

Reliability of the Foster Care Placement Decision: A Review

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When a child welfare caseworker is deciding whether or not to remove a child from his or her biological parent or parents and to place the child in foster family care, the worker is making one of the most important decisions in both the parent's and the child's life. What is the foundation for this type of drastic intervention? This article reviews the scientific and clinical knowledge base developed to warrant professional intervention by the child welfare caseworker in this situation. Intervention does not appear to have a sufficient scientific or clinical basis in the social work literature to suggest that this is a professional judgment that the child welfare caseworker should be called upon to make. At a minimum, court involvement in the decision-making process is required to provide sufficient justification for state involvement in family life until a firmer base for professional judgment can be demonstrated.

In the early history of the child welfare field there were large numbers of orphaned, abandoned, and unwanted children. The function of the public child welfare system was to provide care for these children. In 1989 there were 350,000 children living in foster care, with the number expected to increase to more than 500,000 by 1995 (U.S. Congress, 1989). Most of these children were *not* orphaned or abandoned. Rather, they were separated from their families by the public child welfare system and placed in foster care. Why were so many children removed from their homes and placed in foster care? To answer this question we need to examine the foster care placement decision-making process. I begin with a review of the normative clinical models that have been developed and used over the years and the empirical evidence that supports them. I then examine the foster care placement decision-making process with a stochastic model and interpret the

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results. I conclude with an assessment of the current state of clinical and scientific knowledge regarding the decision-making process.

REVIEW OF THE LITERATURE ON THE PLACEMENT DECISION

Perhaps no decisions in social casework practice pose more awesome responsibilities for the caseworker and are more far-reaching in their potential consequences for the client than those involved in the placement of children in foster care. . . . Systematically, we know next to nothing about how the child-placement worker makes these decisions. (Briar, 1963, p. 161)

Writing fifteen years later Costin (1978) observed, "All researchers appear to agree that more extensive study is needed to isolate variables related to successful placement" (p. 173). What progress has been made in the child welfare field with respect to understanding the factors influencing effective decision making? In 1986 Schwab, Bruce, and McRoy reported on their efforts to build a computer model to assist in the child placement decision-making process (cf. Schuerman & Vogel, 1986). Examining the current state of knowledge they wrote, "researchers found no consensus among social workers about which placements were best for which children" (p. 360). In 1989, Howling, Wodarski, Kurtz, and Gaudin summarized:

The extensive body of research on the etiology and effects of child maltreatment is characterized by flawed methodology, marked by inadequate definitions, lack of sound theoretical foundation, cross-sectional design limitations, sampling gaps, inadequate or missing control groups, and unidimensional measures. As a result, *far reaching decisions in the field of child welfare have been based on questionable findings.* (p. 3; italics added)

A consensus on the limitations of current knowledge has emerged as seen in the similar assessment by Daro (1988):

The scholarly and popular literature on child maltreatment since 1962 is, to say the least, abundant. . . . Unfortunately, the results of these research efforts have not been as accessible or as useful to the decision-making process as their authors had hoped. Barriers to effective utilization have included methodological problems such as small, non-representative samples, an uncertainty over which variables to explore and monitor, a very narrow range of intervention strategies to assess, and the absence of control groups. (pp. 2-3; also see the assessment of the literature in Britain by Allan, 1978)

The literature on diagnostic assessment in foster care was developed to provide the caseworker with diagnostic criteria for evaluating families with children believed to be in need of placement. The first major contributions

emphasized the use of *casework* services for clients (Charnley, 1955; Gordon, 1956). But these studies did not address the issue of the foster care placement decision-making process.

The work of Glickman (1957) pioneered in the use of psychodynamic theory in the child welfare field, especially the foster care placement decision. Glickman's work emphasized the importance of two basic psychological factors. The first was the quantity of the emotional disturbance involved in a case. That is, the caseworker needed to assess whether there was a level of emotional pathology severe enough to upset the family balance or, conversely, whether there were sufficient compensations to offset the imbalance. The second factor identified by Glickman was the location of the disturbance and whether it intruded upon the parent-child relationship.

Kline and Overstreet (1972), building upon the work of Glickman, developed a similar psychodynamic approach. Accordingly, Kline and Overstreet delineated the clinical areas on which they believed the diagnostic judgments for decision making should focus:

1. the nature of the crisis and the presenting problems
2. the ego functioning of the parents in their major life roles and their capacity to cope with the current family crisis
3. the family's situation, organizational level, and resources
4. the developmental status and condition of the children.

Within the framework proposed by Glickman (1957) and by Kline and Overstreet (1972), the placement decision was based on a quasi-psychiatric diagnosis of both the type and degree of emotional pathology experienced by the parent. Kadushin (1965) has summarized this view:

The need for placement is seen as resulting from such factors as: parental incapacity to love because the parent himself has not been adequately loved, parental incapacity in meeting dependency needs since the parent himself is still childishly dependent, reactivation by the child of unresolved conflicts relating to the Oedipal situation, sibling rivalry, sexual identification—a reactivation which threatens the precarious emotional equilibrium of the parents, parental narcissism manifested in neglect of the child's needs, a superego which is not sufficiently controlling to help the parent consistently meet the demands of parenthood, with this superego deficiency a consequence of a lack of stable, affectionate opportunities for identification. The shorthand characterization of such parents is that they are immature and in their immaturity neglect their children. Personality disturbance, if not the sole cause for separation, is regarded as the principal cause. The practitioner, although recognizing that ego faces id, superego, and the world of outer reality, tends to the ego's relationship to id and the superego in assessing the factors which have resulted in failure to perform adequately. (pp. 28-29)

Limitations of the Clinical View

Two limitations of both Glickman's (1957) and Kline and Overstreet's (1972) views merit attention. First, both Glickman and Kline and Overstreet failed to provide substantial empirical support for the diagnostic criteria they identified (Mahoney & Mahoney, 1974). Rather, their views derived from clinical case analysis and judgment. Second, it is not safe to assume that child welfare caseworkers responsible for making foster care placement decisions have had professional training for the type of clinical diagnosis that these models would require.

Early work on the child placement decision focused almost exclusively on clinical dimensions of the child and his or her family. The perspective of these models was on the problems of the parent. In this sense, the early approaches were based on a deficit model. The social or structural issues that affected these families were not central to the problem. As Kadushin (1965) observed:

Although the social situation is recognized as a contributing factor, it is given secondary consideration and is always somewhat suspect as the "true" cause of the problem. Reality stresses tend to be regarded as convenient parental rationalization which permit the parent to defend himself against a recognition of his true rejection of the child. (p. 29)

The early clinical approaches developed by Glickman (1957) and by Kline and Overstreet (1972) have sought to identify the normative model child welfare workers should use in deciding whether or not to remove a child from his or her biological parent or parents and place the child in foster care. The purpose of the models developed by these clinicians has been to provide guidelines that caseworkers could utilize in subsequent placement decisions. Nevertheless, it is unlikely that many child welfare caseworkers are familiar with these models. This can be seen by examining the decision-making process as it is carried out.

Reliability of the Decision-Making Process

In one of the earliest studies on the reliability of the foster care placement decision-making process, Briar (1963) reported a study that examined case-worker judgment by using hypothetical case material. Workers were asked to make a series of judgments about a child and then to prepare a placement recommendation. Each worker was asked to make diagnostic and prognostic judgments about three hypothetical cases. One group received the following three cases: (a) a child mildly disturbed, (b) a mother opposing institutional

placement, and (c) a control case. The other group received the following cases: (a) a severely disturbed child, (b) a mother opposing foster family care, and (c) a control case.

Does the client's problem determine the type of placement? The results of Briar's study indicate a limited association between type of placement and child's disturbance. Briar found that the average coefficient of concordance for the five diagnostic items was .51, whereas the coefficient for prognostic items was .15 — indicating that even when there is agreement on diagnosis, the future course for that child may vary substantially depending on which worker makes the decision (Briar, 1963, p. 167).

Other findings indicated that a strong association between the type of placement and mother's preference accounted for most of the concordance observed. Institutional placement was recommended by 77% of workers when mothers opposed foster family placement. In contrast, institutional placement was recommended by 48% of workers when mothers opposed institutional placement.

Environmental conditions seemed to influence recommendations more strongly than characteristics of the child. There was a significant association between workers' placement recommendations and placement patterns of their agencies. For example, foster family care was recommended by 63% of workers employed in agencies in which this form of care predominated. In contrast, institutional placement was recommended by 75% of the workers employed in agencies in which this form of care predominated. Although not tested in this experiment, workers said that practical realities such as resources available strongly influenced placement outcomes.

Phillips, Haring, and Shyne (1972) sought to develop an interview guide that would make explicit the factors that lead to in-home or out-of-home service. They asked workers to make plans for 309 children in need of service, for 71 of whom placement had been recommended. They compared the placement and nonplacement groups on the nature of the service request; socioeconomic characteristics; behavioral and attitudinal evaluations of mother, father, and child; and adequacy of parental care.

Fifty variables were associated with a decision to remove or retain a child in the home. However, there was considerable overlap between the groups. Therefore, they clustered these variables into seven groups in order to improve predictive capacity. For both intact and mother-headed households, background factors and child traits differentiated between those children who were removed from their home and those who were not. For mother-headed households, mother traits also differentiated between the two groups, whereas for intact families, father traits were the differentiating characteristics.

TABLE 1: Agreement Among Judges and Caseworkers on Foster Care Placement Decisions (in percentages)

	<i>Recommended Dispositions of 127 Cases</i>	
	<i>Remove Child</i>	<i>Keep at Home</i>
Judge A	53	47
Judge B	17	83
Judge C	72	28
Judge D	43	57
Judge E	34	66
Judge F	49	51
Caseworkers	38	62

SOURCE: Phillips, Haring, and Shyne (1972).

In a pretest of the interview schedule that was developed from these clusters, all clusters differentiated except those related to father. The background factors cluster was by far the best predictor, indicating socioeconomic status was the major determinant of placement (cf. Garbarino & Sherman, 1980; Lindsey, in press; Page, 1987). A second component in developing and refining the interview schedule was an assessment of the reliability of experienced child welfare workers' recommendations for removal. At the pretest stage, the major disagreement between judges and caseworkers is apparent in the disposition decisions they made for 127 child placement cases.

The overall agreement of six of the judges for keeping the child at home was less than 25% (Phillips et al., 1972, p. 24). The contrast between Judge B and Judge C was remarkable. Judge C was four times more likely to recommend in-home services than Judge B was (see Table 1). I reexamined the relation between recommendation and judges using a goodness-of-fit chi-square test. The results indicated no significant relation between the recommendations of the professionals with respect to placement in foster care or provision of in-home services. Moreover, even when judges agreed upon own-home or foster care placement, which was rare, there was substantial variation among them on type of plan and services.

Donnelly (1980) examined the variation in foster care placement decisions in California by asking three experienced caseworkers in four different counties to make recommendations on 15 hypothetical cases. The results from this study are reported in Table 2. As with the findings from the previous studies, there is substantial variation in terms of the decision to remove a child from his or her home. Caseworkers in Alameda county were almost twice as likely to remove a child as the caseworkers in San Bernardino. Caseworkers in nearby Riverside county were far more likely to recommend removing a child than the caseworkers in San Bernardino.

TABLE 2: Agreement of Foster Care Placement Decisions Across Counties in California (in percentages)

<i>County</i>	<i>Recommended Dispositions of 45 Cases</i>	
	<i>Remove Child</i>	<i>Keep at Home</i>
San Bernardino	29	71
Riverside	51	49
Alameda	58	42
San Francisco	36	64

SOURCE: Donnelly (1980).

The three studies that have examined the reliability of the foster care placement decision have all been based on reading case studies rather than examining actual cases. The studies by Briar (1963) and Donnelly (1980) used hypothetical case material, whereas Phillips et al. (1972) used actual case materials. The use of vignettes and case materials has potential validity problems. It might be that part of the low reliability of decision making found in these studies is related to the validity of the stimulus materials used (vignettes and case materials). In the absence of reliability studies with actual cases, which need to be done, these studies represent our best available indicator of reliability.

These studies have focused on the normative model of the criteria the caseworker should use in the foster care decision-making process. Although Glickman (1957), Kline and Overstreet (1972), and others have suggested a framework for decision making, it is probably fair to suggest that most child welfare caseworkers who are involved in making the foster care placement decisions are not familiar with the work of these authors. The major legal justification for state intervention into the affairs of a family has been to protect the child from alleged severe abuse and neglect (Besharov, 1990). However, there is a wide variation in definitions of child abuse and neglect and great variation among professionals (Giovannoni & Becerra, 1979; Ringwalt & Caye, 1989). Thus it is not clear that there is a consensus within the child welfare system with respect to the criteria to use in order to make the decision to remove a child from his or her home (Hampton & Newberger, 1985; Katz, Hampton, Newberger, Bowles, & Snyder, 1986).

What Does Limited Reliability Mean for Practice?

What are the consequences of this low rate of reliability for the selection of children for placement in foster care? The foster care placement decision can be examined by way of constructing a hypothetical model that views it

as a stochastic process. Recognizing the inherent error involved in the assessment of client needs with human assessors, much of the concern with the marginal success of foster care placements could be partially explained by probable measurement error (Groenveld & Giovannoni, 1977; Tyler & Brassard, 1984).

If one were able to assess the true precision of a placement decision, then given the current foster care placement rates of about 30% observed in the nationwide study of child welfare services for preschool-age children (Lindsey, 1991), the cut point for out-of-home placement would be set at all cases greater than .52 standard deviations above the mean. This would mean that if a measure of the "true need for placement" (a hypothetical measure we aspire to achieve) were normally distributed, then all cases .52 standard deviations above the mean on this normally distributed measure (which would roughly equal 30 of 100) would be placed in foster homes in the ideal model. However, because of the introduction of measurement error into the process of assessing true need for placement, not all of the most severe cases would be properly decided.

With a level of reliability for the placement decision process estimated to be about .25 (the most optimistic finding reported in the literature), almost half of the cases on measured true need for placement would be rejected for placement and replaced with cases of lesser true need for placement. Examining a hypothetical sample of 100 cases, the calculated fate of these cases under a model of .25 reliability can be seen in Table 3. Under this model, 16 of the 31 children placed in foster care would be properly selected, whereas 15 of the 31 children placed would be improperly taken from their biological parent or parents. Further, these 15 children displace 15 children who need placement but are not provided with it. As Pelton (1989) has observed:

There are certainly some children of those endangered by severe harm for whom placement in foster care, despite its known deficiencies and attendant harms, would be the relatively least detrimental alternative. But who are these children who cannot be protected in their own homes by less disruptive and relatively harmful means than child removal? It is my belief that not only are there many children in foster care who should not have been placed there, but that there are other children who are being wrongfully left in their natural homes. In short, children are being removed from their homes in the wrong cases and being left at home in the wrong cases. Furthermore, it is my belief that if only those children were placed in foster care who would actually need it, we would have very few children in foster care. (p. 67)

The most salient feature of this stochastic model is that it does not require assumptions of bias or prejudice on the part of the child welfare caseworker to account for the removal of a great many children not in need of placement

TABLE 3: Disposition of 100 Hypothetical Foster Care Placement Cases Under a Model of Assessment Reliability of .25.

				Model With Reliability of .25			
True Quality in Standard Deviations		Placements Decisions Considered		Expected Midpoint in Standard Deviations	Expected Percentage Placed in Foster Home	Number of Expected Foster Home Placements	Number of Expected Own-Home Placements
-3	to -2.5	1		-2.75	1.43	0	1
-2.5	to -2	1		-2.25	2.87	0	1
-2	to -1.5	5		-1.75	5.37	0	5
-1.5	to -1	9		-1.25	9.34	1 ^a	8
-1	to -.5	15		-.75	15.15	2	13
-.5	to 0	19		-.25	22.96	4	15
0.0	to .5	19		0.25	32.28	6	13
				decision line			
.5	to 1	15		0.75	43.25	6 ^b	9 ^c
1	to 1.5	9		1.25	54.78	5	4
1.5	to 2	5		1.75	65.91	3	2
2	to 2.5	1		2.25	75.80	1	0
2.5	to 3	1		2.75	83.89	1	0

NOTE: These results assume that the true need for placement and the observed decision have a bivariate normal distribution with a correlation equal to the square root of the reliability. If ρ^2 is the reliability, the probability of placing a child whose true need for placement is X is given by

$$1 - \Phi \left[\frac{(1 - X\rho)}{\sqrt{1 - \rho^2}} \right]$$

where $\Phi (\cdot)$ is the cumulative normal distribution function.

- Improperly left in home.
- Properly placed.
- Improperly taken from parent or parents.

from their home or the returning home of a large number of children in true need of placement. It would appear that under the current decision-making conditions in the foster care system, nearly one half the children in need of placement are returned home, whereas one half the number of children in the foster care system do not need to be removed from their homes.

The data in Table 3 reflect the rates of placement and nonplacement for a model with .25 reliability. It would be hard to imagine how the results of another model could be more distressful, in terms of what it suggests for the outcome of children considered for removal from their own home and placed in foster care. If the level of reliability were to slip much further than the assumption of .25, it would almost be the case that except in the most extreme cases, all children considered have an equal likelihood of being placed in foster homes. The foster care decision-making process would be roughly equivalent to a lottery decision-making process.

Interpreting Low Reliability

Because removal of a child from his or her own home and placement of that child in foster care is such a major decision, with enormous consequences for the child and his or her family (Jenkins & Norman, 1972), it requires much greater precision in the decision-making process than is currently being achieved. The question may be asked whether it is fair to remove a child from his or her own home when the accuracy of the caseworker in deciding the need for removal seems to be so low (Hutchison, 1990). Fanshel (1981) describes the predicament the child welfare caseworker confronts:

Parents accused of having been abusive or neglectful of their children pose a serious dilemma. To allow children exposed to such parents to remain in their homes requires some convincing assurance that the charges are not well founded or that parental behavior can be brought under control. Sound judgment is particularly crucial when the situation involves life-threatening behavior by the parents or where the child has been exposed to blatant sexual abuse. Willingness to gamble upon parents' restraint can lead to grim tragedy if the judgment is wrong. On the other hand, placing the child in foster care when the home is essentially safe is a costly solution for society and may not really serve the child's welfare. (p. 685)

Explaining Low Reliability

Why is the level of reliability in assessing need for placement so low? A variety of explanations has been offered. Previous studies assume there is a body of knowledge upon which child welfare workers can draw to determine

whether or not to place children in foster care (Stein, Gambrill, & Wiltse, 1978, p. 20). Yet a review of these studies reveals a situation that would more accurately be characterized as idiosyncratic decision making within the context of limited scientific knowledge.

Further, there is a limit to the ability of any skilled practitioner to predict the behavior of a client. As Besharov (1987) observes:

Expecting child protective workers and judges to predict future child maltreatment is completely unrealistic and ultimately counterproductive. Overstating their ability to predict future maltreatment puts them under enormous pressure to remove children from their parents lest they be blamed if a child subsequently suffers serious harm. (p. 307)

Additionally, the limited search for empirical knowledge to assist child welfare workers in making these decisions has often substituted the current practice procedures of workers for the needed empirical research on which indicators have been demonstrated to lead to the desired outcome for children. Do we know with any precision when foster care is most appropriate, for how long, and combined with what services? On balance, it would appear that empirically based knowledge is not available yet.

How Did Foster Care Become So Popular?

In 1964 Wolins and Piliavin reviewed the discussion in the child welfare literature over the previous century about the relative merits of institutional versus foster home care. They concluded that the arguments in the debate were rarely grounded in empirical research. Key issues such as adequacy of placement for meeting children's needs, long-term capabilities of each type of placement, requirements of the community and need for organizational survival were raised, submerged, then reexamined afresh—all without empirical research as evidence of foster care for particular types of situations.

In the middle of the 1960s, when Wolins and Piliavin were writing, the pendulum had swung toward favoring foster family care. So the authors turned to census data on the numbers of children in institutions and foster homes to see whether this preference had been implemented in practice. Nationwide, although the number of children in care had increased, the proportion and number in institutions had declined in line with the trend. Yet this picture was heavily weighted by a few populous eastern states. Wolins and Piliavin found wide variations by state and between voluntary and public agencies in their use of institutions.

Unless it is assumed that these differences are the result of variations in children requiring care or of peculiar geographic differences in the acceptance of foster

care theory, it becomes necessary to suggest that factors extraneous to theory and to the characteristics of children determined policy. (1964, p. 47)

Foster care may serve as a safety valve whenever numbers of children exceed institutional capacity, as occurred during the depression years (Wolins & Piliavin, 1964, p. 43). Twenty-five years after the Wolins and Piliavin report on child welfare services in the United States, Kamerman and Kahn (1990) also found substantial variation in the delivery of services by states and localities. The organization and delivery of child welfare services in Hennepin County, Minnesota, is quite different from what is found in Baltimore, Maryland.

Even more significant, Kamerman and Kahn (1990) identified a shift in purpose and function of child welfare services. One of the major findings from their study is the substantial impact that increased child abuse and reporting laws have had on the public child welfare agency. In 1978 Shyne and Schroeder reported that requests for protective services constituted 32% of the total request for services at public child welfare agencies in the United States. During the last decade the pressing demand for child protective services has fundamentally changed public child welfare agencies in the 25 sites that Kamerman and Kahn (1990) examined.

Child protective services today constitute the core public child and family service, the fulcrum and sometimes, in some places, the totality of the system. Depending on the terms used, public social service agency administrators state either that "Child protection is child welfare," or that "The increased demand for child protection has driven out all other child welfare services." (p. 8; italics in original)

Pelton (1989) has argued that under the current avalanche of abuse and neglect reports, child welfare agencies do more investigating than helping. As helping agencies within this context, child welfare agencies have a *peculiar eligibility requirement* for services if, in fact, only families reported for suspected child abuse and neglect will gain access to services.

DISCUSSION AND APPLICATIONS TO SOCIAL WORK PRACTICE

Two points need to be underscored. First, the knowledge in the child welfare field does not provide a scientific knowledge base for discerning where to draw the line on cases best served in home and those needing out-of-home care (see Stein et al., 1978; Stein & Rzepnicki, 1984). Second, there may be environmental factors, funding patterns, and organizational charac-

teristics of social service bureaucracies (i.e., variables external to the child and his or her family) that are more instrumental in influencing the worker's decision about placement (Hutchison, 1989; Proch & Howard, 1986).

Where there is lack of consensus among workers, as discussed in the earlier studies, it is apparent that there is considerable room for other participants to offer different interpretations of events and desire other outcomes. Stein and Rzepnicki (1984) report:

Investigations of child welfare practice have not uncovered a constant set of principles that guide practitioners in making decisions. While workers' decision-making behavior is constrained by resource deficits, by the fact that some decisions are made by others before a worker receives a case, and by practices within a given agency, failure to identify practice principles that govern the selection of options is distressing. . . . It is not surprising, therefore, that reliability in decision-making is poor and that individual discretion and personal bias have been found to exert a strong influence on the decision-making behavior of child welfare staff. (p. 8; italics added)

The Foundation for Judgment

Our concern in this study has been to assess the current state of the knowledge base for decision making surrounding the removal of children from their families and placement in foster care. The limitation of our knowledge requires a critical orientation among child welfare social workers. As Dingwall, Eekelaar, and Murray (1983) have written:

As we have shown, child protection raises complex moral and political issues that have not one right technical solution. Practitioners are asked to solve problems everyday that philosophers have argued about for the last two thousand years and will probably debate for the next two thousand. Inevitably, arbitrary lines have to be drawn and hard cases decided. These difficulties, however, are not a justification for avoiding judgements. Moral evaluations can and must be made if children's lives and well being are to be secured. What matters is that we should not disguise this and pretend it is all a matter of finding better checklists or new models of psychopathology—technical fixes—when the proper decision is a decision about what constitutes a good society. How many children should be allowed to perish in order to defend the autonomy of families and the basis of the liberal state? *How much freedom is a child's life worth?* (p. 161; italics added)

When a child welfare caseworker is deciding whether or not to remove a child from his or her biological parent or parents and to place the child in foster family care, the worker is making one of the most important decisions in both the parent's and the child's life. What is the foundation for this type of drastic intervention? Giovannoni and Becerra (1979) point out that the nature of social work intervention

is one of therapy and rehabilitation, not one of social control. Social workers' authority rests on professional competence rather than legal authority. Justification for use of the authority is thus not customarily sought on legal grounds but rather on the grounds of the benefits to the clientele. (p. 70)

The foundation for coercive intervention does not appear to have a sufficient scientific or clinical basis in the child welfare or social work literature to suggest that this is a clinical or professional decision that the child welfare caseworker can reliably make.

Rather, in the light of current scientific knowledge, the decision to remove a child from his or her parent or parents is fundamentally a *moral* judgment. As such, the decision-making responsibility should remain in the hands of the court. There is not sufficient scientific evidence to suggest that child welfare caseworkers have the *expertise* to best make these judgments. In fact, by asking the child welfare caseworker to make this judgment, we disrupt the caseworker's ability to provide help. As Pelton (1989) has suggested, the role of investigation should be with the police and the courts. The police and the courts can supplement their actions with advice from child welfare caseworkers, but the intrusive task of investigating and labeling child abuse should be properly left with the police and the courts.

The police and the courts should call on child welfare caseworkers' skills and knowledge in helping once the child is removed from the family or before removal becomes necessary. The child welfare agency can work to solve the problems that lead to removal of the child and placement in foster care or that would prevent removal. As Pelton suggests:

We must create an agency structure in which social workers, when going into the home in child welfare cases, can say, "I'm here to help," and truly mean it, with the resources to do it, and without the nagging overtones of role conflict and role ambiguity. The discovery, investigation, and judgment of individual culpability and wrongdoing is another matter entirely, and is the province of law enforcement agencies and the courts. By entangling the two distinctly different roles, we have not only diminished our ability to deal firmly and effectively with true unlawful behavior, but have tied the hands of social workers in their efforts to effectively serve the child welfare policy of family preservation enunciated at the beginning of this century. (1989, p. 142)

At minimum, court involvement in the decision to remove a child from his or her parent or parents is *required* to provide sufficient protection from state involvement in family life until a firmer base for clinical or professional decision making can be demonstrated.

Child welfare caseworkers may serve as consultants to the police and to the court and may even provide a recommendation to the court, but the court must investigate and decide. After the decision to intervene has been made

by the court, either to remove a child to a "place of safety" or to provide supportive service, then the child welfare caseworker should play the major role in the foster family care placement and planning process, as well as providing services to the biological family. This is the proper role of the child welfare caseworker and the area in which social work expertise has been developed and scientifically demonstrated.

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