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Child Protection in Texas: Caseworkers  
Attitudes and Perceptions Towards CPS  
Services

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# **Child Protection in Texas: Caseworkers Attitudes and Perceptions Towards CPS Services**

by

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### **About the Author**

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## ABSTRACT

**Purpose:** The purpose of this applied research project is to explore caseworkers' attitudes and perceptions towards services provided to children and families in the state of Texas. The research uses working hypotheses as the conceptual framework.

**Method:** Six working hypotheses were created that examine services provided by Child Protective Services (CPS). All working hypotheses and sub hypotheses were tested using group interviews. The sample size included 30 CPS caseworkers (Investigators, Family Based Safety Service workers, or Conservatorship workers). Five group interviews were conducted with 6 caseworkers in each group. The interviewees' responses were recorded and categorized using a Likert scale, from Strongly Agree to Strongly Disagree and a Not Always response. The interviewees also gave their opinion and experiences about working for CPS.

**Findings:** The interviewees generally agreed that family based safety services have a positive impact on family preservation. The majority of interviewees disagreed that CPS places less emphasis on kinship care. Most interviewees agreed that foster care is fraught with safety concerns. A large number of interviewees agreed that children who are placed in institutions and group homes are there due to extreme behavioral or emotional problems and the children are often medicated, regardless of their ages. The majority of interviewees agreed that permanency planning teams act in the best interest of the families and children. Lastly, most of the interviewees disagreed that parental rights are often terminated unnecessarily.

## Chapter I

### INTRODUCTION

Throughout the years, increasing resources have been devoted to the problem of child abuse and neglect. The maltreatment of children can have devastating short term and long term physical, emotional, and behavioral problems. Child protection is becoming more of a priority, given the many problems that Americans associate with child abuse and neglect. Many people are outraged when the media shows child death and many believe that our child welfare system is failing to protect our children. Also, there persons who believe there are many uncalled for or disproportionate reactions by our child welfare system that traumatize, rather than help, families in the long haul. Services that are provided to families and children by Child Protective Services (CPS) are geared towards keeping a family at risk or a family in the system together. Understanding the nature and extent of child maltreatment in Texas is crucial to the guide and design of policies that affect the prevention and treatment of child abuse today. Further, policy makers need a clear understanding of the specific consequences and costs to society that result from maltreatment of children.

#### **Research Purpose**

The purpose of this applied research project is to explore caseworkers' attitudes and perceptions towards services provided to children and families in the state of Texas. The research uses working hypotheses as the conceptual framework.

Services provided by CPS are the main focus of the paper because these services are crucial to future prevention of abuse or neglect and to assist families in crisis. However, budget cuts in the services/programs seem to hinder the overall goal of CPS. All of the services work together to achieve one goal, which is to the help families at risk or in crisis

and to keep the family together. This paper aims to determine if the services currently in place are effective tools for family preservation.

## **Description of Chapters**

Chapter Two reviews the legislative history, current statistics of children in Texas, the CPS budget and expenditures, and problems associated with child maltreatment. Chapter Three contains a review of the literature on CPS services. The literature is used to define the topic and describe the various services provided by CPS. The conceptual framework section discusses in detail the CPS services from the literature that determined the working hypotheses. Chapter Four is the methodology chapter. This chapter presents the manner in which the study has been conducted and outlines the reasoning behind the methods used to test the working hypotheses. Chapter Five contains the results and analysis of the research conducted. Chapter Six, the final chapter, summarizes the project's major findings.

## **Chapter II**

### **TEXAS RESEARCH SETTINGS**

Child abuse and neglect has been around for ages. “The further back in history one goes the more massive the neglect and cruelty one finds and the more likely children are to have been killed, rejected, beaten, terrorized and sexually abused by their caretakers” (DeMause 1998, 1). With regards to protection against cruelty and/or neglect, it was not until the 19<sup>th</sup> century that children were granted the same legal status as domesticated animals (DeMause 1998, 1). In 1962, the term “battered child syndrome” became part of the medical vocabulary and by 1976 all of the states had adopted laws mandating the reporting of suspected child abuse (DeMause 1998, 1). The unnecessary suffering inflicted upon children is impossible to measure or imagine (Burton 2000). In addition, child abuse and neglect is one of the most important social tasks we face today as a society (DeMause 1998, 1).

#### **The Children of Texas**

Texas brings children into care in very small numbers and only in terrible circumstances (McCown and Castro 2004, 1). There are many cases of child abuse or neglect that go unreported. Table 2.1 reviews the year 2006 statistics pertaining to children in the CPS system.

**Table 2.1: 2006 CPS Statistics**

<b>2006 ESTIMATED TEXAS CHILD POPULATION = 6,300,598<sup>1</sup></b>	
Number of Initial Intake Reports Alleging Abuse/Neglect <sup>2</sup>	<b>239,115</b>
Number of Cases that were Assigned to the Field for Investigation <sup>3</sup>	<b>206,173</b>
Number of Children Involved with Cases of Abuse/Neglect <sup>4</sup>	<b>67,737</b>
Number of Alleged Victims that were Provided with Services <sup>5</sup>	<b>46,739</b>
Number of Children in Foster Care <sup>6</sup>	<b>34,275</b>
Number of Children Entering in Substitute Care <sup>7</sup>	<b>17,536</b>
Number of Children in Substitute Care <sup>8</sup>	<b>44,829</b>
Number of Children Removed from their Homes Due to Abuse or Neglect <sup>9</sup>	<b>12,205</b>
Number of Child Fatalities while in CPS Custody and Foster Care <sup>10</sup>	<b>240</b>

<sup>1</sup> Texas Department of Family and Protective Services 2006, Page 32

<sup>2</sup> Texas Department of Family and Protective Services 2006, Page 20

<sup>3</sup> Texas Department of Family and Protective Services 2006, Page 20

<sup>4</sup> Texas Department of Family and Protective Services 2006, Page 26

<sup>5</sup> Texas Department of Family and Protective Services 2006, Page 26

<sup>6</sup> Texas Department of Family and Protective Services 2006, Page 46

<sup>7</sup> Texas Department of Family and Protective Services 2006, Page 46

<sup>8</sup> Texas Department of Family and Protective Services 2006, Page 46

<sup>9</sup> Texas Department of Family and Protective Services 2006, Page 26

<sup>10</sup> Texas Department of Family and Protective Services 2006, Page 40

## **Legislative History of U.S. Child Protection Laws**

It is important to examine the legislative history of U.S. Child Protection Laws before the current system can be assessed. The protection of children in the United States is primarily the responsibility of state and local governments, operating within a framework created by federal law and funding (Findlater and Kelly 1999, 85). Federal legislation and federal or state court decisions directly affect the provision of child welfare services, particularly the funding (Courtney 1998, 89). “Texas is home to many children, 1 in 12 children in the United States is a Texan, and Texas relies heavily on federal funding (about 67% of the CPS budget in 2004) for child protective services” (McCown and Castro 2004, 2). Without funding, many children go unprotected. The following is a brief discussion of pertinent legislative history that has an impact on child protection laws today.

### ***Child Welfare Services Program, Title IV B of the Social Security Act (1935)***

The Child Welfare Services Program provides grants to states to support preventive and protective services to vulnerable children and their families (Schene 1998, 28).

### ***Foster Care Payments under the Aid to Dependent Children Program, Title IV-A of the Social Security Act (1961)***

The Foster Care Payments under the Aid to Dependent Children Program provides federal funds to help the states make payments to children in foster care in need of cash assistance (Schene 1998, 28). The cash assistance funds go to the foster parents, who in return would cover the costs of the foster children’s food, shelter, clothing, supervision, and travel home for visits with their family (Schene 1998, 28).

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

CAPTA requires states to establish child abuse reporting procedures and investigation systems (O'Neill Murray and Gesiriech 2003, 3). CAPTA created the National Center on Child Abuse and Neglect, it developed standards for receiving and responding to reports of child maltreatment, and it established a clearinghouse on the prevention and treatment of abuse and neglect (Schene 1998, 28). "CAPTA provides grants to states for the investigation and prosecution of child abuse and neglect cases, child prevention programs, and community-based family resources centers" (Courtney 1998, 90-91).

CAPTA first brought child abuse to the public's attention (McCabe 2003, 80). "CAPTA resulted in rapid growth in the number of children who were removed from their homes and placed in foster care" (O'Neill Murray and Gesiriech 2003, 3).

***The Adoption Assistance and Child Welfare Act, Public Law 95-608 (1980)***

The Adoption Assistance and Child Welfare Act emerged when lawmakers noticed children entering foster care increased and so did the children's stay in foster care (O'Neill Murray and Gesiriech 2003, 3). This act requires that child welfare agencies make a "reasonable effort" to prevent the removal of children from their homes (Swann and Sylvester 2006, 311) and to reunify the children with the biological parents if possible or to place the children with adoptive families (O'Neill Murray and Gesiriech 2003, 3).

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

The Family and Preservation and Support Initiative emerged when states were focusing little attention to efforts on preventing foster care placement and family

reunification (O'Neill Muray and Gesiriech 2003, 4). The Family and Preservation and Support Initiative gave federal funds to states for family preservation and support planning and services (Schene 1998, 28).

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

The Adoption and Safe Families Act emerged when child welfare agencies were still not successfully keeping families together (Swann and Sylvester 2006, 311). The key provisions of the Adoption and Safe Families Act are to: (1) ensure child safety, permanency, and child well-being are top priority, (2) encourage states to expedite permanency decisions for foster children, (3) promote and increase the number of adoptions, particularly through a new adoption incentive payment program through the federal government, (4) establish performance standards and a state accountability system with financial penalties to states that fail to demonstrate improvements in child outcomes, and (5) to encourage states to use innovative approaches to delivering child welfare services (Schene 1998, 5).

***Promoting Safe and Stable Families Amendments of 2001***

Congress increased funding from \$305 million to \$505 million with an emphasis on the importance of providing post-adoptions services and substance abuse treatment for children (O'Neill Muray and Gesiriech 2003, 6). Legislation also amended the Foster Care Independence Program authorizing a new educational and vocational training program for older youth leaving foster care (O'Neill Muray and Gesiriech 2003, 6).

Any new revenue for CPS in the past decade has come from federal funds, particularly the Temporary Assistance for Needy Families ("TANF") welfare block grant (McCown and Castro 2004, 2). Medicaid, Title IV-E and IV-B are other large federal

funding sources (McCown and Castro 2004, 2). Since the creation of the TANF welfare block grant, Texas has become increasingly reliant on these funds for foster care, child protective services, and child abuse/neglect prevention programs (McCown and Castro 2004, 3). By 2003, 25% of the Family and Protective Services (formerly the Department of Protective and Regulatory Services) budget was from TANF federal funding (McCown and Castro 2004, 3).

### **Child Protective Services Budget and Expenditures**

The approximated CPS Budget is currently \$800,900,000 (TDFPS, 2006-2007). This budget includes funding for staffing, child and family services, and prevention services. Foster care expenditures total \$370,012,505 (TDFPS 2006, 58). Expenditures for sub-care purchased services totaled \$12,387,805 and expenditures for in-home purchased services totaled \$965,501 (TDFPS 2006, 70).

The problem of child protection is compounded because more children are served in foster care and less money is available to protect children in the community (McCown and Castro 2004, 1). The basic problem is that CPS started with low base funding and the funding has not kept up with the child population growth, foster-care caseload growth, and inflation (McCown and Castro 2004, 1).

### **Budget Cuts**

Budget cuts in child abuse prevention programs, programs that prevent delinquency, programs that support academic success, foster care, and services provided to families occurred in 2003 (Castro 2003, 1). “Healthy Families”, “Family Outreach”, and STAR (Services to At Risk Youth) were among the program budget cuts for the prevention of child abuse and neglect (Castro 2003, 1). At risk mentoring (Big Brothers and Sisters), the Buffalo

Soldiers program, and the Community Youth Development (CYD) were among the budget cuts for the programs that help prevent delinquency (Castro 2003, 1). The HIPPPY (Home Instruction Program for Preschool Youngsters) program, Second Chance, and the Parents as Teachers programs were among budget cuts for the programs that support academic success (Castro 2003, 2). There was a 3% reduction (\$17 million dollars of General Revenue) in foster care payments, which only increased the current scarcity of foster and adoptive homes and made the trouble of finding a good foster home for each child harder on caseworkers (Castro 2003, 2). In 2003, Family and Protective Services lost 8.8 million in funding for services provided to families. These services include funding for drug and alcohol abuse. Reductions in services make it difficult for families to get the help they need (Castro 2003, 2).

### **The CPS Caseworker Dilemma**

The national child welfare organizations recommend monthly caseloads of 15 to 18 cases per worker (Poisso 2007). Workloads for CPS staff in Texas are the highest in the nation (McCown and Castro 2004, 2). Investigative workers in Texas are averaging 74 cases per month (Poisso 2007). CPS caseworkers are overburdened. CPS caseworker's average yearly salary is \$29,000 per year (Poisso 2007). Texas CPS caseworkers often work well over 40 hours per week to get their work done, neglecting their own families (Poisso 2007). CPS caseworkers' working conditions are horrendous at times and they are being sent into places that even the police will not go to (Poisso 2007). CPS caseworkers are sent into drug infested neighborhoods with no back up or protection (Poisso 2007). CPS caseworkers are asked to do this job with less-than-competitive salaries and little specialized training or supervision (Poisso 2007). Overtime, these conditions wear down the "idealistic and

devoted” caseworkers. This leads to caseworker turnover (Poisso 2007). CPS caseworker turnover is “nearly half of all new hires.” In 2005, caseworker turnover reached to 29.3% (Poisso 2007).

## **Demographic Trends**

### **The Rise of Poverty Levels and Child Population**

“Demographic trends indicate that continued growth in the child population, as well as relatively high levels of child poverty, will combine to ensure an ever-growing demand for child protection services” (McCown and Castro 2004, 2). Texas is likely to see a more rapidly growing demand for child welfare services than other states because Texas has the second highest birth rate in the nation (McCown and Castro 2004, 3). Texas has the 7<sup>th</sup> highest poverty rate (McCown and Castro 2004, 3). Poverty is significant because, while all child abuse and neglect occurs at all socio-economic levels, children living in or near poverty are subject to abuse and neglect at a greater rate (McCown and Castro 2004, 3). “Thus, the large number of children in Texas, magnified by the high percentage living in or near poverty, makes addressing child abuse in Texas particularly important and expensive” (McCown and Castro 2004, 3).

### **What Does This Mean for Texas Children and Families?**

The state of Texas has one of the highest birth rates in the nation. Texas has one of the highest poverty rates. Texas has one of the lowest funded budgets for child protection. Texas has one of the highest caseworker workloads. The CPS budget has been cut and it is now causing present problems within the system. All of these factors contribute to the

ongoing dilemma of Texas children and families going without necessary services needed to preserve the family unit.

Although child abuse and neglect may not seem to affect society as a whole in our present, a major concern is that it does affect our future. Many sociologists believe that the abused child often goes on to become a violent criminal, alcoholic, drug abuser, welfare case, or even another child abuser (Prescott 1977, 1). The epidemic of child abuse spreads like a virus, infecting its victims through adulthood and causing them to infect others (TMA 2004). A report by the Joint Study Committee on Treatment of Child Abuse and Neglect listed that 65% of prison inmates at Texas Department of Corrections' Ferguson Unit had been abused as children (TMA 2004). Ninety percent of convicted murderers were physically abused as children (TMA 2004). Also, many abusive parents were victimized themselves as children (TMA 2004). Not only is each abused child a human tragedy, but the number of children suffering from abuse points to an immense societal problem (TMA 2004).

## **Chapter III**

### **Literature Review**

#### **Purpose**

This chapter examines the scholarly literature on services that Child Protective Services (CPS) provides for families in Texas and to develop a framework using the literature. The conceptual framework allows working hypotheses to be created and studied. The literature is used to develop the working hypotheses that are the basis of the interview questions used to examine the attitudes and perceptions of CPS caseworkers towards the quality of services provided by CPS to families in the child welfare system.

#### **Introduction**

Ideally, every child should be protected, nurtured, and treasured. In reality, some parents are unable or simply refuse to care for their children. When a child is abused or neglected, someone must ensure the well-being and safety of the child that is unable to care for him or herself. It is the duty of law enforcement, the criminal justice system, and CPS (Child Protective Services) to protect the unprotected children.

“An accurate understanding of the extent of maltreatment in American society, the nature of maltreatment that occurs, and the consequences it has for children are crucial to inform policies regarding child protection and to guide the design of prevention and treatment programs” (English 1998, 39). Child maltreatment is not a new phenomenon (Zimrin 1984, 3). Throughout the years, there has been an influx of reports on child abuse and neglect in Texas. The problem is further complicated, given that the current CPS system and available resources are already strained.

## Statutory Definitions Regarding Child Protective Services

“The emergence of official definitions of unacceptable treatment of children has helped to trigger and sustain efforts by authorities to protect children” (English 1998, 40). Also, only a parent or caretaker can be perpetrators of abuse or neglect (English 1998, 40). The statutory definitions of abuse and neglect and the person’s responsible for the child are important to clearly define because abusive behavior by other individuals is considered assault (English 1998, 40). The following table provides statutory definitions that clearly define a victim and perpetrator under CPS guidelines.

<b>Terminology</b>	<b>Definition</b>
<i>Fetus</i>	An individual human organism from fertilization until birth (TFC §33.001).
<i>Child</i>	A person less than 18 years of age who is not and has not been married (TDFPS Handbook 2006, 41).
<i>Parent</i>	A biological mother or father, a father who has been adjudicated to be the biological father by a court, or an adoptive mother or father (TDFPS Handbook 2006, 41).
<i>Caretaker</i>	Person’s responsible for a child’s care, custody, or welfare include: (1) a parent, guardian, managing or possessory conservator, or foster parent of the child, (2) a member of the child’s family or household, or a person with who the child’s parents cohabits, (3) school personnel or school volunteers, and (4) personnel or volunteers in a public or private child care operations (daycare or residential child care) (TDFPS Handbook 2006, 41).
<i>Family</i>	Individuals by consanguinity (related by blood or adoption) or affinity (related by an existing marriage), parents divorced, individuals who are the biological parents of the same child (without regard to marriage), and a foster child and foster parent (TFC §71.003)).
<i>Household</i>	A household is a unit composed of persons living together in the same dwelling, whether or not they are related to each other by consanguinity or affinity (TFC §71.005).

It is important that the Texas Family Code specifically defines each term (child, fetus, parent, persons responsible for the child, family, and household) because only the persons that are related or have a relationship with the child can be considered an alleged perpetrator in a CPS case. Alleged perpetrators can be, but are not limited to, a mother, father, family members (aunt, uncle, grandparents, cousins, niece/nephew, step parents, parent's paramour, siblings over the age of 10, step-siblings over the age of 10), school personnel, or any other person that has an ongoing relationship with the child in question. Any of the individual listed under person's responsible for a child's care, custody, or welfare can be held liable by CPS for any deliberate abuse or neglect to a child. If the alleged perpetrator does not meet the guidelines for a perpetrator as listed in the Texas Family Code, the case is always referred to local law enforcement agencies. In the majority of child maltreatment cases, the parent, caretaker, or sibling is the alleged perpetrator (McCabe 2003, 20).

## **Risk Factors**

There are four major risk factors related to child maltreatment (McCabe 2003, 84). The lack of attachment between a parent and a child, substance abuse in the home, children who witness domestic violence, and children with special needs or disabilities are the risk factors associated with child maltreatment (McCabe 2003, 84). Other risk factors associated with child maltreatment are parents that are Mentally Retarded (MR) or parents with mental health problems (depression, bipolar disorder, Schizophrenia) (Zimrin 1984, 10). Also, a child's own behavior may trigger child battering, such as a fussy/whining baby, a child with

special needs or disabilities, or a badly behaved child (Zimrin 1984, 10/11). Child vulnerability includes children under the age of 3 because these children often can't talk, defend themselves, and are isolated (Zimrin 1984, 32/33).

Environmental stressors such as marital problems (infidelity or domestic violence), unemployment, and financial problems increase the likelihood of child physical abuse (McCabe 2003, 21). Social isolation or lack of family support is another risk factor for child physical and sexual abuse (McCabe 2003, 21/22, 41).

Additional males (boyfriends, stepfather, or male friends) in the home increase the likelihood a sexual abuse occurring (McCabe 2003, 41). Parents who have a child with mental or physical disabilities, parents who suffer from substance abuse, or parents that have experienced an unwanted pregnancy may be emotionally abusive towards their children (McCabe 2003, 56).

The major risk factor that involves child maltreatment is substance abuse by the parent or caretaker. It is estimated that 50% to 80% of families involved with CPS are dealing with a substance-abuse problem (English 1998, 47).

## **Recognizing the Different Types of Child Maltreatment**

In Texas, the allegations of child maltreatment fall into 8 different types of abuse. Physical abuse, sexual abuse, emotional abuse, neglectful supervision, physical neglect, medical neglect, refusal to accept parental responsibility, and abandonment are the 8 different types of child maltreatment in Texas.

### ***Physical Abuse***

Physical abuse means more than spanking or whipping a child (Howing, et al. 1993, 2-3). Physical abuse is the non-accidental injury of a child or children inflicted by a person (McCabe 2003, 10). Physical abuse of children includes fractures with inconsistent explanations from the parents, burns, a mother or newborn that tests positive for drugs at the birth of the child, a child diagnosed with Fetal Alcohol Syndrome, hair pulling that results in bald spots, human bite marks on the child, confining children in a closet or isolated living area for long periods of time, chaining or tying up a child, children that are injured during a domestic violence situation, and permitting or encouraging a child to use a controlled substance (TFC §261.001). The majority of child victims of physical abuse are under the age of 4 (McCabe 2003, 10).

### ***Substance Abuse and Pregnancy***

Due to the high rates of substance abuse, it is not uncommon for a pregnant woman to abuse drugs during her pregnancy. Physical abuse does not protect the fetus. CPS cannot intervene in a woman's choice to abuse drugs while the woman is pregnant until the child is outside of the mother's womb. However, the woman can be held liable under the criminal justice system. The Texas Penal Code §1.07 defines an individual as a human being who is alive, including an unborn child at every stage of gestation from fertilization until birth (NCLS 2006, 6).

A pregnant woman using drugs and alcohol during pregnancy has become problematical for state governments (Steinburg and Gehshan 2000, 2). The need for a drug overrides maternal instinct (Campbell 1999, 899). The majority of CPS cases include

substance abuse in the home by a parent or caretaker. Drug addicted children are depicted as a natural disaster that overwhelms, swamps, or spills over every social service delivery system (hospitals, schools, child protective services, foster care, and the criminal justice system) devised to help them (Campbell 1999, 905). A drug addicted baby usually requires the attention of CPS or juvenile courts which increases the costs of health care (Steinburg and Gehshan 2000, 2). A child born addicted to drugs will cost \$50,000 more than a normal child birth (Steinburg and Gehshan 2000, 3). Many children are the victims of Fetal Alcohol Syndrome (FAS), in which the child has slowed growth, mental retardation, damage to the nervous system, and facial abnormalities (Steinburg and Gehshan 2000, 4). Among the drugs that children test positive for are cocaine, opiates, marijuana, benzodiazepines (prescribed pain medications), and methamphetamines. A child that is born addicted to drugs is a sad fact of today's society. The public should be aware that an addiction is an illness that needs treatment and that there are serious barriers to seeking treatment, especially for pregnant women (Steinburg and Gehshan 2000, 5/6). It is hard for pregnant addicts to seek treatment because many treatment facilities do not accept pregnant women or many women fear they will be pressured into having an abortion (Campbell 1999, 899).

***Physical and Behavioral Indicators of Physical Abuse and the Criminal Justice Response to Acts of Physical Abuse***

Physical abuse acts include kicking, biting, shaking, stabbing, or punching a child (English 1998, 41). Shaken Baby Syndrome is caused when the abuser shakes the baby and the baby's head is whipped back and forth from side to side (McCabe 2003, 15/16). In

order to assess the physical abuse, the explanation for the injury needs to be consistent with the injury.

Behavioral indicators of physical abuse include really aggressive children, withdrawn children, children with poor social relations with peers and adults, learning problems, and delinquency (McCabe 2003, 17). Children that wear clothing when seasonally inappropriate (long sleeves in the summer) could indicate that the child is being physically abused (McCabe 2003, 18).

When a report of child maltreatment has been substantiated, the criminal justice response is minimal. Unfortunately, because there are conflicting standards of what is "reasonable", more offenders go unprosecuted and left free to continue their abuse of children (McCabe 2003, 30).

### ***Sexual Abuse***

The sexual abuse and exploitation of children in American society is rising. "Child sexual abuse is a widespread problem that crosses all socioeconomic and ethnic boundaries (Derlin and Reynolds 1994, 30)." "In most cases of child sexual abuse, the perpetrator is a family member or a person living in the household" (McCabe 2003, 34). Sexual abuse of a child includes inappropriate sexual conduct, indecency with a child, failure to prevent sexual conduct harmful to the child, encouraging a child to engage in sexual conduct (such as photographing a child for sexual gratification or allowing a sexual performance by a child) (TFC §261.001). A CPS case will be sent out for investigation if the child is exhibiting age-inappropriate behaviors, if the alleged perpetrator has access to the child, if a child aged 12

or younger has a sexually transmitted disease, or if a known sex offender moves into the home (TFC §261.001).

***Physical Indicators and Behavioral Indicators of Sexual Abuse and the Criminal Justice Response to Sexual Abuse***

A child is usually taken to a local hospital and given a SANE (sexual assault nursing exam) by a physician to determine whether sexual abuse occurred more likely than not. Unfortunately, often times the physical signs of sexual abuse have usually disappeared or healed by the time the child comes forward (McCabe 2003, 42/43). Other signs of sexual abuse include the presence of a sexually transmitted disease or a child that that is preoccupied with touching his/her genitals (McCabe 2003, 43). The information a child gives is the most important evidence to consider in diagnosing sexual abuse (Derlin and Reynolds 1994, 30).

Anxiety, depression, aggression, or inappropriate sexual behaviors are behavioral indicators that may suggest that a child has been sexually abused (Derlin and Reynolds 1994, 30).

The criminal justice system's response the child sexual abuse has improved. "Efforts are being made everyday to rehabilitate convicted child sex offenders, generally under the categories of re-education, resocialization, behavior modification and counseling (McCabe 2003, 48)." Unfortunately, research has concluded that rehabilitation of sex offenders has been unsuccessful (McCabe 2003, 48).

### ***Emotional Abuse***

Emotional abuse is the most common form of child maltreatment, however, it is the most difficult to document and prove (McCabe 2003, 50). "Emotional abuse can range from a child being belittled or ridiculed to a caretaker using methods of confinement such as placing the child in a closet or trunk for hours (McCabe 2003, 51)."

Emotional abuse is the mental or emotional injury to a child that results in an observable impairment in the child's growth, development, or psychological functioning (TFC section 261.001). Emotional abuse is an act of commission or omission that includes rejecting the child, isolating the child, terrorizing the child, ignoring the child, corrupting the child, or destroying the child's property (English 1998, 41).

### ***Physical and Behavioral Indicators of Emotional Abuse and the Criminal Justice Response to Emotional Abuse***

Physical indicators of emotional abuse are children that have extreme behaviors (feeling very happy to manically depressed), children that suffer from eating disorders and substance abuse, children that often interact cruel to others, children with learning disabilities, and children that are socially withdrawn are all indicators of emotional abuse (McCabe 2003, 55).

The victims of emotional abuse often go unrecognized by the criminal justice system (McCabe 2003, 58). Emotional abuse is the hardest form of abuse to prove for CPS and the criminal justice system.

### ***Neglectful Supervision***

Neglectful supervision is the most common allegation used in CPS reports. Over one-half of child abuse cases reported to law enforcement agencies within the United States are cases of neglect (McCabe 2003, 62). Neglectful supervision is a breathtakingly broad category that includes parents that leave their children home alone for days at a time to go to bars or sell drugs and parents that must choose between going to work so they do not get fired (a job they need to provide for the family) and leaving the child home alone (Wexler 2004, 7).

Neglectful supervision is placing the child in or failing to remove a child from a situation that a reasonable person would realize requires judgment or actions beyond the child's level of maturity, physical condition, or mental abilities and that results in bodily injury or a substantial risk of immediate harm to the child (TFC §261.001). Also placing a child in or failing to remove the child from a situation in which the child would be exposed to a substantial risk of sexual conduct harmful to the child (TFC §261.001). It is not neglect to be poor in Texas, unless being poor harms the child (Wexler 2004, 8).

### ***Physical Neglect***

Physical neglect is the failure to provide a child with food, clothing, or shelter necessary to sustain the life or health of the child, excluding failure caused primarily by financial inability, unless relief services had been offered (TFC §261.001).

Physical indicators of physical neglect include children that are smaller than children of the same age, the child may appear to be constantly hungry or suffer from malnutrition, a

child with poor hygiene (smell of urine, rotten teeth, head lice), and a child that suffers from constant fatigue or sleepiness may be a child that is physically neglected (McCabe 2003, 68).

Behavioral indicators of a neglected child includes a child that lacks self-confidence or self-worth, has poor relationships with peers, is self-destructive or destructive to others property, children that try to get attention from acting negatively, children that are developmentally behind other children, a child that is mature for their age, or a child that appears to be depressed are all indicators that the child is being physically neglected (McCabe 2003, 69).

### ***Medical Neglect***

Medical neglect is failing to seek, obtain, or follow through with medical care for a child with the failure resulting in or presenting a substantial risk of death, disfigurement, or bodily injury or an observable and material impairment to the growth, development, or functioning of the child (TFC §261.001).

### ***Refusal to Accept Parental Responsibility***

Refusal to accept parental responsibility is the failure by the person responsible for a child's care, custody, or welfare to permit the child to return to the child's home without arranging for the necessary care for the child after the child has been absent from the home for any reason, including having been in residential placement or having run away (TFC §261.001).

### ***Abandonment***

Abandonment is the leaving of a child in a situation where the child would be exposed to a substantial risk of physical or mental harm, without arranging for necessary care for the child, and the demonstration of an intent not to return for the child by a parent (TFC §261). In order to deter babies from being thrown into a garbage can or left in a place that the child could die, the "Baby Moses Law" was created. Under the TFC §262.301, the "Baby Moses law" applies to children under 60 days old that are unharmed and have been brought to a designated emergency infant care provider and the parent does not face penalties for abandonment.

### **Consequences of Child Maltreatment**

The most severe consequence of child maltreatment is death of a child (Toni 2006, 2). A child who has been raised in a violent environment is more likely to become violent (McCabe 2003, 19). Child abuse is a vicious cycle that needs to be broken. Children who are victims of child abuse have an increased risk for adverse health effects such as smoking, alcoholism, drug abuse, eating disorders, severe obesity, depression, suicide, and sexual promiscuity (Toni 2006, 2).

### **Caseworker Problems**

In 2004 in Texas, it was known that a typical CPS caseload average was above 60, and some even over 70 (Wexler 2004, 15-16). The caseload of CPS caseworkers is only increasing and this is becoming a problem when trying to get families effective and adequate

resources. The majority of CPS caseworkers are dedicated people that do the best they can for vulnerable children with the resources available to them (Wexler 2004, 8).

## **Prevention of Child Maltreatment**

Prevention programs are aimed to address the underlying causes of child abuse, such as poverty or inappropriate discipline (McCabe 2003, 81). Another prevention approach is one that targets individuals that have been the victims of abuse and it attempts to prevent repeat victimization (McCabe 2003, 81).

Educational services programs are needed to inform the public of child maltreatment as well as help programs for families at-risk (McCabe 2003, 82). Programs which help families to improve their family planning skills help in preventing child abuse and neglect (Zuravin 1987, 135). A shared commitment involving parents, neighbors, and private and public agencies are all needed to protect children from abuse and neglect (Schene 1998, 36).

“Child protection in the United States is an expensive enterprise” (Courtney 1998, 88). Intervention and prevention programs need more funding. CPS gives the majority of the funding to hiring more investigators and foster/adoptive parents (combined is over 1.5 billion dollars) and less than \$100 million dollars goes to prevention programs (Wexler 2004, 38). End the confusion of poverty with "child neglect" (Wexler 2004, 58). Children, at times, are removed because often the families are poor and being poor is often confused with the parent unable to provide the child with basic needs (food, shelter, and clothing). Texas should provide the same payments to kinship care as foster care parents receive (Wexler 2004, 60). CPS caseworkers and supervisors should also receive a raise in pay to cut down on the high turnover rates (Wexler 2004, 63).

## **The Functions of Child Protective Services**

Child Protective Services (“CPS”) is funded through state and local authorities and is governed by state statutes (Schene 1998, 24). CPS has been shaped by federal leadership, legislation, and funding (Schene 1998, 24). Child Protective Services mission is to protect children that are unprotected and to act in every child’s best interest by ensuring the child’s safety and providing services to promote the integrity and stability of the caretaker (TDFPS Handbook 2006, 39). CPS’ ultimate goal is to ensure the protection and safety of the child (O’Neill Murray and Gesiriech 2003, 1). CPS is appointed to fulfill this goal (Baughman and Breeding 2003, 1).

CPS functions include receiving, screening, and investigating reports of child abuse and neglect from the community to determine if they meet the criteria defining maltreatment set out in state statute and policy (Schene 1998, 30).

### **Intake**

The first function of CPS is to receive and screen reports of suspected child maltreatment. This is called the “intake stage”. If there is suspicion of child maltreatment, the public is encouraged to make a report through the hotline or secured website in Texas. "Any citizen may initiate an investigation of child abuse or neglect by reporting the event to either a local law enforcement agency or an agency of social services” (McCabe 2003, 77). The hotline is a centralized part of the DFPS agency and it is located in Austin, TX. The Texas hotline (1-800-252-5400) is in operation 24 hours 7 days a week, including holidays, in English or Spanish (TDFPS Annual Report 2005, 11). Also, the public now has access to making a report of child abuse or neglect through a secured website (called an E-report) at

<http://www.txabusehotline.org> (TDFPS Annual Report 2005, 11). Individuals that make a report of child abuse or neglect can choose to remain anonymous. Texas state law mandates that persons suspicious of child abuse or neglect make a report immediately (TFC §261.101).

If the report meets the statutory definitions of abuse or neglect, the report is given a priority and sent to the field for investigation (TDFPS Annual Report 2005, 11). CPS in Texas has three different priorities. A Priority 1 (“P1”) indicates that the child faces an immediate risk of abuse or neglect that could result in death or serious harm to the child and it must be investigated within 24 hours of the intake (TDFPS Handbook 2006, 52). A Priority 2 (“P2”) indicates that the abuse or neglect met the statutory requirements for investigation and it must be investigated within 3-10 days of the intake report (TDFPS Handbook 2006, 52). A Priority No (“PN”) will be sent to the local CPS office for review and could or could not be sent to the field for investigation (TDFPS Handbook 2006, 52).

### **Investigation**

The second function of CPS is to investigate suspected child maltreatment cases after an intake has been received. After the intake report is assigned to the field, CPS investigators will interview children, parents, and others with knowledge of the family (TDFPS Annual Report 2005, 12). The CPS investigators must investigate reports of abuse quickly and assess family situations (Findlater and Kelly 1999, 85). The CPS investigator must assess the risk of the harm to the child and the needs of the family in order to determine what CPS intervention or other service provision is necessary (Findlater and Kelly 1999, 85).

The CPS investigator must draw conclusions regarding the validity of the allegations; identify the perpetrator, and the condition of all the children in the home

(Schene 1998, 30). If the allegation is not substantiated, the case is closed. If the allegation is substantiated, the case remains open and the investigator arranges for the family to go into Family Based Safety Services (FBSS) or Substitute Care (SUB)/Family Substitute Care (FSU). For state social services, removing a child from his/her home is usually a last resort and they attempt to keep the family together (McCabe 2003, 77).

## **Conceptual Framework**

The purpose of this research is to explore CPS caseworker's attitudes and perceptions towards services currently provided to families in crisis in Texas. The conceptual framework uses working hypotheses. Shields (1998, 211) states that working hypotheses are "extremely compatible with research in public administration" and that working hypotheses can guide the research purpose.

This study develops six working hypotheses, with multiple sub-hypotheses. Conceptual framework tables illustrate the working hypotheses and link the hypotheses to the scholarly literature. A narrative of the tables develops and justifies the working hypotheses.

## **Services Provided by Child Protective Services (CPS)**

Services provided by CPS to families are mandatory services that a family must comply with in order to keep his/her children. If the investigator finds that there is "reason to believe" that the abuse/neglect occurred more likely than not, the family is provided with an array of services. The six main services provided by CPS that are discussed are Family Based Safety Services (FBSS), Kinship Care, Foster Care, Institution/Group Homes, Permanency Planning Teams, and Adoption

## **Family Based Safety Services (FBSS)**

The first purpose of this study is to explore Family Based Safety Services and the impact it has on family preservation. “Family preservation (FBSS) services are designed to help families at serious risk or in crisis, and are typically available only to families whose problems have brought them to the attention of child protective services, the juvenile justice system, or the mental health system” (McCroskey and Meezan 1998, 57). Often FBSS services offered are mandatory for families in order to keep the child(ren) in their care or have the child(ren) returned from foster care (McCroskey and Meezan 1998, 62). Services offered to the family are often in-home and include case management, advocacy, home-based counseling, behavior modeling, parent education, anger management, techniques for coping with behavioral problems, communication skills, assertiveness training, linkages to community resources, and concrete services such as transportation, clothing, emergency funds, and help with housing (McCroskey and Meezan 1998, 62). These services are often funded by federal, state, local, and private funds (McCroskey and Meezan 1998, 65). However, no service program can provide all that is needed to support and strengthen every family (McCroskey and Meezan 1998, 55).

Prevention can actually be harmful if it is not geared to a family's real needs (Wexler 2004, 52). An example is one of a single working mother who is working to support her children (Wexler 2004, 53). On top of working to provide for her family, the mother must now find time to attend counseling (Wexler 2004, 53). Another example is of a parent, whose child has been removed from her care. The parent gets visitation with the child, but visitation with the child is usually during the week and during business hours (Wexler 2004, 53). The parent must choose to miss work and possibly lose his job or miss visitation with

the child (Wexler 2004, 53). If the parent misses visitation, she is penalized and if the parent loses her job she is penalized (Wexler 2004, 53).

If Family Based Safety Services cannot ensure the safety of a child, the child is removed from the parent's home. Child protective services first will attempt to find a family member to care for the child until it is safe for the child to return to his home. If family members are unable to provide for the child, CPS will then find the child placement in a foster home, shelter, or residential treatment center.

At this point, CPS has obtained Temporary Managing Conservatorship (TMC) of the child for placement and custodial purposes (TDFPS Handbook 2006, 54). After the child is removed from the parent(s), a family court judge will give the parent(s) a chance to earn their right to have the children returned to his custody (McCabe 2003, 78/79). The parents are given a safety plan/treatment plan that may involve anger management therapy, counseling, rehabilitation for substance abuse, or parenting classes (McCabe 2003, 79). Thus, one expects:

**WH1: Family Based Safety Services (FBSS) have a positive impact on family preservation.**

## **Kinship Care**

Child welfare agencies try to place a child that has been removed from his/her home with a relative if possible before foster care becomes an option (Green 2004, 132). "In its broadest sense, kinship care is any living arrangement while children do not live with either of their parents and are instead cared for by either a relative or someone with whom they have had a prior relationship (Green 2004, 132)."

For children, there is less abuse in placements in kinship care than placements with strangers (Wexler 2004, 42). However, in Texas it seems that there is a lack of support for kinship caregivers (Wexler 2004, 44). Children that are placed in kinship foster care are more likely to be victims of child abuse or neglect than when they were in the custody of their parent(s) (Green 2004, 135).

Kinship foster parents must be licensed in order to receive any means of financial support (Green 2004, 139). Kinship caregivers are required to provide the nurturance and support for children as would non-kinship caregivers, however, kinship caregivers have fewer resources, greater stressors, and limited preparation (Green 2004, 137). If kin caregivers participate in training and become licensed in the same manner as foster parents, child welfare authorities will recognize kin as foster caregivers (Berrick 1998, 73). Kinship care providers are eligible to receive TANF (Temporary Assistance for Needy Families), food stamps, Medicaid, child care subsidies, and housing (Green 2004, 140).

The reasons that kinship caregivers do not receive the benefits are because many kinship caregivers are unaware that they are eligible for the benefits, they do not want handouts or a public agency involved in their lives, or the kinship caregivers did apply but were mistakenly denied for benefits (Green 2004, 140). Kinship care placements are growing because the availability of traditional foster care has decreased and the changing attitudes about the roles that government agencies and extended family members should play in protecting children (Berrick 1998, 74). Thus one expects:

**WH2: Child Protective Services Places less emphasis on Kinship care.**

## **Foster Care**

In the case that a child cannot reside with kin, following a substantiated report of maltreatment, the child will then be placed in foster care. "Foster care is a social service program that provides temporary, substitute, or out of home care to children whose families cannot provide them with a safe and nurturing environment (Swann and Sylvester 2006, 311)." Foster homes are overcrowded, which force some children to be moved far away from their homes and families (Wexler 2004, 16). Children may be placed in different regions in the state of Texas if the local foster care system is overcrowded.

Foster homes are becoming abusive environments (Wexler 2004, 16). Child on child abuse has become another concern when looking at child abuse in foster homes (Wexler 2004, 23). TDFPS policy does not require children with histories of sexual abuse, sexual predation, or violent criminal records be separated from other children (Wexler 2004, 23).

Other concerns regarding foster children are the use of psychotropic medications, the instability of placement among foster children, and child death (Wexler 2004, 10-11, 23). Psychotropic medications are drugs that affect the mind, perception, behavior, and mood (Read and Purse, 2007). Common types of psychotropic medications are antidepressants, anti-anxiety agents, antipsychotics, and mood stabilizers (Read and Purse, 2007). Children placed in foster homes are often moved from foster home to foster home and have unstable lives (Wexler 2004, 11). "National data on child abuse fatalities show that a child is nearly twice as likely to die of abuse in foster care as in the general population (Wexler 2004, 23)." Thus one expects:

**WH3: Foster Care is fraught with safety concerns in regards to maltreated children.**

## **Institutions/Group Homes**

"Orphanages are the least effective and most expensive option for children (Wexler 2004, 29)." The average cost per child per month to reside in a group home or residential treatment center is approximately \$3,000.00 (Courtney 1998, 93). Orphanages are utilized when a caseworker cannot find placement in a foster home for the child or if the child has severe behavioral problems (Wexler 2004, 29).

"Children taken under state care are having a hard time, or will be as soon as they are separated from their family" (Baughman and Breeding 2003, 4). The children are considered to be "mentally ill", emotionally disturbed, or suffering from a psychiatric disorder (ADHD, conduct disorder, bipolar, or Schizophrenia) (Baughman and Breeding 2003, 4). If the children are diagnosed with any mental condition, the maltreated child is given powerful psychotropic drugs to "treat" these mental illnesses (Baughman and Breeding 2003, 4). Children are given these powerful psychotropic medications as early as age 5 until the age of 19 (Baughman and Breeding 2003, 13). Thus one expects:

**WH4: Behavioral and emotional problems of children who are placed in institutions and group homes are often dealt with by medicating the children, regardless of the child's age.**

## **Permanency-Planning Teams**

Permanency planning calls for prompt and decisive action to maintain children in their own homes or place them permanently with other families as quickly as possible (Courtney 1998, 91). Permanency planning teams assist with the child's transition from foster care to independence (Courtney 1998, 91).

If the parents have satisfied the requirements set forth by the judge and CPS, the child is then placed back into the parents' custody (McCabe 2003, 79). CPS can request that the court terminate parental rights and approve an adoption or legal guardianship arrangement if family reunification is not possible (Schene 1998, 32). "The goal is to ensure that children live in stable, nurturing environments and do not remain in foster care" (TDFPS Annual Report 2005, 13). Thus one expects:

**WH5: Permanency Planning Teams generally act in the best interest of families and children.**

## **Adoption**

After a parent's rights are terminated, the child can now be placed legally for adoption (TDFPS Annual Report 2005, 13). Some children should truly never be returned to their homes due to the abuse they have suffered (Wexler 2004, 36). "The goal of adoption is to maximize benefits and minimize risks for those children whose parents are unable or unwilling to rear them" (Emery 1993, 140).

The family is given 6 months to a year to prove that they are fit to be parents before the judge terminates parental rights and the children are placed for adoption (TDFPS 2005, 57). After parental rights have been relinquished, the child is put up for adoption. The federal government pays states a bounty in the amount of \$4000-\$8000 per finalized adoption (Wexler 2004, 36). Thus one expects:

**WH6: Parental rights are often terminated unnecessarily.**

**Table 3.1: SUMMARY OF THE CONCEPTUAL FRAMEWORK LINKED TO THE LITERATURE**

<b><i>Working Hypotheses</i></b>	<b><i>Literature</i></b>
<b>WH1:</b> <i>Family Based Safety Services (FBSS) have a positive impact on family preservation.</i>	McCabe (2003), McCroskey and Meezan (1998), Texas Department of Family and Protective Services (2006), Wexler (2004)
<b>WH2:</b> <i>Child Protective Services Places less emphasis on Kinship care.</i>	Berrick (1998), Green (2004), Wexler (2004)
<b>WH3:</b> <i>Foster Care is fraught with safety concerns in regards to maltreated children.</i>	Read and Purse (2007), Swann and Sylvester (2006), Wexler (2004)
<b>WH4:</b> <i>Behavioral and emotional problems of children who are placed in institutions and group homes are often dealt with by medicating the children, regardless of the child's age.</i>	Baughman and Breeding (2003), Courtney (1998), Wexler (2004)
<b>WH5:</b> <i>Permanency Planning Teams generally act in the best interest of families and children.</i>	Courtney (1998), McCabe (2003), Schene (1998), Texas Department of Family and Protective Services (2005)
<b>WH6:</b> <i>Parental rights are often terminated unnecessarily.</i>	Emery (1993), Texas Department of Family and Protective Services (2005), Wexler (2004)

## Chapter Summary

"If tomorrow's leaders are to be strong, thoughtful individuals, their upbringing should be one of love and support" (McCabe 2003, 3). Today's child victims will be tomorrow's adult abusers of their children (McCabe 2003, 24). Child maltreatment is not only a problem for the victim, but also for society as a whole (McCabe 2003, 30). Most offenders incarcerated for crimes against children are likely to have reported being victims of either child physical or sexual abuse (McCabe 2003, 75). The expectation of ensuring a child safety from serious injury or harm is not being met with the current system and resources (Schene 1998, 36). There is no substitute for a child's birth family and the best way to help a child is to help his/her family (Wexler 2004, 33). Programs to keep families together are far much less expensive than foster care and much safer than foster care (Wexler 2004, 36).

However, there are limited resources, problems with parental substance abuse, poverty, economic stress, domestic violence, housing, mental health problems, the rise of teen parents who have a poor understanding of child development, and parenting ability that all require community comprehension and effective programs to combat the abuse of children (Child Welfare League of America 2005, 5/6). Those who suffer from child maltreatment are the children who did not ask to be born.

## Chapter IV

### METHODOLOGY

Chapter four discusses the research methodology used to answer the research question and it includes an operationalization table of the conceptual framework. All hypotheses were tested using group interviews. The remainder of this chapter provides a justification for the selected methodology.

#### Research Technique

Group interviews are used as the primary source of information. Group interviews are a research technique that collects data through group interaction on a topic determined by the researcher (Morgan 1997, 6).

Interview questions were developed to assist in analyzing caseworker's perceptions and attitudes towards services provided by CPS. Interview questions were constructed after the careful review of the literature on Child Protective Services. A conceptual framework was developed from the literature. Hence, it is an appropriate tool to assess caseworker's attitudes and perceptions.

**Table 4.1** summarizes the conceptual framework and links the framework to the specific interview questions. The working hypotheses and interview questions were designed to measure the level of support for said hypotheses. The interviewees were asked in depth questions regarding CPS services. A copy of the questions can be found in **APPENDIX A**.

**Table 4.1: Operationalization of the Conceptual Framework**

<b>Working Hypotheses</b>	<b>Sub Hypotheses</b>	<b>Group Interview Questions</b>
<p><b>WH1:</b> <i>Family Based Safety Services (FBSS) have a positive impact on family preservation.</i></p>	<p><b>WH1a:</b> Parenting classes have a positive impact on family preservation.</p> <p><b>WH1b:</b> In-home visits have a positive impact on family preservation.</p> <p><b>WH1c:</b> Drug rehabilitation for parents has a positive impact on family preservation.</p> <p><b>WH1d:</b> High caseloads make CPS services less effective.</p> <p><b>WH1e:</b> High caseworker turnover makes CPS services less effective.</p>	<p><b>Q1:</b> Do parenting classes have a positive impact on family preservation?</p> <p><b>Q2:</b> Do in-home visits have a positive impact on family preservation?</p> <p><b>Q3:</b> Does drug rehabilitation for parents have a positive impact on family preservation?</p> <p><b>Q4:</b> Do high caseloads make CPS services less effective?</p> <p><b>Q5:</b> Does high caseworker turnover make CPS services less effective?</p> <p><b>Q6:</b> In regards to family preservation services provided, what other services could be useful?</p>
<p><b>WH2:</b> <i>Child Protective Services places less emphasis on kinship care.</i></p>	<p><b>WH2a:</b> Kinship caregivers are given the same information on available resources as foster parents are.</p> <p><b>WH2b:</b> Kinship caregiver requirements are more stringent than requirements for foster parents.</p> <p><b>WH2c:</b> Kinship care, as opposed to foster care, has less of an emotional traumatizing affect on children who are removed from their birth parents.</p>	<p><b>Q7:</b> Are kinship caregivers are given the same information on available resources as foster parents?</p> <p><b>Q8:</b> Are Kinship caregiver requirements more stringent than requirements for foster parents?</p> <p><b>Q9:</b> Do kinship care placements have less of an emotional traumatizing effect on children than foster care placements?</p>

<p><b>WH3:</b> <i>Foster care is fraught with safety concerns in regards to maltreated children.</i></p>	<p><b>WH3a:</b> Children who have been victims of sexual abuse are a major source of child sexual abuse in foster care.</p> <p><b>WH3b:</b> Children that have been victims of sexual abuse should be placed separately from other maltreated children.</p> <p><b>WH3c:</b> Children are more likely to be abused in foster care than kinship care placement.</p> <p><b>WH3d:</b> The high demand for foster parents has made licensure requirements less stringent.</p>	<p><b>Q10:</b> Are children who have been victims of sexual abuse a major source of child sexual abuse in foster care?</p> <p><b>Q11:</b> Should Children that have been victims of sexual abuse be placed separately from other maltreated children?</p> <p><b>Q12:</b> Are children more likely to be abused in foster care than kinship care placement?</p> <p><b>Q13:</b> Has the high demand for foster parents made licensure requirements less stringent?</p>
<p><b>WH4:</b> <i>Behavioral and emotional problems of children who are placed in institutions and group homes are often dealt with by medicating the children, regardless of the child's age.</i></p>	<p><b>WH4a:</b> Institutions or group homes are mainly for children that have extreme behavioral or emotional problems.</p> <p><b>WH4b:</b> Children in institutions or group homes are often unnecessarily medicated with psychotropic medications for their behavioral disorders, regardless of the child's age.</p>	<p><b>Q14:</b> Are institutions or group homes mainly for children that have extreme behavioral or emotional problems?</p> <p><b>Q15:</b> Are children in institutions or group homes often unnecessarily medicated with psychotropic medications for their behavioral disorders, regardless of the child's age?</p>
<p><b>WH5:</b> <i>Permanency Planning Teams generally act in the best interest of the families and children.</i></p>	<p><b>WH5a:</b> Permanency planning teams allow families to achieve independence.</p> <p><b>WH5b:</b> Permanency planning teams provide/refer out many free and useful services to families and children who need them.</p> <p><b>WH5c:</b> Permanency planning teams reduce the family's future need for intervention.</p> <p><b>WH5d:</b> Permanency planning teams provide public awareness of risk factors associated with child</p>	<p><b>Q16:</b> Do permanency planning teams allow families to achieve independence?</p> <p><b>Q17:</b> Do permanency planning teams provide/refer out many free and useful services to families and children who need them?</p> <p><b>Q18:</b> Do permanency planning teams reduce the family's future need for intervention?</p> <p><b>Q19:</b> Do permanency planning teams provide public awareness of risk factors associated with</p>

	maltreatment.	child maltreatment?
<b>WH6:</b> <i>Parental rights are often terminated unnecessarily.</i>	<p><b>WH6a:</b> Federal incentives (\$4,000-\$8,000 per child) for the successful adoption of a child in state's custody has been a causal factor in the high removal rates of children among families in Texas.</p> <p><b>WH6b:</b> Parents should be allotted more time to reach the family reunification goal before the court relinquishes the parental rights.</p>	<p><b>Q20:</b> Are federal incentives (\$4,000-\$8,000 per child) for the successful adoption of a child in state's custody is a causal factor in the high removal rates of children among families in Texas?</p> <p><b>Q21:</b> Should parents be allotted more time to reach the family reunification goal before the court relinquishes the parental rights?</p>

## **Strengths and Weaknesses**

“Group discussions provide direct evidence about similarities and differences in the participants’ opinions and experiences as opposed to reaching such conclusions from post hoc analyses of separate statements from each interviewee” (Morgan 1997, 10). A strength of group interviews are that they decrease the number of incomplete questionnaires (Babbie 2004, 273). Another strength of group interaction is their reliance on interaction in the group to produce the data, on the topic of interest to the researcher (Morgan 1997, 15).

A weakness of group interviews is that the discussion is driven by the interviewer’s interest, making it less naturalistic and raising concerns about the interviewers influence over the group’s interactions (Morgan 1997, 14). Conformity, which is participants withholding things that they might say in private, is a concern when conducting group interviews (Morgan 1997, 15).

## **Nature of Interview Subjects**

Five group interviews were conducted with 6 respondents in each group (population total of 30 persons). The first group interview was conducted on February 28, 2006 with 3 CPS investigators, 2 Family Based Safety Services (FBSS) caseworkers, and 1 conservatorship caseworker in Austin, TX; it lasted approximately 45 minutes. The second group interview was conducted on March 4, 2007 with 3 CPS investigators, 1 FBSS caseworker, and 2 conservatorship caseworkers in Austin, TX; it took approximately 1 hour to complete. The third group interview was conducted on March 7, 2007 in Killeen, TX with 5 conservatorship caseworkers; it lasted approximately 1 hour. The fourth group interview was conducted on March 11, 2007 in San Antonio, TX with 5 FBSS caseworkers; it lasted

approximately 1 hour. The fifth interview was conducted on March 14, 2007 in Austin, TX with 5 CPS investigators; it lasted approximately 1 hour and 45 minutes. The respondents were chosen for group interviews using snowball sampling.

### **Human Subjects Protection**

The respondents were not harmed and there were no foreseeable risks or discomforts associated with their participation in the project. The group interviews are confidential. The names and county offices of the interviewees will not be disclosed in any form or fashion. The respondents will not have their jobs jeopardized if they choose to participate in the survey. The participation of the respondents is voluntary and they may discontinue participation at any time. If respondents have any questions or concerns regarding the research they may contact Emilia M. Zarate at (361) 813-3535 (Cellular Phone) or by email at milz35@hotmail.com, or the faculty supervisor of the project at Texas State University, Dr. Hassan Tajalli at (512) 245-3284 (Business Phone) or at ht03@txstate.edu.

### **Conclusion**

This chapter provided an overview of the method used to collect data for the research purpose. Also explained, was how the conceptual framework is linked to the collection of the data. Chapter five presents the results of the evaluation.

## **Chapter V**

### **RESULTS**

The purpose of the results chapter is to present the findings from the group interviews. The attitudes and perceptions of caseworkers towards Child Protective Services are evaluated in light of the conceptual framework developed earlier in this research paper. Each working hypothesis will be discussed separately. This chapter summarizes the data collected from the group interviews and the data are used to evaluate the varying levels of support for the six working hypotheses.

Table 5.1 summarizes the results for WH1: Family Based Safety Services (FBSS) have a positive impact on family preservation.

<b>Table 5.1</b>			
<b>Family Based Safety Services</b>			
<b>(N=30)</b>			
<b>SA=Strongly Agree A=Agree NA=Not Always SD=Strongly Disagree D=Disagree</b>			
<b>Group Interview Questions</b>	<b>SA/A</b>	<b>Not Always</b>	<b>SD/D</b>
Do parenting classes have a positive impact on family preservation?	80%	10%	10%
Do in-home visits have a positive impact on family preservation?	100%	—	—
Does drug rehabilitation for parents have a positive impact on family preservation?	57%	—	43%
Do high caseloads make CPS services less effective?	100%	—	—
Does high caseworker turnover makes CPS services less effective.	100%	—	—

### Family Based Safety Services

As displayed in Table 5.1, the interviewees strongly believe (80%) that parenting classes have a positive impact on family preservation. The large majority of interviewees agreed that parenting classes are beneficial for family preservation, however, many interviewees stated, “It really does depend on the parent”. The interviewees that disagreed (10%) with parenting classes having a positive impact on family preservation stated, “Many parents do the parenting classes because the classes are mandatory and the parent(s) are just going through the motions to stay out of trouble”.

It is unanimous (100%) among the 30 interviewees that in-home visits have a positive impact on family preservation. The interviewees felt this was by far the most effective tool used for family preservation. The families are monitored according to policy, giving an advantage to the caseworker to observe the child-parent relationship and to

observe the child's natural environment. Most importantly, in-home visits ensure a child's safety. In-home visits give the caseworker a first hand look at the child's environment and the parents' interaction with the child(ren). Also, during in-home visits the caseworker is able to assess the families needs based on direct observation.

Caseworkers opinions on drug rehabilitation being effective for family preservation was somewhat split. The majority (57%) of interviewees believed that drug rehabilitation does have a positive impact on family preservation. The caseworkers believe that it is effective if the parent successfully completes the program. 43% of the interviewees felt that drug rehabilitation does not have a positive impact on family preservation because "rehab is only a temporary fix". Interviewees agreed that many parents will complete the program, but the parent with the substance abuse issue often relapses and begins using drugs again.

It is unanimous (100%) among the 30 interviewees that high caseloads and high caseworker turnover make CPS services less effective. High caseloads make the cases unmanageable and it is unrealistic to effectively provide the family with needed services. Also, high caseloads prevent caseworker from being up to date with the family and the family's providers. In regards to caseworker turnover, when a caseworker quits, the caseworker's cases are transferred to tenured staff. This makes the already high caseloads more unmanageable than what they already are.

In addition, interviewees were asked, "In regards to family preservation services provided, what other services could be useful?" There were multiple responses and the majority agreed that services should be geared more towards "treating the root cause of the problem, rather than just treating the surface". Education was a common response. Getting parents educated and stressing the importance of the children getting educated was a top

suggestion. Sex education would be of great assistance as well. The reason being, many of the parents that are in crisis or at risk are “often children (under the age of 18) themselves”. Offering parents assistance with getting a high school diploma or GED, paying for family therapy, and assisting parents enroll their children in head start programs. Assisting families with employment opportunities and transportation would also be helpful in keeping the family unit together. Longer substance abuse programs would also be extremely helpful, given the large majority of families in crisis or at risk have a parent that suffers from a drug or alcohol addictions. Community services that help families who are in need of clothing, food, and shelter would also be helpful. And lastly, teen help programs that would allow parents and the teen to attend counseling together would also be a helpful service in maintaining the family unit.

**Table 5.2 summarizes the results for WH2: Child protective services places less emphasis on kinship care.**

<b>Table 5.2</b>			
<b>Kinship Care (N=30)</b>			
<b>SA=Strongly Agree A=Agree NA=Not Always SD=Strongly Disagree D=Disagree</b>			
<b>Group Interview Questions</b>	<b>SA/A</b>	<b>Not Always</b>	<b>SD/D</b>
<b>Are kinship caregivers are given the same information on available resources as foster parents?</b>	<b>53%</b>	<b>30%</b>	<b>17%</b>
<b>Are Kinship caregiver’s requirements more stringent than requirements for foster parents?</b>	<b>20%</b>	<b>10%</b>	<b>70%</b>
<b>Do kinship care placements have less of an emotional traumatizing affect on children than foster care placements?</b>	<b>63%</b>	<b>10%</b>	<b>27%</b>

As displayed in Table 5.2, the majority (53%) of the interviewees agreed that kinship caregivers are given the same information on available resources as foster parents. The

interviewees agreed, however, “It depends on the caseworker regarding what information is given to the kinship caregiver”.

The majority of interviewees (70%) disagreed that the requirements to become a kinship caregiver are more stringent than the requirements to become a foster parent. The majority (70%) agreed that the requirements are the same for kinship caregivers and foster parents.

The majority (63%) of the interviewees agreed that kinship care placements have less of an emotional traumatizing effect on children than foster care placements. Interviewees agreed that kinship placements for children reinforce the child’s sense of cultural identity and trust.

Problems with kinship care placements include unregulated contact with the parent(s) that the child was taken from. Family or friends are more apt to allowing unsupervised visits with the children than foster parents.

Table 5.3 summarizes the results for WH3: Foster care is fraught with safety concerns in regards to maltreated children.

<b>Table 5.3</b>			
<b>Foster Care (N=30)</b>			
<b>SA=Strongly Agree A=Agree NA=Not Always SD=Strongly Disagree D=Disagree</b>			
<b>Group Interview Questions</b>	<b>SA/A</b>	<b>Not Always</b>	<b>SD/D</b>
<b>Are children who have been victims of sexual abuse a major source of child sexual abuse in foster care?</b>	<b>83%</b>	<b>7%</b>	<b>10%</b>
<b>Should Children that have been victims of sexual abuse be placed separately from other maltreated children?</b>	<b>60%</b>	<b>—</b>	<b>40%</b>
<b>Are children are more likely to be abused in foster care than kinship care placement?</b>	<b>23%</b>	<b>54%</b>	<b>23%</b>
<b>Has the high demand for foster parents made licensure requirements less stringent?</b>	<b>30%</b>	<b>—</b>	<b>70%</b>

As displayed in Table 5.3, the majority (83%) of interviewees strongly agreed that children who have been victims of sexual abuse are a major source of child sexual abuse in foster care. The majority (60%) of interviewees agreed that sexually abused children should be placed separately from other maltreated children. However, if the sexually abused children are placed in foster care, intense supervision is needed. An interviewee suggested that the sexually abused child needs placement in a therapeutic type of environment. Other interviewees (40%) stated that alienating the child only makes the child “feel more at fault for the sexual abuse” and segregating the child is unhealthy. The majority of interviewees (54%) feel that children have the same chance of being abused in foster care as they do in kinship care. Many (46%) of the interviewees agreed that “there are placement breakdowns in both foster care and kinship care placements”. The majority (70%) of the interviewees disagree with licensure requirements being too stringent due to the high demand for foster

parents. As a matter of fact, many of the interviewees added that “due to the requirements being too stringent, there is currently lack of placement for children”. Other interviewees (30%) stated, “Stringent licensure requirements ensure a higher quality of care for children and it ensures a child’s safety”.

**Table 5.4 summarizes the results for WH4: Behavioral and emotional problems of children who are placed in institutions and group homes are often dealt with by medicating the children, regardless of the child’s age.**

<b>Table 5.4</b>			
<b>Institutions and Group Homes</b>			
<b>(N=30)</b>			
<b>SA=Strongly Agree A=Agree NA=Not Always SD=Strongly Disagree D=Disagree</b>			
<b>Group Interview Questions</b>	<b>SA/A</b>	<b>Not Always</b>	<b>SD/D</b>
<b>Are institutions or group homes mainly for children that have extremely behavioral or emotional problems?</b>	<b>70%</b>	<b>—</b>	<b>30%</b>
<b>Are children in institutions or group homes often unnecessarily medicated with psychotropic medications for their behavioral disorders, regardless of the child’s age?</b>	<b>80%</b>	<b>—</b>	<b>20%</b>

As displayed in Table 5.4, the majority (70%) of interviewees agreed that institutions and group homes are mainly for children with extreme emotional or behavioral problems. Almost all (80%) of the interviewees also agreed that children placed in institutions or group home are often medicated for their disorders, regardless of the child’s age. Additional comments in regards to the children being medicated were, “often these children are unmanageable without the medications”. However, the “persons accountable for prescribing the medications are the doctors that evaluate the children”. Other interviewees stated, “Medicating the children is a conspiracy”. Often when children are diagnosed with a

disorder, the children receive disability checks in addition to the other benefits (food stamps, TANF, Medicaid, and other additional payments).

**Table 5.5 summarizes the results for WH5: Permanency Planning Teams generally act in the best interest of families and children.**

<b>Table 5.5</b>			
<b>Permanency Planning Teams (N=30)</b>			
<b>SA=Strongly Agree A=Agree NA=Not Always SD=Strongly Disagree D=Disagree</b>			
<b>Group Interview Questions</b>	<b>SA/A</b>	<b>Not Always</b>	<b>SD/D</b>
<b>Do permanency planning teams allow families to achieve independence?</b>	<b>57%</b>	<b>—</b>	<b>43%</b>
<b>Do permanency planning teams provide/refer out many free and useful services to families and children who need them?</b>	<b>90%</b>	<b>—</b>	<b>10%</b>
<b>Do permanency planning teams reduce the family's future need for intervention?</b>	<b>73%</b>	<b>—</b>	<b>27%</b>
<b>Do permanency planning teams provide public awareness of risk factors associated with child maltreatment?</b>	<b>40%</b>	<b>—</b>	<b>60%</b>

As displayed in Table 5.5, the majority (57%) of interviewees agreed that permanency planning teams allow families to achieve independence. Almost all of the interviewees strongly agreed (90%) that permanency planning teams provide and refer many free and useful services to families and children who need them. The majority (73%) of interviewees agreed that permanency planning teams reduce the family's future need for intervention. Most (60%) interviewees disagree that permanency planning teams provide public awareness of risk factors associated with child maltreatment. The majority of the interviewees felt that the media provided the majority of public awareness on risk factors associated with child maltreatment.

Table 5.6 summarizes the results for WH6: Parental rights are often terminated unnecessarily.

<b>Table 5.6</b>			
<b>Adoption (N=30)</b>			
<b>SA=Strongly Agree A=Agree NA=Not Always SD=Strongly Disagree D=Disagree</b>			
<b>Group Interview Questions</b>	<b>SA/A</b>	<b>Not Always</b>	<b>SD/D</b>
<b>Are federal incentives (\$4,000-\$8,000 per child) for the successful adoption of a child in state’s custody is a causal factor for the high removal rates of children among families in Texas?</b>	<b>17%</b>	—	<b>83%</b>
<b>Should parents be allotted more time to reach the family reunification goal before the court relinquishes the parental rights?</b>	<b>10%</b>	—	<b>90%</b>

As displayed in Table 5.6, the majority (83%) of the interviewees strongly disagree that federal incentives for the successful adoption of a child in state’s custody is a causal factor for the high removal rates of children among families in Texas. The majority of the interviewees agree that the reason for high removal rates of children are due in part to drug and alcohol addiction. Also, high removal rates are due to the shortage of investigators and caseworkers. “Rather than leaving a child in a home that is at risk, removal of the child is the quick solution.” The caseworker or investigators do not want to be held liable for a child death. The child death rates are also a casual factor for the high removal rates of children in Texas.

The majority (90%) of interviewees disagree that parents should be allotted more time to reach the family reunification goal before their parental rights are terminated. Many caseworkers stated, “Each case is different and more time is determined on a case by case basis”. Cases are granted 6 month extensions when necessary. Other interviewees believe

that families are given ample time to reach the family reunification goal, but some caregivers wait too long to make the necessary changes.

### **Interviewees Opinions and Experiences with CPS**

Working as a CPS caseworker or investigator is one of the most trying, yet rewarding jobs. CPS staff is understaffed, underpaid, under appreciated, and overworked. There is never enough time to accomplish everything that needs to be done. Training for CPS is insufficient and does not prepare the caseworkers for the field. An increase in salary and staff would be beneficial for improving the services provided to families and children. Caseloads are way too high to manage effectively. CPS is not ineffective because of the workers, rather CPS is ineffective because of the lack of support for CPS. If CPS caseworkers were given the right amount of money, support, and resources, caseworkers and investigators could do a much better job.

The family courts and judges also place expectations that are unrealistic on caseworkers that add to the already stressful job. And, of course, caseworkers have no control over the parents. One can give the parents as much support as possible and sometimes the parents still won't succeed. Since drug use contributes to so many removals, there needs to be better resources available for drug treatment. The reality is that the resources are just not there and a year is not always long enough to beat/fight an addiction. It is not hopeless, but it is frustrating for caseworkers.

Most of the people who run CPS or make major decisions regarding funding, policies, etc., have either never worked in the field or have not been in the field for 20-30 years. Working for CPS is a rewarding job, but difficult at times because of the abuse and neglect cases that are encountered. It does not feel good to remove a child from his/her

home. It does feel good when you can keep a family together. More Federal and State funding, however, is needed to fulfill the mission of the agency and to make the services more effective.

## **Conclusion**

This chapter summarized the findings to the working hypotheses. The next chapter concludes this study.

## **Chapter VI**

### **CONCLUSION**

This chapter summarizes the applied research project. The applied research project explores caseworker's attitudes and perceptions towards services provided by CPS to families and children in Texas. This chapter provides conclusions to the following statements: Family Based Safety Services have a positive impact on family preservation. Child protective services places less emphasis on kinship care. Foster care is fraught with safety concerns in regards to maltreated children. Behavioral and emotional problems of children who are placed in institutions and group homes are often dealt with by medicating the children, regardless of the child's age. Permanency Planning Teams generally act in the best interest of the families and children. Parental rights are often terminated unnecessarily.

In regards to services provided to families and children by CPS, this study developed six working hypotheses. Group interviews were used to gauge the level of support for these working hypotheses. Based on the responses obtained through the group interviews of caseworkers who deal directly with CPS services, the majority of the responses tended to lean one way or the other and there was rarely a response in which the interviewee did not have an opinion. The interviewees agreed that family based safety services do have an overall positive impact on family preservation. There were mixed responses in regards to kinship care. A large number of the interviewees disagreed that CPS places less emphasis on kinship care. The majority interviewees have agreed that foster care is fraught with safety concerns. Almost all of the interviewees have agreed that children who are placed in

institutions and group homes are there due to extreme behavioral or emotional problems and the children are often medicated, regardless of their ages. The majority of interviewees have agreed that permanency planning teams act in the best interest of the families and children. Lastly, a large number of interviews disagreed that parental rights are often terminated unnecessarily. **Table 6.1** gives an overview of findings.

Future research on this topic should address the weakness of this project. The number of interview subjects should be expanded to include more interviews with CPS investigators and caseworkers from different regions in the state of Texas. More open-ended questions could be asked to get more in depth answers regarding services provided by CPS.

CPS services receive limited funding, which hinders the effectiveness of the services provided to families in the state of Texas. A study that could be of use would be practical ideal type study of CPS services.

### **Suggestions Provided By Interviewees to Improve the Effectiveness of CPS Services**

All of the interviewees agreed that more funding is the first step to improving CPS services. Funding for more CPS caseworkers, salary increases to deter turnover, and more funding for necessary services would be helpful in combating the ongoing cycle of child abuse and neglect.

There are concerns that once a child has been found to have been abused or neglected by a caregiver, the criminal justice response is minimal. The only time a caretaker is severely punished is when a child death occurs. Most of the time the alleged perpetrator “is slapped on the wrist” and the child is often placed back in the same abusive environment.

Without the criminal justice system “using an iron hand” on the alleged perpetrator, the alleged perpetrator (caretaker) continues to abuse and neglect children without the fear of facing serious consequences.

There was debate on limiting women on the number of children they can have based on numerous factors. It is a known fact that the families in the CPS system “usually have more than one child in the family”. Most of the children are “unwanted children”. Limiting women that have abused or neglected their children in the past to two children is believed to relieve some of the ongoing problems within the system. This discussion leads to abortion and welfare reform.

On deciding how many children a woman should have, interviewees suggested “that Medicaid should pay for abortion”. Most of the women in the CPS system are low income and abortions are too expensive for the woman to pay for. If women are seeking government assistance (Medicaid, food stamps, TANF) to bear a child, the woman should be limited to the number of children she decides to have. Many of the interviewees feel “it is a woman’s body, but if the woman is relying on government assistance the government should have say in what the woman decides to do with her body”. After the woman has a second child, the woman should be “fixed and have her tubes tied with no option of having more children”. Also, drug testing the caretakers applying for government assistance would also be helpful. As stated earlier, the majority of CPS cases involve substance abuse issues in the home. It is unknown why drug tests are mandatory at minimum wage jobs, but not for receiving government assistance. Many of the families in the CPS system “would rather live off of the government than get a minimum wage job where they are subjected to random drug tests”. These suggestions are “stemmed from frustrations with the current system”. It

is unfathomable to imagine “that persons have numerous children, only to abuse and neglect them without having a guilty conscious”.

At the end of the group interviews, the emotions were intense. Many of the interviewees were frustrated with the current system and desperately would like to see a change in policy. The interviewees are dedicated social workers that do a job that most people would find to be difficult. The interviewees expressed their concerns for the children and families in Texas and their devotion to making the current system work with the resources available.

The criminal justice system, public agencies, law enforcement, and the community must work together to deter the increasing cases of substantiated child abuse and neglect in Texas. Finding solutions to the current child welfare crisis is a complex task and one that requires more than a joint effort. Many factors should be assessed when looking at family dynamics and individuals. Each CPS case is different and each family has different needs that need to be met. Each child should be given a fair chance and start in life. “Children that are having children” must decrease. Children are gifts and need to be raised in healthy, loving environments.

<b>Table 6.1 Summary Table</b>		
<b>Group Interview Questions</b>	<b>Findings</b>	<b>Rating Percentage</b>
<b>Family Based Safety Services (FBSS)</b>		
Do parenting classes have a positive impact on family preservation?	Strongly Agree	80%
Do in-home visits have a positive impact on family preservation?	Strongly Agree	100%
Does drug rehabilitation for parents have a positive impact on family preservation?	Agree	57%
Do high caseloads make CPS services less effective?	Strongly Agree	100%
Does high caseworker turnover makes CPS services less effective?	Strongly Agree	100%
<b>Kinship Care</b>		
Are kinship caregivers given the same information on available resources as foster parents?	Agree	53%
Are Kinship caregiver requirements more stringent than requirements for foster parents?	Strongly Disagree	70%
Do kinship care placements have less of an emotional traumatizing effect on children than foster care placements?	Agree	63%
<b>Foster Care</b>		
Are children who have been victims of sexual abuse a major source of child sexual abuse in foster care?	Strongly Agree	83%
Should Children that have been victims of sexual abuse be placed separately from other maltreated children?	Agree	60%
Are children more likely to be abused in foster care than kinship care placement?	Not Always	54%
Has the high demand for foster parents made licensure requirements less stringent?	Strongly Disagree	70%
<b>Institutions and Group Homes</b>		
Are institutions or group homes mainly for children that have extreme behavioral or emotional problems?	Strongly Agree	70%
Are children in institutions or group homes often unnecessarily medicated with psychotropic medications for their behavioral disorders, regardless of the child's age?	Strongly Agree	80%

**Table 6.1 Continued****Permanency Planning Teams**

Do permanency planning teams allow families to achieve independence?	Agree	57%
Do permanency planning teams provide/refer out many free and useful services to families and children who need them?	Strongly Agree	90%
Do permanency planning teams reduce the family's future need for intervention?	Agree	73%
Do permanency planning teams provide public awareness of risk factors associated with child maltreatment?	Disagree	60%
<b>Adoption</b>		
Are federal incentives (\$4,000-\$8,000 per child) for the successful adoption of a child in state's custody is a causal factor for the high removal rates of children among families in Texas?	Strongly Disagree	83%
Should parents be allotted more time to reach the family reunification goal before the court relinquishes the parental rights?	Strongly Disagree	90%

## APPENDIX A: INTERVIEW QUESTIONS

### Family Based Safety Services (FBSS)

- Do parenting classes have a positive impact on family preservation?
- Do in-home visits have a positive impact on family preservation?
- Does drug rehabilitation for parents have a positive impact on family preservation?
- Do high caseloads make CPS services less effective?
- Does high caseworker turnover makes CPS services less effective?

### Kinship Care

- Are kinship caregivers given the same information on available resources as foster parents?
- Are Kinship caregiver requirements more stringent than requirements for foster parents?
- Do kinship care placements have less of an emotional traumatizing effect on children than foster care placements?

### Foster Care

- Are children who have been victims of sexual abuse a major source of child sexual abuse in foster care?
- Should Children that have been victims of sexual abuse be placed separately from other maltreated children?
- Are children are more likely to be abused in foster care than kinship care placement?
- Has the high demand for foster parents made licensure requirements less stringent?

### Institutions and Group Homes

- Are institutions or group homes mainly for children that have extreme behavioral or emotional problems?
- Are children in institutions or group homes often unnecessarily medicated with psychotropic medications for their behavioral disorders, regardless of the child's age?

### Permanency Planning Teams

- Do permanency planning teams allow families to achieve independence?
- Do permanency planning teams provide/refer out many free and useful services to families and children who need them?

- Do permanency planning teams reduce the family's future need for intervention?
- Do permanency planning teams provide public awareness of risk factors associated with child maltreatment?

### Adoption

- Are federal incentives (\$4,000-\$8,000 per child) for the successful adoption of a child in state's custody is a causal factor for the high removal rates of children among families in Texas?
- Should parents be allotted more time to reach the family reunification goal before the court relinquishes the parental rights?

**APPENDIX B: INTERVIEW SUBJECTS**

<b>Employment Agency</b>	<b>Years Employed</b>	<b>Job Position</b>	<b>Gender</b>
<b>Group #1</b>			
Texas Department of Family and Protective Services	2-3 Years	Investigator	Female
Texas Department of Family and Protective Services	1-2 Years	Investigator	Male
Texas Department of Family and Protective Services	More than 5 Years	Investigator	Male
Texas Department of Family and Protective Services	2-3 Years	FBSS	Female
Texas Department of Family and Protective Services	2-3 Years	FBSS	Female
Texas Department of Family and Protective Services	2-3 Years	Conservator	Female
<b>Group #2</b>			
Texas Department of Family and Protective Services	2-3 Years	Investigator	Male
Texas Department of Family and Protective Services	More than 5 Years	Investigator	Male
Texas Department of Family and Protective Services	More than 5 Years	Investigator	Male
Texas Department of Family and Protective Services	1-2 Years	FBSS	Male
Texas Department of Family and Protective Services	1-2 Years	Conservator	Female
Texas Department of Family and Protective Services	1-2 Years	Conservator	Female
<b>Group #3</b>			
Texas Department of Family and Protective Services	2-3 Years	Conservator	Male
Texas Department of Family and Protective	2-3 Years	Conservator	Male

Services			
Texas Department of Family and Protective Services	1-2 Years	Conservator	Female
Texas Department of Family and Protective Services	2-3 Years	Conservator	Female
Texas Department of Family and Protective Services	1-2 Years	Conservator	Female
Texas Department of Family and Protective Services	1-2 Years	Conservator	Female
<b>Group #4</b>			
Texas Department of Family and Protective Services	More than 5 Years	FBSS	Female
Texas Department of Family and Protective Services	2-3 years	FBSS	Female
Texas Department of Family and Protective Services	2-3 years	FBSS	Male
Texas Department of Family and Protective Services	1-2 Years	FBSS	Male
Texas Department of Family and Protective Services	2-3 years	FBSS	Male
Texas Department of Family and Protective Services	1-2 Years	FBSS	Female
<b>Group #5</b>			
Texas Department of Family and Protective Services	1-2 Years	Investigator	Male
Texas Department of Family and Protective Services	1-2 Years	Investigator	Male
Texas Department of Family and Protective Services	3-4 Years	Investigator	Male
Texas Department of Family and Protective Services	2-3 Years	Investigator	Male
Texas Department of Family and Protective Services	2-3 Years	Investigator	Female

<b>Texas Department of Family and Protective Services</b>	<b>1-2 Years</b>	<b>Investigator</b>	<b>Female</b>
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