and socioeconomic status was probably considered.
- True, in that this is the main criteria for non-reunification is substance abuse and resistance to treatment.

Question 5 – Have you noticed a difference in reunification rates since ASFA's implementation?

- Cannot really say I've notice a difference. We need to look at case specifics, data needs to be examined.
- No.
- Depends on mother's willingness and whether she has a car, home, or needs support.
- Reunification rates are down, women feel hopeless and do not feel like they have a chance. It's like playing baseball without a bat, no way to hit a home run without nothing to work with.
- Reunification has decreased due to parent's having less amount of time to reunify as opposed to 18 months. On the other hand,

they may have stayed the same since they were not reunifying anyway.

- No, still working on concurrent planning and best to accomplish this.
- Reunification rates are up because of a few different forces. Social workers have more of a warning from beginning to reiterate concurrent planning throughout the process.

Question 6 – What do you see as the greatest barrier to reunification?

- Socioeconomic history and law enforcement history.
- Do not have all of the services people need such as substance abuse treatment.
- Lack of family support.
- Lack of appropriate services.
- Sometime CPS workers let their personal opinions; stereotypes come out, negative picture painted to judge about the mother.
- Lack of flexibility, burnout, and compassion of workers.
- Substance abuse and keeping up with policy changes.

Question 7 – What role does substance abuse/CPS play in your day-to-day duties?

- A lot!
- You need to know what is expected and what they want. Visitation is a big issue.
- A lot of referrals come from CPS.
- So many kids are in the system because of neglect exacerbated by substance abuse.
- 90% of kids I deal with, the majority of cases.

Question 8 – What recommendations would you give to improve ASFA?

- More education in placing children in appropriate homes with permanency in mind.
- Training and education for child welfare and service providers about ASFA and cross training among agencies.
- It's really about improving child welfare, the redesign and initiatives coming out of that is taking off where ASFA began. Look at community, families, and informal support networks and provide stability for our own kids and those in the community.
- Remove self-beliefs from cases. Need substance abuse counselors to go out with CPS workers to determine if family is in jeopardy.
- Need therapists in school to evaluate and monitor children.
- Have an advocate for the mother and the social worker and advocate work together to reunify families.
- Counties that are doing well in terms of staff compliance should communicate with other counties.

Question 9 – What recommendations would you give to improve the implementation of the act in your agency?

- Addiction and domestic violence need to be addressed first.
- Child welfare stop working in a vacuum.
- Cross education and training among child welfare and service providers in the community.
- Education!
- Decrease social worker's workloads and hire more staff.

Question 10 – Would you like to make any other comments at this time?

- We need a continuum of services to meet a continuum of needs, meaning that we need to support families and offer a variety of available services to meet the client's needs.
- ASFA seems biased toward fathers, they should take more responsibility.
- Social workers, judicial officers, service providers, and community based organizations need to work together to understand the time frame.
- Education and training for the general public.
- We have a lot of work to do.

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