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SOCIAL WORKERS' PERCEPTIONS OF THE
FACTORS RELATED TO REENTRY

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
Rachel Joy Burak

June 2011

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FACTORS RELATED TO REENTRY


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ABSTRACT

The purpose of this study was to examine social workers' perspectives on risk factors that contribute to the reentry of children into foster care. This study utilized a survey design using self-administered questionnaires, which were distributed to San Bernardino County social workers. The final sample in this study was 39 participants. Social workers identified child, parent, and familial risk factors that contribute to reentry. Social workers identified neglect, child behavioral problems, and multiple foster care moves as the three greatest child risk factors contributing to reentry. Substance abuse, mental health diagnoses, and domestic violence were rated as the three greatest parental risk factors contributing to reentry. Finally, social workers rated previous referrals, the lack of a support system, and difficulty paying bills as the three greatest familial risk factors for reentry. It is recommended that social workers continue to provide services to families for at least one year following reunification to prevent reentry from occurring.

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I would also like to thank Sally Richter and the San Bernardino County office clerks for their assistance in distributing and gathering the questionnaires.

Finally, I would like to thank the social workers who took time out of their busy schedules to participate in this study.

DEDICATION

This research project is dedicated to my husband, Brian Burak, who always encouraged and supported me. I would also like to dedicate this to my parents, Margaret and Marty Schlom, who supported me and gave me the ability to pursue my dreams.

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CHAPTER ONE

INTRODUCTION

The following will discuss the prevalence of reentry into foster care and why it is an important issue to study in terms of outcomes for children, policy, and practice. The purpose and significance of the current study for social work will also be presented.

Problem Statement

Each year there are thousands of children across the nation that reenter the foster care system after being reunified with their families. The California Department of Social Services Statewide Assessment (2007) indicated that the national percentage rate of reentry into foster care is 15.0%. The state of California is not faring much better as the percentage rate for this state is 14.1%. This means that approximately 3,000 out of 22,000 children, who were reunified during the 2006 fiscal year in California, returned to foster care within a twelve-month period.

The County of San Bernardino had a lower reentry rate of 8.8%, for the twelve-month period between April 1, 2008 and March 31, 2009. Otherwise stated, 92 out of 1,041

children reentered foster care within twelve months following reunification.

The noticeable difference in San Bernardino County's rate and the state's rate could be attributed to differences in county sizes across California. The state's percentage rate included statistics from all 58 counties. According to a study by Shaw (2006), the size of the county is inversely related to reentry rates. Specifically, rural counties were found to have higher reentry rates than larger counties like, Los Angeles.

Reentry statistics in studies reflect similar although somewhat higher percentages as compared to the national, state, and county rates. In a study examining the reentry rates of infants, 32% of the sample reentered care within four to six years of reunification (Frame, Berrick & Brodowski, 2000). In a study conducted by Terling (1999), the incidence of reentry over a three and a half year period, was 20%. Festinger (1996) found that 19.5% of the sample of 210 children reentered care within two years. Courtney (1995) obtained a sample of 6,831 children who were 16 and younger. Within three years, 19% of this sample had reentered care and the majority did so within eight months after reunification.

Statistics vary according to the length of time included in the study; however, researchers all seem to agree that reentry rates are too high. The national goal is 9.9% (Center for Social Services Research, 2009). It is clear that most reentry rates far exceed this standard.

As stated by Kimberlin, Anthony, and Austin (2009), "foster care reentry represents a failure of permanency that has potentially serious negative effects on children" (p. 471). The experiences children have each time they are removed from their homes, reunified with their families, and removed again are not depicted in the numbers. The real problem with reentry is that it means children are suffering multiple traumas. For example, Terling (1999) discovered that 4 out of 59 children in the study's sample were returned to homes where children had been, "repeatedly and severely sexually and/or physically abused, and documentation that risks of reabuse were present (e.g., therapist report that a sexually abusive father was not making progress towards resolving his pedophilia)" (p. 1365). Research has also shown that early trauma negatively impacts children's development. Teicher (2010) stated that trauma occurring early in childhood may lead to posttraumatic stress disorder (PTSD), substance

abuse, antisocial behaviors, and depression. Teicher et al. (2003) claimed that stress, trauma, and maltreatment in early childhood are associated with the development of psychiatric disorders and changes in neurobiological development. Jonson-Reid and Barth (2000) found that children who experienced multiple cycles of reunification and reentry experienced high rates of entry into the California Youth Authority.

Policy Context

Research on the experiences of children in foster care, and the negative outcomes for these children, has lead to a national move to prevent reentry from occurring, to limit the time children spend in out-of-home care, and to minimize placement changes that children experience within care. The Adoption and Safe Families Act (ASFA) was enacted in 1997 to specifically address these issues. ASFA created timelines limiting the amount of time children spend in foster care. It also requires caseworkers and the courts to establish permanency plans for children, so they are not left lingering in care and making multiple moves in and out of the system (D'Andrade & Berrick, 2006).

The federal government has attached funding to states' compliance with child welfare outcomes. High

reentry rates are considered to be "unsuccessful" outcomes, therefore, states that exceed the 9.9% standard rate of reentry, may not qualify for some federal money (Kimberlin et al., 2009, p. 472).

Practice Context

ASFA's requirements directly affect social work practice as the case plans, which are created by social workers, have to adhere to the timelines established in ASFA. The irony is that the shortened timeframes may negatively impact particular families. For example, several studies identified substance abuse as a significant factor leading to reentry (Brook & McDonald, 2009; Festinger, 1996; Frame, Berrick & Brodowski, 2000; Miller, Fisher, Fetrow & Jordan, 2006; Shaw, 2006; Terling, 1999). The significance of these findings is that families with substance abuse issues, may need additional time to receive appropriate services. If their problems are not adequately addressed, then they are at risk of returning to the habits which lead to their children being removed initially. Social workers have to determine how to balance and meet families' needs as well as to comply with legislative requirements.

McWey, Henderson, and Tice (2006) found that families encountered obstacles that prevented them from obtaining the help they were seeking. Researchers studied 30 court cases and found that only 6% of parents met with a therapist before testifying in court. Researchers also found that most therapists were unaware of ASFA's time limits, and could not help parents and families in such short time frames. This speaks directly to a social worker's responsibility to make timely referrals to appropriate services, in order for families to receive the help they need, so that they do not reenter the system.

Overall, social workers have a mandate to comply with ASFA guidelines and try to prevent reentry from occurring with their clients. Some of the ways in which they attempt to do this is by assessing clients' needs and making necessary referrals. There may be many factors that either hinder social workers' abilities to meet clients' needs or to effectively link families with appropriate services. Currently, there is limited literature on social workers' perceptions of the factors related to reentry. This study will try to fill the gap in this area, and provide information regarding common risk factors as identified by social workers.

Purpose of the Study

The purpose of this study was to examine social workers' perspectives on which factors are associated with reentry rates for families in San Bernardino County. This has been accomplished by obtaining information regarding families and children, who experienced reentry, from San Bernardino County social workers using self-administered questionnaires. San Bernardino County social workers were asked about their perceptions regarding the factors they believed to be related to reentry for the families they have had on their caseloads.

Social workers are able to observe families and interact personally with them; therefore, social workers have unique insights regarding families' needs and attributes that a secondary analysis of administrative data would fail to provide. For example, they would be aware of common factors that seem to hinder or contribute to families' successes. They would also be able to identify what systemic obstacles seem to prevent successful reunification. This type of information can only be accessed by inquiring of the social workers who work directly with these families.

This was a quantitative study that utilized self-administered questionnaires. The questionnaires included a Likert-type scale and some open-ended questions. As the literature review will show, there are conflicting findings regarding the factors which are related to reentry. By including open-ended questions, confounding variables were identified, as well as other, significant variables correlated with reentry. The open-ended questions gave social workers the opportunity to provide more in-depth information about their experiences with reentry cases, and to provide information about the children and their families involved in those cases. Very few studies on reentry have included social workers' perceptions.

Some of the information the demographic portion inquired about is how much experience each respondent has as a child welfare worker in San Bernardino. Festinger (1996) found that social workers who had been working as child welfare workers for an average of 2.5 years, were more likely to have children on their caseloads reenter care, than workers who had an average of 3.7 years of experience. Therefore, it seemed appropriate to include social workers' levels of experience.

The questionnaires included a Likert-type scale that asked social workers to rate which factors seem to contribute to the reentry rates of families in San Bernardino County. Variables that have been determined by previous studies as factors associated with reentry were included. The purpose was to identify which factors are most frequently rated to be correlated with reentry.

Significance of the Project for Social Work

Gaining a further understanding of the factors that contribute to reentry could impact social work practice. Particular factors that were frequently rated by social workers to be associated with reentry could serve as warning signs to social workers during risk assessments. Social workers could offer services as a means of intervention to address present risk factors, and it would be important to ensure that those issues are fully addressed before reunifying children with their families. Findings from this study may also serve to guide social workers when creating case plans, by helping them prioritize families' most critical needs, and addressing those problems with families first.

Findings from this study may contribute to social work policy by highlighting obstacles families encounter that current policies need to address. Problematic policies that social workers identified should change because they make successful reunification for families more difficult.

Findings from this study will contribute to social work research in that it will expand existing knowledge regarding social workers' perceptions of the factors related to reentry. Their input may also provide critical insights about reentry, and draw attention to factors that have not been previously considered in other studies.

This study is relevant to child welfare practice as the goal was to increase awareness about reentry factors, in order to reduce the percentages of children returning to foster care. Each return to foster care suggests that a child has endured at least one more episode of neglect and/or abuse, which could possibly result in long-term trauma.

This study proposed the following research question: What are social workers' perceptions of the factors related to reentry for families in San Bernardino County?

CHAPTER TWO

LITERATURE REVIEW

Introduction

The following literature review will present the significant and non-significant factors related to reentry identified in past studies. Multiple variables are included from the literature to provide a comprehensive overview of the factors found to be associated with reentry. The literature review will be broken down into the following sections: child specific factors, parental/caregiver factors, and familial factors. Finally, three theories guiding conceptualization of the present study will be discussed.

Child Related Factors in Reentry

The research regarding age has conflicting results. Brook and McDonald (2009) conducted a study with a sample of 13,711 children in Oklahoma and found that children who were older at the time of the initial removal were less likely to reenter care. Courtney (1995) also found older children to be less likely to reenter care. Specifically, children who were ages 7-12 were less likely to return to foster care than infants. On the other hand, Frame et al.

(2000) found that infants who were less than one month old, when compared to infants who were up to one year old, were more likely to reenter care. Fuller (2005) also found younger children to be at the greatest risk of reentry. Infants were most likely to reenter and the odds for reentry gradually decreased as age increased. Shaw (2006) found that infants and children ages 11-15 were at the greatest risk of reentry.

However, several studies concluded that age was not a significant factor predicting reentry (Festinger, 1996; Miller, Fisher, Fetrow & Jordan, 2006; Yampolskaya, Armstrong & Vargo, 2007). With exception to the sample in Yampolskaya et al. (2007), the sample sizes in these studies were relatively small compared to most of the studies that found age to be a significant variable.

Race is frequently examined in reentry research. In a study conducted by Courtney (1995), African American children, ages 16 and younger, were more likely to reenter care compared to Caucasian and Hispanic children. Terling (1999), Wells and Guo (1999), and Jones (1998) reported similar findings. Similarly, Shaw (2006) examined a sample of 6,021 children who reentered care and found that Black and Native American children were more likely to reenter

care than White children. Other studies have concluded that race is not a significant factor contributing to reentry (Barth, Weigensberg, Fisher, Fetrow & Green, 2008; Connell et al., 2009; Festinger, 1996; Frame, Berrick & Brodowski, 2000).

The role of child health problems was examined in several studies. However, there was only one identified study that found children with health problems to be a significant factor leading to reentry (Courtney, 1995). Other studies determined health problems to be non-significant (Brook & McDonald, 2009; Wells & Guo, 1999). Typically, children were considered to have health problems if there was a known medical diagnosis.

In a study conducted by Barth et al. (2008) children were measured for behavioral problems using the Child Behavior Checklist. They concluded that children's behavioral difficulties played a role in reentry. Yampolskaya et al. (2007) had similar findings. Children in this study were measured for behavioral problems using a comprehensive behavioral health assessment. However, Festinger (1996) found that behavior problems were not a significant factor. In the study, assessments were not made using a standardized tool, and only behaviors that

had occurred six months prior to reunification were considered.

Studies have included the number of children in the home as an independent variable, however there are conflicting findings. Barth et al. (2008) found that when three or more children were present in the home at the time of reunification, then reentry was more likely to occur. Fuller (2005) reported similar findings. However, Frame et al. (2000) did not find the number of children in the home to contribute to reentry rates. However, family size was loosely defined as "The total number of children born to mother" (p. 350).

The findings in several studies support the idea that children who spend less time in out-of-home care before reunification will be more likely to reenter foster care (Courtney, 1995; Fuller, 2005; Shaw, 2006; Wells & Guo, 1999; Yampolskaya et al., 2007). In contrast, Festinger (1996) found that length of time in foster care was not related to reentry. The comparatively small sample size may account for this study's conclusion.

Researchers seem to agree that children who experience multiple placement changes while in foster care, are more likely to reenter foster care (Brook &

McDonald, 2009; Fuller, 2005). There were no identified studies with conflicting findings related to this variable.

Studies also seem to show that children who are placed with relatives or kin, as opposed to foster homes or group homes with strangers, will be less likely to reenter care (Courtney, 1995; Fuller, 2005; Shaw, 2006; Wells & Guo, 1999). There were no identified studies with findings that contradicted these studies.

There are conflicting findings as to whether or not a particular type of maltreatment is more likely to lead to reentry into care. In comparison to emotional, physical, and sexual abuse, neglect is most often found to be the type of maltreatment related to reentry rates. Connell et al. (2009) and Shaw (2006) found neglect to be a significant factor in reentry. However, Miller et al. (2006) did not find neglect or any other form of maltreatment to be related to reentry.

Several studies have identified prior involvement with child welfare agencies to be correlated with reentry (Barth et al., 2008; Brook & McDonald, 2009; Connell et al., 2009; Courtney, 1995; Frame et al., 2000; Terling, 1999). In these studies prior involvement was defined as

prior placements in foster care or previous referrals to Child Protective Services (CPS).

Parental/Caregiver Related Factors

Several studies examined whether or not parental substance abuse, alcohol and/or drugs, was a factor leading to reentry, and all of these studies concluded that substance abuse is correlated with reentry (Brook & McDonald, 2009; Festinger, 1996; Frame et al., 2000; Miller et al., 2006; Shaw, 2006; Terling, 1999). Brook and McDonald (2009) specifically focused on substance abuse and categorized their sample into four groups which were, "Alcohol only involvement, drug only involvement, both alcohol and drug involvement, and neither alcohol nor drug involvement" (p. 195). Not surprisingly, parents who fell in the both alcohol and drug involvement category, were more likely to have their children reenter care. An interesting finding in a study conducted by Terling (1999) was that even when parents had completed substance abuse treatment programs, their children were still more likely to reenter care, if the caregiver's partner abused substances and had not received treatment.

Frame, Berrick, and Brodowski (2000) conducted the only identified study that used parental criminal history as a variable. Researchers reviewed case records for 88 infants. All of the infants included in this study were one year old or younger. They found that substance abuse, housing problems, previous referrals, and having a criminal record were correlated with reentry rates. Most often the crimes were related to drugs and prostitution.

While it would make sense that children of single parents would be more likely to reenter foster care due to added stressors of parenting alone, previous research presents mixed findings. Studies have investigated this variable and found it to be insignificant in regards to reentry rates. Jones (1998) conducted a study with a sample of 445 children ages 12 and younger, and concluded that single parent households was not a significant variable related to reentry. Wells and Guo (1999) examined variables related to reunification and reentry and determined that children with single parents were no more likely to reenter the system than children with married parents. Yampolskaya et al. (2007) had similar findings and also concluded that single-female headed households and single-male headed households were at no greater risk

for reentry than children with two parents living together.

In contrast, a study conducted by Shaw (2006) showed that children from a home with one parent were more likely to reenter care than children from homes with two parents. Connell et al. (2009) found that children from a single parent home were more likely to reenter foster care than children from a dual-headed household. Fuller (2005) reported that single parent households were correlated with reentry, however, single parent households in this study also included the presence of at least one more sibling. Another study, found that children who returned to parents who were married were less likely to reenter care (Brook & McDonald, 2009). Other studies did not necessarily differentiate between two-parent households that were "married" from two-parent households, where the parents were not married.

Very few studies include social support as a variable in research. Most likely because it is difficult to observe and measure. However, Terling (1999) examined whether or not the lack of social support was correlated with reentry rates. In this study, the lack of social support was defined as the absence of support, or as the

presence of abuse and conflict within the support system. Terling concluded that isolation and a lack of a quality social support system is related to reentry rates. Festinger (1996) utilized social workers' assessments of families and found that parents of children who experienced reentry, were less likely to be involved in community organizations and had few if any people in their lives providing social support.

Parenting skills are rarely included as an independent variable in reentry research. Once again this is probably due to the fact that parenting skills are more difficult to observe and measure than other variables. Festinger (1996) was able to include parenting skills, as it was an item included in the questionnaires completed by social workers. Festinger concluded that a lack of parenting skills was associated with reentry. In this study, parenting skills were based on different areas including: "caregivers' level of understanding of child development, quality of communication, consistency of discipline, and handling of conflict" (p. 392). Miller et al. (2006) utilized trained observers to assess whether or not parents displayed appropriate discipline techniques like, time-outs, and these parents were less likely to

have their children reenter the system. However, Terling (1999) relied upon caseworkers' written accounts of parenting practices witnessed during visits and found that to be an insignificant variable in this study.

It would seem that parents who followed and completed their case plans would experience successful reunifications. However, findings from a study conducted by Terling (1999) contradict this assumption. Parental compliance with case plans was not significantly associated with successful reunification. The author suggests that simply because a parent has attended a meeting does not mean that change has occurred.

There was only one identified study that examined if parents' unmet service needs were related to increased reentry rates. Festinger (2006) reported that unmet service needs are associated with increased risk of reentry. The two needs that were typically unmet included, "the need for parenting training and the need for homemaker services" (p. 393). Parents whose children reentered the system were also more likely to be assessed by social workers as needing "preventive services" after reunification (p. 394). Social workers in this study

stated that most often it was parental refusal of services that resulted in unmet service needs.

Very few studies discuss the influence of parents' medical and mental health needs on reentry. This is surprising as the added stress and complications caused by medical problems or mental health issues that parents have, would seemingly affect parents' abilities to care for their children, thus making reentry for parents with these challenges more likely.

There were two identified studies that examined the effects of parents physical health on reentry. Miller et al. (2006) reported that children, whose mothers sought the services of medical specialists more frequently in the three months following reunification, were more likely to reenter care. In contrast, Jones (1998) did not find problems with parents or caretakers' health to be significant factors in reentry. In this study poor health was defined as the presence of an illness.

Findings on parental or caretaker mental health are limited but the same conclusions are drawn. Studies reported that parents and/or caretakers, who were diagnosed with a mental health illness or had been

patients at a mental hospital, were more likely to be involved with reentry (Festinger, 1996; Fuller, 2005).

Familial Factors

Studies have examined how poverty affects families in regards to reentry rates. Poverty has been defined in studies as the receipt of a form of welfare. Courtney (1995) and Jones (1998) defined poverty as receiving Aid to Families with Dependent Children (AFDC). Both studies reported that children from families who received AFDC were more likely to reenter care. Miller et al. (2006) also used receipt of AFDC as a measure of poverty. However, it was found to be an insignificant variable. The sample size in this study was 52. The sample sizes were much larger in Courtney's study (1995) and Jones' study (1998), which could account for the conflicting results.

The safety, cleanliness, and type of home environments families live in are factors rarely included in reentry research. Very few studies provide information regarding these variables. Jones (1998) examined housing variables that were related to both re-referral and reentry rates. This study showed evidence that homelessness and inadequate housing were significantly

related to reentry. Inadequate housing was operationally defined as, "The child's experience with homelessness, crowding danger, and non-working utilities" (p. 310). Miller et al. (2006) utilized trained observers to assess the quality of home environments. Home environments that were uncluttered and provided children with access to toys and games were significantly related to successful reunifications.

Theories Guiding Conceptualization

Maslow's hierarchy of needs was a key theory guiding the development of this study on reentry. This theory states that individuals have needs which will motivate them. A person's basic physical needs must be met first. Next their safety needs should be met, followed by their love needs, esteem needs, and finally their self-actualization needs. This theory claims that a person will not be able to move towards the next level of needs until the current level is sufficiently met. Maslow also claimed that an unmet need has the power to drive that individual to satisfy that need (Maslow, 1943).

The hierarchy of needs theory relates to families within the system in that each family will have unmet

needs. If a family is struggling to meet basic physical needs like food, housing, and medical care, how can social workers expect them to meet higher level needs without first addressing the basic needs? Maslow stated, "If all the needs are unsatisfied, and the organism is then dominated by the physiological needs, all other needs may become simply non-existent or be pushed into the background" (p. 373).

There is evidence that Maslow's hierarchy of needs can be adapted to address specific populations. A case study by Zalenski and Raspa (2006) adapted the theory to apply to hospice care. For example, physical needs were defined as, "Distressing symptoms, such as pain or dyspnea" and safety needs were defined as, "Fears for physical safety, of dying or abandonment" (p. 1120).

The current study adapted the hierarchy in a similar way and examined if the variables social workers identified as being related to reentry suggest that families experiencing reentry have unmet needs at the lower levels, like adequate food and shelter.

Social systems theory was also relevant to this study, as the ways in which families interact with other systems in society may directly affect their functioning

levels. Some families may be more vulnerable to particular deficits in the system, thus making it more difficult to parent and meet the needs of their needs and their children's needs. Impoverished neighborhoods or areas with high unemployment rates are examples of this.

Environmental factors need to be considered as families cannot be fully understood if the environments they live in are not taken into account. Jones (1998) found that families living in dangerous environments were linked to reentry. In this study a dangerous environment was defined as having, "Exposure to weapons and drugs in the home and neighborhood" (p. 310).

The perceived and real stressors that outside systems place on families could also directly affect families' coping mechanisms and/or the ability to obtain needed resources. Families become active in multiple systems once they enter the child welfare system. Families' abilities to adapt to and meet the requirements different systems place upon them will influence whether or not that they can continue to take care of their children at home.

Attachment theory was relevant to this study when examining child factors that were related to reentry. Attachment theorists like, Ainsworth and Bowlby,

acknowledged how vital early caregiver experiences are to the healthy development of children (Lesser & Pope, 2007). When children are removed from their homes and placed in foster care, they experience major caregiver disruptions. Fahlberg (1991) stated that children who experience multiple placements are more likely to suffer from attachment disorders. Children, who have experienced repeated moves in and out of foster care, may develop attachment disorders. Conceivably, this could make it more difficult for parents and children to bond and attach, when the child returns home. Therefore, the role of bonding and attachment in reentry should be examined.

Summary

It is evident that many variables are associated with reentry rates. However, there are relatively few variables that yield consistent correlations with reentry. Administrative databases are used most often to extract information regarding reentry. Social workers' perceptions on the issue are rarely sought after even though they are the professionals who work directly with these families. There is limited information available on factors like support systems, parenting skills, and poverty. It was the

goal of this study to provide more in-depth information regarding factors that have conflicting results, and to provide respondents with the opportunity to identify other variables that may contribute to reentry.

CHAPTER THREE

METHODS

Introduction

This chapter will discuss the research methods employed in this study. More specifically, a description of the study design, sampling method, data collection procedures, measurement tool, procedures, protection of human subjects, and finally the methods of data analysis will be included.

Study Design

The purpose of this study was to examine social workers' perspectives on factors that are related to reentry for families in San Bernardino County. There is limited information available in current research that includes social workers' perceptions regarding reentry rates. The goal of this study was to gather information from social workers who have firsthand knowledge and experience with families who have been involved with the child welfare system. As a result, pertinent insights were obtained from social workers regarding specific factors that are associated with reentry.

This study utilized a quantitative research design that employed the use of self-administered questionnaires. This approach was chosen as it was hoped the researcher would obtain a large sample size in a timely manner from county workers across San Bernardino. It also allowed for the inclusion of multiple variables previously identified in the literature, and it facilitated the inclusion of open-ended and closed-ended questions.

Open-ended questions were considered valuable in obtaining social workers' opinions and insights regarding particular variables. These questions also gave social workers the opportunity to identify factors they perceived to be relevant, and provided information about variables that have not yet been considered in other studies. Closed-ended questions were instrumental in identifying which variables, already identified in the literature, were perceived by San Bernardino County social workers to be associated with reentry. These variables had Likert-type scale responses.

In contrast to the advantages of utilizing self-administered questionnaires, the disadvantages of using self-administered questionnaires included a low rate of response, an inability to probe respondents further

regarding their answers, and the possibility that respondents misunderstood questions (Grinnell & Unrau, 2008). Limitations more specifically related to this study, included the lack of a standardized measurement tool, reliance upon social workers' abilities to accurately recall details about families and their children, and the inability to generalize findings to families and their children outside of San Bernardino County.

This study proposed the following research question: What are social workers' perceptions of the factors related to reentry for families in San Bernardino County?

Sampling

The sample in this study was obtained from all four regions in San Bernardino County. All child welfare workers employed at offices in these regions received questionnaires. Clerks in each region were contacted to find out how many child welfare workers were in their offices. Questionnaires were then sent to each office accordingly. Male and female social workers were included, as well as social workers of varying ages, ethnicities,

years of experience as child welfare workers, and levels of education.

Questionnaires were distributed to every child welfare worker in San Bernardino County identified by the county clerks. This sample was chosen in order to obtain a representative sample of child welfare workers in San Bernardino with relevant experience, so that common factors related to reentry for families across San Bernardino County could be identified. There were 304 child welfare workers identified by the office clerks in San Bernardino County. It was estimated that 50 percent of these social workers would complete questionnaires, and it was projected that the sample size would include approximately 150 participants. However, a total of 58 questionnaires were returned.

Although all child welfare workers in San Bernardino County were initially contacted to participate in this study, only social workers who had been involved with families that have reentered the foster care system were able to complete the questionnaires. Respondents were asked after the demographic portion of the questionnaire, whether or not they had worked with this type of family. If they had not, they were told to disregard the remainder

of the questionnaire. Therefore, 19 of the 58 questionnaires that were returned only included participants' demographic information. A total of 39 questionnaires were completed in their entirety.

Data Collection and Instruments

The data was collected using self-administered questionnaires. The demographic information collected in the questionnaires included age, gender, ethnicity, educational level, and years of experience as a child welfare worker.

The open-ended questions asked social workers for their opinions regarding which variables they believed to be related to reentry. This portion of the survey also asked social workers to list any obstacles they could identify that would make successful reunification more difficult.

The remaining portion of the survey included factors drawn from the literature review and were measured using ordinal measurement, specifically a Likert-type scale. This portion of the survey was divided into sections and the variables were categorized accordingly. The sections consisted of child, parent, and familial characteristics.

A new measurement tool was created by the researcher for this study as no pre-existing tools were available, therefore, the validity, reliability, and cultural sensitivity of the tool are unknown. A copy of the questionnaire is attached (Appendix A). In order to ensure that questions would be easily understood and comprehensive, the questionnaire was given to four San Bernardino County social workers for pretesting before it was distributed to potential participants. The questionnaire was pretested on January 1, 2011 and January 3, 2011. Based on the workers' recommendations, small changes were made to the questionnaire's instructions and to the Likert-type scale ratings to ensure clarity for future participants.

Procedures

It was necessary to obtain county approval before participants were contacted. A detailed introductory letter discussing the purpose of the study, the methods, and means to collect data, the time it would take for participants to complete the study, and the dates in which the study would be conducted was submitted to the county. The informed consent, debriefing statement, publication

statement, and questionnaire were attached to the letter. These documents were submitted to the intern supervisor, Sally Richter, on November 11, 2010.

Approval also had to be obtained from Cal State University San Bernardino's Institutional Review Board (IRB). Once approval was acquired from both the university and from San Bernardino County for this study, clerks in the county regions were contacted via email to determine how many child welfare workers were in each office. Packets were then sent to each office accordingly. These packets included the questionnaire, informed consent (Appendix B), and debriefing statement (Appendix C). These packets were placed in workers' boxes by office clerks. Each participant also received an envelope with an inter-office label on it. Questionnaires should have taken approximately 10-20 minutes to complete. Once questionnaires were completed, they were sent via inter-office mail to Sally Richter's office. The researcher then picked up the sealed envelopes from this location.

A request to conduct this study was submitted to San Bernardino County on November 11, 2010, and approval was provided on November 16, 2011. A complete IRB application

was submitted to Cal State University San Bernardino on December 8, 2010. Approval was obtained from the university on December 17, 2010. The clerks in the county offices were contacted in January, 2011. Packets were delivered on February 15, 2011. Participants were given until February 28, 2011 to complete and return the questionnaires. However, some questionnaires were returned after this date and were accepted until March 11, 2011. Data Analysis was conducted in March and April 2011, and the final project was submitted in May, 2011.

Protection of Human Subjects

This study was conducted in a manner that protected all participants' rights and identities. The informed consent explained to participants that their identities would remain anonymous and their participation was completely voluntary. Participants were told that they had the right to back out of the study at any point without penalty. Participants were instructed to avoid writing any identifying information on the self-administered questionnaires. They were asked to leave any questions blank that they felt would reveal their identities. Participants gave consent by writing an "X" mark instead

of writing their signatures. The researcher was unaware of participants' identities, as questionnaires were distributed to social workers' boxes by county clerks and returned via inter-office mail in pre-addressed, sealed envelopes. The debriefing statement at the end of the questionnaire provided participants with contact information for the faculty supervisor, as well as mental health referrals in case they had questions, concerns, or if they felt distressed by their participation in the study. They were also informed of when and where they can find the results of the study. Finally, results are presented anonymously, and all surveys will be destroyed when this study is concluded in June, 2011.

Data Analysis

Descriptive statistics were utilized to analyze data collected from the surveys. Separate analyses were conducted to examine demographic characteristics of the sample, Likert-type scale ratings, and responses provided for the open-ended questions.

The demographic characteristics of the sample including age, gender, ethnicity, educational level, and years of experience as a child welfare worker were

examined using descriptive statistics. Specifically, measures of central tendency including mean, and measures of variability including standard deviation were employed. These findings are presented in graphs and frequency distribution tables.

Descriptive statistics were used to analyze the items in the Likert-type scale. Measures of central tendency were utilized to identify which variables were most frequently rated as being associated with reentry. These statistics were also used to identify which items received the highest ratings according to the Likert-type scale. Measures of variability including standard deviation, were employed to analyze the full range of responses. These findings are presented in graphs and frequency distribution tables.

Finally, a qualitative analysis was used to examine responses provided in the open-ended questions. Participants' responses were recorded and analyzed to identify any reoccurring factors and themes.

Summary

This study examined social workers' perceptions regarding variables associated with reentry rates, and was

conducted using a quantitative research design. Self-administered questionnaires were distributed to social workers in San Bernardino County. The surveys consisted of questions related to demographics, Likert-type scale items, and open-ended questions. Participation was voluntary and participants' identities will remain anonymous. Finally, the data analysis was conducted using descriptive statistics.

CHAPTER FOUR

RESULTS

Introduction

The following section will present the data gathered from the self-administered questionnaires. The demographic characteristics of the respondents will be presented and will be followed by social workers' perceptions of child risk factors, parental risk factors, and familial risk factors. Frequency distribution tables will be used to present findings. This section concludes with a description of the participants' responses to the open-ended questions.

Demographic Characteristics of the Respondents

Table 1 illustrates the demographic characteristics of the respondents. There were a total of 39 participants who completed questionnaires. The age range of the participants was from 26 to 67 years and the mean age was 44 years. Almost half of the participants were between the ages 41 to 50 years old. Approximately 18% of the participants were between the ages 51 and 60. The remaining 20% of the sample was evenly distributed between the 31 to 40 age range and the 61 to 70 age range.

The gender of the participants was predominantly female (84.6%), and less than 20% of the sample was male. The ethnicity of the respondents was predominantly white. Approximately 65% of the participants were white, about 18% were African American, 7% were Hispanic, 5% identified as being Asian or Pacific Islander, and almost 3% were Native American.

Most participants had master's degrees, approximately 85%. The remaining participants had bachelor's degrees, except one respondent who had a PhD.

The experience of the participants ranged from less than 1 year to 35 years. The mean length of experience was 9.5 years. Over one third of the participants had 5 years of experience or less, followed by those with 6 to 10 years of experience (25.6%), and those with 11 to 15 years of experience (23.1%). Only 5% of respondents had 16 to 20 years of experience, and almost 8% of the respondents had 21-25 years of experience. There was only one participant with more than 30 years of experience.

Table 1. Demographic Characteristics of the Respondents

Variable	Frequency (n)	Percentage (%)
Age (N=39)		
25-30	8	20.5%
31-40	4	10.3%
41-50	16	41.0%
51-60	7	17.9%
61-70	4	10.3%
Gender (N=39)		
Female	33	84.6%
Male	6	15.4%
Ethnicity (N=39)		
White	26	66.7%
African American	7	17.9%
Hispanic	3	7.7%
Asian/Pacific Islander	2	5.1%
Native American	1	2.6%
Education (N=39)		
Master's Degree	33	84.6%
Bachelor's Degree	5	12.8%
Other (PhD)	1	2.6%
Experience (N=39)		
0-5 Years	14	35.9%
6-10 Years	10	25.6%
11-15 Years	9	23.1%
16-20 Years	2	5.1%
21-25 Years	3	7.7%
26-30 Years	0	0%
31-35 Years	1	2.6%

Social Workers' Perceptions of Child Risk Factors

Table 2 describes the participants' responses for child related risk factors for reentry that were provided in the questionnaire using a Likert-type scale. Table 2

lists the factors in order of those that were most often identified to be associated with reentry to those that were least often identified as being associated with reentry.

Neglect was the number one child risk factor identified by social workers. Over half of the respondents indicated that neglect was "almost always" associated with reentry. No respondents chose the "never/rarely" rating for this risk factor. The next greatest risk factor identified by participants was child behavioral problems. Almost 70% of the sample indicated that it was "almost always" or "frequently" associated with reentry. Multiple foster moves was the third greatest child risk factor for reentry. This was followed by a child mental health diagnosis, as 60% of respondents indicated that this contributes to reentry.

The majority of participants also identified children who are five or younger as being at risk of reentry. Long stays in out-of-home care was identified by a little more than half of the sample as being associated with reentry. Similar results were found for physical abuse. Slightly less than the majority of respondents indicated that non-relative care was associated with reentry.

Participants rated the minority status of a child fairly evenly across all categories. More than half of the respondents indicated that being a teenager was either "sometimes" or "never/rarely" a risk factor which contributes to reentry. The majority of participants also indicated that child health problems were "sometimes" or "never/rarely" related to reentry. Very few participants identified sexual abuse as being related to reentry and less than one-third of respondents indicated that a short stay in out-of-home care was associated with reentry.

Table 2. Social Workers' Perceptions of Child Risk Factors

Variable	Frequency (n)	Percentage (%)
Neglect (N=38)		
Almost Always	20	52.6%
Frequently	13	34.2%
Sometimes	5	13.2%
Never/Rarely	0	0
Child Behavioral Problems (N=37)		
Almost Always	9	24.3%
Frequently	17	45.9%
Sometimes	9	24.3%
Never/Rarely	2	5.4%
Multiple Foster Moves (N=37)		
Almost Always	8	21.6%
Frequently	16	43.2%
Sometimes	9	24.3%
Never/Rarely	4	10.8%

Variable	Frequency (n)	Percentage (%)
Mental Health Diagnosis (N=36)		
Almost Always	7	8.8%
Frequently	16	52.9%
Sometimes	10	29.4%
Never/Rarely	3	8.8%
Children 5 and Younger (N=34)		
Almost Always	3	8.8%
Frequently	18	52.9%
Sometimes	10	29.4%
Never/Rarely	3	8.8%
Long Stay in Out-of-Home Care (N=33)		
Almost Always	6	17.6%
Frequently	14	41.2%
Sometimes	11	32.4%
Never/Rarely	3	8.8%
Physical Abuse (N=38)		
Almost Always	1	2.6%
Frequently	20	52.6%
Sometimes	16	42.1%
Never/Rarely	1	2.6%
Non-Relative Care (N=35)		
Almost Always	8	22.9%
Frequently	10	28.6%
Sometimes	13	37.1%
Never/Rarely	4	11.4%
Minority Status (N=32)		
Almost Always	6	18.8%
Frequently	10	31.3%
Sometimes	11	34.4%
Never/Rarely	5	15.6%
Teenagers (N=36)		
Almost Always	5	13.9%
Frequently	10	27.8%
Sometimes	18	50.0%
Never/Rarely	3	8.3%

Variable	Frequency (n)	Percentage (%)
Child Health Problems (N=34)		
Almost Always	2	5.9%
Frequently	11	32.4%
Sometimes	13	38.2%
Never/Rarely	8	23.5%
Sexual Abuse (N=36)		
Almost Always	2	5.6%
Frequently	8	22.2%
Sometimes	20	55.6%
Never/Rarely	6	16.7%
Short Stay in Out-of-Home Care (N=33)		
Almost Always	1	3.0%
Frequently	4	12.1%
Sometimes	14	42.4%
Never/Rarely	14	42.4%

Social Workers' Perceptions of Parental Risk Factors

Table 3 depicts participants' responses relating to parental risk factors. Like Table 2, factors are listed in order from those most frequently associated with reentry to those least often associated with reentry.

Substance abuse was identified by all participants as being either "almost always" or "frequently" associated with reentry. No respondent chose the other two ratings for this category. A parent with a mental health diagnosis was identified as the second greatest parental risk factor for reentry. Over three-fourths of the sample indicated

that this factor was "almost always" or "frequently" related to reentry. No respondent chose the "never/rarely" rating for this risk factor.

Domestic violence was the third greatest parental risk factor with three-fourths of the sample identifying this as being associated with reentry. Unemployment was also chosen by the majority of participants as being related to reentry. Over 60% of respondents indicated that a parent's failure to comply with the case plan was a risk factor for reentry. Failure to complete a substance abuse treatment program was also identified as a risk factor for reentry by more than 60% of participants. Parents who are in and out of romantic relationships was identified as being a risk factor for reentry by two-thirds of the respondents. The majority of participants indicated that parents with a criminal record was associated with reentry rates. Slightly more than half of the social workers indicated that being a young parent is a risk factor for reentry. Less than half of the participants identified the failure to complete high school as a risk factor for reentry.

Nearly 42% of the participants identified parents with inconsistent visitation patterns as being related to

reentry. Over 29% of the participants cited parental health problems as a risk factor for reentry. Less than 10% of participants identified the failure to complete parenting classes as a risk factor for reentry. Similar findings occurred for parents who fail to engage in Team Decision Making (TDM). Speaking English as a second language was the least likely parental factor to be associated with reentry, as more than 80% of participants indicated that it was only "sometimes" or "never/rarely" associated with reentry.

Table 3. Social Workers' Perceptions of Parental Risk Factors

Variable	Frequency (n)	Percentage (%)
Substance Abuse (N=38)		
Almost Always	27	71.1%
Frequently	11	28.9%
Sometimes	0	0
Never/Rarely	0	0
Mental Health Diagnosis (N=36)		
Almost Always	12	33.3%
Frequently	16	44.4%
Sometimes	8	22.2%
Never/Rarely	0	0

Variable	Frequency (n)	Percentage (%)
Domestic Violence (N=38)		
Almost Always	7	18.4%
Frequently	22	57.9%
Sometimes	7	18.4%
Never/Rarely	2	5.3%
Unemployment (N=36)		
Almost Always	12	33.3%
Frequently	15	41.7%
Sometimes	6	16.7%
Never/Rarely	3	8.3%
Failure to Comply with Case Plan (N=38)		
Almost Always	16	42.1%
Frequently	11	28.9%
Sometimes	8	21.1%
Never/Rarely	3	7.9%
Failure to Complete with Substance Abuse Treatment (N=38)		
Almost Always	13	34.2%
Frequently	13	34.2%
Sometimes	9	23.7%
Never/Rarely	3	7.9%
In and Out of Romantic Relationships (N=34)		
Almost Always	9	26.5%
Frequently	14	41.2%
Sometimes	8	23.5%
Never/Rarely	3	8.8%
Criminal Record (N=34)		
Almost Always	14	41.2%
Frequently	9	26.5%
Sometimes	8	23.5%
Never/Rarely	3	8.8%
Young Parents (N=35)		
Almost Always	1	2.9%
Frequently	18	51.4%
Sometimes	11	31.4%
Never/Rarely	5	14.3%

Variable	Frequency (n)	Percentage (%)
Failure to Complete High School (N=31)		
Almost Always	6	19.4%
Frequently	7	22.6%
Sometimes	12	38.7%
Never/Rarely	6	19.4%
Inconsistent Visitation (N=36)		
Almost Always	7	19.4%
Frequently	8	22.2%
Sometimes	19	52.8%
Never/Rarely	2	5.6%
Health Problems (N=34)		
Almost Always	1	2.9%
Frequently	9	26.5%
Sometimes	19	55.9%
Never/Rarely	5	14.7%
Failure to Complete Parenting Classes (N=36)		
Almost Always	4	11.1%
Frequently	4	11.1%
Sometimes	20	55.6%
Never/Rarely	8	22.2%
Failure to Participate in TDM (N=29)		
Almost Always	2	6.9%
Frequently	4	13.8%
Sometimes	10	34.5%
Never/Rarely	13	44.8%
English as a Second Language (N=34)		
Almost Always	0	0
Frequently	3	8.8%
Sometimes	16	47.1%
Never/Rarely	15	44.1%

Social Workers' Perceptions of Familial Risk Factors

Table 4 is a summary of participants' responses regarding familial risk factors for reentry. The items in Table 4 are listed in order from those most frequently associated with reentry to those least frequently associated with reentry.

Social workers' responses indicated that having previous referrals was the greatest familial risk factor for reentry. Over 80% of the participants indicated that it was associated with reentry. The lack of a support system was identified as the second greatest familial risk factor. Over three-fourths of the participants indicated that this contributes to reentry. More than 60% of the social workers identified difficulty paying monthly bills as being related to reentry. This was the third greatest familial risk factor. A single parent household was also identified as a risk factor for reentry by more than 60% of the participants.

The majority of respondents identified families with three or more children as a risk factor for reentry. The majority of social workers also indicated that living in a dangerous neighborhood was associated with reentry. Most

participants (61%) identified the lack of transportation as a familial risk factor. Over half of the social workers identified the following two factors as familial risk factors for reentry: families who receive food stamps and families who receive Temporary Assistance for Needy Families (TANF).

The majority of social workers did not identify a cluttered home as a risk factor contributing to reentry. More than half of the participants indicated that isolation was also not a risk factor. Approximately 60% of respondents indicated that the failure to engage in family therapy was only "sometimes" or "never/rarely" associated with reentry. Similar findings were found for homelessness. Over two-thirds of the respondents indicated that the lack of grandparent involvement was not associated with reentry. This familial factor was the least likely to be associated with reentry.

Table 4. Social Workers' Perceptions of Familial Risk

Factors

Variable	Frequency (n)	Percentage (%)
Previous Referrals (N=39)		
Almost Always	22	56.4%
Frequently	12	30.8%
Sometimes	5	12.8%
Never/Rarely	0	0
Lack of a Support System (N=37)		
Almost Always	16	43.2%
Frequently	13	35.1%
Sometimes	6	16.2%
Never/Rarely	2	5.4%
Difficulty Paying Bills (N=35)		
Almost Always	11	31.4%
Frequently	13	37.1%
Sometimes	7	20.0%
Never/Rarely	4	11.4%
One-Parent Households (N=37)		
Almost Always	8	21.6%
Frequently	15	40.5%
Sometimes	8	21.6%
Never/Rarely	6	16.2%
Families with 3 or More Children (N=37)		
Almost Always	4	10.8%
Frequently	19	51.4%
Sometimes	9	24.3%
Never/Rarely	5	13.5%
Dangerous Neighborhood (N=34)		
Almost Always	8	23.5%
Frequently	13	38.2%
Sometimes	9	26.5%
Never/Rarely	4	11.8%

Variable	Frequency (n)	Percentage (%)
Lack of Transportation (N=36)		
Almost Always	9	25.0%
Frequently	13	36.1%
Sometimes	8	22.2%
Never/Rarely	6	16.7%
Receipt of Food Stamps (N=33)		
Almost Always	9	27.3%
Frequently	9	27.3%
Sometimes	7	21.2%
Never/Rarely	8	24.2%
Receipt of TANF (N=33)		
Almost Always	9	27.3%
Frequently	8	24.2%
Sometimes	8	24.2%
Never/Rarely	8	24.2%
Cluttered Home (N=35)		
Almost Always	7	20.0%
Frequently	10	28.6%
Sometimes	14	40.0%
Never/Rarely	4	11.4%
Isolation (N=33)		
Almost Always	5	15.2%
Frequently	9	27.3%
Sometimes	15	45.5%
Never/Rarely	4	12.1%
Failure to Engage in Family Therapy (N=35)		
Almost Always	2	5.7%
Frequently	12	34.3%
Sometimes	19	54.3%
Never/Rarely	2	5.7%

Variable	Frequency (n)	Percentage (%)
Homelessness (N=36)		
Almost Always	3	8.3%
Frequently	11	30.6%
Sometimes	18	50.0%
Never/Rarely	4	11.1%
Lack of Grandparent Involvement (N=34)		
Almost Always	2	5.9%
Frequently	8	23.5%
Sometimes	17	50.0%
Never/Rarely	7	20.6%

Social Workers' Responses to Open-Ended Questions

The first open-ended question asked participants to list any risk factors they were aware of that were not included in the survey they just completed. Approximately half of the respondents left this question blank. However, several participants wrote that parents who are developmentally delayed is a risk factor. Other factors that were repeatedly listed included, substance abuse relapse, incarceration, parents who fail to accept responsibility for their actions, and parents failing to apply what was taught in parenting classes. One social worker wrote that returning children to their parents

before they were ready in order to meet deadlines may increase the likelihood of reentry.

The second open-ended question asked participants to identify differences between families that experience reentry and families that do not experience reentry. The most commonly listed difference was that families who experience reentry do not have healthy, stable support systems. The second most frequently cited reason for reentry was substance abuse, followed by parents failing to accept responsibility for their actions, and families who return to negative influences or bad environments were also listed frequently by participants. Other commonly cited differences that contributed to reentry included, clients failing to complete case plans, mental health problems, drug relapse, having multiple children, parents who manipulate the system, and clients' reluctance to utilize offered services.

Question three asked participants to list the top three factors they believed contributed to reentry. The most commonly cited factor was substance abuse, followed by the lack of a support system, then poverty. Other factors that were frequently mentioned included, neglect, mental health problems, domestic violence, a lack of

resources, homelessness, and parents not accepting responsibility for their actions.

The fourth open-ended question asked participants to list obstacles families face that make successful reunification difficult. The most commonly mentioned obstacle was a lack of finances, followed by difficulties obtaining housing, then addictions. Other obstacles like, returning to a previous lifestyle, lack of a support system, being resistant to change, a lack of transportation, criminal history, and a lack of resources were also frequently cited by participants.

The fifth open-ended question asked respondents to list problems that contribute to reentry which appear to be out of families and social workers' control. The economy, mental health issues, and a lack of resources were the three most commonly listed problems. Difficulty obtaining adequate housing, low functioning parents, and children who have out of control behaviors were also identified by the participants.

The last open-ended question asked social workers to identify protective factors that are present in families that seem to prevent reentry from occurring. More than half of the respondents cited a positive, stable support

system as a protective factor. The next most often cited protective factor was clients who are motivated to complete their case plans. Other protective factors which were identified included, clients who benefited from services, parents who learn to put their children's needs ahead of their own, having a stable income, and access to resources.

Summary

There were 39 participants who completed questionnaires for this study. The majority of the participants were white females. Over 80% of the participants had master's degrees. The mean age of participants was 44 years and the mean length of experience as a child welfare worker was 9.5 years. The majority of participants identified neglect, child behavioral problems, parental substance abuse, parental mental health diagnosis, and previous referrals, as risk factors for reentry. The most commonly recurring factors in the open-ended question portion of the questionnaires were substance abuse, support systems, mental health issues, and poverty.

CHAPTER FIVE

DISCUSSION

Introduction

This study examined risk factors that were identified by social workers as being associated with reentry. The following section will discuss key findings and limitations of this study. This section will conclude with recommendations for social work practice, policy, and research.

Discussion

In this study 84.6% of the participants were female. It would seem that females were overrepresented. However, other studies that utilized samples of social workers had similar demographic characteristics. In a study conducted by Ellett (2009), 83% of the sample was female. Ellett, Ellis, Westbrook and Dews (2007) utilized a sample of 369 child welfare workers and 85.6% of the participants were female. Mor Barak, Levin, Nissly and Lane (2006) conducted a study with 418 social workers and 77% of the sample was female. The current study's sample was predominantly Caucasian, which is consistent with other studies involving social workers (Ellett, 2009; Ellett,

Ellis, Westbrook & Dews, 2007). The mean age of respondents in this study was 44 years. The majority of participants were over the age of 40 in other studies (Ellet, 2009; Ellett, Ellis, Westbrook & Dews, 2007). Therefore it seems that the basic demographic characteristics of respondents in this study are similar to those found in other studies with participants who were social workers. In contrast, social workers with less than five years of experience were overrepresented in this study. Over one-third of the sample had five years of experience or less.

In the current study, thirteen child related risk factors were included in the questionnaires which were administered to social workers. Social workers tended to view neglect and child behavioral problems as the greatest child risk factors associated with reentry.

Neglect was identified as a risk factor in other studies (Connell et al., 2009; Shaw, 2006). In this study every participant noted that neglect contributes to reentry as there were no participants that chose the "never/rarely" rating for this risk factor. Neglect is the most common form of all maltreatment types and accounted for 78.3% of reported maltreatment in a 2009

national study (U.S. Department of Health and Human Services, 2010). Therefore, neglect is probably present in most child welfare cases, which is why it would be identified as a risk factor by all participants in this study.

Neglect may also be present in many reentry cases as the systemic factors contributing to neglect may be too difficult for parents to overcome. Some of these factors include poor economy and a lack of access to resources. Parents may care for their children but lack the means to adequately provide for them.

Child behavioral problems was identified as the second greatest child risk factor by social workers in this study. Other studies also identified child behavioral problems as a risk factor for reentry (Barth et al., 2008; Yampolskaya et al., 2007). Children with behavioral problems may be a constant source of frustration and stress for parents. Parents without knowledge of effective intervention methods and coping skills may respond to their children's actions in inappropriate ways thus leading to repeated DCFS involvement.

This study included multiple parental risk factors that were previously identified in the literature review. Some of these parental risk factors included, domestic violence, unemployment, failure to comply with case plan and a criminal record. However, social workers in this study identified substance abuse and mental health diagnosis as the two greatest parental factors contributing to reentry.

There were 36 risk factors included in the Likert-type scale portion of the questionnaire in this study. Out of all of these factors, parental substance abuse received the strongest ratings by participants as being associated with reentry. Over 70% of respondents identified substance abuse as "almost always" contributing to reentry. The remaining participants rated substance abuse as "frequently" being associated with reentry. This finding is consistent with other studies that examined reentry rates (Brook & McDonald, 2009; Festinger, 2006; Shaw, 2006; Terling, 1999).

Current policy requires families to complete their case plans within six to twelve months (D'Andrade & Berrick, 2006). This timeline may be too stringent for

parents who are trying to overcome addictions they have struggled with for years.

Social workers may provide referrals for substance abuse treatment programs to parents as a means of addressing their addictions, but these parents still return to the environments where they were abusing drugs and/or alcohol. Even if they had made progress in treatment, they would continue to be tempted on a daily basis by negative influences in their environments, which would contribute to the high rate of substance abuse relapse.

The second most commonly identified parental risk factor was a mental health diagnosis. There are limited studies available on this issue; however, studies have identified parental or caregiver mental health diagnosis as a reentry risk factor (Festinger, 1996; Fuller, 2006).

Like substance abuse, mental health problems would be difficult to address in a short time frame and parents may not have access to services once their cases are closed. Therefore, they may not have needed medications or adequate psychiatric treatment following case closure, which could lead to reentry.

This study included fourteen familial risk factors for reentry. Social workers identified having previous referrals as the greatest familial risk factor contributing to reentry. Over 80% of respondents identified this risk factor as "almost always" or "frequently" being associated with reentry.

Other studies have also identified previous referrals as being correlated with reentry rates (Barth et al., 2008; Connell et al., 2009; Frame, Berrick & Brodowski, 2000). Families with previous referrals would seem to have significant problems that were difficult to overcome. Their reentry may also suggest that previous interventions by the child welfare system were inadequate or ineffective. In these cases it may be necessary for social workers to recommend alternative interventions.

The current study utilized open-ended questions that allowed participants to identify risk factors that were not already included in the Likert-type scale portion of the questionnaire. While it was hoped that social workers would highlight variables that had not been identified in previous studies, most responses included risk factors that had been previously identified. Some of these

factors included, substance abuse, lack of a support system, and incarceration.

A surprising finding was that the most commonly mentioned obstacle to successful reunification was a lack of finances. Similarly, a poor economy was listed as one of the main problems contributing to reentry. Both responses seem to suggest that poverty is associated with reentry. However, in the Likert-type scale portion of the questionnaire, only 54% of participants identified the receipt of food stamps as contributing to reentry and only 51% identified the receipt of TANF as being associated with reentry. Courtney (1995) and Jones (1998) used the receipt of AFDC as a measure of poverty, and both studies found poverty to be associated with reentry. In the current study, participants may not have associated the receipt of food stamps or TANF as being measures of poverty, which could account for the contradictory findings in the current study.

The final open-ended question included in the questionnaire asked participants in this study to identify protective factors which seem to prevent reentry from occurring. It was not surprising that the most commonly mentioned protective factor was the availability

of a positive, stable support system for families. The lack of a support system was already identified in this study in both the Likert-type scale portion, as well as the open-ended question portion of the questionnaire as contributing to reentry. Other studies have also highlighted the impact of a support system on families (Festinger, 1996; Terling, 1999). Families who have positive support systems available to them will likely have access to respite care, encouragement, and possibly some type of financial assistance. Conversely, families with no support systems or support systems that are fraught with tension and hostility will experience additional stress and feelings of isolation.

Limitations

This study has several limitations. Although questionnaires were distributed to all child welfare workers in San Bernardino County, only 58 of the 304 questionnaires that were mailed to workers were returned. This resulted in a 19% response rate. Also, only 39 out of the 58 questionnaires that were returned were able to be included in this study, as 19 of the initial respondents had not worked with a family whose child had

reentered care. The low response rate limits the generalizability of the findings of this study.

Another limitation of this study was the lack of a standardized measurement tool. The study's questionnaire was created by the researcher; therefore, the validity, reliability, and cultural sensitivity of the tool are unknown.

The overrepresentation of participants with five years of experience or less in this study, may compromise the validity of the findings. Social workers with minimal experience would have limited exposure to families that experienced reentry. Therefore, these social workers may have based their responses on only one or two cases. These families' experiences may have been unique and could not be generalized to other families in the child welfare system.

Recommendations for Social Work Practice, Policy and Research

Child behavioral problems was identified as a child risk factor for reentry by participants in this study. This finding suggests that social workers should ensure that parents, who have children with child behavioral problems, have adequate access to outside resources such

as, parenting classes and counseling. It would also be important to ensure that these parents have a support system that can provide respite care.

Positive support systems were identified as protective factors for families that may prevent reentry from occurring. Social workers' assessments of families should include whether or not families have stable, positive support systems available to them. If not, then it would benefit families to help them create support systems that will remain active in the families' lives after child welfare workers discontinue their involvement.

Current social work policy, specifically ASFA, created rigid time frames in which parents must complete their case plans. In this study, all participants identified substance abuse as being "frequently" or "almost always" associated with reentry. For parents who are battling addictions, it may be unfeasible to expect them to overcome their dependence in the six to twelve month period outlined by ASFA. Adding provisions to current policies may be necessary to facilitate achievable outcomes for parents with histories of substance abuse. For example, policies should require

that families have access to services for a year or two after children are returned to parents who struggle with substance abuse. This change in policy would require approval of additional funding for services, but would allow parents to continue to be monitored and receive needed help and treatment.

The same would be true for parents or caregivers who have mental health diagnoses. They would need access to continued medical care which may not be available once their cases are closed with DCFS. Providing parents with access to services even after their cases are closed may prevent reentry from occurring.

The current study only included the perspectives of social workers. Future research should include the perspectives of families who have experienced reentry, as well as families who experienced reunification without subsequent removals. By obtaining the viewpoints of families, additional insights will be gained regarding reentry. Families may be the greatest untapped resource that could provide invaluable information regarding reentry.

Conclusions

Reentry into foster care has serious consequences for families and children. The purpose of this study was to identify risk factors that San Bernardino County social workers perceived to be related to reentry. In order to gain social workers' insights, a questionnaire was created that utilized a Likert-type scale and open-ended questions. This study found that neglect, child behavioral problems, substance abuse, parental mental health diagnoses, and the lack of a support system were associated with reentry. It is recommended that families continue to have access to needed services after child welfare involvement ceases, and that social workers ensure that families have stable, positive support systems before closing cases.

APPENDIX A
QUESTIONNAIRE

QUESTIONNAIRE

Please do not include any information that would reveal your identity. You may choose to leave any questions blank. Please circle or write your answers.

PART I: BACKGROUND

How old are you? ____ years

What is your gender?

1. Male
2. Female

What is your ethnicity? (please circle one):

1. White
2. African American
3. Hispanic
4. Asian/Pacific Islander
5. Native American
- 6 Other (Please specify)

What is the highest level of education you completed?

1. Bachelor's Degree
2. Master's Degree
- 3 Other

Years of experience as a child welfare worker: ____

Have you ever worked with a family whose child has reentered foster care after being reunified with his/her family in San Bernardino County?

Yes No

If you answered no to the above question, please disregard the remainder of the questionnaire.

If you answered yes to the above question, please complete the remainder of the questionnaire.

○

PART II: RISK FACTOR RATINGS

This portion of the questionnaire is divided into three sections: child factors, parental factors, and familial factors. For each item below, please indicate which best describes how often each **risk factor** is associated with reentry.

Never /
Rarely Sometimes Frequently Almost
Always Don't
Know

CHILD FACTORS

1	Children 5 years old and younger	1	2	3	4	0
2	Minority status	1	2	3	4	0
3	Child health problems	1	2	3	4	0
4	Child behavioral problems	1	2	3	4	0
5	Mental health diagnosis	1	2	3	4	0
6	Multiple placement moves in foster care	1	2	3	4	0
7	Placement in non-relative foster care	1	2	3	4	0
8	Neglect	1	2	3	4	0
9	Physical abuse	1	2	3	4	0
10	Sexual abuse	1	2	3	4	0
11	Short stay in out-of-home care (6 months or less) prior to unification	1	2	3	4	0
12	Long stay in out-of-home care (12 months or more) prior to unification	1	2	3	4	0
13	Teenagers (13 – 17 years of age)	1	2	3	4	0

PARENTAL FACTORS

14	Drug and/or alcohol abuse	1	2	3	4	0
15	Young parents (20 years of age and younger)	1	2	3	4	0
16	Failure to complete high school	1	2	3	4	0
17	Failure to complete or attend drug and alcohol treatment program	1	2	3	4	0
18	Failure to participate in Team Decision Making Meetings	1	2	3	4	0
19	Failure to comply with case plan	1	2	3	4	0
20	Criminal record	1	2	3	4	0
21	Unemployment	1	2	3	4	0

		Never / Rarely	Sometimes	Frequently	Almost Always	Don't Know
22	Health problems	1	2	3	4	0
23	Mental health diagnosis	1	2	3	4	0
24	In and out of romantic relationships	1	2	3	4	0
25	History of domestic violence	1	2	3	4	0
26	Inconsistent visitation with children	1	2	3	4	0
27	English as a second language	1	2	3	4	0
28	Failure to complete parenting classes	1	2	3	4	0

FAMILIAL CHARACTERISTICS

29	Previous referrals to the Department of Children and Family Services	1	2	3	4	0
30	Receipt of food stamps	1	2	3	4	0
31	Receipt of Temporary Assistance for Needy Families (TANF)	1	2	3	4	0
32	Living in a dangerous neighborhood (presence of gang-related activity or overt signs of criminal behavior)	1	2	3	4	0
33	Failure to engage in family therapy	1	2	3	4	0
34	Difficulties paying monthly bills	1	2	3	4	0
35	Lack of reliable transportation	1	2	3	4	0
36	Homelessness	1	2	3	4	0
37	One-parent households	1	2	3	4	0
38	Families with 3 or more children living at home	1	2	3	4	0
39	Cluttered home environment	1	2	3	4	0
40	Living in isolation	1	2	3	4	0
41	Lack of grandparent involvement	1	2	3	4	0
42	Lack of positive, stable support system	1	2	3	4	0

PART III: OPEN-ENDED QUESTIONS

The following questions are designed to obtain your personal opinions regarding reentry.

1. Were there any factors, which you believe are associated with reentry, that were not included in the survey? If so, please list them.

2. Based on your experiences, what differences do you notice between families that experience reentry to foster care and families that do not experience reentry?

3. Please list the top three factors you believe are most likely to contribute to reentry.

1 _____ 2 _____ 3 _____

4. What obstacles do families face that make successful reunification more difficult?

5. Please list any problems that contribute to reentry which seem to be out of families and social workers' control.

6. Please identify any protective factors present in families that seem to prevent reentry from occurring.

Thank you for your participation.

Questionnaire developed by Rachel Burak

APPENDIX B
INFORMED CONSENT

INFORMED CONSENT

You are invited to participate in a study examining social workers' perceptions regarding reentry rates for children in San Bernardino County. The study is being conducted by Rachel Burak, an MSW student at Cal State University San Bernardino (CSUSB) under the supervision of professor Janet Chang at CSUSB. The study has been approved by San Bernardino County and by the School of Social Work Sub-Committee of the CSUSB Institutional Review Board.

Purpose: The purpose of this study is to identify factors social workers believe are related to children reentering foster care after being reunified with their families.

Description: If you choose to take part in this study, you will be asked to complete a brief survey that asks for your opinions regarding reentry for families in San Bernardino.

Participation: Your participation is voluntary and you are free to skip any questions that you do not want to answer.

Confidentiality: The information you provide will remain confidential and anonymous. No record will be made or kept of your name or any identifying information. The anonymous data from these surveys will only be seen by the researcher; the results will be reported in group form only.

Duration: Filling out a survey should take no more than 20 minutes.

Risks: There are no foreseeable risks to taking part in this study and no personal benefits involved.

Benefits: Your opinions will provide insight about which factors San Bernardino social workers believe are related to reentry. This study will also give you an opportunity to share your opinions regarding why reentry occurs.

Contact: If you have any questions or concerns about this study, you can contact Dr. Chang (909-537-5184).

Results: The results will be at the Pfau library at CSUSB after fall 2011.

By marking below, you agree that you have been fully informed about this survey and you are volunteering to participate.

Place an "X" mark here

Date

APPENDIX C
DEBRIEFING STATEMENT

“Social Workers Perceptions of the Factors Related to Reentry”

Debriefing Statement

The study you have just completed was examining which factors social workers identify as risk factors related to reentry. The researcher was particularly interested in social workers' perceptions and insights regarding families they have personally worked with. It is hoped that findings from this study will highlight the familial, child, parental, and other characteristics that seem to be associated with children's returns to foster care.

Thank you for your participation in this study and for not discussing the contents of the questionnaire with others. If you feel uncomfortable or distressed as a result of participating in this study, you are advised to contact the Family Services Association of Western Riverside County at (909) 686-3706 or Catholic Charities at (909) 370-1293. If you live in Palm Springs, you can contact Jewish Family Services at (760) 568-2441. If you have questions about the study, please feel free to Professor Janet Chang at (909) 537-5184.

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