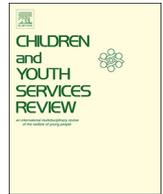




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## Family reunification in child welfare practice: A pilot study of parent and staff experiences

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### A B S T R A C T

Current knowledge about the types of child welfare interventions that best promote family reunification has increased over the years. However, evidence remains fairly limited regarding the process of implementing these programs and the experiences of families participating in these services. This study addresses these gaps by examining how a child welfare agency implemented an innovative pilot initiative designed to promote timely family reunification. This research study explored a program that included three core components: Family to Family program model, reduced worker caseloads, and caseworker continuity. The study aimed to answer three research questions: (1) how was the program envisioned, created and implemented, (2) what were staff members' experiences implementing the program, and (3) what were parents' experiences receiving services from this program? Findings indicated that the implementation of pilot program was consistent with the original program design. Both staff and parents perceived the program to be valuable and effective. Participants highlighted how the program's unique structure helped families reunify, especially by fostering trusting relationships between caseworkers and parents, and close collaboration between the child welfare agency and the local community. Results from the study offer recommendations regarding alternative approaches to achieving family reunification or permanency for children. Implications for child welfare practice, policy and research are provided.

### 1. Introduction

In child welfare, the principal permanency goal for the majority of children placed in out-of-home care is reunification with their families of origin (Pine, Spath, Werrbach, Jenson, & Kerman, 2009; Child Welfare Information Gateway (CWIG), 2018). Despite this priority on returning children to their families, reunification is achieved for only 51% of children exiting foster care (U.S. Department of Health and Human Services, 2015). Current knowledge about the types of interventions that best promote family reunification has increased over the years (Carnochan, Lee, & Austin, 2013). However, evidence remains fairly limited regarding the process of implementing these programs (Glisson, Green, & Williams, 2012), and the experiences of families participating in these services (Mullins, Cheung, & Lietz, 2012).

This study addresses these gaps by examining how a Department of Children and Families (DCFS) agency in Los Angeles County implemented an innovative pilot initiative designed to promote family reunification. The study aimed to answer three research questions: (1)

how was the program envisioned, created and implemented, (2) what were staff members' experiences implementing the program, and (3) what were parents' experiences participating in services in this program? Data was drawn from a larger, mixed-methods study that also evaluated the program's impact (Chambers, Brocato, Fatemi, & Rodriguez, 2016).

### 2. Background: pomona family first project

The Pomona office at the Los Angeles County DCFS created and implemented the pilot Pomona Family First Project (PFFP). This program included three core components: Family to Family program model, reduced worker caseloads, and single-worker case management. First, PFFP used the Family to Family (F2F) program model, an initiative designed by the Annie E. Casey Foundation (AECF). Started in 1992, F2F is a widely recognized and influential program model that has been implemented in 60 sites across 19 states (Batterson et al., 2007). The F2F approach presupposes that successful outcomes for

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families are facilitated by a focus on child safety, family well-being, and community partnerships with service providers, local organizations, and private citizens (AECF, 2006). The model draws upon families' strengths and engages family and community members in program planning (Bearman, Garland, & Schoenwald, 2014; DeMuro & Rideout, 2002; Kemp, Marcenko, Hoagwood, & Vesneski, 2009; Williamson & Gray, 2011).

The F2F program engages family and community members through four interrelated strategies: (1) Recruit and maintain resource families<sup>1</sup> who can support children and families in their own neighborhoods; (2) Build community partnerships to better link families with services; (3) Provide Team Decision-Making (TDM) meetings that bring together birth families, resource parents, caseworkers, youth, and community members to support the family; and (4) Create self-evaluation tools using family outcome data that allow DCFS staff, community members, service providers, and local organizations to evaluate DCFS services and identify areas of progress and change (AECF, 2006).

In addition to these four F2F strategies, PFFP also included two interventions designed to help achieve family reunification. First, the program significantly reduced worker caseloads from a standard caseload of 30 or more families to a maximum number of 15 families per worker. Second, the program used a single-worker case management approach, with one case worker managing a family's case from intake (following case disposition) to case closure. This was a notable contrast to traditional child welfare programs, in which a family's case is transferred to different workers at different stages in the life of the case (i.e. ongoing services, family maintenance, adoption services, etc.).

To receive PFFP services, families had to have at least one child placed in out-of-home care and no prior history with DCFS. Families were required to be referred to the program at intake in order to work with one caseworker throughout the duration of their case. Key services in the program included: TDM meetings regarding placement decisions, frequent parent-child visitations, caseworker-family meetings, and resource parent-birth parent collaborations. In addition, caseworkers partnered with community providers to ensure timely service provision of psychotherapy, drug and alcohol counseling, parenting classes, and intimate partner violence interventions when required.

### 3. Literature review

Over the past two decades, researchers have devoted increased attention to identifying and understanding the types of interventions that are most promising for families involved in the child welfare system (Carnochan et al., 2013; Fraser, Walton, Lewis, & Pecora, 1996; Pine et al., 2009). This literature review focuses on reunification practices in two key areas: (1) the F2F program model, and (2) staff caseload interventions.

#### 3.1. F2F program model

Research on the F2F program model has shown promising results for families trying to reunify with their children. Families participating in F2F programs were more likely to reunify at a faster rate compared to families who participated in traditional reunification services (Crampton, Usher, Wildfire, Webster, & Cuccaro-Alamin, 2011; Research Triangle Institute & Jordan Institute for Families, 1998; Usher, Wildfire, Webster, & Crampton, 2010). In addition, children in F2F programs were more likely to be placed in kinship care and have fewer foster care placements (Research Triangle Institute & Jordan Institute for Families, 1998).

Beyond evaluations of outcomes, a small number of studies have also evaluated the implementation of F2F initiatives. In a qualitative study of F2F sites nationwide, Batterson et al. (2007) found that,

despite significant variability in implementation, F2F sites experienced common challenges. These included worker turnover, limited funding, and resistance or hesitancy from staff in implementing new practices. Across the sites, a common key to overcoming these challenges was strong leadership that supported agencies' commitment to the F2F strategies and embraced reform. Similarly, the role of program leadership in achieving implementation fidelity also emerged as primary findings in two recent evaluations of F2F programs (Crea & Crampton, 2011; Crea, Crampton, Knight, & Paine-Wells, 2011).

Other implementation evaluations focused exclusively on the use of Team Decision-Making (TDM) meetings, one of the four F2F strategies. In a mixed-methods study, Crea, Crampton, Abramson-Madden, and Usher (2008) found a wide range of variability in TDM implementation across three sites. For instance, the sites varied in the speed and phasing of TDM implementation, the number of staff and resources devoted to the program, and level of buy-in expressed by frontline staff. In a related study, Crea, Usher, and Wildfire (2009) analyzed quantitative administrative data, such as use of TDM meetings and attendance rates of various participants, to evaluate implementation of TDMs. Results from this study indicated high levels of implementation fidelity in some areas, but also variability in other areas, including the extent to which parents attended TDM meetings. However, neither of these TDM evaluations included perspectives from parents who participated in the services. Crea et al. (2009) noted that without information from parents on their experiences with TDMs to provide context, their study was limited in its ability to interpret implementation variability. Similarly, though the mixed-methods study interviewed child welfare agency staff and community partners on their experiences, parent participants' experiences were notably not included (Crea et al., 2008).

#### 3.2. Staff caseload interventions

For child welfare agencies, workforce issues such as high caseloads and staff turnover have a negative impact on reunification and permanency outcomes for children in foster care (Blome & Steib, 2014; CWIG, 2010; CWIG, 2012; Schreiber, Fuller, & Pacey, 2013; Social Work Policy Institute, 2010; U. S. General Accounting Office (GAO), 2003). In terms of caseloads, most researchers assess programs based on a standard of 12–15 children per caseworker recommended by Child Welfare League of America (CWLA, 1999). However, key studies conducted by the American Public Human Services Association (APHSA, 2005) and the GAO (2003) showed that that national average child welfare caseloads were twice this standard at 24–31 children. According to the APHSA (2005) report, the range of child welfare caseloads were as low as 10 and as high as 110 children per caseworker actual numbers ranged from 10 to an overwhelming 110 children per caseworker.

Studies have shown that large caseloads impair the delivery of effective reunification services. One main consequence of high caseloads is limited time for caseworkers to develop trusting relationships with families, which in turn results in a decreased ability to focus on child safety, quality of services, and achievement of positive reunification outcomes (GAO, 2003; GAO, 2006; Strolin-Goltzman, Kollar, & Trinkle, 2010). In a qualitative study of caseworkers' everyday practices, Smith and Donovan (2003) found that workers did not have sufficient time to work with parents due to high caseloads. Instead, their priorities were monitoring children, attending court hearings, and writing case records. In a related study, Yamatani, Engel, and Spjeldnes (2009), conducted focus group interviews with 60 child welfare caseworkers in Pittsburg, PA. Caseworkers reported that reasonable caseloads were imperative if they were to provide quality family services and achieve successful outcomes.

Staff turnover rates also present challenges for child welfare agencies. In a survey of 43 states, the annual turnover rate of child welfare workers was 22% and the vacancy rate was 7% (Cyphers, 2001). Similarly, a recent study of public child welfare agencies in New York

<sup>1</sup> Resource families include adoptive, kinship, and foster families.

found that the average turnover rate of caseworkers over a five-year period was 25% (Shim, 2014). Studies have demonstrated that children who were assigned multiple caseworkers due to staff turnover experienced longer stays in foster care and were less likely to be reunified (Ryan, Garnier, Zypur, & Zhai, 2006). Flower, McDonald, and Sumski (2005) discovered that increases in the number of worker changes correlated to decreases in the chance of achieving reunification/permanency. Children in this study with only one caseworker achieved reunification or permanency at a rate of 74.5%. In contrast, children assigned more than one caseworker experienced significantly lower rates of reunification or permanency outcomes, ranging from 17.5% for those with two caseworkers to 0.1% for children assigned up to six or seven workers.

The current study examined how the Pomona Families First Project was envisioned, created and implemented. This paper contributes to knowledge of promising reunification services by exploring both staff experiences implementing the program and parent experiences participating in services.

## 4. Methods

### 4.1. Research design

Data for this study was collected in several ways. First, interviews were conducted with 13 PFFP staff members. Second, surveys were distributed to 17 parents who had previously or were currently participating in PFFP services at the time of the survey. In addition, written documentation, such as policies, procedures, manuals, job descriptions for staff, and F2F strategies, were collected and analyzed. Lastly, the first author attended several face-to-face meetings with the staff and participated in one community meeting. Approval for this program was granted by Los Angeles County DCFS, the Institutional Review Board at California State University, Long Beach, and the Los Angeles County Juvenile Court.

Thirteen staff participated in semi-structured interviews that were conducted individually and face-to-face at an agency office. These staff worked for PFFP participated and included caseworkers and administrators. After obtaining informed consent, the researchers asked participants open-ended questions about the PFFP implementation process and their experiences with the program. Interviews lasted approximately 60 min and were audio recorded, transcribed verbatim and provided the necessary data for analysis.

For the parent surveys, purposive sampling was used to recruit and select participants. Specifically, the first author asked a DCFS administrative staff member to identify parents who had previously participated in services for a one year minimum (closed cases) and families who were currently participating in services (open cases) for at least eight months. A DCFS administrative staff member called eligible participants and asked if they were willing to receive a phone call from the research team or, if the potential participant preferred, to contact the research team themselves. This outreach resulted in a total of 17 completed interviews (10 closed cases and seven open cases).

A standardized family satisfaction scale (Kapp & Vela, 2004) was utilized to collect data from parent participants. Tests of reliability, validity and factor analysis have demonstrated that this tool has the necessary components to accurately assess client satisfaction (Kapp & Vela, 2004). The scale was focused on five categories: caseworker competency; DCFS agency quality; empowerment; case planning process; and cultural competency. For each category, parents had three choices in responding to statements: agree, disagree, or unsure.

In addition, parents were asked qualitative questions related to the types of services in which they participated, descriptions of their experiences, and suggestions for improvement. These surveys lasted approximately 45 to 60 min. Parents were given \$20 gift cards as incentives for participation.

### 4.2. Data analysis

To analyze the staff interviews, two researchers from the research team primarily used the constant comparative method (Glaser & Strauss, 1967). This method allowed these researchers to generate a nuanced understanding of staff and parents' experiences and perspectives. The researchers conducted open coding on each interview and survey transcript (Corbin & Strauss, 2008), using two levels of coding. The first level reduced data into preliminary codes and themes based on the research questions (Creswell, 2007). They also maintained openness by approaching all ideas presented by the participants without pre-conceived notions about what type of codes and themes might appear (Saldaña, 2009). Codes and themes were then changed and reorganized throughout the initial analysis process to determine the most accurate and descriptive analysis possible (Creswell, 2007; Lincoln & Guba, 1985).

The second level of coding served to deepen the clarity of the analysis by classifying, prioritizing, synthesizing, and conceptualizing the data (Saldaña, 2009). This process allowed for revisions of the code list, such as refining previously vague or inaccurate codes, adding newly discovered codes, and consolidating redundant codes. The researchers used meta and focused coding during this level, including diagramming and reviewing codes to develop cohesive themes that appeared in all of the interviews.

To analyze the data from parent participants, the researchers completed frequency analysis for parents' responses to survey questions. As with the analysis of staff interviews, the researchers used the constant comparative method to generate prominent themes from parents' responses to open-ended questions (Glaser & Strauss, 1967).

## 5. Findings

This study sought to answer three research questions: (1) how was the Pomona Families First Project (PFFP) envisioned, created and implemented? (2) what were staff members' experiences implementing the program and, (3) what were parents' experiences participating in services from this program? Findings from the study are presented in five categories: (1) staff demographics; (2) program vision and creation; (3) program implementation; (4) parent demographics; and (5) perceptions of program services.

### 5.1. Staff demographics

Staff included six administrators and seven caseworkers. The staff were predominately female, ethnically diverse, and averaged 15.5 months working with the program. In terms of educational background, the majority of respondents (84.7%) had masters' degrees in either social work or a related field (i.e., psychology, counseling). See Table 1.

### 5.2. Program vision and creation

Administrators provided perspectives regarding the initial development of the program. Program policy and procedure documents were also reviewed for further details.

#### 5.2.1. Vision and goals

The PFFP leadership team created the program based on the directives of the Los Angeles County Board of Supervisors. The board directed the team to design a pilot program, grounded in evidence-based models, to stabilize families, achieve permanency for children in foster care, and expedite reunification with an emphasis on safety and permanence. To develop the program, the PFFP administrators solicited input from DCFS staff, union officials, local school employees, DCFS-involved families, community members, and service providers. They also collaborated with the Annie E. Casey Foundation (AECF), which

**Table 1**  
Staff demographics (N = 13).

Gender	N	%
Female	9	69.2%
Male	4	30.8%
Ethnicity		
African American	2	15.4%
Asian American	1	1.0%
Caucasian	3	23.1%
Hispanic/Latino	7	53.8%
Educational Background		
Bachelor of Arts degree	2	15.4%
Master of Social Work degree	6	46.2%
Master's degree in related field	5	38.5%
Title IV-E Graduate <sup>a</sup>		
Yes	2	15.4%
No	11	84.6%
Average number of months/years employed		
Average number of months at PFFP	15.5 months	
Average number of years at DCFS	12.7 years	

<sup>a</sup> The Title IV-E Child Welfare Stipend Program provides professional education and student support to social work students preparing to work in the field of public child welfare.

had been involved with DCFS for many years. With input from these stakeholders, the administrative team adopted the following F2F goals for PFFP:

1. Increase the number of children who are reunified with their birth families and the rate at which this occurs;
2. Among children coming into foster care, increase the number of children who are placed in their own neighborhoods or communities and the rate at which this occurs;
3. Decrease the lengths of stay of children in placement;
4. Reduce the number of placement moves that children in care experience;
5. Reduce the timeline to permanent plans such as adoption and legal guardianship;
6. Decrease the number of children re-entering placement and the rate at which this occurs; and
7. Reduce disparities associated with race/ethnicity, gender, or age in each of these outcomes (AECF, 2006).

### 5.2.2. Program design

The PFFP leadership team designed the program's overall structure with three core components that they believed would achieve the program's vision and goals. These components included: Family to Family (F2F) program model strategies, reduced caseloads, and single-worker case management.

**5.2.2.1. F2F strategies.** PFFP administrators believed strongly that child welfare agencies needed support from the larger community to achieve reunification and permanency for children. In interviews, administrators spoke at length about how the child welfare system had historically not worked with local agencies, service providers and family members. The lack of collaboration resulted in limited trust between all parties and increased barriers in coordinating services for the families. As one administrator summarized:

The philosophy is that we cannot do the child welfare system by ourselves...Once a family comes to us it should be short-term with a focus on safety, permanency and well-being at the same time. Families need the support of their community in times of difficulty...so it takes all of us; it cannot be the responsibility of one department.

The PFFP administrative team described being drawn to F2F principles, which state: "A child's safety is paramount; children belong in

families; families need strong communities; and public child welfare systems need partnerships with the community and with other systems to achieve strong outcomes for children" (AECF, 2006, p.1). With its emphasis on community partnerships to achieve reunification and permanency for children, the F2F program model aligned with the administrators' vision for PFFP and provided the core structure for implementation.

**5.2.2.2. Reduced caseload.** The second key program component was reduced caseloads for frontline staff. Each PFFP caseworker was assigned a maximum of 15 families, a reduction from the traditional DCFS caseloads of 30 or more families. One administrator explained the rationale for this change from standard DCFS case management:

I just think the reduced caseload are a huge change because...when you have thirty or forty kids, you can't do what is really required to help the families and to support them, so that is one element that is very different from the rest of the work that we do in child welfare.

The administrators envisioned that smaller caseloads would allow caseworkers to have more contact with children and families, build relationships with families and communities to provide better support, and, ultimately, achieve permanency for children in a shorter time frame. One administrator noted that when caseworkers manage fewer cases, "[children] get really individualized services, and it's not a cookie cutter approach, and it's really intentional.". The caseload limit in PFFP was a key characteristic of this pilot initiative. When designing the program, the administrators were adamant that smaller caseloads were crucial to effectively serving families.

**5.2.2.3. Single-worker case management.** The third component of PFFP was that one caseworker would work with a family from intake to case closure, without transferring the family's case at any point. This was a significant change from the standard DCFS process, which previously often involved a family's case being assigned to a different worker at several stages in the progress of the case. An administrator described this program strategy, "I think the philosophy behind the program was to set up a better system for foster youth and...to reduce the handoff from one worker to another worker.". This single-worker case management approach was designed to provide continuity for the family and to help workers build and maintain trusted relationships with the children and families.

### 5.2.3. Creation of policies and procedures

The administrators created policies and procedures for PFFP, including developing job functions and responsibilities for staff. Caseworkers in PFFP were expected to develop a close rapport with children and parents, including weekly contacts with family members; arrange visits between children and family members, such as siblings and grandparents; and work with resource parents. In addition, procedures were put in place to direct caseworkers to attend meetings with family members such as medical appointments, school meetings, and court hearings. Caseworkers were also expected to place children within their own communities; conduct Team Decision-Making meetings; make face-to-face contact with community partners involved in the family's case; assess the readiness of a family to reunify; and take the necessary steps to expedite reunification and/or permanency for children.

### 5.3. Program implementation

Once the vision, framework, role responsibilities, policies, and procedures were established, the program was implemented. This included staff training and support. Staff discussed their experiences in the implementation of the program's three core components: F2F strategies, reduced caseloads, and single-worker case management. Lastly, staff spoke about challenges implementing the program overall.

### 5.3.1. Staff training and support

Staff described participating in both initial and ongoing training. First, a consultant from AECF trained caseworkers and administrators in the F2F program model as well as specific areas such as TDM meetings, court hearings, and family visitation protocols. Trainings were conducted at either the DCFS office or at community sites. Many of the caseworkers thought the training from the AECF consultant was beneficial and informative. One caseworker remarked, “it allowed me to see how I can work differently with my families.” One administrator also commented on the importance of the training: “They really helped us with the development of the program. We had forums on the four [F2F] strategies, and they came and introduced the model to the community.”

A second method of training was one-on-one supervision. The program administrator met with caseworkers regularly to review case plans, troubleshoot issues, and discuss implementation of the F2F strategies. Caseworkers noted that they appreciated this individualized support and training. One worker summarized the importance of supervision by stating:

My supervisor is very supportive, and she does case conferences once a month just to make sure what's going on and to see if we are doing everything we are supposed to be doing, or to see ‘have you tried this, have you tried that?’

Another caseworker expressed the support she received from her supervisor as essential to the program's success: “I think it has a lot to do with the supervisor...[she] is awesome, so intelligent, really cares and is on top of everything.” Overall, staff identified the initial training and ongoing support as helpful in that it equipped them to better support families in the program.

In addition, staff also described the collaborative nature of the PFFP unit as a key benefit of the program. Frontline staff described relying on each other and their supervisor for help accessing services for families and problem-solving difficult cases. One caseworker described the way staff support each other in this way:

I got this good resource for you, I got your back and that is the only way it works here...I'll do it for you so it's more of a comradery....

As a small pilot initiative with a distinct unit, leadership and frontline staff formed a cohesive, supportive team that contributed to the program's success.

### 5.3.2. Implementation of F2F strategies

To implement the four F2F strategies, the PFFP administrative team developed a community council, which included youth, birth parents, resource families, community members, service providers, and PFFP staff. The council met monthly to review PFFP data and determine if changes needed to be made to programs and services. The meetings also served to share details regarding services provided by the organizations represented at the council and build deeper relationships between PFFP staff and the community. As one administrator commented, “[The council meeting] is a place to meet in the middle and learn how each agency operates, with the ultimate goal of providing better services for the families.” As PFFP staff interacted more with community members and service providers through the council, they were able to better tailor referrals and connect families to the appropriate agencies to help address their needs.

The community council also established four workgroups, one for each of the F2F strategies: (1) resource family placements, (2) community partnerships, (3) TDM meetings, and (4) self-evaluation tools. These workgroups met in addition to the monthly council meeting as part of the process of implementing each strategy.

**5.3.2.1. Implementation of resource family placements strategy.** A workgroup collaborated with DCFS to recruit more resource families in the area so that children could be placed within their communities of origin. PFFP staff attended workgroup meetings to connect with

resource families who could serve as future placement options for children and to establish positive working relationships to help preserve existing placements. This face-to-face communication with resource parents helped staff resolve placement needs and issues more quickly and effectively. Further, resource families seemed to feel more comfortable communicating with staff. As an administrator explained, “[Resource parents] had a face for a name and they knew that they could call me if something was happening with that child in their home...it was kind of a way to bridging that gap.” The resource family workgroup also established support groups for resource families in both English and Spanish to discuss concerns and receive assistance in supporting the children placed in their homes.

**5.3.2.2. Implementation of community partnerships strategy.** The community partnerships workgroup focused on building collaboration among PFFP staff, local organizations, service providers, and community members. This group met to discuss available resources and gaps in services for families and children and resolve issues. As both administrators and caseworkers described in interviews, a key benefit of these workgroup meetings was face-to-face contact with service providers. Staff stated that the meetings helped them gain a better understanding of the types of services available and how families could more easily access them. As one caseworker noted, “[M]y families have to do counseling, parenting or some type of service. Because of these meetings, I know where they can go for low-cost services.” Connecting regularly with local service providers at the workgroup meetings helped facilitate stronger working relationships between PFFP staff and community organizations for improved service coordination for families.

**5.3.2.3. Implementation of the TDM strategy.** The TDM workgroup facilitated the use of TDMs to collaboratively support families in addressing their needs and achieving their goals. As part of the program's focus on community partnerships, community members were actively engaged in TDMs, as well. For instance, the TDM workgroup hosted specialized trainings on TDM processes for community members who were connected to the youth and families involved in PFFP.

Both administrators and caseworkers spoke at length about the use of TDMs, and their comments were overwhelmingly positive. Staff noted how TDMs provided a forum for families to voice their needs and request specific services, for workers to gain more information about families' circumstances, and for service providers to connect with family members directly. They felt that the shared decision-making responsibility facilitated by TDMs helped prevent out-of-home placements and contributed to creating feasible treatment plans for families. One administrator summarized the positive impact of TDMs in contrast to traditional child welfare practices that did not include families in decisions:

I would never presume to make a plan without meeting with the family. How could we presume to fix a problem in a client's family without talking to them and including them fully in the discussion? It doesn't make sense, and yet we were doing it and we weren't including them. Best thing that ever happened to the project was the TDMs.

TDMs structured case plan decision-making in a way that involved active collaboration among birth families, resource families, community members, and service providers. This inclusive approach provided better support for families working to reunify.

**5.3.2.4. Implementation of self-evaluation strategy.** The self-evaluation workgroup included PFFP staff, community members, and service providers. The group met to analyze data, track program progress, and identify areas for improvement. Areas of analysis included: trends of children placed in group homes, placement locations, length of

placement stays, and reunification plans. One of the administrators shared an example of the workgroup's achievements, describing how they used self-evaluation data to create a plan to address racial disparities in the system:

This group noticed that there was a really high number of African Americans lingering in youth homes with no plan to return back home. We started looking at the detention rates and at the general population of children in the Pomona office and we noticed huge disproportional numbers. We brought it to the whole council and the Eliminating Racial Disparity and Disproportionality (ERDD) action team was created.

By sharing child and family outcome data with community members and service providers, the self-evaluation workgroup helped improve program effectiveness through transparency and collaboration.

### 5.3.3. Implementation of reduced caseloads

For caseworkers, smaller caseloads stood out as one of the most beneficial components of the program. All of the caseworkers described how working with fewer families enabled them to build trust, understand families' needs, and tailor case plans because they had more time. For many staff, additional time allowed them to develop closer relationships that were essential to effectively serving families. As one worker shared:

One of the things that is different is that it allows us to have more time with clients so that we can build a better relationship with them in terms of trying to get services to them...If you have a higher caseload you spend not enough time with the families that you are supposed to serve, so it makes it more intimate...because you see them more frequently you become like another member of the family, so to speak.

Other caseworkers described how having more time provided the opportunity to offer more comprehensive and intensive services. For instance, a caseworker provided a specific example of a child who was having extreme difficulty in school. Since her caseload was smaller, she had time to attend multiple school meetings and conduct extensive follow up with school staff to ensure that the child received needed services. One worker succinctly summarized these experiences: "What's working is that we have the time to provide services to overcome obstacles so that we can get these kids back to the parents sooner."

Resoundingly, PFFP caseworkers expressed that reduced caseloads were essential to achieving positive outcomes for families. By having more time to invest in individual cases, PFFP staff were able to better support families in overcoming difficulties on their path toward reunification.

### 5.3.4. Implementation of single-worker case management

Overwhelmingly, staff found that working with families from intake to case closure offered several important benefits. First, following families through the entire process helped them more fully understand families' strengths and challenges. As one caseworker described: "you get more involved and get a better picture, because it's more intimate." Second, working with families continuously enabled caseworkers to demonstrate their commitment over time to helping families succeed. This approach built a positive working relationship between workers and families. One worker explained it this way:

The parents trust you, believe you, and they'll do what you ask them to do because they are seeing results. You are not giving up on them, you are trying to get them services, you are trying to help them.

Similarly, an administrator offered a specific example of how a caseworker's persistence throughout the entire case directly impacted a mother's ability to reunify with her children:

Initially, the family was very resistant to the worker and to the

whole process, which is normal, but the worker did not give up on her... [the mom] just saw that the worker would not leave and that she was very persistent with her. And as a result, she started to gain trust in her and confidence as they worked together. She now has all of her children with her.

By working with a family throughout the often lengthy and arduous process of reunification, caseworkers were able to gain parents' trust. The continuity helped staff come alongside families as partners in achieving their goals.

### 5.3.5. Program implementation challenges

When asked about challenges implementing the program, staff spoke about difficulties that were beyond the scope of PFFP. These included barriers for parents in accessing needed services and resources, and the time constraints placed on the provision of reunification services. Rather than stemming from the particular PFFP program structure, these implementation challenges were common to the child welfare system generally and outside of the control of PFFP administrators or caseworkers.

First, caseworkers listed systemic obstacles parents faced in trying to access services and resources they needed to reunite with their children. They described an acute shortage of affordable housing, limited availability of low-cost services, and limited schedule options for court-ordered programs. For instance, parents were often forced to miss work in order to participate in parenting classes, counseling, or drug-testing which were often held only during daytime work hours. Another commonly referenced example was long waitlists for services. One caseworker highlighted how having to wait to begin substance use treatment negatively impacted parents on her caseload:

I think you lose the opportunity to treat somebody who is willing to go that day when they end up having to wait for two weeks; they go back into their same neighborhood and their old patterns... I think the opportunity could have been lost.

From caseworkers' perspectives, challenges in the availability and accessibility of services beyond the scope of PFFP hindered parents' progress toward reunification.

Second, caseworkers and administrators expressed frustration with the relatively short time periods allowed for parents to reunify within the child welfare system under federal and state regulations. They often juxtaposed these limited timelines with the much longer process of completing reunification case plan requirements, such as finding permanent, affordable housing, accessing services, and achieving sobriety. One caseworker shared multiple examples of the unique circumstances parents faced and the additional time required to match their needs with individualized services. As a result, the worker concluded: "I don't think our system because of this whole fast track, 'let's do it in a year or 18 months,' is working...they just backfire on the parents."

Beyond the structure of the pilot program itself, staff identified challenges in the child welfare system that negatively impacted families' abilities to reunify. These systemic issues created barriers for parents as they sought to complete court-ordered case plans.

### 5.3.6. Program implementation fidelity

Findings indicated that the program implementation was consistent with the original vision, goals and structure of the pilot. Caseworkers indicated that they implemented the four F2F strategies as originally intended, worked with families from intake through case closure, and maintained reduced caseloads. Workers had more contact with families and closely collaborated with community members and local agencies in providing services. As envisioned, the program resulted in faster rates of achieving reunification or permanency for families when compared to traditional child welfare services (see Chambers et al., 2016).

**Table 2**  
Demographic characteristics for parent participants.

	Past participants N = 7		Current participants N = 10	
	N	%	N	%
Gender				
Female	7	100.0%	10	100.0%
Ethnicity				
African American		28.6%	2	20.0%
Caucasian			2	20.0%
Caucasian/Hispanic			1	10.0%
Hispanic/Latino	5	71.4%	5	50.0%
Marital Status				
Divorced			1	10.0%
In a relationship			3	30.0%
Married	3	42.9%	2	20.0%
Separated	1	14.3%		
Single	2	28.6%	3	30.0%
Widowed	1	14.3%	1	10.0%
Average age of primary caregiver		44.4 years		30.5 years
Average number of children		3.5		2.5

5.4. Parent demographics

In both the past and current participant groups, all of the parents were female and predominately Latina (71.4% and 50.0%, respectively). For the past participant group, the average number of children was 3.5, and the average age of the primary caregiver was 44.4 years. In terms of marital status, 42.9% were married and 28.6% were single. For the current participant group, the average number of children was 2.5, the average age was 30.5 years, 30.0% were single, and 30.0% were involved in a long-term relationship. See Table 2.

5.5. Parent perceptions of program services

Survey findings provided insight from parents who, at the time of the survey, currently or previously participated in services from PFFP. First, findings are reviewed from surveys of parents' perceptions in five areas: caseworker competency, DCFS agency quality, empowerment, case planning process, caseworker cultural competency. Second, the services in which parents indicated participating are presented. Lastly, major themes from open-ended questions about the parents' experiences with the program and their suggestions for improvement are provided.

5.5.1. Parent surveys

The parent survey included a standardized parent satisfaction scale in five categories: caseworker competency, DCFS agency quality, empowerment, case planning process, and caseworker cultural competency. Parents had three choices in responding to statements presented for each category: agree, disagree, or unsure. The vast majority of

**Table 3**  
Caseworker competency.

	Past participants (N = 7)		Current participants (N = 10)	
	N	%	N	%
My worker treats me with respect	7	100.0%	10	100.0%
My worker is clear with me about what she/he expects from me and my family	7	100.0%	10	100.0%
My worker worked with me to get my child/children back.	5	71.4%	9	90.0%
My worker helped prepare me for meetings and court hearings.	6	85.7%	8	80.0%
In meetings with other professionals, my worker stood up for me and my children	7	100.0%	9	90.0%
My worker respects my values and beliefs.	7	100.0%	10	100.0%
If I could, I would refer other families who need help to this worker.	7	100.0%	10	100.0%
Overall, I am satisfied with my worker.	7	100.0%	10	100.0%

parents indicated that they 'agreed' in response to all 27 statements in the survey. Given the small number of parents who indicated 'disagree' or 'unsure' in response to a statement (ranging from 1 to 2 participants), the findings are organized to reflect the number and percentage of past and current PFFP participants who agreed with each statement.

5.5.1.1. *Caseworker competency.* The results demonstrated that all of the past and current participants agreed with the statements that they were treated with respect, expectations were clear, that they would refer other families to their caseworkers, and that they were satisfied with their caseworkers. Small differences between past and current participants were found among those who agreed that caseworkers prepared them for meetings and court hearings (85.7% versus 80%) and stood up for them in meetings with other professionals (100% versus 90%). Ninety percent of current participants and 71.4% of past participants agreed that their caseworker worked with them to reunify with their child/children. See Table 3.

5.5.1.2. *DCFS Agency quality.* When asked about DCFS agency quality, 100.0% of the past participants and 80.0% of the current participants agreed the agency had realistic expectations, and 100.0% of the former participants agreed they would refer the agency to others, as compared to 70.0% for the current group. For service satisfaction, 85.7% of the past group and 80.0% of the current group agreed that they were satisfied with the services they received. See Table 4.

5.5.1.3. *Empowerment.* In terms of parents' perceptions of empowerment (see Table 5), 100.0% of both groups agreed that they were asked about what kinds of services they needed. In addition, 100.0% of the former participants and 80.0% of the current participants agreed that their worker included them in the decision-making process and that they were informed about who to notify if their rights had been ignored. Small differences were found between the past and current participant groups regarding those who agreed that their workers asked their opinion about their problems (85.7% and 80.0%, respectively), and who agreed that their workers told them their rights (85.7% and 90.0%, respectively).

5.5.1.4. *Case planning process.* For case planning process (see Table 6), 85.7% of the past participants and 100.0% of the current participants agreed that the services and resources were helpful in reunifying with their children. A total of 71.4% (past) and 90.0% (current) agreed that the case goals also helped prevent future out-of-home placements, and 85.7% (past) and 80.0% (current) believed that DCFS assisted the family to be successful.

5.5.1.5. *Cultural competency.* All of the former participants and 90.0% of the current participants agreed that the worker was respectful of the family's cultural/ethnic background, spoke their language, and worked well with them. In terms of feeling comfortable talking about culture and race with the worker, the rate of parents who agreed was 85.7% for the past participant group and 90.0% for the current group. For both

**Table 4**  
DCFS agency quality.

	Past participants (N = 7)		Current participants (N = 10)	
	N	%	N	%
(Agency) has realistic expectations of me.	7	100.0%	8	80.0%
Overall, I am satisfied with the services I have received from the agency	6	85.7%	8	80.0%
If I could, I would refer other families who need help to this agency	7	100.0%	7	70.0%

**Table 5**  
Empowerment.

	Past participants (N = 7)		Current participants (N = 10)	
	N	%	N	%
My worker asked for my opinion about the problem my family and I were having	6	85.7%	8	80.0%
My worker asked for my opinion about the services my family and I needed	7	100.0%	10	100.0%
My worker has included me in decision-making.	7	100.0%	8	80.0%
The agency or my worker has told me my rights.	6	85.7%	9	90.0%
I was told who to call if I felt that my rights had been ignored	7	100.0%	8	80.0%

**Table 6**  
Case planning process.

	Past participants (N = 7)		Current participants (N = 10)	
	N	%	N	%
The services and resources provided helped me get my children back into the family home	6	85.7%	10	100.0%
The case goals helped prevent future out-of-home placement of my children	5	71.4%	9	90.0%
DCFS has helped my family do better	6	85.7%	8	80.0%

groups, all participants agreed that they were satisfied with the services they received. See [Table 7](#).

**5.5.2. Services**

Parents also provided qualitative responses about the types of

**Table 7**  
Cultural competency.

	Past participants (N = 7)		Current participants (N = 10)	
	N	%	N	%
My worker was respectful of my family's cultural/ethnic background	7	100.0%	9	90.0%
I felt comfortable talking with my worker about what my culture and race have to do with my situation	6	85.7%	9	90.0%
My worker spoke the language most appropriate for me and my family	7	100.0%	9	90.0%
My worker and I were able to work well together	7	100.0%	9	90.0%
Overall, I am satisfied with the services I received	7	100.0%	9	100.0%

**Table 8**  
Services families received.

Clinical services	Past participants (N = 7)		Current participants (N = 10)	
	N	%	N	%
Home visits	7	100.0%	8	100.0%
Supervised visits	6	85.7%	5	50.0%
Family preservation	6	85.7%	5	50.0%
Individual therapy for parents	5	71.4%	6	60.0%
Individual therapy for children in the home	6	85.7%	3	30.0%
Family therapy	6	85.7%	2	20.0%
Parenting classes	5	71.4%	7	70.0%
Economic Services				
CalWORKs benefits	5	71.4%	3	30.0%
Food stamps (SNAP)	4	57.1%	4	40.0%
Medi-Cal Insurance	7	100.0%	4	40.0%
Transportation	2	28.6%	3	30.0%
Child care assistance	2	28.6%	1	10.0%
Housing assistance	0	0.0%	3	30.0%

services in which they participated. Both past and current participants participated in far more clinical services than economic services (see [Table 8](#)). The majority of the former participant group participated in clinical services, such as home visits and therapy, while a much smaller percentage of the group received economic services, like transportation, childcare assistance, and food stamps (Supplemental Nutrition Assistance Program [SNAP]). None of the past participants received housing assistance. Similarly, a small proportion of the current participants received economic services compared to a much larger percentage that participated in clinical services.

**5.5.3. Open-ended questions**

Parents were asked open-ended questions regarding their experiences participating in the program and their recommendations for areas of improvement. For example, parents were asked to describe the availability and accessibility of services, services that were most and least helpful, perceptions of caseworkers, and reactions to the program overall.

**5.5.3.1. Perceptions of the program.** All of the parent participants expressed positive reactions to the program overall. They indicated that participating in the program was valuable and effective in helping their families reunify. As one parent reflected, “I think this program taught me a lot, it helped me reunite with my children and I wouldn’t have been able to do that by myself or only with family members.” In addition, a large majority of participants stated that they had no suggestions for ways to improve the program, as they felt its current structure supported their success. For instance, a parent stated, “I think the program is fine as it is. More people need to get involved, not get their kids taken away, but go to DCFS when the parents are having problems.”

**5.5.3.2. Perceptions of caseworkers.** The comments by both past and

current participants indicated close, positive working relationships between parents and caseworkers. One parent summarized these sentiments, “The worker has supported me, does the job, puts in a lot of effort and I am thankful.” In particular, parents valued communication with their caseworkers. For some parents, this meant being able to speak in their preferred language with their caseworker, as this parent expressed: “More than anything, was the communication, having someone who spoke my language.” Other parents described caseworkers as accessible and easy to communicate with: “Attentive, available, whenever I called them they would answer the phone.” Lastly, parents believed the caseworkers were dedicated, had faith in the parents’ abilities to be successful, and supported them in the process of reunification. As a parent expressed, “[The caseworkers] are all really good people, they believe in you and try to help you out.”

**5.5.3.3. Perceptions of services.** Overall, the majority of parent participants expressed that the services they participated in through PFFP were beneficial, available, and easy to access. Specifically, parents mentioned parenting classes, individual therapy for the parent, family preservation services, and economic assistance (such as bus passes, food stamps, financial assistance, and furniture/household appliances), as services they found to be most helpful.

A large portion of participants stated that the program offered the services that they needed.

However, some parents noted difficulty in accessing services. The availability, costs and location of the services were barriers for families as summarized by this participant: “I would say [accessing services] are quite difficult. A lot of them are not readily available or not that widespread, honestly there could be more out there for everybody.” A few parents also offered specific recommendations for improvement. One parent suggested that support groups for parents who had special needs children would be beneficial, and another participant suggested that phone lines should be staffed with bilingual caseworkers so that services could be accessed faster.

## 6. Discussion

Before discussion of the findings and implications, limitations of the study must be acknowledged. First, interviews and surveys were conducted in one large urban city in Southern California, and the findings may not be generalizable to rural areas or other geographic regions. Second, parent participants represented those experiencing a first-time removal of their children and the findings may not reflect experiences of parents whose children were removed from their care more than once. In addition, the parent participants were all female, and therefore does not address needs that male participants might have articulated. Also, these findings can only be suggestive given the small sample size. Lastly, it should be noted that this program was not implemented in a vacuum; the Los Angeles County Department of Children and Family Services had implemented a number of community-based partnership models over the years and this program clearly benefited from these efforts.

While knowledge about the types of interventions that promote successful reunification outcomes has been increasing, the literature remains fairly limited regarding the process of implementing these programs and the experiences of families participating in these services (Glisson et al., 2012; Mullins et al., 2012). This study addressed these gaps by examining how an innovative pilot program was envisioned, created and implemented, including the perceptions of administrators, caseworkers, and parents who participated in the program services. Findings indicated that the program implementation was consistent with the original program vision and design. This included more caseworker contact with families, close collaboration with community members and local agencies in providing services, and faster rates of achieving reunification or permanency (AECF, 2006). Some of the key findings from the study included supportive program leadership and

close collaboration among caseworkers. These staff dynamics contributed to the successful implementation of the program vision and design, consistent with prior evaluations of F2F programs that similarly noted the importance of strong leadership support (Crea et al., 2011; Crea & Crampton, 2011).

In addition, the significance of smaller caseloads and worker continuity emerged prominently in this study. As a result of the program’s reduced caseloads and single-worker case management approach, caseworkers described having the necessary time with families to foster trust, build positive relationships, and better partner with parents in reaching their goals. In turn, parents described caseworkers as responsive and supportive, that services were tailored to their needs, and the program was effective in helping them reunify with their children. These perspectives from both groups align with findings from studies regarding the need for lower caseloads (Strolin-Goltzman et al., 2010; Yamatani et al., 2009) and worker continuity (Flower et al., 2005; Ryan et al., 2006) in order to provide quality reunification services.

Challenges in program implementation predominantly included systemic barriers common to the child welfare system generally and not specific to the program. For instance, shortages of affordable housing, limited low-cost services, and long waitlists for treatment programs made it difficult for parents to satisfy court requirements. These roadblocks to family reunification conflicted with the relatively short time frames allowed under federal and state legislation for parents to receive reunification services.

## 7. Implications

Results from the study offer implications for practice, policy and research related to best practices that promote family reunification. In terms of child welfare practices, the findings indicated that close, trusting relationships between caseworkers and families participating in services were critical to achieving reunification. Child welfare agencies should ensure that their services are structured in a way that prioritizes these relationships. First, worker caseloads should be limited to a number that allows caseworkers to spend sufficient time with families and on delivering comprehensive services. The CWLA recommendation of a maximum of 12–15 cases per worker could serve as a key guideline (CWLA, 1999). Second, structural changes that minimize worker transitions on cases should be implemented to promote continuity and foster trust. This could include a single-worker case management approach and concerted efforts to promote worker retention.

Additional implications for child welfare practices include the importance of collaboration between child welfare agencies, birth families, community members, and local service providers in the provision of reunification services. Child welfare agencies should continue to adopt practices to engage the local community and families participating in services, such as community advisory councils, participatory evaluations, TDMs, and transparency in child welfare data and outcomes.

Study results also hold a number of implications related to child welfare policy, especially in regard to the program implementation challenges raised by both staff and parent participants. First, the timeframe allowed for reunification services needs to be reevaluated. Currently, the federal *Adoption and Safe Families Act of 1997 (ASFA)* stipulates that reasonable efforts must be made to reunify families within 12 months after a child entered out-of-home care, with some states maintaining shorter timeframes. As this study and other research has highlighted, families involved in the child welfare system typically face multiple challenges related to poverty, mental and behavioral health, and systemic barriers (Kemp et al., 2009). The relatively short timeframes allowed under ASFA for parents to address these chronic issues are unrealistic, similar to the challenges that staff raised in this study regarding their experiences working with parents in the pilot program. Policymakers should consider adopting permanency planning

guidelines that are better matched to the realities of parents' circumstances and more closely aligned with the priority in child welfare on reunifying and preserving families.

In addition, policy changes are needed to dedicate funding for services and housing resources essential to reunifying families. For example, limited availability of low-cost services was a common barrier to reunification for parents participating in this study. Increased funding would help expand the availability of court-ordered services to promote reunification. Similarly, this study found that parents faced significant difficulty finding affordable housing. Policymakers need to create or expand funding sources to increase housing options and improve collaboration between child welfare agencies and housing authorities to better connect families to housing.

To support policy-makers and practitioners, additional research on practices and programs that promote family reunification are needed. For instance, further studies are needed on the impact of lower caseloads for child welfare workers. This includes qualitative studies, such as examining how small caseloads impact the experiences of caseworkers, parents and youth in child welfare, as well as quantitative evaluations of child welfare outcomes related to lower caseloads. Lastly and most importantly, there is a need for additional research on parents' experiences participating in reunification services for a comprehensive understanding of family reunification. This must include parents' perceptions of services and practices that were most helpful in reunifying, barriers to reunification, and recommendations for child welfare policy and practice.

## 8. Conclusion

This study examined how an innovative pilot program was envisioned, created and implemented from the perspectives of both staff and parents. Findings indicated that both staff and parents perceived the program to be valuable and effective. Participants highlighted how the program's unique components helped families reunify, especially by fostering trusting relationships between caseworkers and parents and close collaboration between the child welfare agency and the local community. To achieve improved outcomes for children, policymakers, practitioners and researchers must examine current child welfare systems and identify alternative approaches that best promote family reunification.

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## Conflict of interest

There is no clear conflict of interest with any of the authors.

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