

THE (IN)VISIBILITY OF RACE, CLASS, AND GENDER:  
WORKERS' STANDPOINTS ON THE TRANSFORMATION OF  
MISSOURI'S CHILD WELFARE POLICY.

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Partial Fulfillment  
of the Requirements for the Degree  
Doctor of Philosophy

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by  
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The undersigned, appointed by the dean of the Graduate School, have examined the dissertation entitled

THE (IN)VISIBILITY OF RACE, CLASS, AND GENDER: WORKERS' STANDPOINTS  
ON THE TRANSFORMATION OF MISSOURI'S CHILD WELFARE POLICY

presented by Christine M. Patterson,

a candidate for the degree of doctor of philosophy,

and hereby certify that, in their opinion, it is worthy of acceptance.

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## **PART ONE: INTRODUCTION, THEORY, AND METHODOLOGY**

### **NARRATIVE<sup>1</sup>**

*The Dominic James Memorial Act (House Bill 1453<sup>2</sup>) became law on August 28<sup>th</sup> 2004. It is named after a young African American boy who died at the hands of his white foster father. This law makes it more difficult to both place children in foster care and return children who have been removed to their biological parents. It makes it more difficult to remove children because it requires that reasonable efforts have been made to provide the family with services. It also requires Judicial and Children's Division (CD - formerly known as the Department of Family Services or DFS) review within seventy-two hours after removal, after thirty, sixty, and ninety days, and every six months until the child is either reunified with a biological parent or until termination of parental rights has occurred.*

*Cheryl, a child abuse and neglect investigator at a local CD office and part of the Child Abuse and Neglect (CA/N) Unit, tells me she has forty-five open cases. Some are referrals, which indicate a problem in the home but which don't*

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<sup>1</sup> This narrative is constructed from fieldnotes and is intended to introduce you to the organization of Missouri's child welfare system and to illustrate how the state responds to a "hotline" call. *Chapter four* includes a more detailed explanation of how the child welfare system is organized. If you have questions about the Missouri context or how things "work" in Missouri, please refer to that section.

<sup>2</sup> I have compiled a list of abbreviations in the *Appendix One* for your reference. I have tried to keep the use of abbreviations to a minimum, but some are necessary.

*meet the level of abuse or neglect. Most are assessments and investigations, with the latter being the more serious cases of abuse or neglect. The majority of these cases will be closed, indicating that the allegations were unsubstantiated and no services were needed.*

*As we talk, Cheryl is assigned an investigation. She has three hours to attempt to see the child. A mandated reporter called the statewide 1-800 number and made a hotline call that alleges that a father left bruises on his son's face. This "hotline" was sent to the local office. Cheryl reads the hotline, which contains a narrative of the allegation, the family dynamics, the name of the alleged perpetrator, any previous history with the parents, the alleged victim, the siblings, or the alleged perpetrator, the names of the siblings and their dates of birth, etc. Cheryl calls the person who made the hotline, a mandated reporter (MR) and discusses the allegations. Before she leaves the office, she looks up the previous hotlines to understand the family's previous history.*

*We arrive at the school and meet with the mandated reporter. Cheryl discusses the allegations again and asks for basic information on Randy, the child, and the family. Cheryl asks to see the child and discovers that the marks are visible. She calls a detective from the police department to do a joint interview with the child. During the interview, Randy explains that his father choked him and hit him near the eye because he didn't come home when he was supposed to. The placement of the fingerprint bruises matches Randy's account. The detective takes pictures of his face and tells Cheryl that he has enough*

*evidence to charge the father with assault. The detective asks Cheryl if she is going to remove Randy from his father's custody. She says that she has to talk with the juvenile officer, Kim.*

*Cheryl and Kim discuss the case on the phone, and Kim agrees to come to the school. Kim arrives a half hour later and reviews the hotline information and Randy's account of the incident. The discussion is whether to open a Family Centered Service (FCS) case or a Family Centered Out of Home Care (FCOOHC - pronounced phooch despite how the acronym is actually spelled) case. With the former, the child would remain in the home, and the FCS worker and the family would create a plan to prevent this type of situation from happening again. If there is court involvement, the Juvenile Office and a Guardian ad Litem (the child's lawyer appointed by the state) will be involved in developing the plan. With the latter, the child would be removed and placed with a relative, a friend, or placed in foster care.*

*Before Kim will authorize protective custody (removing the child from the parent's custody), she wants to know the family's previous involvement with CD. Criminal and child abuse and neglect background checks are done with all biological relatives in the surrounding area. The biological mother who is not married to the dad and does not have custody of the children is a possibility for placement, so Kim, Cheryl, and I go to the mother's home. They explain the situation and discuss the possibility of the children living with her. She signs releases so that Cheryl can talk with her counselor. She recently checked*

*herself into a mental health facility, and there is some concern about her stability. She is asked about her drug use, and she says that she has been clean for two years. While we are there, Cheryl looks around the studio apartment to determine if it would be suitable for Randy, his sister, and his sister's newborn. Given that there is only one bed, this is considered questionable. Cheryl calls the mom's counselor and learns that she failed a drug test the month before. All of the relatives have criminal records and are deemed inappropriate. Consequently, Kim authorizes protective custody of all three minors.*

*The detective, two other police officers, Cheryl, Kim, and I go together to the father's house. The detective arrests the father for a prior outstanding warrant. He is later charged with assault. Before the father is taken away, Kim tells him that his children are being placed in state custody. The mother is also there and wants to know why the kids can't live with her. They discuss her drug problem and false statements. Cheryl has the sister collect clothes for herself, her newborn, and her brother. The sister says, "I don't understand why I have to go." She is told that she is under eighteen and that it is not safe for her to remain in the home. The sister cries all the way to the Children's Division's office. We drop her off with another social worker and go pick up Randy who has been in the school's office all day. Once all of the children are at her office, Cheryl makes arrangements for them to be placed in a foster home. The case is then transferred to FCOOHC.*

*Within seventy-two hours of the children being taken into state custody, a hearing is held to determine if there is enough evidence to keep the children in state custody. A “team meeting” is also held within seventy-two hours with the biological parents, their lawyers, the child’s lawyer, the foster parents, the FCOOHC worker, Kim, and anyone else the family wishes to be present. During this meeting, the team develops a plan that the parents must accomplish before the children may be returned to the home. The sister and brother are initially placed in a foster home together. The sister is subsequently moved to another home. During this time, Randy changes his story saying that he hit himself. Consequently, the Juvenile Office has the children returned to the home, even though the prosecuting attorney is still pressing charges against the father.*

## CHAPTER ONE--INTRODUCTION

### DISCUSSION OF THE PROBLEM

Many people assume that the child welfare system is merely a benevolent institution that protects innocent children from harm. While the child welfare system does protect *some* children, the reality is much more complicated. The child welfare system orders, restructures, and polices families even as it provides for families' well-being and services which eliminate one's dependence on the labor market. It is important to understand the tradeoffs these families face in exchange for these resources and to understand the state's shifting role and commitment to providing these services to families. By connecting an analysis of the child welfare system to theories of the welfare state and American Exceptionalism (debates about why the U.S. welfare state is not well developed compared to those of other industrialized countries), this project makes a contribution by providing an understanding of the complicated child welfare policies in practice. The reverse is also the case. Since most scholars of welfare state policies in the U.S. have ignored child welfare policy and focused on welfare state policies in general (Esping-Andersen 1990; Pierson 1994, 1998; and Weir 1998) or on specific policies such as healthcare (Skocpol 1996; Quadagno 2005); Social Security (Quadagno 1988, 1998), and social welfare (Gordon 1990; Pearce 1990; Quadagno 1994; Skocpol 1992), this project makes a contribution by shedding light on the U.S. welfare state through an analysis of

child welfare policy in order to understand theories of the welfare state and debates about American Exceptionalism. In other words, this analysis of child welfare policies is a new policy window meant to clarify and refine these theories and debates by incorporating a discussion of regulation and the distribution of benefits from the welfare state to families.

This project uses the methodology of institutional ethnography (DeVault 1999; DeVault and McCoy 2002, Smith 1987, 1990a, 1990b, 1999; 2005) and the transformation of intentions theory of the policy process (Hall 1995, 1997; Hall and McGinty 1997; Patterson 2005; Placier, Hall, Benson, and Cockrell 2000) to analyze Missouri's Child Welfare System and the changes that have resulted from the passage of Missouri House Bill 1453 (HB 1453) in August 2004. It is an examination of how social inequalities are produced and reproduced through the workings of the child welfare system. I will demonstrate how child welfare policy in the state of Missouri is gendered, raced, and classed through an examination of practices, texts, and discourses in and around child welfare offices. I will focus upon the regulation of families in an era of austerity and retrenchment.

To accomplish these goals, I was a participant observer at the Children's Division and at legislative hearings for the bill. I also interviewed people located at different sites within the child welfare system (social workers<sup>3</sup>, juvenile officers,

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<sup>3</sup> In Missouri, even though a person may do the job of a social worker, one cannot be called a social worker unless one has a degree in social work. Although this is the case, I will use the term social worker because that is the more universal term to describe the job of someone who works in a child welfare agency. I also don't want people to confuse social workers with case

and mandated reporters). Finally, I will analyze various documents or texts, such as forms, texts associated with HB 1453, pamphlets, legislation, newspaper reports, etc.

I pose two sets of research questions: 1) One set drawing upon Smith and focusing on the child welfare system itself, and 2) another set drawing upon Hall and focusing upon the changes in the daily practices as a result of the new law. The first set includes the following questions: How does the child welfare system “work” to organize and disorganize families? How does it regulate as well as distribute resources to families? How do the system’s and the workers’ notions of family affect their practices? How does the system reproduce ruling relations? What discourses inform child welfare policy and practices at both the state and federal level? What role do race, class, and gender play in child welfare policies and practices at the federal, state, and local level? Are classed, raced, and gendered assumptions evident in child welfare policy? Do their practices have classed, raced, and gendered consequences for the families involved in the system? Are there silences or absences in discourses on race, class, and gender? The second set of questions includes the following questions: How and why did Missouri adopt the specific changes that it did? Why not other changes? What kinds of transformations are occurring in the process of implementing the changes? How do these changes look different depending upon one’s location in the system? For instance, how do the

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managers such as social welfare case managers. This happened during hearings for the bill and throughout this project.

perspectives of the social workers, the mandated reporters, and the juvenile officers differ? On the basis of their perspectives, how do these actors transform the intentions of policymakers? How do these actors make sense of the changes in the legislation? How does the funding structure of the federal government enable and constrain the state's actions? How does the funding structure of the state enable and constrain the actions of the frontline workers?

## **NATIONAL CONTEXT**

The federal government is intimately involved with child welfare policy through the passage of legislation and by providing funding to states. In *Appendix Two*, I have provided a more extensive timeline that discusses federal child welfare legislation. I do, however, want to highlight a few key pieces of legislation. Beginning in the 1960's, the federal government began subsidizing child welfare through funding associated with the Social Security Act. In 1980, it passed the first major federal child welfare law called The Adoption Assistance and Child Welfare Act. This law encourages permanency by returning children to their homes and by getting children adopted. It is the first federal law to attempt to set time limits on how long a child could stay in foster care and it offered federal aid to subsidize adoption. In the debate surrounding changing this legislation fifteen years later, many people argue that this law stressed keeping the family together (family preservation) at all costs.

In 1997, the federal government passed the Adoption and Safe Families Act (ASFA) in reaction to the perceived problems created by the Adoption and

Child Welfare Act of 1980. It shifted the focus from family preservation to child protection. Child protection is a focus on children rather than families and trying to prevent *potential* harm to them. Typically, this translates into removal from their home. ASFA requires that child safety be the paramount concern in making service provision, placement, and permanency planning decisions. It includes provisions that shorten the time frame for making permanency planning decisions, and it establishes a time frame for initiating proceedings to terminate parental rights. With limited exceptions, states must seek termination of parental rights whenever a child has been in foster care for fifteen of the previous twenty-two months. Another key component of the law is “concurrent permanency placement.” When a child is placed in foster care, they are placed on two tracks at the same time. One track focuses on reuniting them with their parents. This is “family preservation” or “child welfare.” The other one looks for a permanent home with another family. This is “child protection.” This law also provides adoption bonuses for states. A state will receive \$4,000 in supplemental federal funds for each foster care adoption which exceeds a base number and \$6,000 for special needs adoptions.

The federal government also shapes child welfare policy by providing the majority of the funding for child welfare at the state level. The majority of federal funding for child welfare is divided into two funding streams, known as Title IV-B and Title IV-E of the Social Security Act. Title IV-B is used for family preservation, time-limited family reunification, adoption promotion, and

prevention. This funding source is more flexible, because it does not impose any federal income or eligibility restrictions. It is, however, a capped entitlement, which means that there is a limited amount of funds each year. The FY 2003 appropriation for Title IV-B was \$695 million.

The other funding stream, Title IV-E is an uncapped entitlement, which means there are unlimited federal funds. However, it does impose federal income eligibility tied to Aid to Families with Dependent Children (AFDC). The federal government pays between half and three fourths of the foster care expenses for a child IF that child's family is eligible for AFDC based on 1996 guidelines. In 2003, the federal government spent 6.5 billion dollars for Title IV-E foster care funding and adoption assistance. This is a nine to one ratio of Title IV-E funding to Title IV-B funding.

One would think that the adoption population would decrease because ASFA makes terminating parental rights easier and because there are financial incentives for children to be adopted. What actually has happened is that the total number of children in foster care has gone up. In 1997, there were 520,000 children in foster care. In 2001, there were 542,000 children in foster care. During this same time period 186,000 foster children were adopted (National Coalition for Child Protection Reform 2004).

Since Title IV-B funding is primarily for family preservation and Title IV-E is for child protection services, the funding stream disproportionately privileges child protection. I argue that this has consequences for whether or not children are

removed from their homes. It provides an incentive to remove poor children and a disincentive to remove middle and upper class children. The implicit assumption is that middle and upper class children are not abused and neglected, and thus, the federal government doesn't need to provide resources for those families. Essentially, it has enabled the state to regulate poor families through the constant threat of removal of their children. It is necessary to point out that the median costs of foster care are twice the amount that is provided through Temporary Aid for Needy Families (TANF) or family preservation funds. This suggests that we are willing to pay more money for other people to raise poor children instead of giving their parents the funds they need to stay together.

Also, the AFDC eligibility requirement is still in place even though AFDC has been replaced by TANF. In fact, the Personal Responsibility and Work Opportunity Act of 1996, which eliminated AFDC and replaced it with TANF, is the legislation that set the requirement that, in order for the state to get reimbursed, the child's family must be eligible for AFDC as of July 16, 1996. Since that was over ten years ago, this means that fewer and fewer children are eligible for these funds and that they are truly the poorest of the poor.

In 2004, the Bush administration did propose a change to the funding structure of child welfare. Much like changes in social welfare reform in 1996, his administration proposed giving states block grants. They wanted to give each state a set amount of money for the next five years. The states did not see this to be in their interests, since the bulk of the funding they receive from the federal

government, Title IV-E funding, is guaranteed to increase if the number of children in foster care increased. Given that this was the trend, the states did not take the Bush Administration up on the offer.

Although the race of the children in foster care is not frequently discussed in debates about child welfare, the statistics are important. African Americans comprise 12.3 % of the U.S. population while whites are 75.1% of the population. However, African Americans make up 40% of the children in foster care. Whites make up 38%, Hispanics 15%, Asians 1%, while an additional 6% are other or unknown. According to U.S. Department of Health and Human Services, one-half of all victims were white (54.2%); one-quarter (26.1%) were African-American; and one-tenth (11.0%) were Hispanic (cited in Roberts 2002). Even though the majority of cases involved white children, African-American children were 51% more likely to be placed in foster care than white children. According to the U.S. Department of Health and Human Services, “minority children and in particular African American children, are more likely to be in foster care placements than in-home care, *even when they have the same problems and characteristics as White children*” (Roberts, 2002, p. 17 emphasis in original).

#### **THE CONTEXT FOR CHANGE IN MISSOURI IN 2004**

In the wake of Dominic James’ death in state custody, six reports have been written and ninety recommendations have been proposed to change Missouri’s child welfare system. This scrutiny has culminated in the passage of House Bill 1453, also known as the Dominic James Memorial Act, which passed

in August of 2004. Another bill was passed the previous year but was vetoed by then Governor Holden. House Bill 1453 codifies many of the changes that were put in place in the last three years. Some of the changes are structured decision-making, mandatory seventy-two-hour hearings and monthly reviews, fingerprinting, no longer allowing mandatory reports to be anonymous, etc. This bill also allocated money for the state to work toward accreditation.

### **MY OWN STANDPOINT**

Although my interest in this project developed after reading Dorothy Robert's book *Shattered Bonds: The Color of Child Welfare*, part of my interest in the topic of child welfare stems from my family's involvement with the system when I was a child. Please see *Appendix Three*, where I describe my own experiences with the child welfare system. I don't think that I understood much of what was happening at the time, but I do have vivid memories of thinking "this isn't helping." This feeling of "this isn't helping" affects my perspective on the child welfare system today. I can certainly relate to the experiences of the families involved with the system, and it influences why I wanted to study the topic of child welfare.

### **OUTLINE OF THE CHAPTERS**

The organization of this project is fairly straight forward. In the last two chapters of *part one*, I review the child welfare literature in *chapter two*, and I discuss my methods and methodology in *chapter three*. *Part two* discusses the social organization of the child welfare system. My first two data chapters,

*chapter four* and *chapter five*, are written for the families involved in the child welfare system by providing them a map of how the system works. They lay out the social organization and structure of the child welfare system in Missouri. Essentially, these chapters lay out “how things work” in practice. These chapters “map” the social organization of ruling relations that I hope families will use to navigate the system. In *chapter four*, I provide background for how and why the system is set up this way. Then, I describe the roles and responsibilities of the various CD workers (CA/N, FCOOHC, FCS, IIS, etc.), the juvenile officers, and the mandated reporters. The system is very complicated and atypical compared with every other state, so this chapter is intended to shed light on the structure of the system. In *chapter five*, I trace what happens from the point of making a hotline and how this hotline moves through the system. This chapter is a more concrete look at paperwork within the system. I argue that this paperwork ends up “standing in” for the families and in many ways replaces the voices of the families. The people end up being reduced to case numbers.

*Part three* discusses the workers’ standpoints. The next four data chapters (*chapters six, seven, eight, and nine*) work together to show how the perspectives of various workers within the system are dependent upon their particular locations. In other words, these chapters demonstrate the various workers’ standpoints. There are a lot of conflicts among the key actors within the child welfare system. I show how and why these conflicts occur. By understanding the various positions, I argue that one could restructure the

system to mitigate these conflicts. In *chapter six*, I discuss the perspectives of the CA/N workers at CD. These workers have too many cases to manage to do their jobs effectively. They are worried about liability for not removing a child from a dangerous situation. I also discuss the consequences of requiring the social workers to investigate so many hotlines that are unsubstantiated. Because of this over-reporting to the hotline, they get frustrated with the mandated reporters for making unnecessary hotlines. They also get frustrated with the mandated reporters for making classed, raced, and gendered assumptions about what is and isn't appropriate "mothering." Ultimately, the CA/N workers end up adopting the perspectives of the families over time. Thus, I argue they are the families' advocates.

In *chapter seven*, I discuss the perspectives of the mandated reporters and contrast them with the perspectives of the investigators. The mandated reporters adopt the perspectives of the children within the system and act as their advocates. They are upset with the social workers for not doing enough to protect children. I also discuss how they want to help families, but their idea of help is quite different from that of the social workers. Part of the mandated reporters' idea of helping families is to monitor and regulate the parents so that they will do right by their kids.

In *chapter eight*, I discuss the standpoint of the FCOOHC social workers. The FCOOHC workers have so much work to do that they end up being "paper" workers instead of social workers. I argue this is the case, because the Juvenile

Office has more power and because they are able to structure the work of the FCOOHC workers in such a way that they focus on the paperwork part of their job instead of helping families. In this chapter, I also discuss the FCOOHC workers' relationships with families. Although they would like to be the advocates for all parents, what ends up happening is that they are imprisoned by all the texts they create. Consequently, they are the families' conditional advocates. They make decisions about which parents are most "deserving" of their help and attention. It is in this chapter where the consequences of the retrenchment of the welfare state are most obvious in the lives of the families involved with the child welfare system.

In *chapter nine*, I discuss the perspectives of the juvenile officers and contrast them with the perspectives of the CAN and FCOOHC workers. The JOs are the ones who have the legal authority to take protective custody, not the social workers. This produces a lot of conflict between them and the social workers. Similar to the mandated reporters, the JOs are critical of the social workers for adopting the perspectives of the parents, but their reasoning is different. The JOs really adopt the perspectives of the judges and the legal system and distance themselves from their involvement with the families and the kids. Thus, I argue they are the courts' advocates.

*Part four* discusses social policy. In *chapter ten*, I apply the transformation of intentions theoretical framework to the changes in Missouri's child welfare system. First, I discuss the changes in the discourse of liability as a result of the

implementation of HB 1453. Then, I discuss two other legal changes in child welfare policy in the state of Missouri and the consequences of this discourse on child welfare practices. Finally, I conclude by arguing that it is important to analyze both legislative and judicial action to understand how and why the intentions of policy makers were transformed over time by social workers and juvenile officers. In *chapter eleven*, I discuss the ways race, class, and gender were both visible and invisible to the CA/N and FCOOHC social workers. Of the three, the social workers recognized class and class inequality the most. Although they discussed gender, in many ways they assumed that mothers should be the ones taking care of children. Many of them did not discuss gender inequality and what role that played in a person's involvement with the child welfare system. I argue that the social workers were the most uncomfortable discussing race, because the social workers articulated a colorblind view of the world. I argue that this discourages them from noticing race and racial inequality. In the conclusion, *chapter twelve*, I discuss the social policy consequences of my study. I return to the subjects of the welfare state, American Exceptionalism, the Transformation of Intentions, and ruling relations to discuss the implications of the case of child welfare for those concepts. I also discuss ways the child welfare system needs to be changed to truly help families.

## **CHAPTER TWO--LITERATURE REVIEW**

### **REVIEW OF RELEVANT LITERATURE ON WELFARE POLICY**

Social policy is not enacted in a vacuum. What is implemented in one time period is dependent upon the historical context as well as the institutional context that enables and constrains action. Thus, to understand child welfare policy in Missouri, I argue that it is necessary to understand American Exceptionalism and theories of the welfare state, because it is within this context that the current federal policy has been operating. Especially with child welfare, which draws upon many of the policies that make up the welfare state (Medicaid, Temporary Aid to Needy Families, child care, unemployment, etc.), it is important to understand the ways in which these welfare state policies at the federal level do and do not create a safety net for families involved with the system. It is also important to understand the ways in which welfare state policies regulate families in addition to distributing resources. As you will see, this issue of regulation will be important in various ways.

I start by talking about the welfare state and American Exceptionalism, because I want the project to address and contribute to a body of work on social policy. This body of work also provides an understanding of the U.S. context over time. For my purposes, it is particularly important to attend to the discussion of race, class, and gender and retrenchment in welfare redistribution since the 1980's.

## *AMERICAN EXCEPTIONALISM*

One of the central problematics in political sociology has been the question of why the United States has not developed social programs similar to other western industrialized nations. This is known as American Exceptionalism. There are overlapping and competing explanations. According to Lipset (1990), one reason is that Americans oppose all forms of governmental intervention due to a liberal culture in which individual rights are sacred, private property is honored, and state authority is distrusted (Quadagno 1994). This does not seem to be the case when one looks at child welfare, because Americans have tolerated significant amounts of intervention into *some* families and have not been distrustful of state authority.

A second explanation of American Exceptionalism is that a weak working class impeded the development of a more generous welfare state (Esping-Andersen 1990). Skocpol (1992) challenges this explanation of welfare state expansion by pointing out that the U.S. is not actually a welfare state laggard, since it instituted a precocious spending regime significantly earlier than other countries and by pointing out that working class political parties were not responsible for the programs adopted after the Civil War.

Quadagno (1994) disagrees with Skocpol and argues that, contrary to what most people think, the U.S. is not a welfare state leader but rather a laggard. In a study of social welfare, Quadagno (1994) argues that we did not institute welfare policies of which African Americans could take advantage until

the Civil Rights Era. What we learn from the debates about American Exceptionalism is that, when we only focus on class, we miss much of the story. Skocpol (1992) adds an analysis of gender, and Quadagno (1994) adds an analysis of race. With child welfare, it will be important to be attuned to the roles of class, gender, and race to provide a more complete analysis.

In an analysis of Social Security, Quadagno (1998) makes a different argument about American Exceptionalism. She argues that, instead of expanding the welfare state and following the path of the social democratic countries, the United States is the first country to reduce funding and cut social programs during the 1990's. This is called retrenchment. Myles and Quadagno (2002), Pierson (1994; 1998), and Quadagno (1998) make the case that the welfare state is being transformed so that many of the things that were possible for the Social Democratic countries such as Sweden and Holland to accomplish are no longer possible in the U.S. The issue of retrenchment is particularly important for the study of child welfare, because of the relevant efforts to retrench the U.S. welfare state in general and child welfare in particular. The current Bush administration's attempt to change the funding structure of the child welfare system is a clear case of programmatic retrenchment. Consistent with other social welfare reforms enacted in the Bush administration, they proposed giving block grants for child welfare funds to states. In exchange for allowing the states to spend the federal money any way they chose, the Bush proposal would have replaced the guaranteed funding with capped funding. The states had to agree

to receive a predetermined amount of money for the next five years. The states were not willing to agree to that, so this policy change has gone nowhere as of this writing. The possibility of this form of retrenchment calls for questions about impact. What effect would retrenchment of the funding structure have on Missouri's ability to provide resources and services to families involved with the child welfare system? Would there be patterns in terms of race, class, and gender in the people most negatively affected? Would this process affect the workers within the child welfare system differently depending upon their location within the system (CD, JO, MR, etc.)? To what extent might the state of Missouri itself engage in further retrenchment of its child welfare system and with what consequences? Last, if resources were cut, what if anything, would happen to the regulation function of child welfare?

#### *THE CLASSED WELFARE STATE*

Esping-Andersen's *Three Worlds of Welfare Capitalism* (1990) is a pivotal work, because he brings together several of the theories of American Exceptionalism to discuss clusters of welfare states instead of only a single welfare state. By incorporating both institutional and class factors, Esping-Anderson argues that the differences among the welfare states depended upon variation on three dimensions: 1) in the quality of social rights as measured by de-commodification (eliminating dependence on the market), 2) in the resulting patterns of stratification, and 3) in the ways in which the state, the market, and the family are interrelated. The three cultures of welfare states are: the liberal

welfare state, the conservative or corporatist welfare state, and the social democratic welfare state. The liberal welfare state is characterized by heavy reliance on means-tested programs, modest social insurance benefits, and market solutions in the form of employer-sponsored benefits and private insurance. The United States, Canada, and Australia are archetypical examples. The conservative or corporatist welfare state is characterized by states where social insurance schemes are important but are differentiated by class and status. Austria, France, and Germany are examples. The social democratic welfare state is characterized by universal benefits and services covering the entire population, a weakening of the influences of the market in distribution, and a strong commitment to full employment. The Scandinavian countries are examples.

Esping-Andersen's work is important, because it underlines the importance of the role social class plays in the implementation of social policy. For child welfare, understanding the role of social class in the conception and implementation of this policy will be critical. In what ways does the social class of the primary recipients of child welfare play in the availability of resources devoted to the system? Are classist assumptions evident in child welfare policy at the federal, state, and/or local levels? Are there particular silences when it comes to class at the federal, state, and/or local levels? How does the government's ability to de-commodify its citizens by eliminating the dependence on the market affect a family's involvement with the child welfare system in both positive and

negative ways? How are patterns of stratification evident in child welfare policy? How are the state, the market, and the family interrelated? How does the class of the person implementing the policy shape the ways in which the policy gets implemented and transformed?

Esping-Andersen's work is also important, because it demonstrates the importance of looking at the historical context within a country when analyzing what is and is not possible with regard to social policy. In the case of child welfare, it is important to understand the United States context as a liberal welfare state, because this liberal stance has limited what kinds of government responses are possible. The child welfare system is part of the welfare state, because part of its role is to link families up with services that are what we think of as welfare state policies (healthcare, social welfare, workman's compensation, etc.).

However, the child welfare system in the U.S. serves another function other than just distributing resources. The other function is to regulate families. This system can prevent people from having the right to raise their own kids. How does the dual function of the child welfare system shape the implementation of child welfare policy? How does this dual function shape the experiences and outcomes of families involved with the child welfare system? How does this dual function add to our understanding of the United States as a liberal welfare state? Are these dual functions consistent, contradictory, or both? Are there patterns in

terms of race, class, and gender with regard to this regulatory function? Are some groups regulated more than others?

Esping-Andersen does not address the issue of regulation of families. He does not give us the tools to understand the implications of the fact that the child welfare system performs a second function as the abuse and neglect surveillance agency. Some of the social workers explicitly say this. They argue that the system does not have the resources to be the child welfare system. This ties in to the issue of retrenchment, because they have to spend so much of their time and resources to avoiding liability and getting in trouble with supervisors instead of spending money to help families. The end result is that most of the emphasis gets placed on regulation instead of on child welfare.

#### *THE GENDERED WELFARE STATE*

Although work on the welfare state in general and Esping-Andersen's work in particular has added to our understanding of social policy, feminists have been critical of this work for being gender-blind. Skocpol (1992) was one of the first to gender the state by demonstrating the ways in which women reformers were successful in their attempts at getting pensions, while men's policies were unsuccessful. Many feminists (Folbre 1994; O'Conner, Orloff, and Shaver 1999; Orloff 1996; Ostner and Lewis, 1995; Quadagno 1988, 1998; Sainsbury 1994, 1996, 1999; and Skocpol 1992) have been particularly critical of Esping-Andersen for his lack of attention to the gendered nature of social policy. According to Orloff (1996), his citizens are implicitly male workers; his

dimensions tap into a state's impact on class relations and the relationship between states and markets without consideration of gender differences within classes; he leaves invisible the work women do on behalf of social welfare; and his framework fails to consider the state's effect on gender relations, inequalities, and power. According to Sainsbury (1994, 1996, 1999), Esping-Andersen's model does not systematically look at the ways in which these countries differed in terms of gender or at the ways in which gender relations were reproduced by the introduction of the welfare state. Folbre (1994) is also critical of Esping-Andersen's theory of the welfare state, because the three regimes differed in terms of gender sensitive programs. She argues that the social democratic countries are better for women, because they do a better job of treating people as individuals rather than as family units (such as in the corporatist/conservative countries).

Building upon this early work, other feminists have done work that has gendered social policy. Bane and Elwood (1996), Gordon (1990), Hays (2003), Mink (1990), Naples (1997), Pearce (1990), and Sidel (1996) have done gendered analyses of social policy. For child welfare policy, it will be important to analyze the gendered aspects of the child welfare system. Are gendered assumptions evident in child welfare policy at the federal, state, and/or local levels? Do these gendered outcomes affect a family's involvement with the child welfare system? In what ways does the gender of the primary recipients of child welfare services play a role in the availability of resources devoted to it? In what

ways do gender relations get reproduced by the child welfare system? Is the child welfare system better for some women [and for some men] than for others? For instance, does it depend upon the class or race of the person? How does the gender of the person implementing the policy shape the ways in which the policy gets implemented and transformed?

### *THE RACED WELFARE STATE*

Feminists have also pointed out that the welfare state literature has been insensitive to race as well. Folbre's (1994) analysis of the U.S. case is interesting, because she makes the case that we have the particular welfare state regime we do due to racial divisions within the U.S. Instead of white women and black women working together to institute social policies in their interests, there were divisions among women. Consequently, the initial policies that were implemented were crafted in the interests of white women and not necessarily in the interests of black women. Therefore, she argues that it is important to analyze the role of gender and race when looking at social policy.

Quadagno (1994) shows the ways in which African Americans were systematically excluded from welfare programs due to southern control of key congressional committees. She also shows the ways in which programs that were intended to improve the welfare system in the 1960's were not implemented due to racial issues. For instance, the Family Assistance Plan, which included day care and other policies that would have helped all poor women (and middle class women for that matter), was dropped by the Nixon administration, because

his white constituency was opposed to these programs. She also discusses the issues associated with unions and their attempts to prevent black men from job training. In this case, we see the issue of race intersecting with class and helping to structure our current policies. Consequently, policies that could have helped all women were never implemented because of race.

Other scholars have analyzed the role of race in social policy (Luker 1996; Katznelson 1981; Roberts 1997; Solinger 2000; Wilson 1980, 1987, 1996). In the case of child welfare, it will be important to analyze the role of race in child welfare policies and practices. Are there racist assumptions within child welfare policy at the federal, state, and/or local levels? Are there particular silences when it comes to race at the federal, state, and/or local levels? Are there racist outcomes within child welfare policy at the federal, state, and/or local levels? Are there raced outcomes that affect a family's involvement with the child welfare system? In what way does the race of the primary recipients of child welfare services play a role in the availability of resources devoted to a family? In what ways do race relations get reproduced by the child welfare system? How does the race of the person implementing the policy shape the ways in which the policy gets implemented and transformed?

These feminist and race scholars have demonstrated the importance of not only looking at the ways in which the issue of race affects what policies do and do not get implemented, but they have brought attention to the importance of looking at the ways in which race, class, and gender intersect. In the case of

Missouri's child welfare system, how do race, class, and gender intersect to produce particular gendered, raced, and classed policies and practices? Is one dimension (race, class, or gender) more important for explaining the interactions/involvement of workers (CD, JO, MR) with the families involved with the system? Do raced, classed, and/or gendered assumptions explain the ways in which child welfare policy gets implemented and transformed in local child welfare offices and Juvenile Offices? Do the workers in different locations within the child welfare system make different gendered, raced, and/or classed assumptions than others located within/outside the system?

## **CHILD WELFARE LITERATURE**

### *THE UNITED STATES CONTEXT*

The child welfare system is a very complicated system (composed of the federal government, state governments<sup>4</sup>, local social workers, juvenile officers, mandated reporters, etc.) that shapes a family's involvement with the child welfare system. According to Waldfogel (1998b), it is a "highly specialized set of laws, funding mechanisms, and agencies that together constitute the government's response to reports of child abuse and neglect" (p. 5). Because the system is so complicated, it is important to analyze the ways in which federal child welfare policy and practices shape state and local communities' abilities to provide services to families involved with the child welfare system. How do the federal laws and funding mechanisms impact what happens in local counties in

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<sup>4</sup> For a more detailed discussion of the complexity of Missouri's child welfare system, please see *chapter four*.

Missouri? Do the federal child welfare laws differentially impact some families compared to others? Are there assumptions based on race, class, and gender built into federal child welfare policy? Does this complexity serve to conceal the regulatory function of the system?

Waldfoegel (1998a, 1998b, 2000) reviews the child welfare literature and identifies five common problems with the current child welfare system. One problem is over-inclusion. For a variety of reasons, some families are unjustly or inappropriately reported to the child welfare system, which exposes them unnecessarily to coercive and intrusive investigations (Besharov and Laumann 1996; Waldfoegel 1998a, 1998b, 2000). These inappropriately referred cases are problematic not only because of the potential harm to the families involved, but also because they may impede the ability of the system to respond effectively to other, higher risk cases (Waldfoegel 1998a, 1998b, 2000). Given the fact that Missouri had the second highest number of cases per thousand children of any state and that less than half of the families reported to the system actually receive services, the problem of over-inclusion is very relevant to my study and raises several questions: 1) Are there patterns in terms of the race, the class, and the gender of the children/families reported to the child welfare system? 2) Are there patterns in terms of race, class, and gender of the responses by social workers, juvenile officers, etc. to these reports? How and why are some families reported more often than others? What, if anything, did House Bill 1453 do to address this issue? How does the state encourage the issue of over-inclusion?

For instance, I was an observer at a meeting with mandated reporters at which a state official explicitly stated “report everything. If you don’t, you will go to jail.” How does one’s location within the system shape whether or not one thinks over-inclusion is a problem? How do mandated reporters understand their role in the system? Do they see over-inclusion as a problem? How are the process of over-inclusion and the regulatory function of child welfare related?

A second problem discussed is under-inclusion. Some children and families who could benefit from child protective services are not reached or are not reached adequately (Waldfoegel 1998a, 1998b, 2000). These include some families that are missed by reporters, some families that are known to the reporters but are not referred because reporters doubt that the system has the capacity to help them, and some families that voluntarily contact the system for help but do not receive help because they have not crossed the line into serious abuse and neglect (Waldfoegel 1998a, 1998b, 2000). In the case of Missouri, is under-inclusion a problem? Do various actors within the system (social workers, juvenile officers, mandated reporters, etc.) see under-inclusion as a problem? If so, how and why do their perspectives differ? Are there groups of people who are not helped? Has the issue of under-inclusion increased as the number of resources available to social workers decreased? Another way of asking the same question is what role has the fact that we are living in an era of austerity had on the problem of under-inclusion (Pierson 1994, 1998)? What, if anything, did House Bill 1453 do to address this issue?

A third problem identified is capacity. The number of families involved in the system far exceeds the capacity of the system (Waldfoegel 1998a, 1998b, 2000). Over the past few decades, the number of families who interact with the child welfare system has risen dramatically (Besharov and Laumann 1996; Waldfoegel 1998a, 1998b, 2000). Nationally, approximately three million children were reported to the child welfare system in 1997 (U.S. Department of Health and Human Services 1999). This is a fourfold increase in the number of children reported twenty years earlier (Waldfoegel 1998). In the case of Missouri, with its large number of reports, it seems likely that capacity is an issue. How does the issue of capacity play out in the various parts of the system (CD, JO, courts, police, schools, hospitals, etc.)? Does the overloading of the system lead to certain children being removed unnecessarily (pulling children in the fact of an inability to provide services, casting the net widely to pull in many cases that otherwise would not come into system, pulling children due to a lack of time to do investigations properly, etc.)? Does the overloading of the system prevent families from getting the help and services they need in order to stay together? Does the overloading of the system prevent children from being returned to their homes in a timely fashion or at all? What effect does the overloading of the system have on the perceptions and actions of people working within the system? What interactive effect is produced by the overloading of the system and the cut back in funds for the child welfare system? In other words, what are

the consequences of the overloading the system in an era of austerity? What, if anything, did House Bill 1453 do to address this issue?

The fourth problem identified is service delivery. Families that are appropriately referred to the child welfare system may not get the right type of services (Waldfogel 1998a, 1998b, 2000). Service delivery tends to be uneven across communities (Waldfogel, 1998a, 1998b, 2000). Families also have multiple and overlapping problems, but services tend to be fragmented and delivered by different professionals in different locations (Waldfogel 1998a, 1998b, 2000). In the case of Missouri, are the services offered appropriate given the problems identified in the initial report? If not, why not? What, if anything, did House Bill 1453 do to address this issue?

The fifth and final problem is service orientation. The basic orientation of the system may not be right for some of the families involved with the system (Waldfogel 1998a, 1998b, 2000). The system's dual mandate to protect and to preserve families has created tensions within the system about which goal is more important (Waldfogel 1998a, 1998b, 2000). It has also led to a one size fits all approach to families with diverse needs that can and do change over time (Waldfogel 1998a, 1998b, 2000). In the case of Missouri, how does the orientation of the system match with the needs of families? Which orientation (protection or preservation) is the dominant orientation? Has that changed over time? In what ways does House Bill 1453 privilege protection? In what ways does House Bill 1453 encourage family preservation? How are these dual goals

consistent? How are they contradictory? Are there patterns in race, class, and gender in terms of the families that the system tries to protect? Are there patterns in race, class, and gender in terms of the families that the system tries to preserve?

Another problem commonly discussed in the literature, although not by Waldfogel (1998a, 1998b, 2000), is the shift from “child welfare” to “child protection” in the 1980’s (Ferguson 1997; Kamerman and Kahn 1990; N. Parton 1991, 1994; Parton, Thorpe, and Wattam 1997; Roberts 2002; Thorpe 1994). According to Roberts (2002),

The *child welfare* system ... is a misnomer. The mission of state agencies is not to promote children’s welfare. Rather, their purpose has become *child protection*: they try to protect children from the effects of society’s colossal failure to care enough about children’s welfare. The system is activated only after children have already experienced harm and puts all the blame on parents for their children’s problems (74, emphasis in original).

Thus, the system has shifted from caring about the well-being of families and encouraging family preservation to a focus on children and trying to prevent *potential* harm. Roberts (2002), among others, argues that removing children because of *potential* harm does more harm to children in the long run, because some children are unnecessarily removed and separated from their biological children. She discusses the psychological trauma and the rate of abuse and neglect within foster care.

Roberts (2002) discusses three assumptions behind the current “child protection” system. First, it places all responsibility for taking care of children on

their parents, without taking into account the economic, political, and social constraints that prevent many parents from taking care of their children (p. 89). Second, child protection is only activated when families are already in crisis. Finally, because the system perceives the resulting harm to children as parental rather than societal failures, state intervention to protect children is punitive in nature (89-90). Roberts draws two conclusions. First, the state is guilty of both over-intervention and under-intervention. They remove too many children and ignore the impact of poverty and racism on many children. Second, they are more willing to spend money on out of home care than on in-home services. We are a society “willing to pay billions of dollars a year on maintaining poor children outside their homes, [but, at the same time, one that] begrudges spending a fraction of that on supporting families” (89).

Some authors argue that part of what has brought about this shift from “child welfare” to “child protection” has been the increase in social awareness and national media attention to cases of abuse and neglect. Because of this media attention, child welfare policy has been criticized for not doing enough to prevent these deaths. Along with this media scrutiny, there has been an increase in the bureaucratization of social work and “good practice” during this time period (N. Parton 1991). As a result of this new bureaucratization, Ferguson (1997) and Stein (2000) argue that there has been an increased focus on following procedures, accountability, and new managerialism. They argue that gathering evidence and a new emphasis on legalism determines what are child

protection and social work (Ferguson 1997, Stein 2000). Ferguson states, “child care has moved away from ‘welfare’ to ‘protection’ and social work is now an intrusive, investigative practice focused on policing and ‘normalization’ of the child rearing practices of marginalized groups: the poor, lone parent mothers, and ethnic minorities” (1997:222).

Social workers have responded to these changes by developing a fear of liability. This issue of liability, legalism, and the role of the courts is particularly important to look at in the case of Missouri, because it is the Juvenile Office that petitions the court and makes the initial decision regarding removal of children from their homes. Is there more of an emphasis on “welfare” or “protection” in Missouri and why one or the other? In what ways have the courts and the legal system affected the practices of social workers and other actors within the system? Does one’s understanding of legalism depend upon one’s location/position within the system? How does one’s fear of liability depend upon one’s position within the system? What effect does legalism have on the ability to remove children from their homes or to return them to their homes? How is the issue of liability related to the issue of regulation of families? Are there differences in the ways the juvenile office and the courts practice legalism with certain groups of families? In what ways does House Bill 1453 emphasize protection or welfare? In what ways does House Bill 1453 increase the emphasis on legalism?

## **CHILD WELFARE LITERATURE AND CLASS, GENDER, AND RACE**

### *CLASS*

The majority of families involved with the child welfare system come from the lower socioeconomic groups. Some authors argue that this is a result of the funding structure of the federal government. Courtney (1998), Roberts (2002), and others argue that the funding for services to prevent child maltreatment and to help families who wish to remain intact is much more limited than funding for foster care. The largest proportion of federal child welfare funding, known as Title-IV E of the social Security Act, is uncapped, which means that funds are unlimited. However, there is federal income eligibility tied to AFDC. The federal government pays between half and three fourths of the foster care expenses for a child IF that child's family was eligible for AFDC in 1996 (Courtney 1998; Pew Commission 2004; Patterson 2005). It is important to point out that this AFDC eligibility requirement is still in place even though AFDC has been replaced by Temporary Aid to Needy Families (TANF). In fact, the Personal Responsibility and Work Opportunity Act of 1996, which eliminated AFDC and replaced it with TANF, is the legislation that set the requirement that in order for the state to get reimbursed, the child's family must be eligible for AFDC as of July 16, 1996. Since that was over ten years ago, this means that fewer and fewer children are eligible for these funds and that they are truly the poorest of the poor. Courtney (1998) states, "Some observers worry that the combination of fixed funding streams for prevention and direct services to children and their families, but

open-ended federal support for out of home care, creates an incentive for public agencies to place children in out of home care rather than offering services that could keep their families intact” (92).

This project will examine the role of social class in the policies and practices within the child welfare system. How does the fact that most people who are hotlined are from the lower socioeconomic statuses affect the willingness of the welfare state to redistribute resources? How does the fact that most people who are hotlined are from the lower socioeconomic statuses affect the states’ willingness to police and regulate families? As the number of hotlines increase and more and more families from a variety of classes are hotlined, does this affect the states’ willingness or ability to police and regulate families? How does the social class of the people within the system vary? What role does social class difference among people in various locations of the system play in the policies and practices of the child welfare system? Does the social class of the people in various locations in the system affect their ability to transform the intentions of legislators at the state and federal levels?

### *GENDER*

The gendered character of the child welfare system has been discussed by numerous authors (Daniel and Taylor 1999; D’Cruz 2004; Farmer and Owen 1995; Gordon 1988; Krane and Davies 2000; Milner 1993; O’Hagen and Dillenburger 1995; C. Parton and N. Parton 1989; Ryan 2000; Scourfield 2001a, 2001b, 2002, 2003; Scourfield and Welsh 2003; Swift 1995; Tice 1998; Turney

2000). One of the primary concerns has been on the role of mothers within the system. Women have been viewed as the main representative of the family and as the first point of contact. Women have also been held responsible for family violence or maltreatment of children regardless of whether or not they were actually primarily or solely responsible. Stark and Filtcraft (1988) call this patriarchal mothering. Davies and Krane (1996) and Hooper (1987) call this mother blaming. Thus, mothers are considered indirectly responsible because of a “failure to protect” their children (see D’Cruz 2002, 2004; Gordon 1988; Humphreys 1999; Korbin 1989; Milner 1993; C. Parton and N. Parton 1989; C. Parton 1990; Stark and Flitcraft 1988). Milner (1993) argues that, even when a man is identified as the person responsible, his responsibility may be minimized by his absence within the process; as a result, the attention is redirected toward the mother. Thus, mothers may be given some, an equal amount, or all of the blame for the actions of men and consequently subjected to surveillance. Farmer and Owen (1998) argue that the end result of this is that mothers are viewed as secondary perpetrators rather than as secondary victims of the abuse of their children.

Unlike much of the literature on gender and child welfare, which is not empirical, Swift (1995) sets out to understand the gendered practices in Canada’s child welfare system. She focuses only on the subject of neglect instead of abuse and neglect. Swift (1995) shows that neglect gets defined as bad mothering. Neglect gets defined in terms of a deficit of caregiving rather

than a simple lack of resources (Milner 1993; Scourfield 2003; Swift 1995; Turney 2000). Thus, the vast majority of parents charged with neglect are women, because they do most of the carework of children. Here again, we see women being blamed for their situations rather than being helped.

Featherstone (1999), Farmer and Owen (1995) discussed the gendered nature of the child welfare system in terms of viewing mothers solely in terms of how their actions or inaction impacted their children. Featherstone (1999) argues that missing from this approach is any understanding of mothers as women or people who may have alternative identities other than that of mother. She states, "Quite simply we need to stop assuming that the relationship between mothers and children flow in one direction and recognize that having children changes mothers" (Featherstone 1999:44). Other authors, such as Flax (1990), argue that we need to avoid assuming that mothering is a universal and uniform experience. She argues that we need to pay attention to the differences between mothers and mothering practices and to differences among children.

Hooper (1997), Featherstone (1999), Milner (1993), and C. Parton and N. Parton (1989) discuss the trend toward gender neutral language such as 'parent' instead of 'mother' or 'father'. Hooper (1997) argues that this practice is potentially problematic, because it obscures the different role of and potential for conflict between men and women. Also, in the case of sexual abuse, this practice is particularly problematic, because it is fathers who do most of the abusing, not mothers (Campbell 1988). She concludes that parenting is not

gender neutral and, by treating it as such, one might conceal the gendered nature of the child welfare system.

Although the role of fathers in the child welfare literature is not new, many authors (Ryan 2000; Scourfield 2001a, 2002, 2003; Scourfield and Welsh 2003; Turney 2000) have brought more attention to the social workers' failure to engage men. These authors argue that it is problematic to ignore men in the system, because some men could be a resource for children.

Unlike much of this work, which is commentary about the role of gender in child welfare, I examine the gendered nature of Missouri's child welfare system. In what ways are the policies and practices of the system gendered? In what ways does the system treat mothers differently than fathers? Are mothers held responsible for the abuse and neglect of their children even if they are not the person who did it? Do men become invisible through their lack of participation? Is neglect defined in practice as a lack of care and a lack of mothering rather than a lack of resources? In what ways do the interests of mothers and their children coincide? In what ways do the interests of mothers and their children conflict? In what ways do the interests of mothers and fathers coincide or conflict? In what ways do the interests of fathers and children coincide or conflict? Is there a universal and uniform understanding of motherhood that is evident in practice? If so, does this practice negatively impact some classes and races of women more than others? Does the generic use of the word "parent" conceal gendered processes at work and consequently negatively affect

mothers? How does the fact that most people working within the child welfare system are women affect the practices within the system? How does the gender of the child affect whether or not the mandated reporters make a hotline? Is there a gendered practice in terms of children transforming the intentions of the hotline and using it for their own purposes? For instance, teen age girls are requesting to be placed in foster care.

### *RACE*

Unlike the writings on gender in which numerous authors have discussed the issue extensively, there is a much less extensive treatment of the racial aspect of the child welfare system in the child welfare literature. Children of color are disproportionately represented in the foster care system (Courtney 1998; Lindsey 2004; Roberts 2002). Although most authors note the racial disparity, there is very little discussion of how and why this is the case. A notable exception is Roberts (2002). Roberts argues that the child welfare system is a racist institution and that it operates as an apartheid institution in cities. She argues that black children receive inferior treatment compared to white children at every stage of the process. Black children have the greatest odds of being reported to the child welfare system and removed from their homes. According to the U.S. Department of Health and Human Services, "minority children and in particular African American children, are more likely to be in foster care placements than in-home care, *even when they have the same problems and characteristics as White children*" (Roberts 2002:17 emphasis in original). Once

black children are in the system, it takes longer for black children to be returned to their homes. She states, “Nearly half of White children who are placed in foster care return home within three months, very few Black children do” (Roberts 2002:19). Black children also receive “inferior treatment according to every measure, including provision of both in-home and adoption services, recommended versus actual length of placement and worker contact with the child and caregivers” (Roberts 2002:20). In addition, Black children have the smallest chance of being either reunited with their parents or adopted (Roberts 2002:14, 23). Finally, Black children are more likely to be in kinship care (placed with a relative), but they receive fewer services.

Roberts (2002) argues that the shift from “child welfare” to “child protection” in the past several decades shifted the funding priorities of child welfare agencies so that there is very little funding for parents who just need help. Consequently, the number of children receiving child welfare services has declined dramatically, while the foster care population has skyrocketed (Roberts 2002:15). As the child welfare rolls became increasingly black, state and federal governments spent more money on out-of-home care and less on in-home services (Roberts 2002:15). This process is similar to what happened with the social welfare rolls when they became increasingly black. Thus, Roberts is arguing that the child welfare system is regulating families in general and black families in particular. Roberts argues that it is important to look at the politics involved in taking children away from their families, which programs are funded,

etc., because much of what goes on with child welfare is politically motivated rather than based on the best interests of children. Thus, the politics of child welfare is about which families the state is willing to regulate and not always about acting in children's best interests.

Roberts argues that it is necessary to link changes in the child welfare system to other policies such as social welfare and the criminal justice system. Roberts argues that, instead of working to eliminate racism in the child welfare system, both state and federal governments have implemented policies that will increase rather than decrease the racial disparity (2002:103). With regard to child welfare, both federal and state laws have begun to abandon family preservation. With regard to social welfare reform, the changes that require parents to work make it more difficult for parents to take care of their children. With regard to the criminal justice system, tougher criminal penalties are locking up growing numbers of black parents and children. In each case, these policy changes are likely to have a disproportionate effect on black families. She says that the solution to the problem of poor Black children is to either dissolve their family ties so that they can get adopted or to lock them up in prison (104).

Roberts' work does two things for my project. One, it demonstrates not only the importance of analyzing the raced aspect of the child welfare system, but it also demonstrates the importance of looking at the regulatory function of the child welfare system. This system does not just distribute resources. It regulates families and some more than others. Two, this work demonstrates that

it is important to analyze larger systems of inequality to get at the ways in which race “works” in policies and in practices. By only looking at what is going on at the surface level, one may ignore the larger processes that shape those very practices. This will be particularly important for my work, and my intent is to look at the raced aspect of Missouri’s child welfare system.

This leads me to ask questions about the ways in which race affects the daily practices of the child welfare system. In what ways are the policies and practices of the system raced? In what ways does the system treat whites differently than people of color (in reporting, removal, length of time in foster care, return home rate, number of placements, termination of parental right (TPR), adoption, etc.)? In particular, why are African Americans overrepresented in Missouri’s child welfare system? How do larger structures of inequality (social welfare, criminal justice, juvenile justice, discrimination, etc.) operate to produce this outcome? Are some families regulated more than others? Are some families given more resources than others? Does HB 1453 do anything to address the overrepresentation of children of color in the child welfare system? Is the state of Missouri acting in the best interests of all children? Do all children have the same interest, or do their interests vary by race, among other social locations? What role does race play in the shift from child welfare to child protection?

Are there particular silences when it comes to the topic of race? If so, why? Is coded language used as a proxy for race? How does the colorblind

ideology shape the practices of race in the child welfare system? Does the colorblind ideology conceal raced processes at work and consequently negatively affect people of color? How do race and class intersect to produce particular practices and outcomes? How does the fact that most people working within the child welfare system are white affect the practices within the system? How does the race of the child affect whether or not the mandated reporters make a hotline?

## **TRANSFORMATION OF INTENTIONS: A THEORY OF THE POLICY**

### **PROCESS**

Much of the child welfare literature is either commentary with little data or data with very little theory. This project will make a contribution to this area by explicitly using a theory of the policy process to analyze child welfare policy and the ways in which it has been transformed over time. I use the theoretical framework of the *transformation of intentions* developed by Hall (1995, 1997), Hall and McGinty (1997), Patterson (2000), Placier, Hall, Benson, and Cockrell (1998). The “transformation of intentions” has multiple meanings. Since policies are the vehicles for realizing *intentions*, the aims, purposes, and goals that motivate multiple actors to act, the transformation of intentions occurs in the traditional sense when policy actors aim specific actions at a problem for announced purposes. However, the transformation of intentions can also communicate a more flexible and less linear process. Multiple actors with different, divergent, or conflicting interests and intentions enter into the process

at different points and adjust to one another within and across sites to create policy. Unanticipated contingencies and unintended consequences may arise in this process. The transformation of intentions can also highlight the emergence of new or previously unacknowledged intentions during interaction. Finally, the transformation of intentions recognizes that actors use policy for reasons other than to solve problems. People may use it to advance their careers, reputations, or influence. The strength of the multiple nuances of the transformation of intentions is that it “highlights social actors, under unpredictable and changing circumstances, with limited information and foresight, in dynamic interaction” (Hall and McGinty 1997).

The transformation of intentions theory looks at the multiple intentions, interests, and interpretations of many actors in the policy process to see how it is that policy is continuously changed and acted upon by actors within a site, at different linked sites (i.e., national, state, local), and across time (Hall and McGinty 1997). When one looks at policy in this way, one is able to see that the people at a later site are dependent upon the actions of those at a previous site. Likewise, actors at an earlier site are dependent upon those at a later site to implement their intentions. The nature of the linkages between these sites and the interests of actors at those sites strongly influences whether or not the consequences of actions taken at one site become conditions at another site. It is important to point out that these conditions are not determinants, however, because of the uncertainty and ambiguity of the policy process.

This is a study of the policy process in the sense that I want to look at how a text or policy moves across sites and across time. I want to look specifically at how the Adoption and Safe Families Act (federal policy) and HB 1453 (Missouri's new law) are transformed into practices. How do workers/actors interpret these laws? How do these laws encourage/influence a particular culture within CD?

In the case of child welfare, the local level isn't just one site such as a local school. There are multiple sites (CD, the juvenile office, police departments, schools, hospitals, etc.). Consequently, I want to look at how this reform is shaped by the federal level, becomes written into law at the state level, and then is implemented in various sites at the local level. Understanding how policy gets enacted in multiple sites simultaneously will be a contribution of this project to the *transformation of intentions* framework. Most of the work using the *transformation of intentions* framework has followed the transformation in terms of the "chain of command," policy being implemented at the national level to the state level and then at the local level. This study is different, because I look at how policy enacted at the state level by two branches of government gets implemented at the local level (CD and Juvenile Office) simultaneously. Thus, this is a multi-level, multi-site analysis. It is important to look at the linkages between the state and the local levels as well as at the linkages across the local level in order to understand how and why policy gets implemented.

## CHAPTER THREE--METHODOLOGY AND METHODS

### METHODOLOGY

Now that I have discussed the relevant literature for this project (the welfare state, child welfare, and the transformation of intentions), it is necessary to discuss my methodology and how my methodology connects to my theoretical framework. Drawing on the work of Dorothy Smith and Marge DeVault, I will use the methodology of institutional ethnography to analyze child welfare policy and practices (DeVault 1999; DeVault and McCoy 2002; Smith 1987, 1990a, 1990b, 1999; 2005). The intention is to discover the social relations that organize professionals' activities/work across the child welfare system in their everyday/everynight worlds and to map these social relations to understand how these activities both organize and disorganize the lives of families involved with the child welfare system. My goal is to examine cultural practices to understand "how things work" (or don't work) within the child welfare system (DeVault and McCoy 2002).

*Institutional ethnography* is different from other qualitative approaches, because its goal is to reveal the "relations of ruling" that shape local experiences (Smith 1996). To get at textually mediated ruling relations, researchers are supposed to focus upon the coordinated and intersecting work processes that take place in multiple sites within an *institution*. For example, when child welfare is considered as an institution, what comes into view is a network of coordinated

work processes and actions in diverse sites such as child welfare offices, juvenile offices, court houses, police stations, homes, schools, hospitals, state houses, Congress, mass media, schools of social work, etc. (DeVault and McCoy 2002). It is not possible to map all aspects of an institution, so the goal is to explore particular corners within an institution to make visible their points of connection with other sites. The use of *ethnography* highlights the way methods can explore the everyday/everynight activities of people within the institution and their positioning within extended sequences of action. Thus, interviews are not used as windows on the informants' experiences. Rather, they are used to locate and trace points of connections among people working in different parts of the institution. De Vault and McCoy state, "Through the informants' stories and descriptions, the researcher begins to identify some of the translocal relations, discourse, and institutional work processes that are shaping the informant's everyday work" (p. 755). The goal of institutional ethnography is not to generalize about the people interviewed, but to describe to others the link between social processes that have generalizing effects. Rather than get a representative sample of people across an organization, the purpose is to have people explain what they do to others.

Another important aspect of institutional ethnography is to analyze documents or texts. This is important because texts coordinate peoples' activities across place and time within an institution. Laws such as the Adoption and Safe Families Act (ASFA), HB 1453, Children's Division manuals and forms,

family case records, conclusion letters sent to mandated reporters, newspapers, etc., are some examples of texts that I use.

I intend to use these texts to analyze what Pence (1998) calls “process interchanges” or what Hall (1995, 1997) calls linkages. “Process interchanges” are points where work processes intersect. By analyzing these linkages, one is able to get at ruling relations, because one can deconstruct what is often taken for granted. Pence says:

Processing interchanges are organizational occasions of action in which one practitioner receives from another a document pertaining to a case (e.g., a 911 incident report, a warrant request, or a motion for a continuance), and then makes something of the document, does something to it, and forwards it on to the next organizational occasion for action. It is the construction of these processing interchanges coupled with a highly specialized division of labor that accomplishes much of the ideological work of the institution. Workers’ tasks are shaped by certain prevailing features of the system, features so common to workers that they begin to see them as natural, as the way things are done and - in some odd way - as the only way they could be done, rather than as planned procedures and rules developed by individuals ensuring certain ideological ways of interpreting and acting on a case (Pence 1998:60; quoted in DeVault and McCoy 2002).

This is exactly what the hotline<sup>5</sup> does in the case of child welfare. There is a hotline that is sent to the Child Abuse and Neglect (CAN) unit. They investigate the allegations and write up a report. If the children are removed from the home, this information becomes part of the information the JO uses in the petition to the court. It also moves with the children when the case is transferred to the Family Centered Out of Home Care (FCOOHC) unit. If the kids are not

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<sup>5</sup> A report (called a “hotline”) is sent by the Child Abuse and Neglect Hotline unit to the county office if it is determined that the state needs to follow up on a call.

removed, but a case is opened, it moves to the Family Centered Services (FCS) worker. If the kids stay at home, it is a record that appears on the next hotline that the workers access before they investigate the new hotline.

The researcher's point of entry for most institutional ethnographies is people's everyday/everynight experiences. The goal of the researcher is to adopt a standpoint based on locations within a set of ruling relations. The focus is not on the subjective standpoints of individuals; rather, it is on the work and practices of people in particular locations. To make the connection to ruling relations, Smith argues that it is necessary to focus on the institutional work processes that reproduce the ruling relations. This requires the researcher to investigate professional work sites, for example, the Children's Division or the Juvenile Office. While the research site may change throughout the data gathering process, one's standpoint remains focused on the practices, work, and experiences of those who are regulated and constrained by ruling relations. Some institutional ethnographies start at this second phase and focus on the work processes that reproduce ruling relations (Smith and Smith 1990; Townsend 1998). De Vault and McCoy state,

Rather than arriving at these processes through an exploration of the experiences of people who are the objects of that work or who are in some way affected by it, the researcher in this type of IE jumps right into the examination of the organizational work sites. The researcher knows about a set of administrative or professional practices and sets about studying how they are carried out, how they are discursively shaped, how they organized other settings (2002, p. 756).

This project is this second type of institutional ethnography, because I have chosen to start with the social workers rather than with the families. I made this decision because I want to analyze the problematic social work practices discussed in the literature (e.g., Roberts). It would have also been difficult to locate families who are involved with the system and willing to talk to me. Even if I was able to find such a group, it would be difficult to follow what happens from the perspective of the families, because it is impossible to know when a hotline call will be made. Also, my work will make more of a contribution by focusing on the connections among actors across different sites, thereby producing a better understanding of how the ruling relations operate in the institution of child welfare. Even though I have started at this second stage, my objective is to take the standpoint of the families and this is what I have done in *chapters four and five*. These two chapters are written for families (and the reader) to make sense of the child welfare system and to understand why particular questions are being asked. My goal is that this information will help them navigate through the system so it is not so overwhelming.

## **MISSOURI CONTEXT**

Missouri is an interesting case for an analysis of child welfare, because on several dimensions Missouri has been a leader in child welfare reform. Missouri was one of the first states to implement family preservation policies during the 1990's. Family preservation policies usually involve intensive-in-home (IIL) services, where a social worker works very closely with the family for several

hours per week and tries to address the concerns listed in the hotline report on an individual basis. In other words, they try to work with the families and understand what each family's particular needs/issues are and to help them solve them. When these policies were first implemented, a significant proportion of the child welfare budget was devoted to these services. Over time, the funding for these services has been cut. What role did retrenchment in an era of austerity play in the reduction of these services? Missouri also has a two track system of investigations and assessment, which is advocated as a way to address some of the problems within the child welfare system. Given these "progressive" practices, an analysis of how the system "works" now can provide important insight into social change. Are these progressive practices still in place today? Why or why not? How did the implementation of HB 1453 affect these policies? How did these practices shape families' involvement with the child welfare system? If a state that is considered progressive turns out to look better on paper than it does in actuality, this raises concerns about the child welfare systems in other states.

Although Missouri has been "progressive" in terms of the policies it has implemented with regards to child welfare, it is not progressive when it comes to race. Missouri is a good choice to look at the role of race in child welfare because the percentage of African American children in the state's foster care system mirrors the federal statistic of 40%. The circuit where I did most of my

research mirrors this 40% statistic as well, but I didn't learn that until shortly before I left the field. I will discuss this in more detail below.

This institutional ethnography uses participant observation, interview data and some textual analysis to understand the work processes within the institution of child welfare. I was a participant observer at the Children's Division and I interviewed people located at different positions within the child welfare system (Children's Division workers, juvenile officers, and mandated reporters). Finally, I analyzed various texts or documents. I will now discuss each in more detail.

## **METHODS**

### *DOCUMENT ANALYSIS*

I collected and analyzed a variety of documents for this project. The first group is a series of reports written by outside observers prior to and after the passage of HB 1453. These reports include over ninety recommendations on how Missouri should change its child welfare system. Some of them give perspective on Missouri relative to other states. These reports put the current changes into context. They also discuss some of the possible routes Missouri could have taken with the passage of HB 1453, but did not.

The second group has to do with HB 1453 and the legislative process. This group of texts includes the bill, the bill reviews written by the governor's office, the transcripts of the hearings [where possible], and newspaper accounts of the bill's passage. These texts enable me to get at the intentions of policy makers, because it is their words and what they voted to pass. I also use these

texts to explain why Missouri ended up with the particular legislation that became law and to explain which issues were debated and which issues were not discussed. For example, there were a lot of discussions over mandatory hearings, but there was almost no discussion about why poor families and families of color are over-represented in the child welfare system. I use this as context for the study.

A third group of documents are the Children's Division memos, manuals and reports. These documents enable me to get at the intentions of the state. CD has recently put all of their forms, memos, and manuals online. I analyzed their practices, the assumptions they make about the families they serve, etc. There are also reports that give state-wide data as well as county-wide data. They now break down the number of hotline reports per county into investigations, assessments, referrals, and substantiated/unsubstantiated reports. The state also collects data based on race, age, and outcome (going home, adoption, aging out of the system, etc.).

Finally, I have also collected all of the forms used by the workers themselves. These documents/texts help me to demonstrate what information is given to families and what isn't. They also demonstrate what questions are asked of families and how much information the social workers have to collect per hotline report from various professionals.

## *PARTICIPANT OBSERVATION*

### At the State Capital

I was a participant observer at the state capitol building as HB 1453 moved through the legislative process (January 2004 - May 2004). I attended House and Senate committee hearings and observed as the bill was debated and eventually passed. My purpose was to understand who were the key actors involved in the legislation, whose voices were heard, and whose were ignored.

### At CD

I was also a participant observer of social workers two days per week for almost a year and a half (August 2004 - December 2005). I observed social workers as they did their jobs in local CD offices and in various settings in the community such as schools, police stations, court rooms, child advocacy centers, etc. Although I observed in several circuits, I spent most of my time observing one circuit. This circuit was chosen, because it has a sufficient volume of cases to observe how different social workers handle a variety of cases. The purpose of these observations was to understand the practices of the social workers and the JOs in the context of their daily activities/work. In other words, I want to understand how things “work” (or don’t work) in these settings from the perspectives of the workers and, to the extent that this is possible, from the perspectives of the families.

I observed the three main types of social workers (CA/N, FCS, and FCOOHC). These three groups have the most involvement with the families, the

JOs, and the mandated reporters, and thus, are central actors for my purposes. They are the ones who make recommendations regarding removal and placement back into the home. This strategy allowed me to understand the roles of people in different parts of the organization and understand how they are connected. The goal was to produce a “map” which explains how people are connected and how the system works.

I initially spent more time with the CA/N unit (investigators and assessors) because they have the most involvement with the JOs and the MRs. I shadowed the CA/N unit social workers through the entire process of investigating various types of hotlines. The third group of social workers I observed was the Family Centered Service (FCS) workers. I observed them in family support team meetings and during home visits. The second group of workers I observed was the Family Centered out of Home Care (FCOOHC) workers I have observed them in family support team meetings, during parents’ visitations with their children and in court hearings.

### With Families

When the social workers interacted with families, I focused on the interaction between the families and the workers. For instance, what information is the family given by the worker (forms, explanation of the process, and discussion of the hotline report)? I also focused on what questions were asked by the workers and how the families responded/answered the questions. I paid attention to what questions the families asked. The most typical questions the

families asked had to do with whether or not their kids were going to be taken away or requests for clarification of the process (what will happen next, what has already happened, with particular concern for whether or not their children have been interviewed). In addition, I observed them in meetings and their responses to being involved with the child welfare system. I did not interview families or speak with them during my observations. However, my observational data does inform my understanding of the perspectives of some of the families, even if it is only a partial account.

Although my observational data was helpful in the sense of understanding how the system works, the primary purpose of this data was to inform my interviews. For instance, the issue of liability is central to the social workers talk and how they approach their jobs. Without observing the social workers' daily practices, I might not have known to ask about liability. Consequently, the primary source of data for the dissertation is interviews with various professionals who are part of the child welfare system. This includes CD workers, juvenile officers, and mandated reporters. By interviewing a variety of people who were located at different positions within the child welfare system, I was able to understand how the changes look different depending upon one's location in the system and understand how the same policy can produce different effects in different locations. This also enabled me to get at the unique ways in which they might be transforming the intentions of policy makers. I will discuss each in turn.

## *INTERVIEWS*

### With CD Workers

Starting February 2005 through January 2006, I interviewed twenty-five social workers (eight CA/N, nine FCOOHC, three FCS, three Supervisors, and two other workers). These interviews ranged from one hour and a half to five hours. Most were over two and a half hours. The interviews were digitally recorded and transcribed. These workers were chosen based on their positions and their years of experience working within the child welfare system. I declined to interview any social worker who just completed training because I felt they didn't have enough experience. Only one person declined my invitation to be interviewed. The interviews focused upon their daily practices, their understanding of policy and changes in the laws, their relationships with other agencies as well as a discussion of race, class and gender within the child welfare system.

### With JOs

During March and April, 2006, I interviewed five people who worked in juvenile offices. These people were selected based on their position (deputy juvenile officers, supervisors and attorneys). However, I have not identified their jobs/positions. Given the small number of people from juvenile offices, this was done to protect their identities. All of them work directly with the child abuse and neglect side of the office. I interviewed fewer of them because their numbers are significantly less than the number of CD workers. The interviews focused upon

their daily practices, their understanding of policy and changes in the laws, their relationship with other agencies. These interviews averaged between one and two hours. As with the CD workers, all interviews were digital recorded and transcribed. All but one person I requested to interview agreed and I learned later this person has less primary involvement in the child abuse and neglect side of the juvenile office than I thought.

### With MRs

During February through April, 2006, I interviewed eighteen MRs who work in schools as school principals, counselors, school social workers, and home school coordinators in two school districts. I did not speak with teachers because they are typically not the ones that make the hotline calls. One district is a mid-sized urban school district. The other is a small rural school district. These interviews averaged between a half hour to an hour and a half, and they were also digitally recorded and then transcribed.

I chose to interview only school MRs for several reasons. One reason is that the social workers indicated that the school MRs are the ones that they interact with the most. Thus, when the social workers talk about MRs, in most cases, they have school MRs in mind. Second, they tend to be the most knowledgeable about the child welfare system. I thought this would be preferable to talking with a police officer or a school bus driver who may have very little understanding of the system. Third, there are just too many types of MRs. Consequently, I needed to find a way to talk with the people who actually

make hotline calls. The school setting provided me with a convenient but logical opportunity.

In my request for permission from the school district, I proposed that I would interview three school officials (a principal/assistant principal, a counselor/school social worker, and a home school coordinator) at six schools (three middle schools and three elementary schools). I explicitly chose younger grades, because of the higher rates of hotlines for younger children. The six schools were selected based on the racial and class breakdown of the student population. I used the number of students receiving free or reduced lunch as a proxy for class and the percentage of children of color based on district data. One elementary and one middle school had a low percentage of children receiving free or reduced lunch and a low percentage of students of color. One elementary and one middle school had a high percentage of children receiving free or reduced lunch and a high percentage of students of color. The third elementary and middle school fell in the middle range in terms of both race and class indicators. Upon receiving permission from the school district, I contacted school officials. Five of the six home school coordinators declined to be interviewed and five other school personnel declined to be interviewed. I contacted two other elementary schools to get equal number of participants in each category. In total there were 18 interviews with school officials.

However, this sampling strategy didn't work as planned. There weren't noticeable differences among the perspectives of the mandated reporters. Part

of this has to do with the fact that several of the MRs I interviewed worked at multiple schools during the school year and/or they have worked at various schools throughout their careers. Thus, my interviews didn't yield any meaningful differences based on the racial and class composition of the schools where the mandated reporters worked.

## **VARIOUS ISSUES**

### *REPORTING MY FINDINGS*

I have changed the sex of all CD workers, JOs, and mandated reporters to female. I did this to protect the identity of the men in my sample because I only interviewed a small number of men in each location. Changing the gender of all of the participants to women is consistent with the fact that the majority of people who do these jobs are women. This is in no way to suggest that the men don't engage in gendered behavior and don't do their jobs in gendered ways. Also, all but four of my participants are white. Since there are two mandated reporters and two social workers that are non-white, I have chosen not to disclose the workers individual race to protect their identities. When discussing issues central to race, I do tell the reader when a quote is from a social worker of color. However, I do not use her pseudonym. To make the quotes more readable, I have spelled out the acronyms the workers use.

### *ETHNOGRAPHIC ACCESSIBILITY*

The Children's Division was heavily criticized for not releasing information regarding the Dominic James case. In the aftermath of that case, the upper

management of the Children's Division and the Department of Social Services stepped down. The new leadership promised a much more open disclosure of information and to be more transparent in their decision making process. They were also much more open to having people observe their practices. It was in this context that I started this project. I was given extraordinary access to review files, shadow workers, sit in on family support meetings, interview staff, etc. I had no oversight from the state office and was told to contact Circuit Managers directly. The local directors were not told very much about this project and were instructed to cooperate with me. Consequently, I don't think they felt like they had any control over the project since I had permission from the state office.

The social workers were very open and up front with me when I was observing them. In fact, they treated me like I was one of them. However, when I interviewed them, they were much more cautious in what they said and how they said it. In many cases, they would repeatedly qualify what they were saying or would say things like, "from my perspective" or "I can only speak for myself." They acted similarly to how they presented themselves when they were testifying in court in terms of being precise, factual, and accountable/liable for their words. This reticence during the interview process speaks to the importance of combining observational data with interview data to get at "how things really work." Had I only relied on interview data, the discourse of liability that I discuss in *chapter ten* would have been much less obvious.

In contrast to the Children's Division, my access to the juvenile office was structured differently and less extensive. Because there isn't a central juvenile office statewide in the same way as the Children's Division, I secured permission from the local JUVENILE OFFICER<sup>6</sup>. She talked with her staff, and they were a part of the decision to let me interview them. They were given the questions ahead of time, so they had a good idea of the project. In contrast to the interviews with the social workers, who were very reserved, the JOs were more likely to express their opinions and were less likely to qualify their statements. They didn't express a concern about talking with me on the record in the same way the social workers did. I think there were several reasons for this. One, they were part of the decision to approve my request to be interviewed. The social workers I interviewed were not part of the approval process and were concerned that their boss might find out what they said. The social workers also didn't feel like their boss protected them, so they were always suspicious of outsiders. This didn't appear to be the case with the JOs. Finally, I think the power difference between the social workers and the juvenile officers was evident in the way they presented themselves in the interviews. The two groups are supposed to be equals, but in practice, the JOs have much more power and frequently assert that power relative to the social workers. During the interviews, the JOs as a group were more articulate and assertive compared to the social workers who

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<sup>6</sup> I have capitalized JUVENILE OFFICER to signify that I am talking about the one JO who is in charge of the Juvenile Office. When I write JO, this referring to anyone who works in the Juvenile Office. When I write DJO, I am specifically referring to a deputy juvenile officer.

qualified everything. The JOs felt more comfortable criticizing the CD whereas the social workers were less apt to do that. However, the social workers acknowledge the tension between the two groups, whereas the JOs minimized the conflict.

#### *CHANGES IN THE PROJECT OVER TIME*

When I proposed talking with mandated reporters, I intended to interview hospital workers, police officers and school officials. In the process of getting approval to interview school officials, I increased the number of school personnel I would interview. Consequently, I reduced the number of hospital and police personnel. In the end, I did interview a hospital nurse and a police officer, but I have not used this data.

Although I initially intended to spend more time in other counties, it became clear early on that I needed to make a decision between focusing on the local level by interviewing JOs and MRs in addition to the CD workers or only interviewing CD workers in several counties. I decided to focus on the former because it became clear that the MRs and JOs played key roles in the child welfare system. Not interviewing them would have limited my ability to understand key aspects of the child welfare system. As you will see, the linkages among the local level turned out to be the crucial linkage in terms of understanding the practices of the child welfare system.

## **PART TWO: THE SOCIAL ORGANIZATION OF THE CHILD**

### **WELFARE SYSTEM**

*Part one* was intended to orient the reader to child welfare in general. *Part two* is intended to orient the reader to how the child welfare system in Missouri “works” in practice. These chapters “map” the social organization of ruling relations. In *chapter four*, I discuss the social organization of the child welfare system. I call it “The Cast of Characters,” because I focus upon the main actors (CD, the JOs and the MRs) involved in the system. There are so many people involved in the system that it becomes difficult to navigate the system and understand who makes decisions and who plays more of an auxiliary role. This chapter is intended to clear up some of that confusion. I also discuss the physical locations of the various offices and what it is like to be there. In *chapter five*, I trace the paperwork within the system and show how the paperwork “stands in” for the parents. This paperwork is key to understanding the ruling relations of the child welfare system.

I intend for both of these chapters to be “for families” in the sense that they will make the system less of a black box. With this information, parents, friends, and relatives will have the knowledge and the power to navigate the system if they become involved with it. I also hope that this information will be used by people (families, social workers, mandated reporters, child advocates, etc.) to challenge the system and work for change. I argue that there is much work to be

done to both ensure the safety of kids and to protect the rights of parents to be able to raise their own children without excessive government surveillance. As you read these chapters, please put yourself in the place of a family involved with the system and imagine what it is like to deal with these bureaucracies. Think about how you would respond to having these things happen to you. Think about what resources you have to draw upon. Think about the lack of control the families have over the process and how you would respond if placed in a similar situation. Ask yourself who benefits from this level of surveillance?

## CHAPTER FOUR--CAST OF CHARACTERS

This chapter is intended to orient the reader to the key actors and organizations in the child welfare system in Missouri. I will discuss the organizational structure of the system in terms of the Children's Division, the Juvenile Office and the mandated reporters as well as the roles and responsibilities of each of them. In addition, I will provide background information on the workers themselves and the physical environment in which they work. By doing this, I will map the social relations that organize the system and discuss the power relations among key actors and institutions. These maps are also intended to help families and other professionals involved in the child welfare system to navigate through its complexity. As you will see, the Missouri child welfare system is far from intuitive and is actually very complicated, because there are various types of hotlines, several different types of social workers with different jobs, various responses/levels of involvement by CD with families as well as the unusual role of the Juvenile Office. Although the system is very complicated, the Juvenile Office and the Children's Division also have different organizational cultures. The system assumes cooperation which is undermined by different cultures, a power imbalance, and a lack of funding.<sup>7</sup>

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<sup>7</sup> A note on the organization of this chapter: I have written the explanation of the organization of the system in parts so that it is not overwhelming for the reader. I have intentionally started with a broad overview by explaining the role of CD and the JOs. Then I focus on CD. Next, I discuss the JOs in more detail. Finally, I discuss the mandated reporters. In many ways I think of it as

## THE ORGANIZATION OF THE SYSTEM

There are two key organizations that are involved in the child welfare system: The Children's Division and the Juvenile Office. I will also discuss the role of mandated reporters, but as you will see they don't have the same kind of institutional location as the CD workers and the JOs. Missouri is divided up into forty-five judicial circuits. Each circuit is made up of one to five counties depending upon its size. Although each county has a CD office, there is only one Circuit Manager and one JUVENILE OFFICER for the entire circuit. See Figure 1. This figure, while some what abbreviated, portrays the relations among the positions. There should be forty-five Circuit Managers listed in Figure 1, but it was too much to represent in the figure. Also, where I have listed CD Local Office A, CD Local Office B, this could continue up to CD Local Office E since there are up to five county offices under the Circuit Manager. The same applies for the JOs side of the diagram. The JOs report to the Courts, whereas social workers report to the Children's Division. There is nothing that connects the two in terms of an organization or position. They are supposed to act as a system of checks and balances. In a nutshell, CD is supposed to ensure the safety of children by investigating allegations of abuse and neglect, while the Juvenile Office is supposed ensure that proper legal procedures have been followed. Missouri's system is unique, because social workers do not take protective custody. Rather, social workers recommend that protective custody needs to be

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peeling an onion. By peeling back each layer, the system becomes more understandable, and I'm more successful in shedding light on how it "works."

taken by the DJOs who have the legal authority to remove children from the custody of parents. As you will see, this distinction has important consequences for what happens in Missouri's child welfare system. This idea of checks and balances comes up many times in both the JO and CD interviews. As I will discuss in much greater detail in *chapters nine* and *ten*, this idea of checks and balances doesn't work in practice as it was intended. The Juvenile Office has much more power and influence compared to the Children's Division. Typically, if there is a disagreement, the JOs get their way. This is represented in Figure 2 by the Juvenile Office at a higher level than the Circuit Manager. Now let me turn to a more extensive discussion of the Children's Division.

Figure 1: Missouri's Child Welfare System By Design

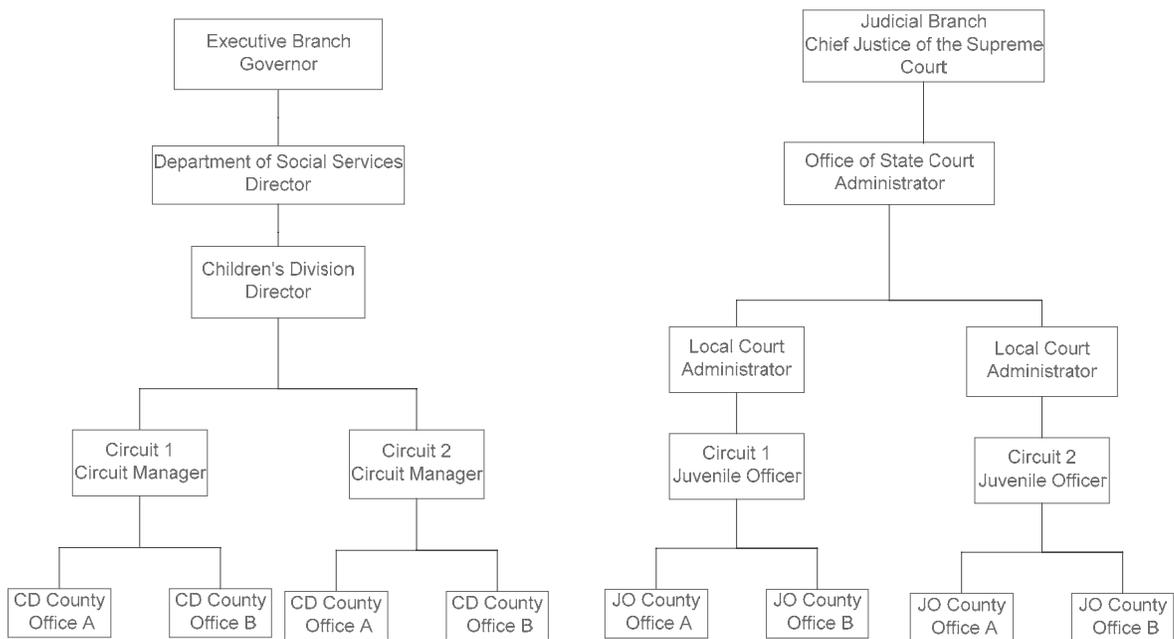
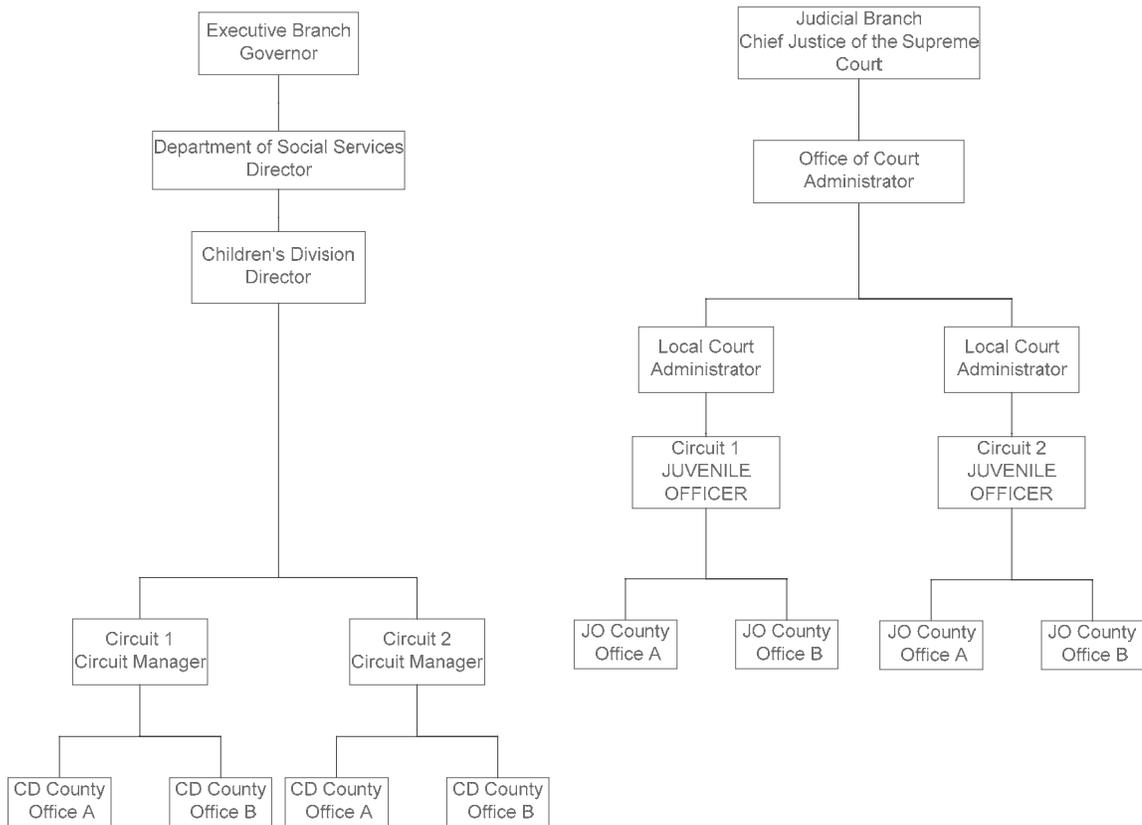


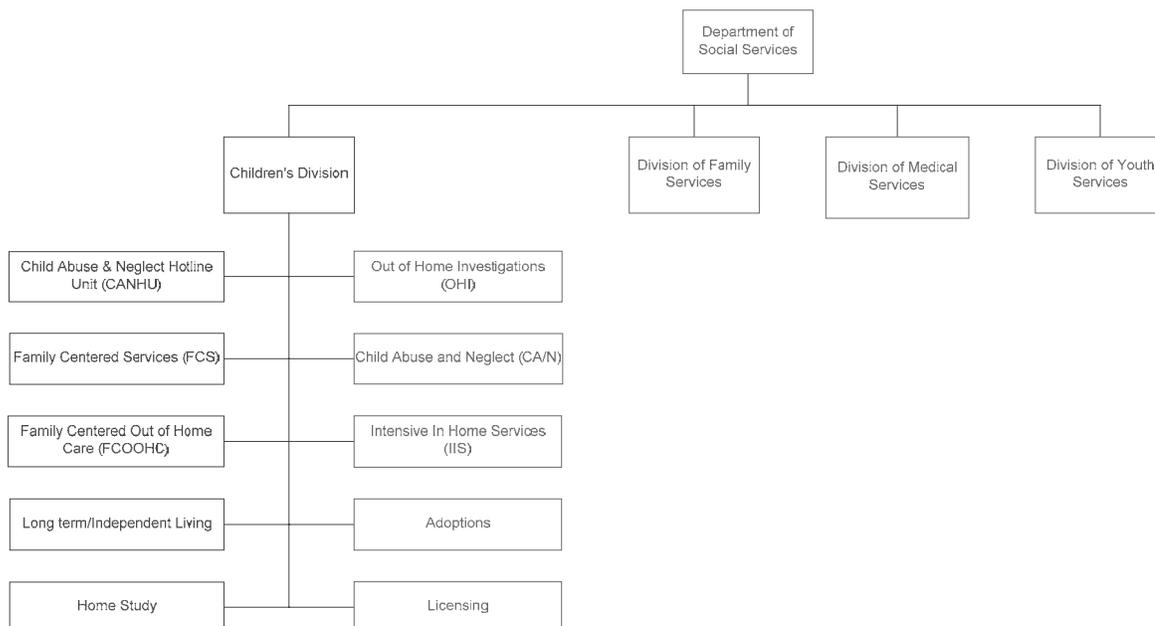
Figure 2: Missouri's Child Welfare System In Reality



## THE ORGANIZATION OF THE CHILDREN'S DIVISION

In order to explain the role of the Children's Division, I need to take a step back and explain its location within the executive branch of state government. The governor appoints a director of the department of social services (DSS). DSS is responsible for implementing most of the Missouri's welfare state policies (social welfare, healthcare, child welfare, etc). CD is one of four main divisions of DSS. The other divisions of DSS are the Family Support Division (FSD), the Division of Youth Services (DYS), and the Division of Medical Services (DMS). See Figure 3. Figure 3 represents the latest reorganization of DSS.

Figure 3: The Organizational Chart for the Department of Social Services



The Family Support Division deals with child support enforcement and income maintenance (Temporary Aid to Needy Families --commonly known as social welfare). The Division of Youth Services deals with the care and treatment of delinquent youth. The Division of Medical Services is responsible for the administration of Missouri's Medicaid program. During the time period of my study, the Division of Medical Services sustained substantial budget cuts and close to 100,000 people were cut off of Medicaid. The effects of these cuts were just starting to materialize in the CD cases.

*PHYSICAL LOCATION*

Even though DSS is divided into divisions, most of the county offices continue to share office space. When you enter the office, you will see chairs

against the wall and a glass partition separating the public from the rest of the office. There are federal and state policies posted on the bulletin board and pamphlets on everything from shaken baby syndrome to the resources of the local food bank. Some offices have a security guard on duty. Whether a person is there to apply for TANF, Medicaid, and/or child support enforcement or to talk with a CD worker, s/he must check in with the receptionist behind the glass partition. People are required to give their names, social security numbers, and the name of the person they are there to see. This information is logged. For security and confidentiality purposes, the public does not enter the space where CD workers do their work. Workers need an electronic id card or a code to get into the main office. Instead, the workers meet with people in conference rooms. There are large conference rooms adjacent to the waiting room, which are typically used for family support team meetings. There are various sizes of rooms that hold three to fifteen people. There are also many smaller cubicles that are mostly used by the Family Support Division. In addition, there are several visitation rooms that have a loveseat and chairs. There are also toys and books for children to play with. These rooms are equipped with a one way mirror where the CD workers can observe the parents' interaction with the children.

#### *DESCRIPTION OF THE CD WORKERS*

All CD workers must have a bachelor's degree, but there is no restriction on the major or field of study. For instance, CD workers had degrees in social work, psychology, sociology, history, literature, interdisciplinary studies, and even

theatre. Working for CD tends to be the workers' first professional job after college. Many of the social work majors were part of the IV-E program. In this program, a student agrees to work for CD for eighteen months in exchange for having part of one's tuition paid. Many other workers applied to work for the state and were contacted by the Children's Division. Consequently, many of them are young. The majority of them are white. Most don't have children. A few workers have worked for the CD for over ten years, but they were the exceptions.

Workers who have worked at CD the longest tend to have the more desirable non-frontline positions such as adoptions, long term care, homestudy, etc. Frontline positions are CA/N, FCS, and FCOOHC. Non-frontline positions are more desirable because they are at the end of the process. For example: with adoptions, the worker gets to see a child become part of a new family. Out of all of the positions, FCOOHC tends to be the least desirable. They tend to be newly hired with the least experience at CD. They tend to have the most work, they have to juggle working with the courts, the families, and the foster parents, and they make very little money.

The pay structure of CD is flat. One's starting salary is about \$28,000, but there are only two classifications for most workers: case worker I and case worker II. After working for CD for a year, one becomes a case worker II. Thus, a case worker II can have anywhere between one year and one day and thirty-five plus years of experience. They all get paid the same with the exception of

cost of living raises that accrue over the years. There is little incentive to get a master's degree because the higher level of education is not reflected in one's salary. There are supervisory positions, but they do not pay significantly more money. It is less than a hundred dollars per month difference. Some workers told me that when you take mileage checks into account, the supervisors make less money than the social workers.<sup>8</sup> Although some counties have a supervisory II position, the next position in most counties is the Circuit Manager. Thus, in many ways, working for CD is really an entry level position.

The CD workers go through four weeks of training over an eight week period of time. During the off training weeks, they are in the office shadowing workers. In some cases, these workers are given cases to manage prior to the completion of training. During training, the CD workers are trained on all parts of the job. For instance, if you are a FCOOHC worker, you are trained on how to do an investigation or if you are a CA/N worker, you are trained on how to do FCS/FCOOHC case management. In many ways, the training covers many of the topics in this chapter such as the types of cases, the kinds of hotlines, the timelines for holding family support team meetings, etc. The training also covers how to fill out some of the forms I discuss in the next chapter. The final week of training is computer training. Many of the workers told me that they didn't have any idea how to do the specifics of their job once training was over since training was so general. One worker told me that it took her six months before she felt

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<sup>8</sup> This assumes that you are looking at the total amount of money paid each month rather than calculating the actual wear and tear on one's car.

competent to answer her phone and be able to give the correct answer. This was the case even though she had had experience working with CD before she was hired. In many ways, learning occurs on the job when one makes a mistake, and sometimes these mistakes can be at the family's expense.

Many of factors discussed above (age, experience, level of education, pay, etc.) contribute to the perception of CD workers "inferior" by others in the system. They tend to be viewed as "inferior" in terms of experience because they are so young. They tend to be viewed as "inferior" knowledgeable about how the system works, and, thus, they have their competency questioned. Part of this has to do with the high turnover rate and their insufficient training. Also, the CD workers tend to be viewed as "inferior" in terms of power, especially relative to the JOs. Although most people perceive the social workers as having a lot of power, in reality, they don't have the power to make decisions on their own. They either need the consent of the JOs to remove a child or the consent of the family support team to return a child to the parent's home. Thus, of the three professional groups (CD, JOs and MRs), the CD workers tend to be least respected by other professionals and by families alike.

### *SPECIALIZED COUNTIES*

Some CD county offices and/or circuits are divided into smaller, specialized units. FIGURE 3 represents a circuit that is specialized into various units. A major objective of the specialized county offices is to break up the job of the social worker into more manageable parts since there is so much to know

and also so much turnover. The smaller counties are not specialized because they do not have a large number of workers to make this feasible. In those counties, a worker might do all of the jobs, whereas in the specialized counties, the worker has one primary responsibility. Some counties are specialized in terms of circuits instead of counties. For example, there might be three investigators that cover five county offices. Although they are primarily responsible for one county, they do work in the other counties when needed.

Most of the workers I spoke with were in favor of the specialization since they are not the ones that both remove the child from the home and then try to reunite the child with those same parents. However, from the perspective of the parent, this specialization can be confusing. A case may move through four different units, and thus, can have four different case managers, not counting turnover. Turnover is more of an issue when the case is in the FCS or FCOOHC unit, since the cases remain open longer.

#### OHI and CANHU

I will now explain the various specialized units. Two units are centralized for the entire state. Out of Home Investigations (OHI) is the unit that investigates hotlines where people who are employed to work with children in some licensed capacity are named as a perpetrator. Any allegation involving the following facilities would be investigated by OHI: child care centers, schools, foster homes, residential treatment centers, group homes, division of youth services

facilities, Juvenile Court facilities, department of mental health facilities, and health care facilities.

The other state wide unit is the Child Abuse and Neglect Hotline Unit (CANHU), or the hotline unit. This unit is responsible for taking all the calls to the child abuse hotline, which is open twenty-four hours a day, seven days a week and is a 1-800 number. The 1-800 number is called when anyone has a concern that a child in the state is being abused or neglected and the caller wants someone to check into it. Missouri's hotline unit is different than other states because some states have a person with a concern about child abuse and/or neglect call the local child welfare office to report a hotline, while other states only accept hotlines 9 a.m. - 5 p.m. When someone calls the hotline, it is similar to calling the police and reporting a crime. In the case of the police, the dispatcher takes the information and then, depending upon the allegations, a police officer might be sent out to investigate. In this case, the hotline unit takes the information, and depending upon the allegations, a CD worker might be sent to investigate immediately or within seventy-two hours. Calls to the 1-800 hotline number are recorded much like 911 calls. Whether or not a report (called a "hotline") is sent to the local office is determined by the hotline unit based on the information provided by the caller. If the hotline worker decides to follow-up on the concerns, the hotline is set to the county office where it is looked into by an investigator or assessor in the Child Abuse and Neglect (CA/N) unit.

It is important to point out that the hotline unit classifies the hotline before it reaches the county office into investigations, assessments, and referrals. This classification system establishes the level of response and time frames for the CA/N worker to look into the hotline. Investigations are hotlines in which the allegations rise to a serious criminal offense. They have the highest level of response. Assessments are hotlines in which the allegations are minor criminal offenses and the family is offered services such as counseling, parenting classes, food stamps, etc. This gets a middle range response. Referrals are concerns that do NOT meet the criteria of abuse or neglect established in statute. This is a very important point which will be discussed in *chapters* six and seven. Referrals get the lowest level of response.

#### CA/N<sup>9</sup>

Once a hotline is taken, the hotline is sent to the Child Abuse/Neglect (CA/N) Unit at the county level. These investigators and assessors are the ones who investigate hotlines and are the ones who go to homes and talk with the families. They also interact the most with mandated reporters at schools, hospitals, police stations, etc. There are different timetables for responding to the hotline, depending upon the type of report. If the hotline is an emergency, the worker must attempt to see the child within three hours. For investigations and assessments, the worker has twenty-four hours to see the “victim” child listed on the hotline and seventy-two hours to see the siblings or any other child

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<sup>9</sup> In this chapter, I provide a brief overview of the job of a CA/N worker. In *chapter five*, I discuss the roles, responsibilities, and paperwork of the CA/N workers in much greater detail.

living in the home. With educational neglect, the CD worker has seventy-two hours to make initial contact.

Once a hotline has been completed, the CA/N workers have three choices: not open a case, recommend protective custody (PC), or open a case. See Figure 4. The most likely action is to not open a case because the hotline was not substantiated, the family wasn't in need of services, or declined services. When the hotline is labeled as an assessment, the family can decline services. If the hotline is an investigation, the family cannot decline services. Typically, if the family only needs to be linked up with services (Medicaid, daycare, social welfare, etc.) and there are no other concerns, the CA/N worker will do this and not open a case. If a case is not opened, the kids remain in the home and the family's involvement with CD ends.

The second option is to recommend protective custody. This is the most serious of the three since the child is removed from the home. If the CA/N worker recommends protective custody, they must contact the Juvenile Office. The Juvenile Office has the legal authority to remove children from the household, while social workers do not. The CA/N workers are considered the "bad social workers," by some, because they are perceived by people outside and within the system as the "baby snatchers." In reality, the JOs are the "baby snatchers." The CA/N worker makes the initial placement of children in foster care and then transfers the case to the Family Centered out of Home Care (FCOOHC) unit. Once both the initial seventy-two hour family support team

meeting (which many of CA/N workers do not attend) and protective custody seventy-two hour court hearing are held, the CA/N worker's involvement with the family ends. This may or may not be clearly explained to the parent.

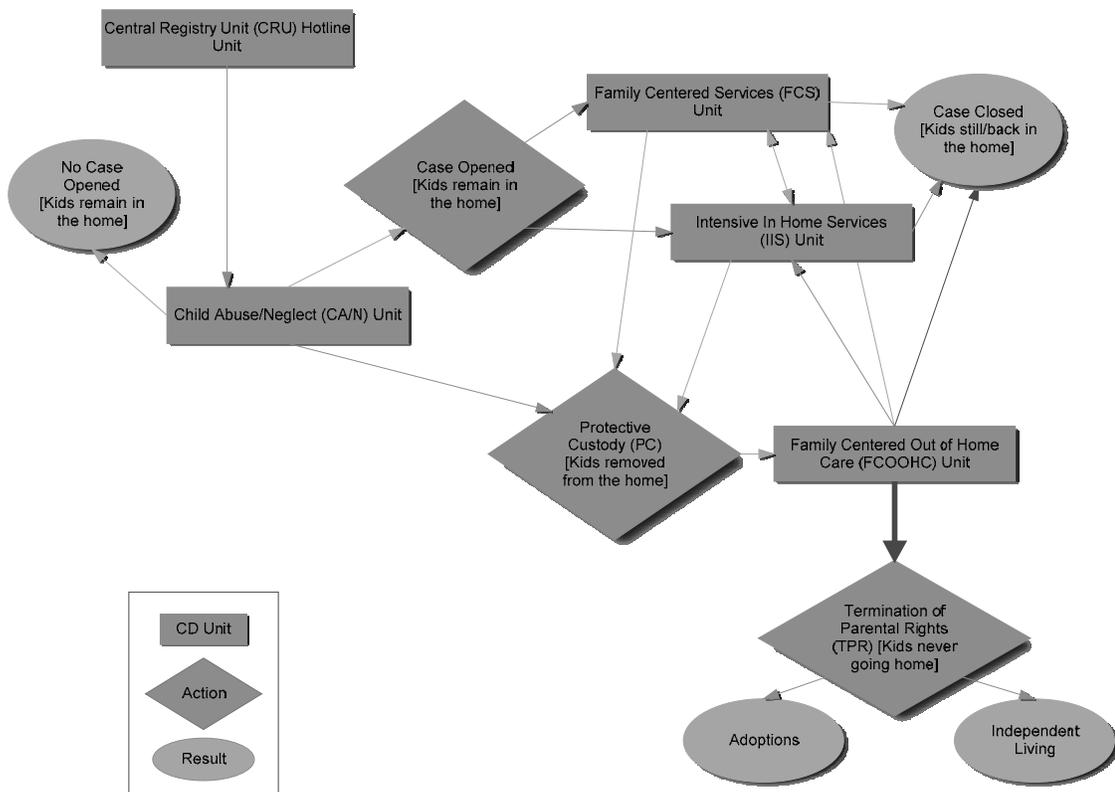
The third option is to open a case. That means a social worker is assigned to meet with the family and to help resolve whatever concern causes the case to be opened in the first place. This is the middle option in terms of seriousness. Parents should be concerned because the fact that a case has been opened will always appear in the Children's Division's child abuse and neglect system. Future workers will look at why the case was opened and the length of time of the case. The longer the time the case was open, the more of a red flag it will appear to investigators who might investigate future hotlines. If a CA/N worker opens a case, she has two choices: a Family Centered Service case (FCS) or an Intensive in Home Services (IIS) case. See Figure 4. In most cases an FCS case is opened because there are very few slots available in IIS. Even if an IIS slot is not available, the CA/N worker is supposed to fill out a referral form. This is used to track the need for IIS in the hopes of getting more funding in the future.

### FCS

The second group of social workers at the county level is the Family Centered Service (FCS) workers. They are the social workers who work with the families when a problem has been identified by the investigators and when the children are still in the home. When children are returned to the home, they also

work with the families to continue to monitor them until the state relinquishes jurisdiction. FCS workers set up a “plan” that the family must complete before their involvement with CD ends. This plan is decided upon by the team, which includes the social worker, the JO, and the family. If the case has court involvement, a Guardian ad Litem (GAL) will be appointed by the court and will be a member of the family support team. The GAL is an attorney who represents

Figure 4: Movement of a Hotline Case Through the Different Units Within the Children's Division



the interests of the child(ren). The worker must make monthly home visits and have periodic team meetings where they discuss the progress or lack of progress to date. These cases are only supposed to be open for approximately six

months, and thus, they are supposed to be relatively short involvements with the family.

An FCS case can be transferred or closed depending upon the situation. See Figure 4. A FCS worker can close a case if it does not have court involvement. In this case, the children remained in the home throughout CD's involvement with the family. A FCS worker can transfer the case to IIS if a slot opens up. They can also petition the court to take protective custody. If protective custody is taken, the case is transferred to FCOOHC and the FCS worker's involvement with the case ends. If the FCS case has court involvement (was transferred from FCOOHC) then a FCS case can't be closed until the family support team agrees as well as the judge. Once the judge relinquishes jurisdiction, then the case can be closed. Under some circumstances, a FCS case can be closed without completing the plan if the family isn't making progress but the children are not at imminent danger. This typically only happens when there is no court involvement.

## IIS

The third group of social workers is the Intensive in Home Services (IIS) unit. This unit is different than most of the other units because there are state contracts with private agencies to provide these services. Consequently, they are not located within most CD offices and they do not match up with the circuits in the same way the other units do. For instance, an IIS worker can be assigned to five counties in two different circuits. Because they tend to have a wider

service area, there is more demand than there are slots available. Also, since their funding source is different, they have more discretionary funds. For instance, in one case, IIS paid the parent's electricity bill. In another case, they gave a parent a "pay as you go" cell phone with twenty minutes on it so she could communicate with them. IIS cases have more intensive family involvement with social workers. The social worker works with the family for several hours per day, five days a week for four to six weeks. These workers tend to have two cases. In practice, IIS cases are typically opened as a last resort although parents are not often told this. If the parent doesn't successfully complete IIS and improvements are not made, then protective custody is likely to be taken. An IIS case can be transferred to FCS, protective custody taken, or closed as long as there isn't court involvement. See Figure 4.

#### FCOOHC<sup>10</sup>

The fourth group of social workers is the Family Center out of Home Care (FCOOHC) unit. Once protective custody has occurred, no matter what unit the case was in when that happened, the case is transferred to FCOOHC. A child may be placed with a friend or relative but a court order prevents him/her from being in his/her parent's legal custody.<sup>11</sup> These are the social workers who work

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<sup>10</sup> In this chapter, I provide a brief overview of the job of a FCOOHC worker. In *chapter five*, I discuss the roles, responsibilities, and paperwork of the FCOOHC workers in much greater detail.

<sup>11</sup> There are times when a child is informally placed with a friend or relative but these are typically less serious situations or situations that will be resolved fairly quickly. For instance, a teenager might have been in a physical fight with a parent. It is unclear whose fault it was since both the child and the parent have bruises. In this case, the CA/N worker might suggest that the child

with the children who are in foster care. Their job is to work toward reunification with the biological family until reunification isn't possible. This is why they are referred to within the office as the "lightsiders" because they work to reunite families in contrast to the "darksiders" (CA/N) who remove children. They also provide services and support to the foster families. In addition, they are supposed to work toward adoption. All three activities are supposed to be done simultaneously. Their job includes home visits with the foster parents; supervising visits with parents; locating missing parents, holding family support team meetings (seventy-two hour, thirty day, sixty day, and ninety day, and every 6 months) to assess the progress to date; and writing court reports on the children's status. At the seventy-two hour meeting, a plan is agreed to which details the recommendations that the parent must complete before a child can be returned home. The family support team consists of the parent, the parent's attorney, the GAL, the social worker and the JO.<sup>12</sup> Because the FCOOHC workers return children to their homes, they are considered the "good social workers."

A FCOOHC case can be transferred or closed, but typically this is more complicated than in the other units. See Figure 4. Because the cases in FCOOHC are court involved, a FCOOHC worker can't just close the case. The

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stays with a relative until the situation cools down. In this case, the court would not be involved and the child could return home at any time.

<sup>12</sup> The family member may bring a family member. A member of the community may also be assigned to the case. This person is known as a CASA representative. After I left the field, CASA representatives started attending family support team meetings.

family support team, which consists of the same members as a FCS family support team, has to agree as well as the judge. A FCOOHC case can be sent to IIS if a position opens up and the judge feels that there were not enough efforts made to provide services prior to taking protective custody. A case can also be transferred to FCS if trial home placement will be an extended period of time or there are other reasons that they want to keep the case open for a while after the children are returned to the home. In Figure 4, I have made a darker/bigger/bolder arrow between FCOOHC and termination of parental rights (TPR). When both parents' parental rights have been terminated, the child(ren) will never go home and their parents no longer have any legal rights to the children. When this happens, the FCOOHC case is transferred to Adoptions or Independent Living.

#### Other CD Workers

There are other CD workers who are involved at various points. Once termination of parental rights has occurred two other groups of social workers could become involved: adoption specialists or independent living specialists. See Figure 4. Adoption specialists handle most of the cases where the parent's rights have been terminated. Once an adoptive family has been identified, these workers set up final adoption. The Independent Living workers work with kids whose parents' parental rights have been terminated, but they don't want to be adopted. They tend to be older kids (sixteen plus) who want to live on their own. Some social workers also do homestudies, which means they evaluate the

appropriateness of placing a child into a particular home. This is usually the home of a relative or friend of the child. They must fill out an extensive questionnaire, provide references and proof of employment, have criminal and child abuse and neglect checks run and have a social worker evaluate their home. Service workers handle cases that are open in one county, but the child is living in another county. In addition, there are workers who license foster homes and help other workers find placements for kids. Each unit or group of workers has their own set of paper work that follows the case through the office. I will discuss the paperwork of CA/N and FCOOHC in more detail in *chapter five*.

## **THE ORGANIZATION OF THE JUVENILE OFFICE**

The Juvenile Office is part of the judicial branch of the state government. See Figure 5. The various Juvenile Courts report to the office of court administrator who then the Missouri Supreme Court. Hiring decisions are made at the local level by judges in the local circuit. Thus, in a very direct way, the JUVENILE OFFICER works for and reports to the Juvenile Court. Much like CD with its Circuit Manager, there is one JUVENILE OFFICER who is in charge of all of the Juvenile Offices in the circuit.

Juvenile Courts have jurisdiction over most cases related to child welfare with the one very important exception of criminal prosecutions of child abuse and neglect cases which I will discuss below. In Juvenile Court, decisions are made regarding the legal custody of a child. For instance, decisions are made about terminating parental rights, adoption, etc., as well as where and with whom the

child will live. Evidence about allegations of abuse or neglect is presented in Juvenile Court by the attorney for the Juvenile Office. For instance, whether or not a parent failed to supervise a child or whether or not a parent hit a child in the face. If the allegations are found true, this can impact whether the child can return home, but not whether the parent will go to jail for his/her actions. Decisions regarding going to jail are made in Criminal Court which is a separate process than Juvenile Court. Social workers collect information that can be turned over to the prosecuting attorney to prosecute alleged perpetrators (regardless of the biological relationship to the child) in Criminal Court, but the prosecuting attorney not the social worker or the JUVENILE OFFICER do not make those decisions. It is important to point out that children who are in the legal custody of the state will only go home if the home is safe and deemed appropriate regardless of whether or not the allegations were found true.

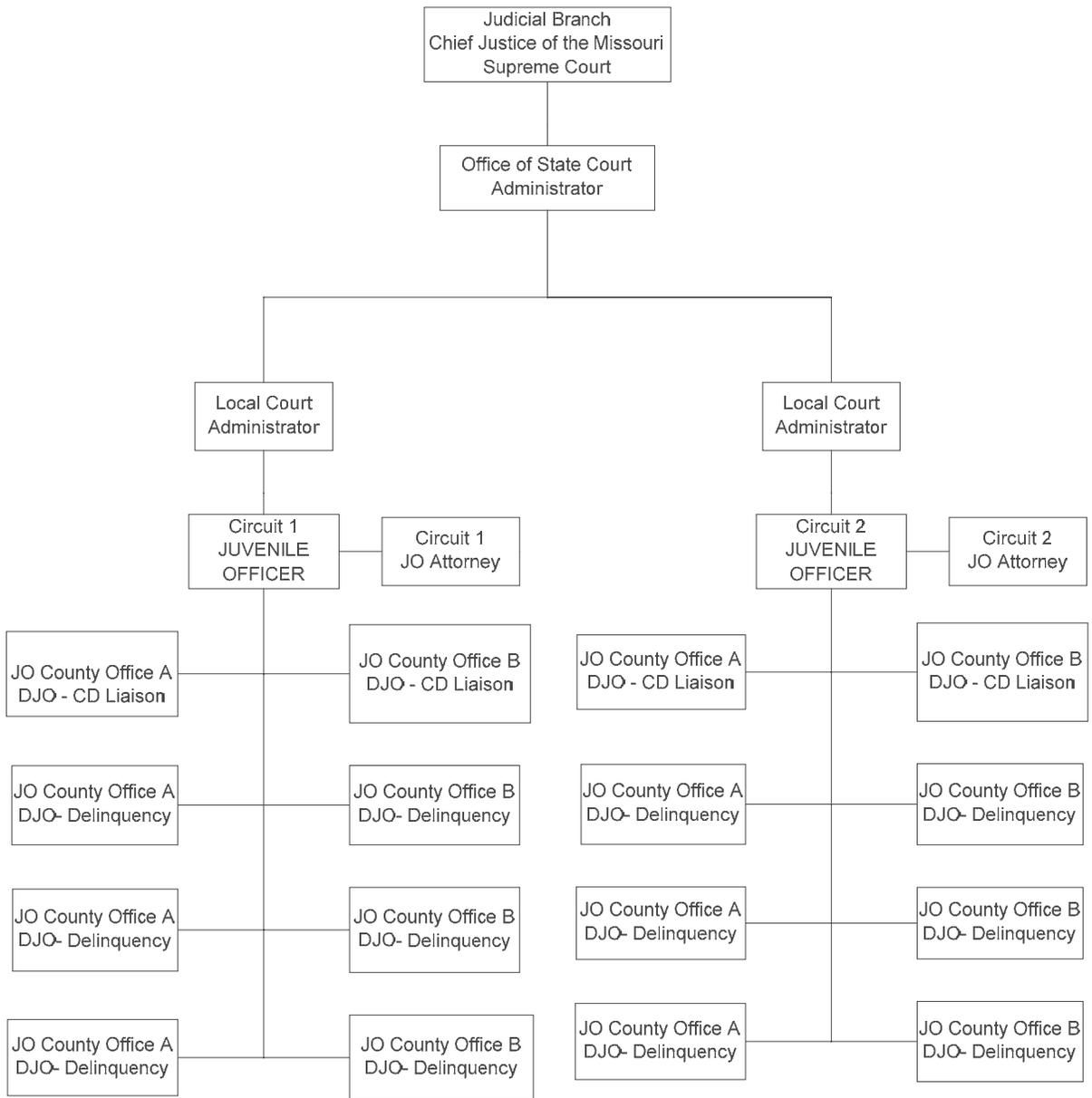
In Juvenile Court, cases are adjudicated, meaning that a judge decides whether or not the allegations are found to be true. Because Juvenile Court, Criminal Court, and CD's internal child abuse and neglect reporting system are separate, the allegations from ONE hotline can have different conclusions in the various arenas. For instance, a case that is adjudicated and found true in Juvenile Court may be unsubstantiated in the CD system and acquitted in Criminal Court. This can be very confusing. A parent has the right to challenge a report in the CD system for up to thirty to sixty days depending upon the type of report. A decision can be overturned as long as the case has not been

adjudicated in Juvenile Court. When a decision by a Juvenile Court judge is challenged, this is heard by one of three district appellate courts: Southern, Eastern and Western. The next step in an appeal is the Missouri Supreme Court. The judges in a region can use the other appellate court decisions as guidelines, but they must use the case law of their corresponding appellate court and the case law of the Missouri Supreme Court.

Under the JUVENILE OFFICER are deputy juvenile officers (DJO). Some circuits also have JO supervisors and JO attorneys. The JO supervisor oversees the DJOs and is the intermediary between them and the JUVENILE OFFICER. In this particular circuit, this person is also in charge of the child abuse and neglect side of the office. The DJOs are the people in the Juvenile Office that work closest with the children and the families. Since the Juvenile Office is divided into the delinquency side and the child abuse and neglect side, there are different kinds of DJOs. See Figure 5. The delinquency side is significantly larger in terms of the number of DJOs compared with the child abuse side, although the number of children is roughly equal. For every one DJO that works on the child abuse and neglect side, there are ten or more DJOs that work on the delinquency side. This is represented in the Figure by having multiple DJO for delinquency and only one CD Liaison, the person from the Juvenile Office assigned to work with CD.

The CD Liaison is responsible for all of the CD cases that have court involvement. Consequently, this person works with the CA/N unit, the FCS unit,

Figure 5: Organizational Chart for the Juvenile Office



and the FCOOHC unit. The majority of her time is spent working with the FCOOHC unit since this unit has the most court involvement. This is also the unit where the most of the tension surfaces. This will be discussed in *chapters eight and nine*.

The CD liaisons are the people who authorize protective custody and write the petition to the court explaining why temporary protective custody was taken. They also attend all court hearings and as many family support team meetings as possible. They are also involved in helping to make the decision regarding termination of parental rights. They generally do not write the petition to terminate parental rights, but they are involved in making sure that the Juvenile Office gets all the information they need from CD. As I said before, the Juvenile Office and CD are supposed to function as a system of checks and balances with complimentary roles. According to the JOs, they describe CD's role as the investigators. One JO said,

And CD going out and bringing that stuff to us. And so I really see them as the investigative agency working hand and hand with law enforcement doing the investigations. Coming to us when they feel like it rises to that level, that the child needs to be removed or we need some court intervention. . . .We are the liaison. We don't do any of the work, mainly. Sometimes I feel like we are there to make sure everything is being done right and so would I be concerned if there wasn't somebody doing that. Our role isn't huge in terms of case management. As long as we are responsible for taking these cases to court and you know, representing these cases in court, we have to really know what is going on and feel good about our cases (Gretchen, JO).

Compared to the DJOs for delinquency and the CD workers, the CD liaison has limited exposure to a child or the families on her caseload. This is because of the sheer volume of cases this person is responsible for. As a result, this person tends to only see the child and the family during court hearings and at family support team meetings.

The attorney(s) for the Juvenile Office represent the JUVENILE OFFICER in most Juvenile Court proceedings. In delinquency matters, the role of the attorney(s) for the Juvenile Office is similar to that of the prosecuting attorney in criminal cases. Essentially, she is the lawyer for the state in Juvenile Court cases. The same is true for the child abuse and neglect side. She sits on one side of the tables directly in front of the judge and the parent and his/her attorneys sit on the other side. CD workers typically sit in the audience. The JO attorney calls and cross examines witnesses. The Guardian at Litem also can do this during court hearings. The attorney for the Juvenile Office is the one that tries the case against the parent(s) if it goes to trial. The JO attorney is also the one who tries the legal cases against the parents in termination of parental rights cases. In addition, they are involved in permanency and placement hearings, although the JO supervisor handles some of these cases. In some circuits, the JUVENILE OFFICER does not have full-time legal counsel. In those cases, she can contract with private attorneys or represent the state herself.<sup>13</sup> With the sheer volume of cases, the pace in the Juvenile Office can be overwhelming.

Given the large volume of cases, there is an incentive for the attorney to make plea deals with the parents to keep the cases moving and in order to get adjudication.<sup>14</sup> For instance, as part of a plea deal, a parent might plead guilty to

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<sup>13</sup> One does not have to have a legal degree to be a JO or to represent the state in Juvenile Court. Typically they do not present evidence however.

<sup>14</sup> This is a resolution of the charges against the parent in Juvenile Court. In other words, the parent is found not guilty or guilty of the charges.

lack of supervision to prevent being convicted of child endangerment charges. Since there are time frames discussed in law, the Juvenile Office must report various time frames to the MO Supreme Court. For example, they must report how many cases are tried within ninety days, how many months kids have been in care, how many children are up for adoption, etc. Thus, the small number of staff, combined with these time frames, encourages quick resolutions in terms of the charges against parents.

### *PHYSICAL LOCATION*

The Juvenile Office is located within the court house. You enter through a side door. Much like CD, they have a waiting room with information about community resources available. There is a receptionist that sits behind a glass partition. This person calls the worker you are there to see. Also much like CD, the public does not go where the JOs do most of their work for confidentiality reasons. Meetings occur in the various sized conference rooms. The small conference rooms have a desk where the JO sits. There are also rooms with big conference tables where many seventy-two hour family support team meetings are held. The court rooms where the judges hear the cases are down the hall or on another floor. Before the Juvenile Court was open to the public, only people who were parties to the case were allowed in the court room. Consequently, before court, there would be numerous CD workers, GALs, family members, foster parents, JOs, etc., all waiting to have their cases called.

## *DESCRIPTION OF THE JOS*

All JOs have BA degrees. They tend to major in criminology, pre-law, and/or political science, although there is no requirement for their major. The attorneys obviously have law degrees, but the JUVENILE OFFICER does not have to have one. Like the CD workers, the DJOs tend to be young. However, unlike in CD where the least experienced workers are doing the front line jobs such as FCOOHC case management and CA/N investigations, the CD liaison is a more experienced JO worker. The past two DJOs worked in the delinquency side and then transferred to become the CD liaison. Turnover is also an issue with DJOs, but the turnover rates are less for the CD liaison than for the DJOs that work with delinquency. Since all DJOs work on-call on a rotating basis in the evenings and on weekends, a DJO from the delinquency side may handle a child abuse and neglect case if they are on call. In these situations, the CD worker is more experienced than the DJO and they frequently follow the CA/N worker's lead. DJOs also go through several weeks of training but they seem to do more job shadowing than CD workers. Their training is more on the legal side in terms of writing petitions to the court and reading legal documents. They tend to make a starting salary that is comparable to the CD workers, almost \$30,000 per year. There tends to be more oversight of the DJOs than the CD workers. Most of the JOs have children.

There is more oversight of the DJOs than the CD workers and more accountability for getting work done. This oversight is also evident in the

procedures for taking protective custody. At the Juvenile Office, the DJO is required to get approval from the JO, the JO supervisor, or the attorney prior to taking protective custody. In the case of CD, the CA/N worker does not have to get approval from a CD supervisor, only the DJO. Part of why this happens is because the workers are concerned about their liability. The CD workers told me that even if the supervisor said no, if she could convince the DJO to take protective custody, then she would.

In terms of power, the JOs definitely have the most power of the three groups (JOs, CD workers, and MRs). Their opinions certainly carry more weight in the courtroom. The JOs are also in a powerful position because they report to the court what the other people involved are doing or not doing. For example, if CD isn't turning in the termination of parental rights packets on time or the Guardians at Litem are not regularly attending the family support team meetings, the JOs report this to the Juvenile Court. Although the JOs don't have the power to do so, they expressed a desire to help make decisions about hiring and firing CD workers. That is interesting given that they work for entirely different organizations.

## **THE ORGANIZATION OF THE MANDATED REPORTERS**

### *PHYSICAL LOCATION*

A mandated reporter is anyone who works with children and by virtue of her job is required by law to report suspicions of child abuse and/or neglect to the state's hotline. Keep in mind that the majority of hotline calls are made by

mandated reporters. They are school personnel such as principals, counselors, teachers, bus drivers, before and after school teachers, playground supervisors; hospital workers such as nurses, doctors, and hospital social workers; mental health professionals such as counselors and psychiatrists; state and county workers such as police officers, juvenile officers, parole officers, social workers, social welfare/Medicaid case workers, etc. There are so many different types of mandated reporters that it is hard to classify them in terms of age, level of education, experience, etc. One consistent thread is that reporting abuse and neglect is only a very small part of their job and not what they do on a daily basis.

Because of the diversity in terms of jobs they do, mandated reporters do not have the same type of institutional location that the CD and JO workers have. There isn't one person who can write a memo and ensure that all mandated reporters receive it, let alone read and understand it. The only power the state has over the mandated reporters is that they can be charged with a class A misdemeanor if, in their professional capacity, they were aware of information about abuse and/or neglect and they didn't report it. Thus, if they observe something at Wal-Mart on the weekend, they are not legally obligated to hotline it, but the state encourages them to do so. Consequently, mandated reporters play more of a supporting role than a starring role in the child welfare system. This is not to say that they aren't important, but they are not central actors in the way in which CD workers and the JOs are.

Although there is community training on what it means to be a mandated reporter, there isn't a course that the mandated reporters must attend. In many cases, they learn what it means to be a mandated reporter when faced with a situation on the job. Some organizations do provide their employees some kind of training. For instance, many school districts have someone from CD come in and talk with counselors, principals, teachers, etc., about their responsibilities as mandated reporters. However, because there is no required training, most mandated reporters don't have an understanding of how the child welfare system works beyond, "I make a call, and somebody investigates." They are not kept informed about changes in the child welfare system and even if they are, since it is not a large part of their job, these changes aren't on their radar screens.

#### *DESCRIPTION OF THE MRS*

Although it is not possible to categorize all mandated reporters, there are common characteristics of the mandated reporters in this study. First, they all work for school districts as principals, assistant principals, counselors, school social workers, and home school coordinators. Thus, they are more knowledgeable about child welfare than some other mandated reporters. This is not to say that they understand the system because most of them told me that they don't know how it works. For example, very few of them know that the JOs, not the social workers, take protective custody. However, most have consistent exposure and a basic level of understanding. Second, they have offices at schools and interact with parents frequently. Thus, they have ongoing

relationships with children and families. Third, they all have advanced degrees (MAs, MSWs, and PhDs). Thus, they have more education than most CD workers and JOs. Fourth, they make between \$35,000 and \$70,000 depending upon their positions. Principals make more and counselors make less. They all make more than any of the social workers and most of them significantly more money. Depending upon the position in the JO, they could make comparable salaries but they generally make more. Thus, they tend to be in a higher social class than most of the social workers. Fifth, all but one is older (most in their 30's, 40's, and 50's) than most of the social workers and most are significantly older (late 40's and early 50's). School counselors and school social workers tend to be younger (mid 30's). Thus, they tend to have more work experience than most of the social workers. Finally, the mandated reporters tend to share the same gender (female) and race (white) as most of the social workers and JOs.

The mandated reports don't have any decision making power in terms of taking action other than making the hotline call itself. Thus, in some ways they are powerless compared to the social workers and the JOs. However, the mandated reporters have learned ways to exert their influence in cases they feel it is necessary to do so. I attribute this to their age, level of education, and work experience. They have also found ways to exert influence, especially with the CD workers, and I will discuss this in greater detail in *chapter seven*.

Like most mandated reporters in general, the mandated reporters I interviewed told me that reporting child abuse and neglect is a very small part of what they do on a daily basis. Most of them make between ten and twenty hotlines per school year. Hotlines are typically made because the child discloses information or a teacher hears or sees something. Some children have regular meetings with counselors or social workers to address a variety of issues. During one of these meetings, a student might disclose some information that could turn into a hotline. If a teacher sees or is told some information, she generally discusses the situation with a counselor or social worker. The principal or assistant principal may or may not be involved at this point. That person will talk with the child and then make a decision about making a hotline. Generally, more than one person is involved in deciding whether or not a hotline needs to be made. This conversation typically takes place between the counselor/social worker/home school coordinator and the principal or vice principal. Depending upon the circumstances, this decision is easier/harder to make. Many of them discussed hotlines as an emotional part of their job. Regardless of whether or not they decide to make a hotline, many of MRs discussed losing sleep over their suspicions of child abuse and/or neglect.

Schools have become the access point for many social services. Given the population some of the schools served, the MRs have become quite knowledgeable about community resources. They told me about their efforts to help families get clothes, shoes, coats, etc. Some of the local churches have

been involved in providing these resources. One mother even came to school to ask for gas money. Apparently this has happened before because the school has a policy<sup>15</sup> about this. Some MRs have helped parents with transportation issues such as getting the child to doctor's appointments and after school activities. The home school coordinators are even more involved with the families than most of the MRs I talked with. They can and do make home visits and help resolve difficulties between the parents and the schools. Thus, the MRs involvement with some of the families is quite expensive. Unlike many other MRs, they tend to have an ongoing relationship with the child and the families.

## **CONCLUSION**

The child welfare system is complex and difficult to understand. This chapter is meant to orient you to the system. Knowledge is power and when families as well as professional understand the system, they will have an easier time navigating through it. There are a few places in particular that I think the system is difficult for the average person to understand. First of all, understanding who in practice makes the decision regarding protective custody should be more transparent. When a social worker says "I didn't take protective custody, the Juvenile Office did" this is a true statement. When the JO says, "Your child is placed in CD custody," this is also true. However, this makes it difficult for families to understand the nuances of what they are saying. The

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<sup>15</sup> The policy is that the decision to give money or not give their own money is up to the individual, but they are to tell the parent that this is the only time they will ever be given money and they are not to ask again.

reality is that the social workers recommended protective custody and the JO agreed. The JO temporarily places the child in CD custody until the case can be heard by a judge within seventy-two hours. I argue that by obscuring the ways in which power is exerted, the state is jeopardizing a parent's right to raise their own child. This process could certainly be more transparent so that these parents and children do not suffer the harm of being separated temporarily or permanently because the parent didn't understand the bureaucracy.

A second example of a confusing system is in terms of the various types of reports. Very few people understand the difference between an investigation, an assessment and the various kinds of referrals. Parents are given a form that explains the difference between investigations and assessments but there is very little explanation of referrals at any point. I did see one letter sent to the family by the JO which explained who were some of the key actors involved on the court side of the process, but this letter was only sent after the children were in foster care. The letters that the parents receive in reference to referrals do not state that the parents do not have to cooperate. Without being told when by law they have to cooperate, this puts parents in a very vulnerable position. In some letters, CD workers said that the parent must respond to the letter by x date when in reality they do not have to do so. However, CD workers do not appreciate uncooperative parents because it makes their jobs more difficult. They also have a code for "uncooperative" and this can be used as part of their determination of future cases.

A third example of a confusing system is the specialization within CD. From an organization perspective, the division of jobs into separate units makes sense. However, this division was rarely if ever explained to the parent. The social workers don't often take the time to explain the system to parents because they take it for granted, and they often forget that people outside the system don't understand it. They are also so overwhelmed by their jobs that they don't have the time to explain it to the families. CD is making an effort to make the system more transparent by putting resources and information online. However, it would go a long way to provide parents of kids who have been removed with a simple booklet that simply explains the central cast of characters (JOs, the various CD workers, the Guardians at Litem, etc.), each of their roles, the various scenarios, and who makes decisions. The parent or parents are given court appointed attorneys during the "active" part of the case (e.g. before adjudication, before termination of parental rights, etc.), but why not make the process transparent so a lack of understanding isn't the reason a child does not go home.

A fourth example of a confusing system is in terms of the consequences of the different actors finding preponderance of the evidence. For example, if a social worker substantiated a case based a preponderance of the evidence that means that a person will have a substantiated case on his/her record in the child abuse and neglect system. Thus, when a child abuse and neglect background check is done, this will show up. It has consequences in terms of working with children, but there is an enormous difference between that and having a child

removed or going to jail. If the attorney for the Juvenile Office gets adjudication for neglect against the parent, this has consequences in terms of whether or not the child should live with the parent, but again it does not mean jail. If there is a criminal conviction, then jail is possible. This may or may not affect the return of the child to one's home.

This complexity works against the interests of families, because it tends to disorganize them (and prevent them from being able to effectively mobilize against the system). This lack of information or understanding of what the child welfare system can and cannot do makes it difficult for the parents to effectively respond to a hotline or to demand changes in the system itself. I argue that the people most affected by this are mothers who are poor and often non-white since they are the ones who are subjected to the most surveillance by the child welfare system.

## CHAPTER FIVE--THE CHILDREN'S DIVISION WORKER'S JOB IS THE STORY OF PAPERWORK<sup>16</sup>

"I'd like to report child abuse and neglect," is the opening sentence of almost every family's involvement with the child welfare bureaucracy. As you saw with the opening narrative in *part one*, it is a complicated web of interactions among Children's Division workers, school officials, police officers, juvenile officers, judges, individuals in the community, etc., where information about a family travels in various directions, mostly without the knowledge of parents. In *chapter four*, I discussed the social organization of the system in terms of who does what and where their work is done. In this chapter, I focus on the everyday/everynight work of the social workers (Smith 1987, 1990a, 1990b, 1999; DeVault 1999). I focus on their paperwork and the texts they create by tracing what happens after the initial call is made. I focus on what the Child Abuse and Neglect (CA/N) and Family Centered Out of Home Care (FCOOHC) workers do, how they do it, and what information they are required to collect. In the process, I highlight how this paperwork is used to monitor both the families and the workers themselves. As you will see in this chapter and in *part three*, the

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<sup>16</sup> This chapter is inspired by a conversation I had with Dorothy Smith and other institutional ethnographers at the annual meeting for the Society for the Study of Social Problems in Montreal, Canada in August 2006. They wanted me to have a very grounded discussion of the everyday practices of the social workers. This is my attempt to fulfill that request.

social control function of this system is one of the ways the ruling relations operate.

I also argue that the “hotline” report that is produced from that initial call moves through the system and “stands in” for families in many ways. It is the first impression that a CA/N worker gets of a family. Once the hotline is concluded, this paperwork is often the first impression the FCOOHC worker gets of the family. In the process of completing this paperwork, the CD workers interact with various people and compile that information, which then represents the parents. From the first call to a case being concluded, all of the information that is gathered and compiled is collected and written from CD’s perspective. This is not to say that the family doesn’t have any voice, because their words do appear in the report, but they have no control over how those words are used. The parent(s) can get copies of the report, but many of the details of the report are removed from those copies. If s/he disagrees with what is said in the report, s/he can’t get it changed unless the conclusions of the report are overturned in a review process.<sup>17</sup>

Now, let me walk you through what happens after, “I’d like to report child abuse and neglect.” Keep in mind that what happens next is very dependent upon a variety of factors. The most important is the nature of the allegations, but other factors do come into play (such as prior involvement with CD, the CD worker’s perspective on her job, how many other cases the CD worker currently

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<sup>17</sup> This requires the parent to challenge the findings of the report with the Children’s Division.

has,<sup>18</sup> the parent's willingness to cooperate, etc.). Many of these issues will be discussed in further detail in *chapter six*. Please keep in mind that there is no "typical" case. What the CA/N workers consistently told me is that "it all depends." I think the following does give some sense of how hotlines move through the system and how the reports tend to "stand in" for families.<sup>19</sup>

As with the opening narrative, my discussion will be of a substantiated<sup>20</sup> CA/N investigation case where protective custody was taken. This triggers a FCOOHC case to be opened. I will discuss what happens after a FCOOHC case is opened.<sup>21</sup> This is not a typical case, because most hotlines are unsubstantiated and never move to the FCS or FCOOHC units. However, my example does highlight the two main units within CD. I also want to point out that many of the social workers I talked to, whether CA/N or FCOOHC said that the

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<sup>18</sup> Given the turnover in the CA/N unit, many of the workers had between 30-150 open hotline cases at one time. This would fluctuate with the number of workers within the unit. I was told by the social workers that the state also has a policy that it does not replace a worker until the person's comp time has been paid out. Since some workers accrue over a hundred hours, when they quit, there is usually a significant lag time between one worker leaving and having the new worker trained and able to take new cases.

<sup>19</sup> It is important to point out that a family in this context is hard to define. In most cases, there is only one parent in the household and this parent typically is a woman. Also, the biological mom and the biological dad may have different perspectives on the case. In addition, other friends, relatives, and/or paramours may be involved.

<sup>20</sup> An investigation is either found to be substantiated or unsubstantiated. An unsubstantiated report means that the preponderance of the evidence does NOT support the allegation. A substantiated report means that the preponderance of the evidence shows that the allegations did occur. This is a determination that is made by the social worker and is a separate determination from both juvenile adjudication and criminal conviction. HB 1453 changed the standard of evidence from probable cause to preponderance of the evidence. Preponderance of the evidence is supposed to be a higher legal standard although in practice, there was very little difference between the two. This will be discussed in more detail in *chapter ten*.

<sup>21</sup> Technically, both a FCS and a FCOOHC case are opened, but since the kids are not in the home, the case is assigned to the FCOOHC unit.

majority of their time was spent doing paperwork rather than social work or helping families. I argue that there is a difference between the importance placed on doing paperwork by the CA/N unit and the FCOOHC unit, because the nature of the linkages between the Juvenile Office and the two units at CD as well as the linkage between the state office and the CA/N unit differ.

## **CANHU HOTLINE**

### *THE START OF PAPERWORK*

The initial call is taken by the Child Abuse and Neglect Hotline Unit (CANHU). During this call, the caller is asked to provide as much information as possible regarding the family. The call begins with the reporter providing as much demographic information as possible. Then, the reporter is allowed to tell about the incident. The reporter is asked a series of questions about the incident which the hotline worker turns into a narrative. The end product of that call is a record. Some records do not become hotlines and end with the CANHU worker. If the record becomes a “hotline,” it is classified by the CANHU worker as an investigation, an assessment, or a referral and is sent to the local county CD office for follow up. The local office can upgrade an assessment or a referral to an investigation, but this rarely happens.<sup>22</sup>

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<sup>22</sup> The designation of what type of report (an investigation, an assessment or a referral) it is used to be done at the county office, but now it is done by the statewide hotline. Workers would disagree over the type of report. This mattered because the unit was divided into workers who do assessments only, assessments and investigators and investigators only. Currently, all CA/N workers do assessments, investigations and referrals.

## CA/N UNIT

### *THE CA/N JOB: WADING THROUGH THE “STUPID” CASES*<sup>23</sup>

The CD worker assigned to investigate hotlines is called a Child Abuse and Neglect (CA/N) worker or an investigator/assessor. As mentioned previously, the information collected by the CA/N workers can be turned over to the prosecuting attorney to prosecute alleged perpetrators in Criminal Court, but the vast majority of their work product is for CD's child abuse and neglect tracking system. If the case is court involved, the majority of the CD worker's involvement is in Juvenile Court.<sup>24</sup> The CA/N worker has thirty days to conclude the hotline although in practice this often took longer for the paperwork to be completed. The first thing the CA/N worker does is look at the type of report<sup>25</sup> and the response time. Then she reads the narrative. Next, she usually calls the reporter to verify the allegations listed in the hotline and to see if the reporter has anything to add.

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<sup>23</sup> The “stupid” cases will be discussed in *chapter six*. Essentially, they are the cases that the CA/N workers don't feel need to be investigated.

<sup>24</sup> Keep in mind that in Juvenile Court, decisions are made regarding the legal custody of children.

<sup>25</sup> The type of report can be a referral, an assessment, or an investigation.

## *THE HOTLINE ITSELF: THE FIRST REPORT IN THE FILE*

### Tracking the CA/N Worker

All hotlines have the same information regardless of the type of report. The first section of the hotline is bureaucratic.<sup>26</sup> It lists incident number, the response time,<sup>27</sup> type of report, incident date and time, date and time of the call, and the name and worker number of the person who took the call. Then it leaves room to track the CA/N worker's actions regarding the hotline. It leaves room for the worker to fill in the date and time of the initial contact with the victim,<sup>28</sup> the worker's id number, the supervisor's id number, whether or not there was delayed contact, the conclusion date, conclusion codes, etc. In addition, it asks for the size of the family, family characteristics, services needed, FCS status, FCS worker number, FCS case number if the case is being reopened and when the report was last updated. Sometimes workers will add information to a report at a later date such as if there has been adjudication.<sup>29</sup> There are four pages of codes that the worker must look at to enter the appropriate information under

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<sup>26</sup> The format of the hotline report changed twice while I was doing my observations. The hotline I am describing is the one that was used most of the time I was there. The order of the information is different but the new reports contain much of the same information. I am told they are also longer. The actual words of the caller appear in the narrative instead of the edited version by the hotline worker.

<sup>27</sup> The response time depends on the severity of the allegations. Most investigations have a three hours or twenty-four hours response time. Most assessments have a twenty-four or seventy-two hour response time. Referrals have a seventy-two hour response time.

<sup>28</sup> Given the low substantiation rate, one could take issue with the use of the term victim instead of alleged victim. Given their purposes and the context, it makes sense. They do put alleged perpetrator, however.

<sup>29</sup> Adjudication is when the case has been heard in court by a judge and there has been a conclusion regarding the validity of the petition.

each section. There are two pages of specific codes for referrals and two pages of codes for investigations and assessments.<sup>30</sup>

### Tracking the Parent(s), the Victim, and the Perps

The second section lists the household and incident information such as the county, address, and phone number. The household is where the family lives and the incident address is the location the alleged incident occurred. In most cases, it is one and the same. Then it lists the reporter's name, address, contact information, and occupation. Occupation is important because if s/he has a job involving children, they are a mandated reporter. Reports by mandated reporters are automatically taken, even if they do not meet the legal definition of child abuse and neglect.<sup>31</sup>

Then the hotline lists as much information as is possible about the victim(s), the parent(s) and the alleged perpetrator(s) such as legal names, race, sex, marital status, relationship to the victim(s), employment status, dates of birth, social security numbers and DCN numbers.<sup>32</sup> If this information is unknown, "unk" will appear on the report. On the initial hotline, the DCN number generates a list of the following people's involvement with the Children's Division:

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<sup>30</sup> Under each section, there is a list of choices. They typically start with A and can have twenty plus choices.

<sup>31</sup> In the cases where it doesn't meet the legal definition, it is called a mandated reporter referral, rather than an assessment or an investigation. If a non-mandated reporter calls with identical allegations as those in the mandated reporter referral, the call does not become a hotline.

<sup>32</sup> The DCN number is a number assigned to every child born in Missouri or assigned when they interact with the Department of Social Services. This number can be used to look up/track a person's involved with the Department of Social Services.

the alleged perpetrator(s), each parent, the victim(s), his or her siblings, and any child listed in the report. This part of the report also lists the incident number, the date of the report, the name of the victim(s), the name of the alleged perpetrator(s), and reporters' description (such as lack of supervision) and the decision codes (substantiated, unsubstantiated, services indicated, etc.) relating to all incidences involving each person. There is also space to include information for significant others. The DCN number also lists whether or not the parent(s) is receiving income maintenance (social welfare or foodstamps), and whether or not the parent(s) has ever had an open case with CD. If so, it also lists the dates of involvement. If a case is currently open, then the case manager's name, worker id, county, and phone number are listed.

There is also a section that lists any law enforcement involvement, when that occurred, and what type of involvement. In addition, there is a section that lists whether the following were involved: dangerous weapons, drugs/alcohol, vicious animals, or household violence. The hotline ends with a narrative which is written by the CANHU worker. This narrative lists all of the people involved with the incident. They are assigned letters and numbers depending upon their role. The narrative then explains who did what to whom. This is the CA/N workers' first introduction to the events in the hotline.<sup>33</sup>

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<sup>33</sup> It may not be the worker's first introduction to the family, however, because if the worker has previous open hotlines with a family, they are assigned all subsequent hotlines until the initial hotline is closed.

## *THE ACTIONS PRODUCED BY THE HOTLINE*

### Referrals: Less Serious Paperwork

M, N, and P referrals<sup>34</sup> are handled with less seriousness than investigations and assessments.<sup>35</sup> As you will see in *chapter six* and *chapter seven*, these referrals produce a significant amount of frustration and tension between the CA/N workers and the mandated reporters. A little less than half of all hotlines are referrals. Less than seventy percent of all referrals in the circuit I did most of my observations were M referrals. Approximately fifteen percent were P referrals. A referrals and N referrals each are less than ten percent.<sup>36</sup>

After speaking with the reporter for M, N, and P referrals, the CA/N worker may call the school if that person isn't the reporter. They may call the family. In some cases, the CA/N worker will make a home visit. In most cases, however, she sends a letter to the family telling them CD received a report concerning the family and she is offering services. Some workers use generic letters that say, "If

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<sup>34</sup> Missouri also takes four kinds of referrals (M, N, P, and A). M referrals are referrals that have been called in by mandated reporter referrals. N referrals are non-caretaker referrals in which the allegations are that the "perpetrator" does not have care, custody, or control of the child. They are usually kid-on-kid reports. P referrals are permissive referrals, and they usually involve a request for services for their own family. A referrals are newborn crisis assessments, which can be called in by any medical professional regarding any concern.

<sup>35</sup> Most states do not take what Missouri calls referrals precisely because they do not meet the criteria for abuse and neglect. Part of why Missouri takes referrals is because they are part of the state's attempt to be proactive with child abuse and neglect. However, since in most cases, nothing is done, one could argue that they are more intrusive in the lives of families than they serve any real purpose. They also open the state up to liability since the state would be aware of issues and they did nothing. There have been attempts to eliminate referrals altogether, but that has been resisted by upper management.

<sup>36</sup> I have not provided exact numbers to conceal the location of the circuit where I did most of my research.

you want help, you should call me.” Some workers specifically state that they want the parent(s) to call them by a particular date. Interestingly, if the parent doesn’t call, there is nothing the CA/N worker can do.

For the most part, the CA/N workers put little effort into M, N, and P referrals because even if the allegations are true, they don’t constitute a criminal offense. Since they are not by definition abuse and neglect, the CA/N workers are not willing to expend a lot of energy on referrals. In fact, most of the CA/N workers hand-write a few sentences about what they did on the hotline itself and that is it. This is in sharp contrast to the investigations and assessments, which are eight pages not counting the narrative section. The narrative can be between one and twenty plus pages depending on what the worker did with the case. Although it is possible for a child to be removed from home on an M, N, and P referral, this rarely happens. It is more likely for a child to be removed on an A referral or an infant crisis assessment.<sup>37</sup>

*A Referrals: Potentially More Serious*

Infant crisis assessments, or A referrals, are treated more seriously than most referrals. More attention is given to them, primarily because they involve newborns. In most cases, the CA/N worker visits the mom at the hospital before she is released. They also do a follow up home visit with the parent(s). There is a specialized form that the CA/N worker must fill out for infant crisis

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<sup>37</sup> According to the CA/N workers, CD is not supposed to do infant crisis assessments. It is the responsibility of the Department of Health. However, when infant crises assessments were created the Department of Health didn’t have a 1-800 number and CD did. Therefore, they are the ones that do them.

assessments. After filling out case data discussed above, the form requires the CA/N worker to list the child's full name, date of birth, date of discharge from the hospital, and birth weight. Then it asks for parental info such as name, address, birth date, and DCN number and the names, DCN numbers, and birthdates of all siblings. All other household members' names, birthdates, and relationship to the child must be listed. There is a section on the toxicology for the mom and the infant as well as any specific medical concerns from medical personnel.

The next three pages has checklists for the following topics: signs of withdrawal in infant or other medical complications, prenatal care, prenatal appointments, pregnancy complications, history of abuse or neglect, parenting skills, behavior associated with drug and alcohol use, domestic violence, and other strengths or concerns. Under each section, there are specific boxes to check and space for the worker to elaborate. The end of the document leaves room for the worker to summarize the service plan,<sup>38</sup> discuss concerns, and list recommendations.

#### Investigations and Assessments: The Other Type of Paperwork

Depending upon the nature of the allegations, the CA/N worker's view of her job and the extent of prior history determines what happens next with investigations and assessments.<sup>39</sup> Some workers feel that their job is to only

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<sup>38</sup> Service plans are agreements between the parent(s) and the CA/N worker to ensure that abuse and/or neglect does not happen.

<sup>39</sup> Of the total number of investigations and assessments, assessments make up 60% and investigations make up 40%.

investigate what is listed in that particular hotline, so they do not do any background checks. Others feel that they want to know as much as possible about the family prior to meeting them. The latter type of worker will look up the previous incident numbers. The initial narratives are accessible for reports made in the last five years. They will also look up the conclusion codes to figure out if the cases were substantiated. These conclusion codes are again from CD's perspective because they only list the outcome. If the incident happened within the same county, the CA/N worker can look up the file. Otherwise, she has to call the incident county and request copies of the records.

Some CA/N workers do more extensive background checks beyond just looking up previous history within the CD computer system. Some look up the criminal records of the alleged perpetrators, parent(s), and/or household members on Casenet.<sup>40</sup> Casenet lists any involvement (traffic tickets, divorce degrees, civil judgments, criminal convictions, etc.) with the law in the state of Missouri.<sup>41</sup> This practice is encouraged by state policy. Criminal background checks, known as MULES, must be done by the police department or the Juvenile Office. These checks are statewide criminal checks and can be done within a few minutes. To do a criminal check for all fifty states, this must be done through the FBI and it can take weeks to get the results. Some workers also look

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<sup>40</sup> <http://www.courts.mo.gov/casenet/>

<sup>41</sup> Not all counties currently provide information to Casenet so it is not an exhaustive criminal check in the state of Missouri. However, the state is encouraging counties to provide this information and so more and more counties are complying.

up the income maintenance<sup>42</sup> records to see if anyone else is living in the household. One worker told me that she uses this information as a test to see if the parents are being truthful.

### The Friendlier and not so Friendly Version

There are two main differences between investigations and assessments which help to explain why assessments are supposed to be the “friendlier” version of investigations. One difference is that families must cooperate with an investigation, but they can decline to cooperate with an assessment. They do not have to let the CA/N worker into their house or let the worker talk to his/her child, but they must let the CD worker visually look at the child. My impression was that most parents were unaware that they had a choice in the matter and with investigations they don’t.

The second difference is police involvement. Because of the criminal nature of investigations, the CA/N worker is supposed to invite a law enforcement official with her while she investigates the hotline. In practice, CA/N workers do not always involve police in all investigations because police presence can have a negative effect on the parent(s) and it takes more time to have a police officer accompany them. When police are involved, they are supposed to collect all of the evidence and be the “lead agency.” In practice, however, the CA/N worker has more experience interviewing children so she often does the initial interview. The CA/N worker will ask for a copy of the police report if one is filed. This

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<sup>42</sup> Income Maintenance (IM) workers are social welfare workers who handle foodstamps and welfare.

becomes part of the case file with CD, and the CA/N worker frequently quotes from the police report. If a parent requests a copy of his or her hotline report, s/he is not given the police reports. The parent can request copies of the report from the police department, however. This is the first of many reports from outside agencies that are collected in the Children's Division files.

Even though there are these differences between assessments and investigations, in terms of the paperwork that the CA/N worker must fill out, there is very little difference. Consequently, the CA/N workers' actions in practice end up very similar. One worker told me that it is laughable that assessments are considered the "friendlier" version because families don't respond positively to a CD worker showing up at their house and saying, "We got a call saying you need help, so I'm here to help you." In my experience, most of the families didn't view a hotline call as help. It terrified them.

#### Interviewing the Child

After doing the background checks if that is going to be done, the next step is to talk to the alleged victim. When the child is not school age, the CA/N worker typically drops by the house for a surprise visit. In this case, she usually talks to the parent(s) first. The CA/N worker usually doesn't ask the child very many, if any, questions because s/he is so young. If the parent(s) is not home, she will typically leave her card and direct phone number. She does not usually tell the parent what it is regarding. If the parent doesn't respond, she will stop by the house again the next day. Since the CA/N workers have time frames they

must meet, sometimes they will have the police monitor the household and have them contact the on-call CD worker.<sup>43</sup> Since the concern is the safety of the child, the more the parents evade the CD worker, the more concern the worker has. It also frustrates the CA/N worker because it makes her job more difficult, especially when it takes twenty plus minutes to drop by the parent'(s) house.

When the child listed as the victim in the hotline is school age, the CA/N worker will usually try to talk with the child while at school.<sup>44</sup> This is done because she wants to get the child's version of events first. This requires that the CA/N worker contact the school to determine if the child is in attendance and to make arrangements to see the child. Depending upon the worker, the school official will be told what the specific allegations are. In many cases, it is the school that called so the CA/N worker is dealing with the person who made the hotline. Some school officials prefer to sit in on the interview with the child. If the incident is classified as an investigation, a police officer or school resource officer is involved with questioning the child. When the allegations are very serious, the child is taken out of school and interviewed at a local child advocacy center.

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<sup>43</sup> In addition to working a forty hour week, the CA/N unit rotates being on-call. The size of the unit determines how often they are on-call. Most of the time, they are on-call one weekend (Friday afternoon through Monday morning) every six weeks and one weeknight every week and a half.

<sup>44</sup> The year before I began this study, the wording of the law was changed so that CA/N workers could not interview children at school. This made the CA/N worker's job much more difficult because she has timetables to see all of the children. Without being about to go to schools, it required her to catch the parents at home. This is more difficult to do, especially when most of the social workers work 8-5pm. It was changed back so that the CA/N workers can again interview children at school without the knowledge or consent of the parent. This is also one of the few changes that the mandated reporters were aware of.

They have facilities where one person can interview the child while the rest of the team (CD workers, police officers, DJOs, etc.) are behind a one way mirror. Well-child checks are also done at the advocacy center. This is where pictures are taken of bruises, scares, marks on the child, etc. In the case of sexual abuse, physical exams, and the collection of evidence, this is done at the child advocacy center as well.

When the interview proceeds at school, the child is usually told by the CA/N worker her name and that her job is to keep children safe. Depending upon the age of the child, some CA/N workers ask the child if he or she knows the difference between truth and a lie. This is usually done with elementary age children and younger. They will say, "I'm wearing a red sweater. Is that a truth or a lie?" Since it was a blue sweater, they discuss that it is lie. Once the child's understanding of the difference between a truth and a lie is established,<sup>45</sup> the CA/N worker asks the child questions. The interview can range between five minutes and a half hour in the typical interview. They usually start with who lives in the household. Then there are questions about her/his home life. Finally, the child is asked about the incident. For instance: What happened? Who did what? Who was present?, etc. If the hotline discusses bruises or marks, the worker will ask the child to show her that particular part of his/her body, provided it is easily accessible (legs, stomach, arm, etc.) If it is not in an easily accessible part of the

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<sup>45</sup> Based on a few questions, it is hard to really claim that the worker is sure that the child knows the difference between a true statement and a lie. Regardless of whether or not they know the difference, it doesn't guarantee that they are telling the truth. However, this is better than doing nothing.

child's body, then an appointment at the advocacy center is arranged. After getting the child's version of the events, the child is usually asked if s/he has any questions. During this process, most CA/N workers take notes.<sup>46</sup> She tells the child this is just for her records, which isn't exactly true.<sup>47</sup>

Once the child is done being interviewed, s/he is asked to leave the room. Oftentimes, the child will go back to class. If the incident is serious, s/he usually waits in a counselor's office. If there are siblings who attend the same school, the CA/N worker will either ask to speak with the sibling(s) or ask to have them pointed out to her through the window of his/her classroom depending upon the circumstances.<sup>48</sup> If the siblings do not attend the same school and there is time before school gets out, the CA/N worker will go to the sibling'(s) school to interview him/her before she talks to the parent. In any case, the CA/N worker is required to visually see all of the children that live in the home. If she doesn't see him/her at school, she must see him/her at home within seventy-two hours of the incident.<sup>49</sup>

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<sup>46</sup> This again depends upon the seriousness of the report. If the worker thinks it is a "stupid" report as discussed in *chapter six*, they are less likely to take notes.

<sup>47</sup> What the child said can end up in the CD report that is associated with the child's DCN number and the parent'(s) DCN and it can be used for future reference. Depending upon where the case ends up, what the child said can also be repeated by the CA/N worker in Juvenile and Criminal Court.

<sup>48</sup> If the CA/N worker does not talk to the child, it doesn't seem very useful to merely look at the child through the window. This is done because a social worker never visually saw the sibling and two children died of malnutrition.

<sup>49</sup> This does not include weekends so if the report comes in on Thursday, they have until the following Monday to see the child.

## Interviewing the Parent(s)

The next step is to talk with the parent(s) or guardian(s). The CA/N worker visits the home of the child that is listed as the victim on the hotline. Typically it is later that afternoon or the next day. Sometimes the parent(s) has already been told by the child that someone talked to him/her at school. In other cases, the parent(s) has no warning. The CA/N worker typically asks the parent his or her name. Then she introduces herself by saying, "Hi I'm Cindy from the Children's Division."<sup>50</sup> Can I come in?" All but one parent eventually let the CA/N worker in during my observations. Typically, the parent(s) get a very worried look on his/her face. One of the most common initial questions is, "Are you going to take my kids?" Others will ask, "What is this about? Some say, "I know what this is about."

When a parent(s) is uncooperative, this can frustrate the CA/N worker because her objective is to complete the report. If the parent(s) is cooperative, that makes completing the report easier because the CA/N worker will have the information she needs to fill out her report. If the parent(s) is uncooperative, the CA/N worker has to talk to other people who know the family in an attempt to answer the question in the paperwork. This obviously creates more work for them, which given their caseload, they would like to avoid.

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<sup>50</sup> Most families don't know what the Children's Division is, but when the CA/N worker says that we used to be called DFS, they usually understand. I was told that part of the reason they changed the name to the Children's Division was an attempt to change their image and the negative associations with DFS. However, changing the name without changing the practices does little to produce meaningful change.

The CA/N worker is required to provide the parent(s) with paperwork that explains the difference between investigations and assessments and their Health Information Portability and Accountability Act (HIPAA) rights. However, the parent(s) is rarely given the opportunity to read the paperwork. S/he is told, "This is an investigation, or this is an assessment." I never witnessed a CA/N worker explaining the process from start to finish to a parent or explaining the difference between an investigation and an assessment in simple language. Usually the distinction was only highlighted during assessments when she was trying to tell the parent(s) this isn't the bad one, although she didn't use those words. Because the CA/N worker does this every day, I don't think they realized that the parent(s) may not be familiar with the process. The CA/N workers may believe many of the families have had repeat visits from CD, but this is not a guarantee that they understand the process.

The next thing to happen is that the CA/N worker will ask the parent(s) questions pertaining to the allegations in the report. She is required by policy to ask about each and every allegation. This is when the parent(s) has the opportunity to tell his/her side of the story. For the most part, the CA/N worker isn't confrontational with the parent(s). The CA/N worker is taking notes while this conversation is occurring, but she doesn't typically explain how the notes will be used. Depending upon the worker, the notes will be more or less detailed. Some workers won't take notes at all and especially if the case isn't perceived as serious. When the allegations pertain to health hazards, lack of adequate

sleeping arrangements, dirty house, lack of food, etc., the CA/N worker will ask for a tour of the house. She might ask where the child(ren) sleeps. She might look in the cabinets if the allegations indicate they don't have any food.<sup>51</sup> When the allegations have to do with lack of running water, electricity, or heat, she is required to confirm that these things are operational. When the allegations involve physical abuse, she will ask to see the part of the child's body that is alleged to have a bruise, scratch, or mark. Oftentimes, she will require the parent(s) to sign a "safety plan," known as the CPS1A, which says the parent(s) won't do to the child or allow the child to do whatever is indicated in the hotline. The parent(s) is rarely given copies of the safety plan although s/he is supposed to be given a copy. Even when parent(s) was given a copy, very little of it is filled out.<sup>52</sup>

### Offering "Help"

Based on the allegations and the parent(s)' responses, the CA/N worker discusses the services s/he can offer the family such as social welfare, food stamps, Parents as Teachers,<sup>53</sup> counseling, drug treatment, parenting classes,

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<sup>51</sup> One of the first hotlines investigations I observed, a six year old girl tugged on my coat and asked me if I wanted to see her food. I was amazed that kids that young know what CD is looking for.

<sup>52</sup> This is one of the areas in which the particular circuit I did most of my observations received low scores during an internal review. The workers were required to have the supervisor sign the safety plan directly after visiting with the family. The form does take several minutes to fill out and the CA/N worker typically wants to leave the parents house as soon as possible.

<sup>53</sup> Parents as Teachers (PAT) come into the home and work with the parent and the children in the home. This program is available to all parents, not just those involved in the child welfare system. They work with families whose children are five and younger. The PAT worker assesses the child(ren) to see if s/he is progressing according to developmental appropriate stages. PAT's

etc. Many of these programs are offered to the family at no cost. Part of this discussion is finding out what services the family is already linked with. This serves two purposes: 1) It helps the CA/N worker fill out her report because many of the answers to these questions are needed to complete the report; 2) It gives the CA/N worker a list of other people who have contact with the family so she can call and ask questions about the family situation. These contacts are called collateral contacts. The CA/N workers particularly like linking the family up with Parents as Teachers for children five and under, because it is a good program that many parents find helpful, but it is also a program that gets another set of eyes and ears in the home. The CA/N workers openly discuss the desire to put in place people who will monitor the family. When kids are school age, they have daily contact with school officials. The CA/N workers see them as the first line of defense in terms of monitoring children's well-being. They think that if something is going on in the home, the school will eventually hear about it. The CA/N worker will typically mail information about the service or services to the parent(s). In practice, unless there is a serious concern, services are not set up or linked to the family until the worker completes the hotline. This may be the following week or three months later.

Before the CA/N worker leaves the family's house, she asks if the parent(s) has any questions. If the parent(s) has the presence of mind to ask questions, all of the CA/N workers I observed answered the questions. In most

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national headquarters are in Missouri and PAT has received a lot of support over the years. Governor Blunt recently expanded the funding for PAT.

of my observations, however, the parent(s) asked very few questions. My impression was that most of the parents were trying to figure out how serious the visit was in terms of the potential that their kids would be taken away.

#### Collecting Info/Contacting People in the Community

When the CA/N worker leaves the household, she contacts other people who have had experiences with the family to see if they have any specific concerns and to gather information that she needs to include in her report. She typically calls the school if this person was not the reporter. She will ask about the child(ren)'s attendance record(s) and whether or not the school has any specific concerns. The attendance record can also become part of the file. When the child has a deputy juvenile officer (DJO), the CA/N worker wants to know why. She will contact the DJO and share information about the family and the case. This information weighs heavily when the stories of the child and the parent(s) do not agree. When there are health concerns, the children's doctor/dentists will be contacted. Friends, neighbors, relatives can be contacted if they have some involvement with the case. If the child or family is in counseling, they will speak with their counselor or therapist. This can become part of the file as well.

#### *THE PAPERWORK THAT RESULTS FROM THE HOTLINE: THE CPS-1*

Most hotlines are concluded when the paperwork is finished and the narrative that records all of the CA/N workers actions regarding the case is

written.<sup>54</sup> To complete the paperwork, the CA/N worker must transfer most of the information that appears on the initial hotline into a form called the CPS-1. The workers find this task tedious because they are literally retyping the information on one form to another. Given the level of detail she must provide, the CA/N worker spends considerably more time filling out paperwork than working with the family. She spends on average less than an hour with the family while a report can take five to ten hours to complete depending upon the number of people she talked with.

### *TRACKING THE WORKERS*

One of the purposes of the CPS-1 report is to track the actions of the CA/N workers. This is done so that CD knows what was or was not done. It requires specific times, dates, locations of everyone she came into contact with. For professionals, she must include their full name, contact information, and title. This form begins with case data such as the name of the case, the type of report, the worker's name, the incident number, the incident address, and the type of response (three hours, twenty-four hours, or seventy-two hours). Then it asks for the parent'(s) name, address, DCN and birthdate(s). It also asks for whether or not he or she is the custodial parent. The next section lists the children in the household, who is the victim, his/her DCN, DOB, and time, date and location of

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<sup>54</sup> Of the investigations, approximately 28% are substantiated, 54% are unsubstantiated, another 12% are unsubstantiated but preventative services indicated, and 6% other. Of the substantiated cases, almost 50% are for neglect, 25% for physical abuse, another 25% for sexual abuse, 5% for emotional abuse, 3% for medical neglect, and 2% for educational neglect. The total is greater than 100 because the case may be substantiated for more than one thing. Of the assessments, 15% are services needed, 62% are no services needed, 3% non cooperative, 16% services linked for thirty days, and 3% services needed but declined.

initial contact. Other household members are then listed followed by the reported concern. In this section, the CA/N worker paraphrases the narrative from the hotline. She must include the time, date, and name of the person who made contact with the reporter. It also asks for the time and date when law enforcement and the school liaison were contacted. Then, the worker must summarize the family's prior history with CD.

The following section is a series of yes and no questions, which is intended to identify safety factors. Examples: "Child(ren) is in danger because parent/caretaker's behavior is violent or out of control" and "The parent/caretaker's explanation of an injury is inconsistent with the nature of the injury and/or there are significant discrepancies between explanations given by parent/caretaker, other household members, or collateral contacts." If any safety factors are present, then she is supposed to fill out the safety assessment plan (CPS-1A) which is the form the CA/N worker already filled out when she met with the parent(s) and had it signed.

#### *THE STORY: STILL TRACKING THE CA/N WORKERS*

Next is the narrative section which repeats what the worker did in a narrative form. It starts with receiving the hotline and goes through what she did step by step in painstaking detail. For example: "4/1/05 2:30p received emergency report. 2:37pm attempted phone call to 555-1212. Left message. 2:39 p phone call to school. Spoke with principal. I stated ..... Principal stated .... 2:50p arrived at school. . . ." This continues in most cases for pages and

pages as the CA/N worker explains her actions. She discusses what she said to whom, what that person said to her, what she did next and who she called next. She lists all phone calls, attempted phone calls, messages left, etc. She does take notes when talking to people, but she generally only writes down phrases to jog her memory later. The social workers do quote people when possible. Some CA/N workers make sure to write down the memorable phrases so that she can include it in their report. This is especially true if something the parent(s), doctor, therapist, etc., said will support whatever conclusion she is going to make.

#### *POLICY VS. REALITY: NOT ENOUGH HOURS IN THE DAY*

Given the level of detail required by these narratives, I was surprised that they were not completed in real time. In fact, most of them were recreated from the worker's memory and the notes she took at the time, anywhere from a few days to six months or more after the events occurred. According to policy, these reports should be completed within thirty days, but that rarely happened. It is important to point out that it was difficult for the CA/N workers to complete them in real time given the pace of their work and the volume of cases they have at any one time.

Given the time lag, it certainly opens up the very real possibility for errors in the "official" version of events. It is not like police who must fill out their paperwork before they leave for the day. This time lag also prolonged the amount of time before parent(s) and mandated reporters were made aware of the conclusion of the case. Parents are supposed to be notified within forty-five days

but in many cases, this doesn't happen. It is also important to point out that cases where the CA/N workers felt there were real concerns were typically handled more quickly. If the family just needed a few services, they were typically set up rather quickly although the paperwork may not be completed as quickly. If an FCS case is going to be opened, the workers typically tried to get that report finished rather quickly because the entire report needed to be completed before the case was transferred. In these cases, it was in the CA/N unit worker's best interest to get this case transferred and off her desk before another hotline came in because if it did, it would automatically be given to that worker since they had the open hotline. If protective custody happened, a special report must be completed for the court within seventy-two hours. This paperwork took precedent over everything else and was completed in a timely fashion.

#### *STILL TRACKING THE FAMILY*

The next section asks the worker to describe the family and their living conditions. There are a series of boxes to check and under each heading, there is space for the worker to comment. Under basic needs, it asks about the amount of food in the house, clothing, finances, and hygiene. Under living conditions, it asks about whether the shelter was adequate, clean, if there was vermin infestation, and whether heat and other utilities were working. Under support system, it asks about positive support, no support or hostile/negative support for the following: immediate family, extended family, neighbors and

friends, non-custodial parent, church/school/other institutions, and childcare. Under health/education it asks about medical/physical needs, dental needs, mental health needs, and educational needs. Under family interaction, it asks about adult/adult interaction, child/child interaction, adult/child interaction and discipline. Then there is space to indicate whether or not the family was referred to Intensive In-home Services (IIS)<sup>55</sup> and/or a domestic violence screening.

### *ASSESSING RISK: TAKING THE THINKING OUT OF THE JOB*

The next section is called the Family Risk Assessment and is part of what is called structured decision making.<sup>56</sup> There are a series of questions about abuse and neglect. If the current report is for abuse or neglect, it is scored as a one. If the number of prior reports for abuse is one, it is scored as a one. If the number of reports is two or more, then the score is two. If the household has previously received services as a result of an assessment or an investigation, it is scored as a one. If there was a prior injury to a child as determined by prior family assessments or investigations, it is scored as a one. If the primary caretaker blames the child, the score is one. If they justify maltreatment of a child, it is scored as two. If there is domestic violence in the past year, it is

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<sup>55</sup> Missouri was one of the first states to implement IIS services. This when a social worker is assigned to a family and works intensively with the family for a short period of time. Although Missouri was one of the first states to implement IIS, funds have been cut for this program and so slots for IIS services were hard to come by. Generally it was used as a last ditch effort to keep the kids in the home instead of early intervention.

<sup>56</sup> Structured decision-making is intended to guide the workers' decisions. For hotline workers, it is the series of questions that they ask the caller. If the caller says, "I want to report neglect," the hotline worker turns to page fifteen and starts asking the questions listed. For CA/N workers, structured decision making is this family risk assessment. The total score is supposed to indicate whether or not the children are removed.

scored two. If the primary caretaker provides insufficient emotional/psychological support, employs excessive or inappropriate discipline or is a domineering parent, then it is scored as a one. If the primary caretaker has a history of abuse or neglect as a child, then it is scored as a one. If the secondary caretaker has a history or current drug or alcohol problem then it is scored as a one. If the children in the household have a delinquency history, developmental disability or mental health or behavioral history then it is scored a one. These scores are added up. A total score of a one for abuse is considered low. A score of two to four is considered moderate. A score of five to eight is considered high. Over nine is very high. There is another series of questions regarding neglect. Once the score for neglect and the score for abuse are added up, the overall risk level is determined. The worker can override these scores, but she must explain why.

The second to last section discusses the conclusion of the report. It indicates whether or not a case will be opened and the reason code. The worker must itemize all the documenting evidence such as police reports, pictures, medical reports, etc. For investigations, the worker must indicate whether the hotline is court adjudicated, unsubstantiated, unsubstantiated-preventative services indicated, or preponderance of evidence. For family assessments, the worker must check services needed, family uncooperative child safe, services linked-initial 30 days, no services needed, or services needed-family declined. Finally, the worker must summarize her findings in a short paragraph. This is where she states her conclusion and why she came to this conclusion.

### *TRACKING THE WORKER AGAIN*

The final section asks the worker to check boxes indicating whether she notified the school liaison, the mandated reporter, and whether she gave the parents the appropriate paperwork. The worker has to sign the end of the report and next to the section about whether or not she is opening a case and why. These last two sections again seem to be more about monitoring that the CA/N worker did his/her job.

### *INVOLVING THE JUVENILE OFFICE*

Part of the interdependency between the two agencies is that the JOs have a separate commuter system from CD which necessitates sharing of information. The JOs can run criminal background checks on the parent(s), the kids, potential placement providers, etc. They can also tell the CD worker if a child has a deputy juvenile officer (DJO). The CD worker can tell the JO a family's or a child's child abuse and neglect history as well as his/her involvement with income maintenance (TANF) or disability benefits (SSSI). The information that is exchanged can end up in the reports of the other agency.

The CA/N worker may contact a DJO any time during a case. In most cases, however, she doesn't contact the DJO until she has been out to the house and has confirmed that there are issues, but it depends upon the worker. A CA/N worker contacts the DJO because the DJOs ultimately make the decision regarding removal. If the allegations on the initial hotline are serious enough, she may ask the DJO to go with her during the initial investigation. When there

are real issues or specific concerns, the CA/N worker will typically run the case by the DJO. After discussing the specific allegations and what she found, she will typically say to the DJO, “What do you think?”

### *TAKING PROTECTIVE CUSTODY*<sup>57</sup>

When the CA/N worker recommends protective custody, she and the DJO have a lengthy conversation. Depending upon the situation, they might explore voluntary placement of the child(ren) with a friend or relative. This route doesn't involve the courts and is a temporary placement. If they opt for protective custody, the DJO typically wants to know all of the names, dates of birth, social security numbers of the parents, children, and alleged perpetrators. They also discuss the family's prior history with CD, the specific allegations, and what services, if any, have been offered and used by the family. In many ways, it would be easier if the CA/N worker just faxed over the hotline since it contains most of the information the DJOs want. However, it is written in such a way that is hard to decipher. The DJOs also want know what CD's recommendation is and why. When removal is going to happen, the DJOs also need to know what relatives are potential candidates for placement.<sup>58</sup> This requires the CA/N worker to do a child abuse and neglect check and for the DJOs to do a criminal check. This requires the person's social security number.

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<sup>57</sup> Toward the end of my observations, there was a change in the procedures regarding taking protective custody. This change in practice will be discussed in *chapter ten*.

<sup>58</sup> House Bill 1453 specifically requires the JO to discuss relative placement in the petition for protective custody.

Before a child is taken into protective custody,<sup>59</sup> the DJO must fill out the appropriate paperwork. There is a form that is given to CD which temporarily removes custody from the parent(s) and transfers custody to CD.<sup>60</sup> The DJO must also file a petition with the court explaining the allegations against the parent(s). This is the DJOs' counterpoint report to CD's special report to the court. One of the interesting things about Missouri's arrangement is that CD workers and DJOs produce reports that contain much of the same information but the format is very different.<sup>61</sup> CD workers describe events in a narrative fashion whereas the DJOs turn these descriptions into legal terminology. The DJO's petition is given to the parent(s) but the CD report is not. The parent(s) can request a copy when the hotline is completed.

Once the decision has been made regarding taking protective custody and the papers are signed, the CA/N worker picks up the child(ren). The next step is to find a foster care placement for the child(ren). Efforts are made to keep siblings together and to put children with families of the same race. Given the shortage of African American foster parents and the overrepresentation of African American child in the system, this goal is difficult to accomplish in practice. There is a binder that lists all of the available foster parent(s) and the

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<sup>59</sup> Both the Juvenile Office and police officers can take temporary protective custody.

<sup>60</sup> This is one of the places where this system gets confusing, especially for parent. The JO authorize legal custody to transfer to CD not the JOs. This is part of why the parents think the CD workers are baby snatchers. This also gives CD deniability because they didn't technically do it.

<sup>61</sup> One of the explanations given for the new protective custody format when CD workers sign affidavits is that it helps to eliminate differences between the CD and JO reports.

characteristics (age, gender, race, behavior issues, etc.) of the children they are willing to accept. A worker goes down the list and finds a home that will take the child, even if it is on a temporary basis.<sup>62</sup> The CA/N worker has to fill out paperwork which enters the children in the foster care system. This paperwork opens the FCOOHC case, healthcare for the child(ren) and a clothing voucher(s). In addition, both the DJO and the CA/N worker must write a special report to the court. The CA/N worker's report explains why they are recommending the children come into care whereas the DJOs' report translates the information the CA/N worker has given her into a legal document which lists the allegations of the parent(s) in Juvenile Court. I will discuss the DJOs' paperwork in more detail below.

#### *MOVEMENT OF THE PAPERWORK OUTSIDE OF THE OFFICE*

Once the CPS-1 report is completed by the CA/N worker, it is given to supervisor. She reads the hotline and either requests changes to it or signs it. Once it is signed, it is given to the secretary. The secretary creates a final CA/N-1 by inputting all of the bureaucratic codes discussed above and she corrects any information that is inaccurate on the initial hotline, such as household address, social security numbers, correct spelling of peoples' names, etc. The secretary then makes a file using the mother's last name if there isn't one. She files the assessments and investigations in the file. Assessments are retained

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<sup>62</sup> A temporary placement is for thirty days.

forever.<sup>63</sup> Unsubstantiated reports are kept for five years.<sup>64</sup> Substantiated hotlines are retained forever. A referral is filed with the other N's, Ps, for the year.

The secretary also goes through the file and indicates which pages cannot be copied. She also makes sure the appropriate letters are filled out. One letter goes to the parent(s) indicating the results of the case and information regarding challenging the conclusions of the case.<sup>65</sup> One letter goes to the reporter, if they are a mandated reporter indicating the conclusion of the case. The worker checks one of the following: the result of this investigation was a finding by a preponderance of evidence that abuse/neglect occurred, this investigation was unsubstantiated, or a family assessment was conducted. This is the letter the mandated reporters refer to in *chapter seven*. The school liaison is also sent a letter indicating whether or not a FCS case was opened. They were supposed to have been sent a letter saying that CD received a hotline on the child, but these letters may not be sent until the conclusion of the case.

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<sup>63</sup> I question the rationale for keeping the assessments forever. One worker told me that she changes the type of report from an assessment to an unsubstantiated investigation because it will not be kept forever.

<sup>64</sup> The length of time an unsubstantiated report is kept changed.

<sup>65</sup> With assessments, the parents had thirty days to file a formal Service Delivery Grievance. With investigations, the parents have sixty days from receipt of the letter to request an administrative review. If they don't do it in that time period, it results in a loss of an opportunity for a formal review. Parents also have sixty days after receipt of the letter indicating the final decision from the administrative review process to request a judicial review.

### *CA/N UNIT RESISTED BEING “PAPER” WORKERS*

I argue that the CA/N workers were able to resist being “paper” workers in a way that the FCOOHC workers were not able to do so. This is not to say that the majority of the CA/N workers’ job isn’t doing paperwork. It is, but they have been able to maintain some control over how and when the paperwork gets done. I argue there are several reasons for this difference. One, the CA/N worker’s first priority was keeping kids safe. Thus, whenever a new case came in, they were required to go out and investigate. This means that the paperwork took second place. Second, the CA/N workers turn in their paperwork to CD instead of the DJOs. Consequently, the CA/N workers didn’t have to contend with the DJOs complaining to the Circuit Manager when their reports were late. If they were late turning in special reports to the courts, the DJOs would get involved, but that rarely happened. However, someone from the state office paid the local CA/N unit a visit whenever the unit had what was perceived as too many overdue reports. Each CA/N worker was called into an office to explain why she had so many overdues and how she planned to complete them. Although this was uncomfortable for the CA/N worker, the state office personnel only stayed for a day or two and then was gone for another six months. Thus, the linkage between the state office and the local CA/N unit wasn’t very strong. Also, the CA/N workers resisted becoming only “paper” workers because the issue of overdues was a never ending process. Even if a worker turned in three overdue reports in one day, she may have more overdues the next day because

four more reports became overdue that day. Thus, once a worker gets many overdues, it becomes very difficult to catch up, especially when she was assigned new reports each day. Finally, the large number of reports assigned to each worker typically occurred when the unit was understaffed. Given that, the CA/N workers resisted the speedup and disregarded the criticism of them for having too many overdues, because they argued it was a structural problem not merely an individual problem.

## **FAMILY CENTERED OUT OF HOME CARE UNIT**

### *THE MOVEMENT OF THE PAPERWORK FROM CA/N TO FCOOHC*

When the case is being transferred from CA/N to FCOOHC, the family's history with CD is transferred as well. Thus, every assessment and all substantiated investigations are in the file. Unsubstantiated hotlines from the last few years are in the file as well. Some cases have multiple volumes and are labeled volume 1, 2, 3, etc. Although the history with CD transfers units, the FCOOHC worker may not have that much information about the circumstances surrounding removal. They do try to get as much information as possible from the CA/N worker, but given all that is going on, it can be difficult to get information. In some cases, the worker may not have enough information to look up the CD file. At a minimum, the FCOOHC worker needs to know the children's names, dates of birth, gender, DCN numbers, and the reasons for removal. When completed, the rest of the hotline is forwarded to the FCOOHC worker, which may be a few days or longer.

The FCOOHC worker has to make sure the child has been entered into the foster care system, received a clothing voucher, and has health insurance. One of the first forms the FCOOHC workers have to complete once kids are in care is a form to determine whether or not the child is Title IV eligible.<sup>66</sup> This form requires the worker to list the family's assets, money in their checking accounts, etc. Once completed, this form is given to another worker who makes this determination and enters it into the computer system.

### *MANAGING THE PEOPLE, THE MEETINGS, AND THE PAPERWORK*

Much like the CA/N unit which had too many cases per worker, the FCOOHC unit also had more cases than policy allows in practice, although it did fluctuate over time. They are only supposed to have twelve to eighteen cases, but at one point they had thirty or more cases. Since FCOOHC workers tend to move to other units as soon as an opening opens up, there is a lot of turnover in the FCOOHC unit. When a worker leaves, her cases are redistributed among the other FCOOHC workers.<sup>67</sup> This contributes to the large caseload. When a new worker is hired, the FCOOHC worker gives up one or two cases. Thus, the paperwork moves to yet another worker. Since the FCOOHC worker gets to choose, she tends to give up the most labor intensive cases or the ones that are

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<sup>66</sup> To be considered Title IV eligible, the parents of the child must be eligible for AFDC in 1996. If that is the case, the federal government will reimburse the state for the cost of foster care. If that isn't the case, the state is responsible for the cost of foster care.

<sup>67</sup> Because state policy doesn't allow the local office to replace a worker who leaves the agency until they have paid out all the comp time for the previous worker, this creates a significant time lag before a new worker can be hired. For example: If the old worker has 280 hours of comp time, they can't rehire another worker for 7 weeks. ( $7 * 40 = 280$  hours).

the most difficult to manage. Unfortunately, the new worker gets many of those cases, which contributes to workers trying to get out of this unit as soon as possible. This can set the case back, because the family gets another case worker and one who is inexperienced and completely overwhelmed. The new worker may also have a different take on the case, which may work for or against the parent(s). In some cases, the new worker gives the parent(s) a new start. In other cases, the new worker may be harder on the parent(s) and less willing to give more chances. In any case, the parent(s) has to work with a new person and the kids tend to be in foster care longer. Some workers go back and read the history of the case. Other workers don't do this and just want to move forward.

Much like CA/N workers' day can be disrupted by an emergency and they have to drop everything, this too can happen to FCOOHC workers. At any point a FCOOHC worker's day could be thrown into chaos for a variety of reasons: a child needed to change placements, a parent on her caseload was arrested or tested positive for drugs, a new hotline came in on the parent(s), she gets a new case and has to drop what was scheduled, a coworker needs her to transport a child to residential two hours away, etc. These things can alter her schedule for the day, but also depending upon the situation, it can change the direction of the case. For instance, if the kids were about to go on trial home placement and the parent(s) test positive for drugs, the kids aren't going home any time soon.

For each case, a FCOOHC worker must manage and balance all aspects of the case. Her activities can be grouped into three kinds: 1) managing the people involved, 2) completing the paperwork, and 3) attending meetings/hearings. I will discuss each in turn, but they are all related since the primary responsibility of the FCOOHC worker is to document everything that happens. The cases are all at different stages so the worker has to keep track of the Adoption and Safe Families Act timeline as well.

### Managing People

Managing the people involved in the case can be very time consuming. The FCOOHC workers must keep in contact with the parent(s). Some parents called frequently and wanted to have lengthy conversations. These conversations were supposed to part of the worker's dictation which I discuss below. With other parents, the worker had to track them down, especially if their whereabouts are unknown. They must send letters to the last known address, put ads in the paper, etc. They must document their efforts and report this to the court. If a parent(s) are in jail, they must also update the parent(s) on the status of the case. If a parent is in jail, depending upon where they are located, s/he may be able to complete some of the recommendations while in jail.

Keeping in contact with the parent or parents on a case is complicated by the fact that all of the children in a case may not have the same biological parents. For example: the children may have been removed from mom, and they have three different fathers. The FCOOHC worker might be trying to reunify with

bio-mom with two of the children and bio dad for the third child. She may be trying to reunify with bio-mom and bio-dad simultaneously, even though the biological mom and the biological dad don't live together. In that case, whoever works the family support team plan (discussed below) and completes the recommendations first will typically get the kid(s).

The FCOOHC worker also must try to establish a relationship to the child(ren). She is his/her legal guardian so she tries to understand the basic needs and desires of the child(ren). If necessary, the FCOOHC worker must also find/change foster care placements. Since many children are placed in thirty day or emergency placements, the FCOOHC worker must find a new placement after thirty days. She must also find a new placement if the child blows his or her current placement. This requires the FCOOHC worker to go back to the list of foster parents and find someone who is willing to take the child.

Finally, the FCOOHC worker is the point person for the foster parents. Foster parents too can be time consuming and demanding. The FCOOHC workers are beholden to the foster parents because they are the ones taking care of the kids and they can choose to terminate their involvement with a child at any point. If this happens, it produces a lot of work for the worker to find another placement for the child(ren). With each change of placement, there are a series of forms that must be filled out. The FCOOHC worker must also update all members of the team and the court explaining why the change was made.

## Managing the Paperwork

Much like the CA/N workers who spend a significant amount of time on paperwork, so too do the FCOOHC workers. However, compared to the CA/N workers, the FCOOHC workers have less control over when the paperwork gets done. This is the case because the nature of the linkage between FCOOHC workers and the Juvenile Office is strong enough that the FCOOHC workers have to complete the paperwork in a relatively timely fashion. This isn't to say they get it done on time, but their reports are not three and four months late. They are more like three or four days late. I argue this linkage is stronger because the FCOOHC have consistent and repeated contact with the Juvenile Office. When those reports are late, they are going to see the people from the Juvenile Office in the next day or two whereas the CA/N workers won't see the state office person for months.

The FCOOHC workers must complete CD forms, court reports, special reports to the court if anything significant has happened, reunification plans, FST meeting notes, dictation for all contact with the parents, TPR reports, forms that verified that they did visits with the foster parents, etc. They must collect reports from therapist, DJOs, etc., and keep track of them in their files. As I discuss in *chapter eight*, given the amount of work required for each case, I argue that the FCOOHC workers are "paper" workers instead of social workers. It becomes a balancing act for the FCOOHC workers in terms of which cases they are going to devote the most time to. New cases tend to be very labor intensive, because

there are so many meetings and there are so many contacts to make. Older cases, where very little is going on, require little management but these cases tend to go to termination of parental rights (TPR) staffing. As discussed below, this requires the worker to write a TPR packet, which can be very labor intensive.

*Attending FST Meetings, Court Hearings and Other Appointments*

There are various meetings, hearings, and appointments that the FCOOHC worker must attend for each and every case. They must arrange visitation with each parent weekly.<sup>68</sup> Early in the case, the visitation typically occurs at CD's office in a specially designed room. The FCOOHC worker sits behind a one way mirror and monitors the parent(s)' interaction with the child(ren). The worker then fills out a visitation sheet which asks the time the parent(s) arrived and left the visit. The worker also evaluates the interactions between the child and the parent(s). She writes down quotes from the parent(s) and these forms are added to the parent'(s) file. If anything inappropriate occurs, the worker is supposed to end the visit, discuss the situation with the parent(s), and take notes for the file. As the case progresses, other arrangements regarding visitation can be arranged. Some visits between the parent(s) occurred at McDonalds or the local park. Later in the case, it is possible for the foster parents or other relatives to supervise the visits. The length and frequency of the visits typically is increased over time. Prior to returning the children home

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<sup>68</sup> This may require picking the children up from school.

permanently, they will go home on a trial home placement. This will start with an overnight visit and progresses to weekends.

The FCOOHC workers also must visit the foster parents monthly and have the foster parent sign a form verifying that they were there. This is another example of the practices of CD being designed to monitor its own workers. If a child on his/her caseload has a doctor's appointment, there are times when the CD worker must attend these appointments.

However, the most time consuming meetings are the court hearings and the Family Support Team (FST) meetings. The FCOOHC worker must attend court hearings for each case, (seventy-two hour meeting, adjudication, permanency hearings, termination of parental rights hearings, etc.).<sup>69</sup> Two days a week the Juvenile Court meets most of the day. Instead of just having the supervisors there to answer questions or be able to contact the worker by phone, all of the FCOOHC workers are there waiting to answer questions regarding their cases. Although this is a time when the worker can meet with the parent(s), the foster parent(s), the DJOs, etc., it is also a waste of time and resources. I argue they are there because the Juvenile Court wants them there and CD isn't powerful enough to say no.

FST meetings are held at predetermined intervals (seventy-two hour, thirty day, sixty day, ninety day, six months, one year, etc.) and as needed by the

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<sup>69</sup> FCOOHC workers spend a significant amount of both Monday and Friday in court. They have to wait for their case to be called so the actual amount of time they testify or a case is discussed is relatively small. However, they must be available to the court based on the court's schedule.

case.<sup>70</sup> The FST meetings tend to last about an hour. These meetings are held between 8am - 5pm so if a parent works, they are expected to take time off from work to attend. All team members are invited to the meeting. The FST team includes the parent(s), the FCOOHC worker, the FCOOHC supervisor, the DJO, the Guardian ad Litem, and the parent(s)' attorney(s). The parent(s) can bring friends or family with them to the meeting.<sup>71</sup> The foster parents are also welcome to attend. Children thirteen and older can choose to attend. If a team member can't attend in person, arrangements can be made to put them on speaker phone.

#### *Seventy-Two Hour Hearing*

Within seventy-two hours<sup>72</sup> of a child being placed into foster care, there is a Juvenile Court hearing<sup>73</sup> and a FST meeting. At the seventy-two hour court hearing, the judge has read the petition<sup>74</sup> and the CA/N worker's special report. The FCOOHC worker is given a copy of the petition, which is written by the DJOs. This becomes part of CD's file and is an example of information flowing into CD. At this hearing, the judge determines if there is enough evidence to

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<sup>70</sup> Prior to HB 1453, the FST meetings were not so regimented.

<sup>71</sup> A new statewide program has been implemented called the COURT APPOINTED SPECIAL ADVOCATES (CASA) program. Basically a community volunteer works as an advocate for the family in this process. During my observations, the CASA program was not operating.

<sup>72</sup> Seventy-two hours isn't literally followed. It is three business days from the date of removal.

<sup>73</sup> Prior to HB 1453, court hearings had to be requested by the parents.

<sup>74</sup> There have been changes in the procedures regarding JO petitions, which will be discussed in *chapter ten*.

keep the children in CD custody. In most cases, the children remain in care. The parent(s), if present, is asked if s/he has an attorney. If the parent doesn't and can't afford one, s/he is assigned an attorney.<sup>75</sup> If a Guardian ad Litem<sup>76</sup> hasn't been assigned to the case, the judge will do that at this hearing. The seventy-two hour FST meeting is typically held immediately before or after the seventy-two hour court hearing. In practice, all of the team members are not in attendance at the seventy-two hour court hearing or FST meeting because they are not given notice regarding the time and date of the meetings and there are schedule conflicts.

#### *Seventy-Two Hour FST Meeting*

Several things happen at the seventy-two hour meeting. First, the CA/N worker if present, or the DJO, explains why the child(ren) came into foster care. Then the CA/N worker leaves.<sup>77</sup> At this meeting, the parent(s) can argue with the team, but in reality, there is no point. It doesn't really matter how convincing the parent(s) is because that decision is out of their hands. The judge is the person who makes that decision at this point. Later in the case, it is more of a team decision. Second, the FCOOHC worker must go over two federal laws: The

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<sup>75</sup> Due to budget cuts, the parents do not have an attorney throughout the process. They are only assigned an attorney while the case is active in the courts. For instance, prior to adjudication and prior to TPR. In the interim, they may not have access to legal counsel.

<sup>76</sup> A court appointed lawyer who represents the child and his or her interests.

<sup>77</sup> Many of the CA/N workers don't like going to the 72 hour meeting. They claim that the parents already know why the kids are in care because they told them and because they feel it is counterproductive for them to be there. The parents are typically angry with them and the parent needs to work with the FCOOHC worker in order to get their kids back.

Indian Child Welfare Act (ICWA) and The Adoption and Safe Families Act (ASFA). They must ask if the children are Native American because if they are, their tribe has a right to take them into custody. They must go over the ASFA. Part of this discussion is talking about reunification and concurrent placement.<sup>78</sup> This is when the FCOOHC worker tells the parent(s) that his or her job is to work toward reunification.<sup>79</sup> Some parents have a hard time with this because another CD worker just removed their kids from their home. Third, a reunification plan (discussed below) is created at this meeting. This is the key paperwork that is created at this meeting and helps to determine the eventual outcome of the case. The parent(s) is supposed to have input in the plan, but that isn't how it works in practice. The meeting is run by CD and the parent(s) sit there and are told what is going to happen. In theory, when these conditions are met, the children will be returned home. In practice, everyone on the team must agree and the judge must also be in agreement at least on paper. The household standards are higher after the kids are in care than before they come into care. Part of this is because there are particular requirements that must be in place, which are more lack before court involvement.

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<sup>78</sup> Concurrency planning is where the FCOOHC worker works toward reunification with one or both of the biological parents and prepares the case for adoption at the same time. Reunification is the number one priority according to CD policy.

<sup>79</sup>This enables the FCOOHC worker to tell the parents, "I didn't take your kids. I'm here to help you." This is another example of how confusing and unclear this process can be and the ways in which people shift the blame to different groups in order to not take responsibility.

*The Reunification Plan: The Cookie Cutter Approach*

Although the reunification plan is supposed to be geared toward the family's particular circumstances, in practice most of the reunification plans look identical. The requirements are to obtain and maintain stable housing, be employed or working on one's GED (if the parent(s) doesn't have a high school diploma), attend a parenting class, get family or individual therapy, regularly visit with children, refrain from criminal activities, and get tested for drugs if drugs were involved. Stable housing means living in a home with enough room and beds for the children to sleep. This could be with family members or paramours provided they pass background checks. In practice, parenting classes are hard to find and the ones that are available are either very general so it is questionable how useful they are or they are not age appropriate. Many social workers told me that they just want the parents to go to a class to fulfill the requirement regardless of how useful it is. As discussed previously, visitation is very important. If a parent does not maintain contact with the child, this is viewed very negatively.

*Paperwork After the Seventy-Two Hour Meeting*

The FCOOHC worker must fill out paperwork that puts the reunification/treatment plan in writing. Some workers wrote notes after each meeting and discussed the status of the case. Others just listed the recommendations. In some circuits, a more extensive form, called the child assessment and service plan, was used as a basis for the FST meetings. Much

like the hotline tracked what the CA/N worker did, this form tracks the actions of the FCOOHC worker. After listing the case name and number and the worker's name and id number, the form lists all the court hearings and FST meetings. It leaves a space for the worker to list the days of these hearings/meetings and the conclusions of the court hearings. For instance, the worker is supposed to list the date of adjudication, dispositional review, TPR, etc. The next section has the child's data. The worker must enter his or her name, sex, date of birth, DCN number, and social security number. It also asks for the date the child was taken into custody, his/her current placement, the beginning date of this placement, and the reason the child was taken in protective custody.

The next section lists family data. The mother's and father's names, dates of birth, social security numbers, addresses, etc. It also asks if paternity has been established, and whether the legal status of the father is alleged, legal, or putative. Next, it asks for all sibling information and any other household members.

Section three lists all reasonable efforts to place the child with relatives prior to taking protective custody. Then the worker lists all the relative and kinship placements the child had. There is a section for the worker to explain why the child is no longer placed there.

Section four discusses all of the services offered to facilitate reunification. This is where the case worker lists all services the parent has been offered, the

dates of service and the provider's name and phone number. There is space for the worker to include the progress the parent has or hasn't made.

Section five discusses the visitation plan. It lists the visitation plan with the mother, the father, the siblings, significant others, etc. Section six lists the current and previous foster care placements and the child's physical, educational and emotional health.

Section seven discusses case goals and the permanency plan. For instance, reunification, adoption, guardianship, placement with a relative, etc. There is also a place for the worker to write down when ASFA and ICWA were explained to the parent(s) and by whom. The last section specifically lists all of the recommendations the parent(s) is required to do. It lists the task to be accomplished, by whom, and the date completed.

*Thirty, Sixty, Ninety Day, and Every Six Months Family Support Team Meetings*

At each subsequent FST meeting, the form is updated and passed out to the team members. At the beginning of each meeting, every person in the room must sign in. The meeting starts by the CD worker asking for an update on the child(ren). The status of the case is discussed. The foster parent says what is going on with the child. S/he typically discusses visitation, health, school, therapy, etc. Then the focus shifts to the parent(s). The FCOOHC worker passes out an updated reunification plan that reflects the progress the parent(s) has or has not made. Sometimes the plan isn't completely accurate because the parent has just completed the task, they haven't informed the worker, or the

worker hasn't had time to update it. They go through the reunification plan line by line. For example,

FCOOHC worker: You (the parent) gave me evidence of working on 1/1/2004. Are you still working at McDonalds?

Parent: No.

FCOOHC worker: Why not?

Parent: They didn't give me the time off I needed.

FCOOHC worker: Are you looking for another job?

Parent: Yes.

FCOOHC worker: Where? You need to provide me evidence of stable employment again.

FCOOHC worker: Do you still live at 121 First St?

Parent: No. I called and told you I moved.

FCOOHC worker: Have you gone to a parenting class yet?

Parent: No, I can't find one.

FCOOHC worker: Are you going to therapy?

Parent: No. They haven't called me back.

This continues with each item on the plan. When each task is completed, the date is filled in.

When there are decisions to be made, some FCOOHC workers discuss it with the key team members (DJO and GAL) prior to the meeting. The family usually is not consulted prior to the meeting. At the end of each meeting, all team members must sign a paper saying whether or not they agree with the reunification plan (discussed below). If they don't, they are supposed to state why.<sup>80</sup> The date and time of the next meeting is set in an effort to avoid scheduling conflicts. Unfortunately not all team members end up attending all meetings, which can delay the case. Also, meetings that are six months away

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<sup>80</sup> This was a dilemma for me while observing these meetings. Since I had to sign in at the beginning of each meeting, I had to indicate whether or not I agreed. I checked agreed because I typically didn't know enough about the case to say why I didn't agree.

may not be scheduled at that time. This can cause a problem later because they need to have the meeting within the timeframe. Typically after the FST meeting, when the parent(s) has left, there is a discussion of the case. This is when you get a better sense of what the team (excluding the parent(s) and the parent's attorney) think the direction of the case is going.

During the early meetings of the case (seventy-two hour, thirty, sixty, and ninety day meetings) the FCOOHC worker tends to be nice to the family. At this point, they are trying to establish some rapport with the parent(s). As the case drags on (6 month, 1 year, 18 months, etc.) and the kids remain in foster care, the FCOOHC worker gets tired of little progress with the case. Consequently, their approach with the family is less nice. For example, instead of saying how can I help you to get this done, they will say why don't you have this done. For the FCOOHC worker, their objective is to close or transfer the case. Once they do that, they have less paperwork to do. This is not to imply that the FCOOHC workers just try to close cases without caring about the welfare of children. Based on my observations, most did truly care about the kids. However, they were also tremendously overworked and one less case does translate into less work for them.

#### *Court and Special Reports*

The FCOOHC worker also has to write reports to the court updating them on the status of the case. Based on this report, the DJOs also write a report to the court. Court reports are done at preset times. The timetable for the court

hearings are thirty day, ninety day, and every six months. These reports must be turned in several weeks ahead of the court hearing. Essentially, they must include all the pertinent information about the case, what the parent(s) has and hasn't done, what services have been offered, etc. This is similar to the information that is discussed at the FST meetings. Based on what the FCOOHC worker's report, the DJO or the JO's attorney will write petitions regarding permanency, adoption, etc. Special reports are reports to the court that are written when something happens in the case, such as the child needs to have surgery or leave the county for some reason. What the special report is and when the next hearing is scheduled, determines if a new court date is set.

At these court hearings, the judge reviews the case and determines whether or not the children need to remain in foster care. Typically, the children remain in foster care until the parent(s) has completed all of the recommendations on the FST plan. Once that has been accomplished, the judge will order trial home placement. This is a probationary time where they test the parent(s) to see if the children will be safe living with him/her. If the parent successfully completes the three month period, s/he usually get custody of his/her child. Depending upon the circumstances, their case may continue to be monitored by a FCS worker.

*Dictation*

All of the interactions between the FCOOHC worker and the parent(s) have the potential to end up in a case file. This includes all phone conversations

and in person meetings. The worker takes notes on the conversations with the parent(s) and types up monthly dictation. They do not write down notes verbatim but they are supposed to write down the key topics discussed and what was said. As was the case with the CAN workers, there was a significant time lag between the conversations and that information being written into the official documents. Given this, there is reason to question the accuracy of these records. The parents also don't get to see the dictation so they are not aware of what is being written down. Here is another example of the paperwork standing in for the parents and their perspective. The parents are also not explicitly told that the worker is taking notes on these conversations. This information does make its way into court reports and can be discussed at the FST meetings. It can also appear in the termination of parental rights packets the FCOOHC workers have to write toward the end of the case.

Although the goal is always reunification and this is constantly articulated, much of the work of the FCOOHC workers is to build the case for termination of parental rights. All the paperwork they do is to document what has and hasn't been done on a case. This is not to say that this same collection of information doesn't also work to reunify the kids with the parent(s). It does when the parent(s) is working the reunification plan. This focus on documenting everything, however, can be overwhelming for the FCOOHC worker. It seems as though the focus is on making sure all the i's are dotted and the t's are crossed.

If they aren't, then the kids don't go home. The longer the kids are in care, the lower the chances are that they will ever go home.

*Termination of Parental Rights (TPR)*

If little to no progress toward reunification has occurred after the child has been in care for a year, the case is staffed for TPR. What that means is the DJO, her supervisor, the FCOOHC worker, the CD supervisor and the attorney for the Juvenile Office all review the case. They decide whether or not they are going to file TPR at this time. They look to see if there are specific services that haven't been offered to the family or if there is sufficient documentation to move toward TPR. If there isn't, they set up a plan to get the documentation they need. For instance, if the parent's visitations haven't been set up for the last three months because the parent(s) hasn't shown up three times in a row, they will set up visitations again. They do this so they can document that the parent(s) isn't attending. They don't actually bring the child to the office for the visit unless the parent(s) shows up. They don't want to disrupt the child unnecessarily. If is not going to be filed this time, the case will be discussed at the next TPR staffing until the case is resolved by the kids going home or TPR is filed.

If TPR is going to be filed, they set up dates for completion of the TPR packet(s)<sup>81</sup> by the current FCOOHC worker<sup>82</sup> and the date the TPR packet will be filed with the court. A TPR packet has to be written for each child and for each

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<sup>81</sup>. Changes in TPR procedures will be discussed in *chapter ten*.

<sup>82</sup> Not all FCOOHC workers write TPR packets. By law, CD must turn over their records to the JOs but it doesn't mandate that they write it.

parent. For example, if there are three children with three fathers, then the worker must write six TPR packets for one case. Because each one is handled separately, TPR can be granted for one parent and not the other or for one child and not the other children.

The TPR packet is a complete narrative from beginning to end regarding the case. It starts with much of the information in the original hotline such as full names, dates of birth, DCNs, when they came into care, the reason, etc. It lists the parent's history of involvement with the Children's Division. Then it lists all services that have been offered to the parent and which ones s/he has participated in. This will include dates, names of organizations, contact names and phone numbers, and dates of participation. It lists the names of the foster care placements and the dates for each placement. Also included is the name of the FCOOHC workers and the dates when the case was assigned to them. It lists the parent's visitation history and his/her interactions with the child(ren) during the visitations. To write a TPR packet, it literally takes several days for the FCOOHC worker to read the entire file including hotlines, court reports, FST meeting notes, dictation, therapy reports, etc., and compile the information into the document. One FCOOHC worker told her that they estimate that it takes approximately forty hours to complete each TPR packet. This includes the information from previous FCOOHC workers that may be incomplete or hard to understand. Some workers put up police tape across their cubicles, sheets to cover the entrance of their cubicles or do not disturb signs so they won't be

bothered. Once the TPR packet has been prepared, it and all the supporting documentation is given to the Juvenile Office. The attorney for the Juvenile Office then translates the TPR packet into legal language and determines the grounds upon which s/he will argue for termination of parental rights. This is another example of the paperwork moving across the system and how it is used to stand in for the parents.

## **CONCLUSION**

In this chapter, I have focused on the texts or the paperwork that is created by the CA/N and FCOOHC workers. I argue that, in many ways, this paperwork stands in for the family. Although their voices are rarely heard, and even though it is written from the perspective of the CD worker, it represents the family's reality within the child welfare system. It is how others within the system (CD workers, JOs, therapists, etc.) view them. This is not to say that the parents don't have any voice, because they do. They can be present at Family Support Team meetings and court hearings. However, more credence is given to what the "official" report says than to what the families say.

Another aspect of the paperwork discussed in the chapter is the difference between the CA/N workers' and the FCOOHC workers' view of paperwork. I argue that the CA/N workers were able to resist being "paper" workers in a way that the FCOOHC workers were not able to do. This is not to say that the majority of the CA/N workers' job doesn't involve doing paperwork. It does, but they have been able to maintain some control over *how* and *when* the paperwork

gets done. I argue that, because the CA/N workers turn in most of their paperwork to CD instead of to the DJOs, the CA/N workers didn't have to contend with the DJOs complaining to the Circuit Manager when their reports were late. When the state office complained about the paperwork being late, many of the CA/N workers ignored these comments. Thus, the linkage between the state office and the local CA/N unit wasn't as strong as the one between the Juvenile Office and the FCOOHC unit. The FCOOHC workers couldn't ignore these complaints, because they encountered representatives of the Juvenile Office on a weekly basis. Thus, their paperwork took precedence over most other activities. In the case of the reports the CA/N workers had to submit to the Juvenile Office, they tended to complete them in a timely fashion. Thus, the nature of the linkage between the Juvenile Office and the state CD office on the one hand and the CA/N and FCOOHC unit on the other was consequential in how and when the CD workers completed their paperwork.

The practices surrounding the paperwork seem to be in constant flux. The CD workers were continuously given new guidelines on how, when, and where to fill out yet another form. The child welfare manual was constantly being revised. These changes could be maddening, because it was difficult to keep all the changes straight. Although CD was constantly making changes, the substance of the job changed very little. Again, their central activity is to monitor and document everything that happens in a case instead of truly helping families and addressing their needs.

I argue that the paperwork the CD workers must complete is consequential in another way. The social control function of this paperwork took precedence over providing resources and actually helping families. Essentially, the practices surrounding the paperwork are designed to regulate families more than to meet the families' everyday needs. Given the extensive amount of time each report takes to complete and the fact that there is such a low substantiation rate, I question the high level of monitoring of both the families and the workers. Is this amount of social control necessary? What other function does it serve? It makes sense to have that level of detail for investigations, but why do this with assessments? Given the lack of resources and the cutback in services offered to families to help them, it seems like an interesting choice to continue, and, in fact, increase the amount of paperwork the social workers have to do. It seems questionable to accept referrals. The issue of referrals will be discussed in greater detail in *chapter six* and *chapter seven*. I argue that, if not much is done with them, then why have them? I argue the reason is that, although the state continues to have them is that Missouri wants to be a "child welfare" state, the state doesn't have the resources to do that well. Consequently, the Children's Division really serves as an abuse and neglect agency.

I argue that another aspect to this social control function of the paperwork has to do with the issue of liability. Although this issue will be discussed in greater detail in *chapter ten*, it is important to point out that part of the reason to have the CD workers fill out so much paperwork is so that CD can determine

what was and wasn't done and whether or not they should have acted. If they shouldn't have acted given their own policy, then CD should not be held liable. This fear of liability is a driving force behind much of what happens in this system. I argue that this isn't good for either children or families.

I argued that *chapters four and five* were *for* the families involved in the child welfare system. They were designed to give both families and the reader an inside look at how the system is organized and at what happens when someone makes a hotline. I question whether these practices really ensure kids' safety. To the average person, the requirements for the parents to get the kids back require relatively little effort on the part of the parent. They have to go to a parenting class, which doesn't take much time. Usually, they only have to attend one time. They have to go to a couple counseling sessions. That doesn't necessarily require much change on the part of the parent. They need to have a relatively safe place for their kids to live. They are not expecting a palace. A trailer will do. They need a job or to be on TANF so that they can provide for their child financially. And they need to not abuse their kids. Ultimately, if they play the game and do what CD wants them to do, they will get their kids back.

However, none of these things address the structural conditions that help to explain why the parents are in this predicament in the first place. Sending them to a parenting class isn't going to do much if they are replicating problematic practices they witness in their own family while growing up. Sending them to a counselor for a relatively short period of time isn't likely to do much

good either. Many of the parents who have their children taken away have serious emotional scars that would take years of counseling to address. Working at McDonalds or another minimum wage job isn't going to provide enough money to support their kids. Even if it does, it certainly is a tough, hard life. I am not excusing parents for abusing or neglecting their children, but if we, as a society, took more of a structural approach to child welfare and had a more comprehensive welfare state or one designed with a different logic, then maybe the monitoring and surveillance of parents would not need to be as great. At the very least, there might be fewer people who are involved in the system.

## PART THREE: THE WORKERS' STANDPOINTS

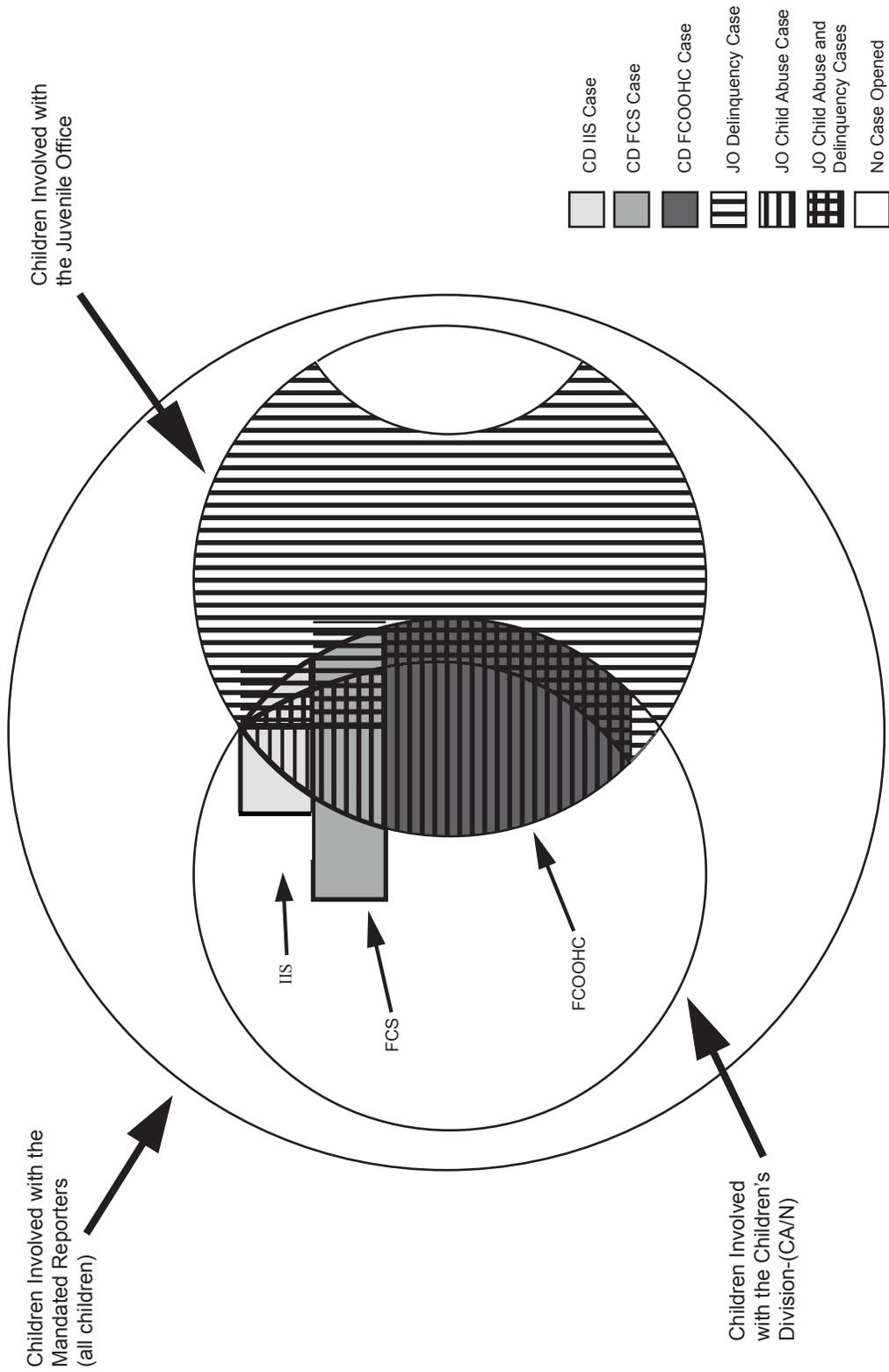
In *part two*, I focused on the social organization of the child welfare system. I focused upon the way the system works in practice. In *part three*, I will discuss four key groups within the child welfare system: the CA/N social workers, the mandated reporters, the FCOOHC social workers, and the Juvenile Officers. *Chapter six* discusses the standpoint of the CA/N social workers at the Children's Division. They investigate child abuse and neglect hotlines. *Chapter seven* discusses the standpoint of the mandated reporters. They report most of the hotlines that the CA/N workers have to investigate. *Chapter eight* discusses the standpoint of the FCOOHC social workers. They manage the Children's Division case after the investigators take protective custody and place the children in foster care. Finally, *chapter nine* discusses the standpoint of the Juvenile Office. The JOs take protective custody and are involved in all FCOOHC cases, because these cases are court involved.

I will discuss each group's structural position and the ways in which those positions shape their understandings of the child welfare system. I will also discuss the tensions that result from dealing with the other key actors within the child welfare system. For example, there are various tensions between the CA/N workers and the mandated reporters over the very definition of abuse and neglect and how the child welfare system *should* operate. The social workers argue that Missouri's child welfare system is not really a "child welfare" system,

because they do not have the resources for that. The retrenchment of the welfare state means that the services the social workers can offer to families have been drastically reduced. The mandated reporters want the Children's Division to be more of a child welfare system that offers families a comprehensive list of services. There are also tensions between the FCOOHC workers and the Juvenile Office over who is supposed to do the paperwork. Consequently, completing much of this paperwork falls on the FCOOHC social workers and this affects their ability to really help families. The juvenile officers feel that, because they constantly have to monitor the Children's Division workers, this impacts their ability to do their jobs. In addition, I will highlight the struggle for power among the various groups. Finally, I will highlight how these workers' standpoints are affected by larger social policy issues, such as the cutback in social services programs, as well as by changes in both federal and state law. For instance, the cutback in services at both the state and federal levels impacts the services the social workers are able to offer families. It is important to point out that, although all four chapters primarily deal with Missouri and its laws, *chapters eight and nine* focus on the way federal child welfare policy plays a larger role in the daily practices of the FCOOHC workers and the juvenile officers.

All of the groups feel that their job is to protect children, and that is what they try to do. However, what that means and from whom they are being protected looks very different depending upon the vantage point you have within

Figure 6: Children's Involvement with the Child Welfare and Juvenile Justice System



the system. See Figure 6. Mandated reporters in this study are in the school setting.

Although there are class and racial differences among the schools, for the most part there is a diversity of students and families at each school. Thus, for the MRs, when they make a hotline, their point of reference is all of the children in the school. They are comparing what they see most families do with the ones they choose to hotline. Consequently, they tend to have a very negative view of these families and advocate for more social control of these families. As you will see, this is in stark contrast to the CA/N workers.

The inner circles in Figure 6 represent the children that CD interacts with (on the left) and the children the Juvenile Office interacts with (on the right). For both the CD workers and the DJOs, their point of reference isn't all kids. It is a subgroup of kids. Very simplistically, the ones CD interacts with have the possibility of having been abused or neglected while the ones the DJOs interact with have been in trouble with the law. The CD workers also draw upon a social work/family centered approach while the DJOs draw upon a legal/criminal perspective.

The circle on the left is all of the children involved with CD. In other words, it is the group of kids and families that the CA/N unit interacts with and there has been a hotline called in reference to the child. Since most of these cases are unsubstantiated, they tend to have a positive view of the families they work with. The perspective of FCOOHC workers is different than CA/N because

they are dealing with the kids who have been abused or neglected and their families. Thus, they are dealing with an even smaller subgroup. See Figure 6. As a result, the FCOOHC workers have a less positive view of families compared with the CA/N workers. FCOOHC cases all have the CD liaison assigned to them. However, some of these kids have also been in trouble so they might also have a DJO for delinquency assigned to them. See Figure 6. For both IIS and FCS cases,<sup>83</sup> there are four types of cases: without any Juvenile Office involvement, only the CD liaison involvement, only DJO for delinquency involvement or both CD Liaison and a DJO for delinquency involvement. There are also some hotlines where the child has a DJO for delinquency but a CD case is never opened.

The JOs are only dealing with a subset of families and kids who are involved in the juvenile court system. They are involved because the child is in trouble with the law, the child has been abused or neglected or both. Most of the JOs are dealing with kids who have been in trouble with the law and it shapes how they think about kids and families. Several of them say that the families they work with are not functioning very well and the kids are not in healthy environments. There is an important overlap between the families and kids that are involved with both CD and the Juvenile Office. See Figure 6. There are times when both a DJO for delinquency and the CD liaison are involved with the

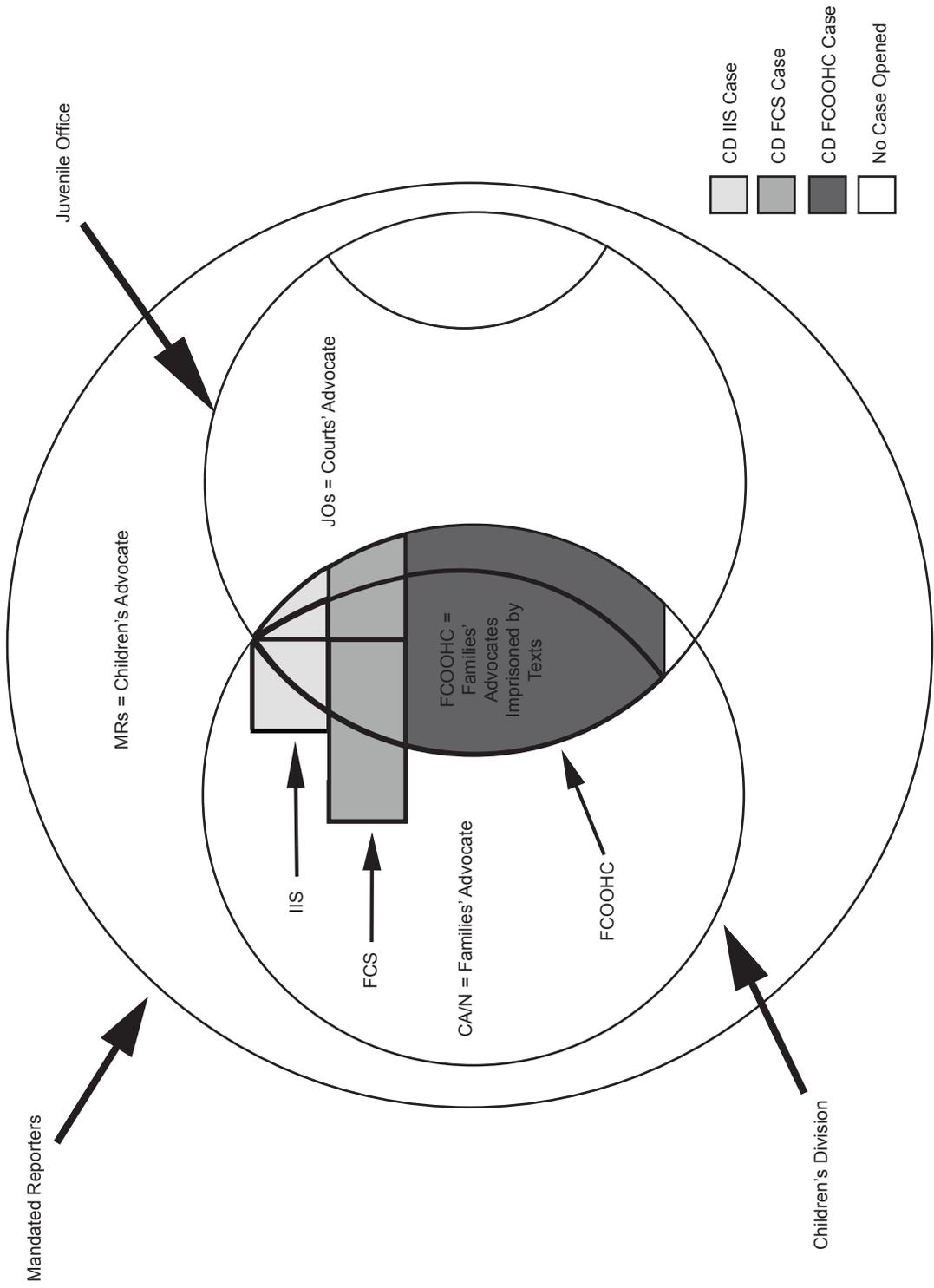
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<sup>83</sup> Since I have only focused on FCOOHC and CA/N, I will not discuss the perspectives of the IIS and FCS workers, but I think it is important to show the overlaps between the types of cases with and without Juvenile Court involvement.

children and the family. There are also some JO referrals that never result in a JO case being opened. As you read the standpoint chapters, *six*, *seven*, *eight* and *nine*, it will be important to keep Figure 6 in mind because what ends up happening is the different groups can talk past each other because “kids” and “families” do not mean the same thing.

Figure 7 is intended to demonstrate the various workers’ standpoints and who they end up being advocates for. The mandated reporters are the advocates for the children involved in the child welfare system. They start with this point of reference and never waiver. The CA/N unit ends up being advocates for the families involved in the child welfare system and the longer they work at CD the more they seem to become advocates for the families. The FCOOHC workers are supposed to also be the families’ advocates but I argue that they can’t do this because they are imprisoned by the texts they must create. Thus, they end up being conditional advocates for families. Finally, the JOs are advocates for the courts. They were designed to have this role and much like the MRs, they never waiver from this position.

Figure 7: Child Welfare Workers' (CAN, FCOOHC, MR, JO) Standpoints and for Whom They are an Advocate



## CHAPTER SIX--THE CA/N UNIT'S STANDPOINT: THE FAMILIES' ADVOCATES

In this chapter, I discuss the standpoint of the CA/N social workers at the Children's Division. The CA/N social workers' structural position is between the juvenile officers, the mandated reporters, and the families. These workers face a dilemma about recommending protective custody. Part of their dilemma is somewhat of an internal struggle. Although the JOs actually make the decision about protective custody, the CA/N workers feel that they will be held liable if something happens to a child who is not removed in the course of the investigation of a hotline report. This produces a fear in the workers, which encourages them to recommend protective custody. I argue that this fear is part of the discourse of "child protection" and is used to justify removing kids where there is a *potential* harm. In the first half of this chapter, I demonstrate the existence of this fear of liability, the reasons this fear developed, and the consequences of it.

In the second half of the chapter, I focus on the other part of the CA/N workers' dilemma. It is related, but, somewhat ironically, it ends up having the opposite effect of upon taking protective custody. In this chapter and in the next, I demonstrate that the mandated reporters want the CA/N workers to take protective custody when there is a *potential* harm to a child and to remove more children than they currently are. This, too, is part of the "child protection"

discourse. However, the CA/N social workers are sent on so many reports that are inactionable (nothing they can do), they get frustrated with the mandated reporters who call in most of the reports, and end up very sympathetic to the families. This produces a tension with the mandated reporters, because they think the social workers don't do anything while the social workers think the mandated reporters pick on the families. The CA/N workers think the mandated reporters pick on families based on a classed, gendered, and raced conception of mothering. There are also misunderstandings about what CD can and can't do, about the definition of abuse and neglect, about what are minimal standards, about what can happen with various kinds of reports, etc. I argue that the CA/N workers end up allied with the families, and, in some ways, they become the families' protectors. Not only are they less likely to take protective custody the longer they work at CD, they are less likely to substantiate reports. In the end, most of the social workers reject the position of the mandated reporters and the "child protection" discourse. They argue that CD can't be a "child protection" system, given Missouri's laws. Although they would like it to be more of a "child welfare" system, the state's cutbacks on services prevent that from happening.

### **DISCOURSE OF LIABILITY AMONG THE CA/N SOCIAL WORKERS**

Let me begin with the discourse of liability that was ever present among the CA/N workers. I will explain the discourse, the causes of it, and the consequences of it for children and families involved in the child welfare system. In *chapter eight*, I will contrast this fear of liability with the FCOOHC workers'

“cover your ass” perspective. They both stem from not feeling supported by the management and Children’s Division state office, but what they think could happen is quite different. In *chapter ten*, I will return to the issue of liability and how it is being transformed after HB 1453. In this case, it is the JOs that now develop a fear of liability.

Now let me turn to the discourse of liability in child welfare offices and how pervasive it is. This discourse centers on the fear of being sued and/or being held responsible for not protecting children. When I began this project, I found that the fear of liability was the most often articulated fear of the CA/N workers at CD. Almost every week that I observed the CA/N workers, at least one of them would make some reference to this fear of being liable. This fear was so pervasive that one of the CA/N workers went as far as saying that they should rename the child welfare system the “liability system.” This person said,

Liability makes everything the way it is, because all of us have to go out into the community and do all of these steps because someone put it into law. If you don’t do it, then you are liable. If something goes wrong on the case, you can be punished. Liability is at the heart of all of this. ... But you see, nobody is watching the end result. The end result can be anything. Thousands of workers burning out, quitting, etc., but no one cares. The only thing anyone cares about is where the next lawsuit is going to land. It shouldn’t be called the child welfare system. It should be called the liability system (Rachel, CA/N).

In many ways, the CA/N workers’ fear of liability isn’t rational, since being sued happens so infrequently relative to the number of cases they investigate, but that doesn’t mean there isn’t a basis for their concern. I argue that the fear of liability exists in the CA/N unit because 1) workers get blamed when something bad

happens, 2) workers lack the resources to do their jobs effectively and efficiently, and 3) their knowledge of past cases makes them fearful.

### *BLAME THE WORKERS*

The CA/N workers' concern with liability stems from the fact that they feel they are blamed when a child dies. This is evident in the following quote from a CA/N worker: "If you don't pull a kid, you know that if that child dies, you could be blamed for it" (Samantha, CA/N). This person continues by talking about social workers being blamed when a child is hurt. She argues that this blame is misplaced, since the social worker didn't hurt the child. The person who hurt the child should be the one held responsible. She says:

And, unfortunately in this state, it is 'hang, hang the most convenient person out to dry,' which is ALWAYS the frontline worker and maybe the supervisor .... Why is it my fault, you know, cuz I don't have a magic ball that will tell me if a parent will kill a child. You can't predict that. ... It's the person who injures the child's responsibility for what happens to that child. I have responsibility to make sure kids are safe. ABSOLUTELY. That is my job. That is what I get paid for. BUT, if somebody does a terrible act, that isn't my fault (Samantha, CA/N).

Another CA/N worker complains that they are expected to be able to predict the future. She says, "God forbid that a kid dies. They are going to look to see if we had any contact with them, and if there was there something we could have prevented because we have a magic wand or a crystal ball that we can look into and KNOW what is going to happen" (Abby, CA/N). When they don't predict correctly, and something happens, the CA/N workers fear they will be held liable. In addition to discussing the fear about being blamed, the person in the next

quote discusses policy making. She argues that one cannot make policy that is foolproof. She says,

Policy is driven by big cases, not reasonable planning. A reasonable planner acknowledges that sometimes things will go wrong. You can't fix that. It is not that you accept it in the sense you let things happen, but this is life and you can't foolproof it. But what happens with DFS [CD], there is this perception that we are just hanging out in the wind and if anything goes wrong on any of our cases, we will be drug through court and fired, sued, slandered, beaten, whipped. I don't know. That horrible things will happen to us (Rachel, CA/N).

It is interesting that this person isn't clear about what will happen, but she fears something bad.

During my observations, this blame also extended to cases where children were seriously injured. In many ways, CD went into defensive mode and wanted to gather all the information they could. In one case, the Circuit Manager, CD state office officials, and the JOs wanted to see the records of CD's involvement with the family after a baby was seriously injured. They questioned everything the worker did or did not do and went through the file line by line (fieldnotes). It is completely understandable that they would need this information to address questions by the media, other state officials, etc. However, what the CA/N workers take issue with is the way it is done. They feel like they are being accused rather than defended.

### *LACK OF RESOURCES*

A second reason why the CA/N workers are concerned about liability is that they do not have the resources to do their jobs effectively and efficiently. In

the circuit where I did most of my research, the local CD offices had significant turnover and were consistently short staffed.<sup>84</sup> Given this, it was nearly impossible for the workers to follow all of CD's policies. This ties to their fear of liability, because, according to the policy of the CD, the worker will be provided legal representation as long as she has followed CD policy. It is important to point out that there was no clause that waived the CA/N worker's liability if CD wasn't following its own policy. The CA/N worker in the following quote explicitly talks about the consequence of her large caseload and her fear that she will be held liable. She says,

Once you do this job, it is kind of like you better follow all of the rules and policies, because, if you don't and something happens, your butt is going to be on the line. If you could have a good case load, ... there wouldn't be the fear of the whole liability thing or that something was going to blow up. I was thinking about this today. I've had four reports in two days. I am not giving the attention to these reports that needs to be given. All I'm doing is making sure these kids are safe, and then I'm moving on to the next one. And IS this fair to the families? NO. Is it fair to me? NO. Or to the kids? NO. If one case blows up, I'm thinking it is going to be me (Heather, CA/N).

In the next quote, this veteran CA/N worker explicitly says that they aren't specifically told what their liability is if they are not following CD policy. She says:

NOBODY KNOWS, because the subject of liability never comes up in any training in any staff meeting. No one has ever laid down a piece of paper detailing what, if anything, we are liable for. Never not ever. I have never ever had one person say one word to me about what I needed to make sure that I covered from a liability

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<sup>84</sup> By the end of my year and a half of observing at CD, the entire CA/N investigations unit had turned over. This was approximately ten workers. At one point, some of the workers had over a hundred cases when, according to policy, they were only supposed to have approximately thirty cases.

point of view on ANYTHING I ever did. That involves going out and doing sexual abuse interviews. Transporting children. Testifying in court. EVERYTHING. It is fucked up. ... If anything goes wrong, they act as though death itself has appeared in front of us and it is now wishing to take me away. So all the workers know is that something can happen at any time. They don't know what really. They don't really know WHY. ... I think there are guys in gas stations that have a better idea of what their personal liability is with cars than I have an understanding of [my liability with] children and investigation and testimony (Rachel, CA/N).

The JOs also recognize that the CD workers can't do the job they are supposed to do with the resources they are given by CD. Consequently, they understand why the social workers feel unsupported by the Children's Division. One JO said,

The [social] worker got sued personally because the policy of the [Children's] Division was for the workers to have x number of visits within a certain time period. She didn't meet the policy. I don't know why she didn't meet the policy. My guess is that the policy is impossible to meet. Because she didn't meet the policy, the courts are saying that you can sue them personally. I don't know. When you have those kinds of opinions, who in their right mind is going to do this unless it is in your heart and soul and every fiber of your being? And you just cross your fingers and you hope that you can do your best with what you have to work with and then you will avoid a lawsuit. When the system isn't funded adequately, doesn't provide the resources to meet their own policies, then that is just wrong. ... You can say it, but that doesn't mean it is going to happen. They can make all the policies they want, but, without the resources in place, then they are not going to happen. And exposing these people to civil suits because they can't meet a policy that is impossible to meet is just wrong. Unfortunately, the lobby for the JOs and CD is not as powerful as the parents' lobby (Hillary, JO).

Being sued personally ties to the third reason why the CA/N workers are afraid of liability.

## *PREVIOUS CASES*

A final reason why the CA/N social workers are so fearful of liability is what they have heard has happened with previous cases. In those cases, the CA/N workers feel that the workers were not protected by CD. From their point of view, this opens the door for all kinds of terrible things to happen to them personally. The person in the next quote explicitly ties her fear of liability to the Dominic James case. She discusses how those workers have been held liable and why she isn't willing to put herself in that position. She says,

You look at Dominic James. ... The social worker was fired. The supervisor was fired. Another person that had some kind of connection ... was fired. It is not any upper administration<sup>85</sup> that ever goes down for that. It is the FRONTLINE [social] worker. They're fired from their job. They have independent lawsuits now filed by the biological parents. I mean, their life is flipped upside down. They have child abuse and neglect reports called in on them that are currently being investigated. ... I have children of my own. I'm not going to risk losing my job, my children, my home. Not going to do it. And is it pretty far out there that it would ever happen? Yes, it is pretty DAMN REMOTE that will ever happen, but I'm not going to run that risk nor am I going to run the risk that a child will die in the home. I couldn't live with the personal guilt of knowing I could have prevented that kid from what ultimately happened (Cheryl, CA/N).

This person recognizes that the chances of this happening are remote, but she is not willing to put herself in that position. The JOs think the social workers fear of liability is reasonable given the lawsuits involving social workers across the country. One says,

The CD folks across the nation are getting sued all the time. You leave a child in an unsafe situation, you go out and perform that

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<sup>85</sup> The director of the Children's Division did step down in the wake of the Dominic James case.

hotline and put services in place and you leave and that child ends up dead. You take that child and the child ends up not being abused or the court ends up saying there is something wrong with that. You are dealing with constitutional rights that are VERY PROTECTED. You are dealing with property. Under the law, children are chattel. So you are dealing with property (Katherine, JO).

Therefore, this fear of liability was a constant and significant concern of the CA/N workers, and it shaped their decisions and actions. Interestingly, the JOs didn't feel this same fear of liability until later on which is discussed in *chapter ten*.

#### *CONSEQUENCES OF THE DISCOURSE OF LIABILITY: REMOVAL*

At the beginning of my study, the fear of liability was used as a justification by the CA/N workers to remove children from their parents in situations where there was a *potential* harm. This is part of the "err on the side of caution" and child protection discourses. This resulted in what Waldfogel (1998a, 1998b, 2000) calls over-inclusion of children in the child welfare system. Essentially, she argues that children are unnecessarily removed from their parents' homes and placed in protective custody, though she does not connect this over-inclusion to a discourse of liability. Here, I find that fear of liability is the main reason for over-inclusion in the local child welfare offices that I observed.

This fear of liability produces a dilemma for the social workers, because they don't want to remove kids unnecessarily, but they also don't want to be liable for not removing a child from a dangerous home. A social worker said, "Sometimes I go home and think, OHH did I do the right thing? Should I have removed that child? I just pray that I don't get up and hear on the news the next

morning that that child has been hurt” (Heather, CA/N). Another says, “I think that [taking protective custody] is the last option, you know, but then again you get into that whole liability, “Do you feel comfortable ENOUGH leaving them there knowing that, you know, this happened? And, what are the chances it will happen again?” (Morgan, CA/N). Since there is no way of knowing for sure if something is going to happen in the future, the social workers “err on the side of caution” by taking protective custody. The following quote illustrates how this discourse works in practice. This worker says,

I CAN'T take the risk of leaving the kids in the home and something bad happening. So it is constantly me trying to weigh the balance there, and I usually err on the side of caution for protecting ME, and I know that sounds SELFISH but I'm thinking, 'You know, my God, if I leave this kid here and hope that this family can get into this service or this service and I can occasionally stop by and pop in on them and then this kid MAY BE okay.' MAY BE IS NOT GOOD ENOUGH for me. And I fear Dominic James. ... But I fear a kid dying on MY watch. And I just don't think [pause] I could live with that. Should I be more fearful of a child going through a horribly emotional traumatic event in foster care or possibly being sexually abused in foster care, perped on by another kid? I should fear that more, because it probably happens more than it does where they are killed by their parents. Uhm. But then it is not directly on me. You probably think I am the most selfish person in the world (Cheryl, CA/N).

Thus, this discourse of liability is impacting whether or not a child is taken into protective custody. I argue that it is problematic to remove children from their homes because workers are worried about their own liability. That is no way to have social policy work in practice. It certainly isn't operating in the “best interests” of children or families.

## RELATIONSHIP WITH MANDATED REPORTERS

One of the factors that mitigates the CA/N workers over-recommending protective custody was the tension that was created between the social workers and the mandated reporters over the issue of protective custody. The mandated reporters want the CA/N workers to take protective custody when there is a *potential* harm to a child and to remove more children than they currently are. However, the CA/N social workers are sent on so many reports that are inactionable (nothing they can do), they get frustrated with the mandated reporters who call in most of the reports, and end up very sympathetic to the families. I will discuss what the CA/N workers view as “crap cases,” why they think they are crap and the consequences of these cases for the CA/N workers’ perspective on the child welfare system.

### CRAP CASES

One of the most challenging parts of the CA/N social worker’s job is dealing with the sheer volume of cases. With each report, there are a series of steps that a social worker must complete. Please refer to *chapter five* where this is discussed in greater detail. For purposes of this chapter, it is important to keep all the steps in mind to understand the CA/N workers’ frustration. One CA/N worker said,

There are so many time frames and other rigmarole that we have to meet in order to just do a report. You can’t. It is not like law enforcement where you go out and see if there is a problem. If there isn’t a problem, you’re done. You might have to do a three paragraph report about who you talked to, etc. We don’t get to do that. We have to do all these other contacts, which is fine because

we are not establishing if a crime occurred. We are establishing child safety and that is MUCH more difficult than figuring out if something happened (Samantha, CA/N).

As you will see, establishing child safety is what the social workers see as their number one priority.

Most of the CA/N social workers get upset with cases they refer to as “crap” or “stupid.” These are cases where the CA/N social workers do not feel they should be involved because the allegations in the report do not indicate abuse or neglect. The question they continuously ask themselves is ‘How is this an example of abuse or neglect?’ If it isn’t, they consider it “stupid” or “crap.” One worker said, “we get a lot of cases where we don’t need to be there, and we get a lot of crap cases.” (Samantha, CA/N). Another worker said,

You get so disgusted at all the stupid reports. ... I always worried that I would get stupid. ... ‘How do I keep my brain alive just enough to see what I have to see through all the crap?’ Really, if going out and listening to all the people and then it could stop there. But we have to type up a full report even if it is nothing but crap and that is where your brain really goes dead. It strongly affects the workers. It might have the effect of having people find something to stop the boredom of stupid reports. With me it is just mind numbing (Rachel, CA/N).

The large volume of cases, and especially the ones they view as “crap cases,” are a source of tension between the social workers and the mandated reporters. This is what (Waldfoegel 1998a, 1998b, 2000) calls the capacity problem. Since the majority of the hotline calls are made by mandated reporters, the social workers focus the majority of their frustration with the child welfare system on the mandated reporters. In many ways, the mandated reporters are the easy target

since they made the call and that is the person to whom they must return the phone call. In a very concrete way, if the mandated reporter didn't make the call, then the worker would not have to follow up on the report. There is the immediate cause and effect that they deal with on a daily basis. The social workers' frustration is vocalized in the office on a weekly basis. When a new hotline comes in that they view as "crap" or when they return from investigating what they consider a "stupid" hotline, they collectively complain about the "crazy" mandated reporters.

Although most of the CA/N workers participate in complaining about the mandated reporters, they do recognize that not all mandated reporters are the same and not all mandated reporters call in what they consider "crap cases." For instance, one said, "I think there is some tension with SOME of the mandated reporters" (Morgan, CA/N). Another CA/N worker said, "They are not all the same. Some are worse and do it more often than others. And I don't know if they know what they expect us to do" (Abby, CA/N). A third said,

It depends upon who the mandated reporter is. Overall I think we have a decent relationship. I'm sure you have got different answers from others. I work well with them and respect where they are coming from most of the time. There are a few that call in over everything and exaggerate the situation and we tend to focus on those few and always talk about them. We focus on them and act like they are the norm when they are not (Cheryl, CA/N).

Therefore, it is important to recognize the discussion below is not representative of all mandated reporters. However, I do think it does capture something important about the CA/N social workers' perspective of the child welfare system.

## *CAUSES OF THE FRUSTRATION WITH THE MANDATED REPORTERS: LACK OF UNDERSTANDING*

The social workers get frustrated with the mandated reporters in particular for their lack of understanding of the role of the social worker. They feel that the mandated reporters do not understand the definition of abuse and neglect, the parameters under which the social workers must do their jobs, and don't understand the various types of reports. I will discuss each in turn.

### Definition of Abuse and Neglect

The first misunderstanding has to do with the very definition of abuse. The social workers feel that the mandated reporters do not understand the legal definition. One social worker said, "We do have a lot of mandated reporters who don't have a clear understanding of what constitutes abuse and neglect and don't have a clear understanding of our role and what we do" (Abby, CA/N). According to 210.110 of the Missouri statute, abuse is "any physical injury, sexual abuse or emotional abuse inflicted on a child other than by accidental means by those responsible for the child's care, custody and control, except that discipline including spanking, administered in a reasonable manner, shall not be construed to be abuse (Department of Social Services, Laws relating to Abuse and Neglect p. 3). Spanking in particular is a source of tension because it is not against the law, but many mandated reporters do not feel that children should be spanked. This isn't good "mothering." One CA/N worker explains, "Several times I had mandated reporters tell me that parents shouldn't spank their children. But

spanking isn't against the law. Parents CAN spank their children. Just because YOU DON'T think parents should doesn't mean that they can't" (Morgan, CA/N). Another social worker discusses the issue of spanking and how it is not against the law. She said, "To me, if that parent had spanked their child, that is their discipline, if there are no marks or injuries, to me that shows it was done in a reasonable manner and spanking is not against the law" (Samantha, CA/N). A third CA/N worker discusses the issue of spanking and questions the mandated reporters' use of the term "seriously hurt." She said,

We will get mandated reporters calling and saying this kid was spanked. That isn't against the law as long as you are not leaving marks, injuries. It is okay. What do you mean this child is seriously hurt? What do you mean by *seriously hurt*? He is crying because he is afraid to go home because he is going to get spanked again (Cheryl, CA/N).

As you can see, the CA/N workers are not very concerned with spanking as long as there are no marks. This may not be what the white, middle class mandated reporters thought was appropriate, but it is not against the law.

Another misunderstanding surrounds the issue of neglect and minimal standards. Missouri law specifically mentions minimal standards. This is intended to be a community standard instead of an absolute standard. Based on the CA/N workers experiences and the way they understand the law, they define minimal standards as the bare minimum. One CA/N worker explains,

As long as they [the parents or guardians] aren't creating a harmful environment to where the kid is going to be potentially hurt again or seriously hurt, then I consider that to be a minimal standard. An example would be a typical assessment [of a] dirty house. Even an extremely dirty house, if they can pick up the dog feces on the floor,

I can get around them having dishes that are stacked and trash that is over piled and toys covering the entire floor. If they can get rid of the feces and the trash on the floor that is posing a health risk, I can get beyond most of the other things. If you go in and there is four feet of trash, and you can't climb through, that isn't minimal standards. That is well below that. If there is no major health risk to the child, that is minimal standards. That is good enough. The kid isn't going to be at major risk (Cheryl, CA/N).

Another CA/N worker defined minimal standards in the following quote,

I think the family should SHOULD have a stable living condition. I don't think it has to be a single family dwelling. It could be several members of the same family and it would be okay as long as it is stable. Clean. Meaning not old food or roach infestation, mice infestation, feces on the floor. It can be messy but not a health threatening kind of disgusting environment. I think that the children should have their minimal needs met meaning that they have food. Now is it always appropriate food? They may eat McDonalds all the time. They may eat frozen pizza all the time. Are they getting some food? Yeah they are getting food. That hopefully the parent isn't having dangerous people in the home, sense enough not to bring in drug dealers, sexual offenders or whomever. They are looking out for not only what they are doing to their children, but the people they are bringing into the home. I wish that every home had parents that cared about what their kids are doing at school, but that isn't reality necessarily. I think that if they are meeting the basics, food, shelter, clothes, education meaning getting their child to school, medical. That is adequate and some of those can be at the very minimum but it is happening (Heather, CA/N).

Thus, the CA/N workers definition of "minimal" is very low which causes them to define many cases as "crap cases." It is certainly much lower than the white, middle class standards of the mandated reporters.

Many of the CA/N workers feel that the mandated reporters have a higher minimal standard than the CA/N workers' interpretation of the law. One CA/N worker explains, "They [the mandated reporters] see some things as being a lot worse. They're seeing the exact same situation that we are seeing, but they

think it is so much worse than it ever is and that the child should be removed. But then we look at it and we're like, 'That isn't the worst I've seen'" (Morgan, CA/N). The mandated reporter will say, according to another social worker, 'this house is horribly dirty. We will go out and say, 'Well that isn't DFS dirty.' That is the quote we use A LOT. We try to explain to them that this is what we see as issues where we would remove a child. This has to be pretty darn significant health risks to the kid and the family not able to fix the problem" (Cheryl, CA/N). I argue that the CA/N workers' and the mandated reporters' disagreement over minimal standards is really a disagreement over appropriate "mothering." The CA/N workers have a broader definition of "mothering" which includes the practices of poor and/or non-white mothers. As a result, the situation must be fairly significant for the CA/N workers to take protective custody. In most cases, they only require that a parent address the specific concern if it can cause harm to the child.

### Parameters of the Job

Another source of tension between the mandated reporters and the social workers is over the parameters of the social workers' job. The CA/N workers argue that their job is to protect children and not to make "perfect parents." As you will see below, this idea of "perfect" or "better" parents is based on white middle class assumptions about mothering. One said, "I think all mandated reporters think we are out to make perfect parents and that isn't what we do. We make sure kids are safe. We can't make perfect parents. Anyone can have a

kid” (Morgan, CA/N). The CA/N workers understand that the ideal situation is beyond the reach of most of the population they serve, but that doesn’t mean that the state should remove a child. In the following quote, the CA/N worker compares what she sees as ideal with the reality of the lives of the families she works with. She says,

They [mandated reporters] hear these sob stories from kids and it breaks their hearts. Families aren’t perfect. Nobody’s family is going to be perfect. Just because you think a family should operate in a certain way or should give their kids certain things or be able to do certain things for the children, that isn’t the real world. That doesn’t mean those kids are being abused or neglected. I think they just don’t understand sometimes these people are really out there doing the best they can. It just doesn’t meet their standards ....Yes wouldn’t it be nice if every kid could go to school not in designer clothes but new clothes or clothes that weren’t hand me downs. That would be wonderful but they can’t. Wouldn’t it be nice if every home had decent furniture where kids didn’t have to share beds. That isn’t reality. And I think these mandated reporters look at if the house, I’m not saying that they all think the home has to be in *Home and Garden*. That kind of thing. But I think they are looking at a higher minimal standard than what we look at because we are in these homes and we see that there isn’t always a lot in those homes, but there is love and those parents are doing the best they can and that is what is important to those kids. Uhm I think they want the BEST for the kids but they don’t understand that just isn’t reality. There are many reasons, ‘yea the parent may be lazy as crap and just don’t want to do it.’ It could be that parent is working at a minimum wage job and they are doing the best they can with what they have. It could be . . . mental health issues and they are trying to get them taken care of but other things fall by the way side. It could be that the parent isn’t into the clothes thing. So I think their intentions are good, but they just aren’t realistic (Heather, CA/N).

In the above quote, the CA/N worker is making an explicit class critique of the mandated reporters. She argues that the mandated reporters use their middle class standards to judge these families. She also makes reference to larger

structural issues that the parent might face like only being able to find low income work or a lack of health care child explains why they might not be able to meet this middle class standard. In the following quote, the unrealistic expectations of the mandated reporters are discussed. She said,

I don't know what they expect from us. I do think there is a perspective of I'm, I don't want to say better, but, I think there is an unrealistic expectation of some of these families and their limited resources. . . . Certainly with people who are poor and of a lower standard of living than maybe the reporter there is a lot of that perspective of, you know, 'this is what I do, so this is what is right' as opposed to trying to keep an open mind and understand that the child isn't suffering necessarily because they do things differently and just because it is different, doesn't mean it is bad . . . I think there is a lot of I'm better than you and therefore I must report you because what you are doing is wrong (Samantha, CA/N).

Again, this worker is making a class critique of the mandated reporters. She is arguing that the mandated reporters are middle class and are judging these families based on a middle class standard. Another CA/N worker also talks about the difference between what would be ideal and what is the reality of the lives of the parents they deal with. Her point is that the mandated reporters want the social workers to do more than they can. She said,

There is a limit to what we can do. Yea we would all like to see parents being home with their children every night and for there to be all kinds of food in the home. The parents have transportation and being able to get their kids to their medical appointments. WE WOULD ALL LOVE FOR EVERY FAMILY to have access to that, BUT they are not going to. And sometimes mandated reporters' response to that is to call us. All it does is alienate the family from our agency you know because we make contact with them and they are not happy they came under our scope. It is not an ideal situation. I don't know what they think will be benefited by calling us. What we are going to do? (Abby, CA/N).

In the above quotes, it is clear that the CA/N workers feel that the mandated reporters have unrealistic expectations for both the realities of the lives of many of the parents the CA/N workers work with and for what they think the social workers can accomplish. They argue it is not fair to judge the families based on a middle class standard of mothering because they are not middle class.

### Confusion Over Various Types of Hotline Reports

This misunderstanding regarding the legal definition of abuse and neglect is compounded by the fact that the hotline accepts referrals. Referrals are Missouri's attempt to do preventative social work. They were designed to be proactive and work with families before the situation escalates and children are hurt. The problem is that the state has cut the funding for child welfare (i.e., retrenchment of the welfare state) so referrals don't end up being preventative in practice. Instead, they have become a source of tension between the CA/N workers and the mandated reporters.

As discussed previously in *chapters four and five*, there are various kinds of referrals. M reports (mandated reporter referrals) and A reports (infant crisis assessments) cause the most tension. By definition, mandated reporter referrals do not meet the legal definition of abuse or neglect, and therefore, are not criminal in nature. They are only taken as referrals because the person making the hotline is a mandated reporter. If the reporter was not a mandated reporter, the report would not be taken by the hotline. According to Children's Division policy, the CA/N workers have to do very little. What typically happens is that the

CA/N worker will call the reporter and discuss what resources are available in the community that the reporter could discuss with the family. They also send a letter to the family asking them if they would like to be linked with services. In most cases the CA/N worker never sees the child or meets with the parent.

Many of the CA/N workers argue that M reports should not be taken because they are not abuse and/or neglect. One CA/N worker argues that the reports should not be taken because the claims in the report by definition are not abuse and neglect. She says,

I don't think we should take referrals. If they don't meet the level of the criteria of abuse or neglect, then they don't meet the level of criteria whether a mandated reporter is calling it in or a neighbor is calling it in. IF IT DOESN'T MEET THE LEVEL, THEN IT DOESN'T MEET THE LEVEL. IT shouldn't be taken AT ALL. If someone is calling and wanting services, you give them the number to the local office. You don't need a referral for that (Morgan, CA/N).

Another CA/N worker argues that referrals shouldn't be taken because they don't have the resources to do preventative services. She says,

I think they [referrals] are kind of pointless to be honest. Once again we don't do preventative services. We don't have any resources or capabilities to do that. If they want to set up another unit that could deal with providing things on a preventative basis that would be very good. I think they would be very helpful to children and families in the long run. ... But we are not looking into the referrals anyway. We may make a phone call or two or send a letter to the family that never gets answered. The majority of the time we are not out there doing anything cuz there isn't anything to investigate necessarily. It didn't meet the criteria. Even if we thought there was something wrong, we don't have the time to go out and investigate it anyway. It is pointless unless they want to change the infrastructure of the system to make accommodations to where we can provide some preventative service lines (Cheryl, CA/N).

In the above quote it is apparent that the resources are not available to accomplish the type of preventative work referrals were designed to address. According to one worker, when M referrals were introduced, they were supposed to improve the relationship between the social workers and the mandated reporters. This person said,

I think that when they first came out and part of the whole buy into this thing was that it was going to help relations. To me, M referrals have harmed the relationship because no matter how many times you tell THOSE mandated reporters, 'this is a M referral, it doesn't meet the criteria, there won't be a full investigation.' . . . It PISSES them off that we don't do a full investigation into their concern. They think everything needs to be investigated that they have a concern about (Heather, CA/N).

Thus, according the social workers I talked with, the referrals have harmed rather than helped their relationships with mandated reporters.

Another kind of referral called infant crisis assessment also cause tension between mandated reporters and social workers. According to the CA/N workers, the law states that the Department of Health is supposed to do these assessments, but in practice the Children's Division is responsible for doing them.<sup>86</sup> Infant crisis assessments can be requested by any medical personnel for a child under the age of one. There does not need to be a specific allegation regarding abuse or neglect for a report to be taken. One social worker explains,

It says that a call can be made by a medical professional. I don't consider social workers to be medical professionals. They haven't

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<sup>86</sup> I was told that CD does the infant crisis assessments because when they were introduced, the Department of Health didn't have a 24 hour/seven days a week hotline and CD did. Even though the Department of Health now has such a hotline, CD continues to do infant crisis assessments.

gone to med school. I think it is ridiculous that they can call in on anything. For example, we had one called in by a nurse. Somehow they did a criminal background check on one of the parents and he had been arrested for receiving stolen property. They called in an infant crisis assessment. HOW is that abuse or neglect to the child? WHY would that meet the criteria of abuse or neglect? It does because a medical professional called it in and any medical professional can call it in. I had one where she didn't have any furniture. They called an infant crisis assessment. What am I going to do with that? I can't buy them furniture. We have no resources to buy these people furniture. They are social workers. Why don't YOU hook them up with something? WHY? (Morgan, CA/N).

Another CA/N worker discusses what she views as unreasonable infant crisis assessment calls. She said,

She (a hospital social worker) called in one about stress in the household. There is probably stress in my HOUSEHOLD, IN EVERYBODY'S HOUSEHOLD at some point. Change of jobs and a new baby is a pretty legitimate reason to have stress. Do we need to be involved with this family because of that? NO. Do they need to hotline people because they know that this family has had some kind of interaction with us before? NO. That is crazy unless you have a concrete reason why you think we should be involved. Like I said, I think they really think they are looking out for child safety or child welfare BUT we aren't able to do anything with it (Abby, CA/N).

In the above quotes, the CA/N workers' frustration with both the mandated reporters and their unrealistic expectations are apparent. From the mandated reporters' perspective, they are just trying to help the family get access to resources, but from the CA/N workers' perspective, they don't have any resources to offer the parents and it just creates more work for the CA/N worker. Infant crisis assessments are more involved than M reports because the CA/N workers must visit the mother in the hospital just after giving birth if she is still

there and then at a home visit. They must then fill out a five page report which was discussed in *chapter five* on the family.

From the CA/N workers' perspective, referrals aren't abuse and neglect, and thus, interfere with their ability to really help families. They have other more important things to follow up on such as investigations and assessments. From the mandated reporters' perspective, it appears as if the social workers aren't taking their concern seriously, which leads to another misunderstanding between the two groups. On the one hand, you have the mandated reporters thinking the social workers aren't doing anything. On the other hand, you have the social workers arguing that the mandated reporters expect too much from the parents they interact with.

The CA/N workers get frustrated when the mandated reporters say they didn't do anything. One CA/N worker said,

'I called and nothing happened.' We aren't the FBI. .. It is not like you see on TV. It is not like that. I don't know what they expect. I don't know what they expect when they make a hotline. I think there are some very unrealistic expectations because there is a lot of misinformation about what we do, what we can do and what our parameters are and how much power we REALLY have as an agency. . . . In [more the five] years, it doesn't seem like I can talk enough to make people understand what is and what isn't part of our job. Our job is to keep kids safe, which opens up a broad range of possibilities. We are penned in by what the Juvenile Office will do and what law enforcement will do and what the community is willing to do. And if we aren't getting help from anybody, then we are screwed. Then there is nothing we can do and that is SO frustrating. But they take that as you didn't do anything. I may have made fifty phone calls and I may have done a ton of work on a case. They don't see that. All they see is that [CD] didn't do anything (Samantha, CA/N).

In addition to feeling like they are being accused of not helping children, they feel that the mandated reporters have unrealistic expectations in terms of the response they desire. One CA/N worker said,

We have people calling us up as if it is a dire emergency that a kid smells. Well, kids shouldn't smell. I will go along with that. . . . But increasingly these mandated reporters, they want a level of response that I think is appropriate for a rape or a beating for a smelly kid. I don't know if they have forgotten that rapes and beatings take place or I'm not sure how this happens. But it seems more and more evident to me [that] there is this huge disconnect that is going on (Rachel, CA/N).

These unrealistic expectations extend to the removal of children from their families. The CA/N workers think that the mandated reporters feel that doing their job translates into removal. One worker said, "For a lot of people I think doing something means removal. I think a lot of people want us to at least open a case. We see that a lot . . . What are we going to do? You have to have the abuse or neglect element for us to open a case" (Samantha, CA/N). Another said, "I think a lot of people have an assumption that removing kids is doing your job. The more you remove, the more you are doing your job." However, the social workers can't recommend removal without a good reason. One CA/N worker explains, "So you have to understand that if you are a [CD] worker, removing children is not a treatment issue. It is not an emotional issue. It is not an intellectual issue. It is a legal issue pure and simple. If there is no legal grounds, it shouldn't be done" (Rachel, CA/N). Thus, from the CA/N social workers' perspectives the mandated reporters have unrealistic expectations for what they want the CA/N workers to do. As you will see in *chapter seven*, the

mandated reporters really want a comprehensive “child welfare” system, not an abuse and neglect system.

*CONSEQUENCES OF THE “CRAP” CASES:*

The consequences of the “stupid” or “crap” reports have a real impact on the CA/N workers’ daily practices and their perspectives on the child welfare system in general. For analytic purposes, I have separated out these issues, but as you will see they are overlapping and interrelated. Although there are a large volume of cases, the number of cases where the CA/N workers feel that they can really make a difference is very low. One CA/N worker explains,

I think there are a small percentage of the ones where we get out there that there is actually something that we can help with, there is ACTUALLY something that is going on. Dirty house, sexual abuse, horrible physical abuse. There is a SMALL percentage of SIGNIFICANT injuries or SIGNIFICANT harm or significant abuse. Most has to do with custody, harassment, minor discipline issues (Morgan, CA/N).

An unintended consequence of the fact that so many hotline reports are unfounded is that the CA/N workers are more likely to assume the report is baseless until proven otherwise. This certainly depends upon the specific allegations, but they do give families a lot more of the benefit of the doubt than I would have expected. As I will discuss later, the “crap” cases lead the CA/N workers to question the amount of involvement they have with families.

On a practical level, dealing with the “stupid” reports is also just plain more work for the CA/N workers. Given the stress level of the job and the large

caseloads, one more case is truly experienced as a burden. One CA/N worker said,

It makes me so mad. It makes me mad that no one is doing anything. We are so overwhelmed with the amount of hotlines that we get to deal with these piddly infant crisis assessments because they don't have furniture or they are criminals. You know. Yea they are criminals but show me how they have abused or neglected this child or their propensity to. If they'd been arrested for child molestation, I could see that. Yea, that would be a little more concerning, but for receiving stolen property is ridiculous... It is a waste of our resources and our time. ... Thank god that Missouri doesn't recognize fetuses as a child or else we would be doing hotlines on the unborn babies (Morgan, CA/N).

As is obvious in the previous quote, the CA/N workers think it is a waste of resources in terms of time and money. Another CA/N worker argues these cases are a waste of resources in the following quotes:

We don't have resources or ensure that kids are safe in the home. I think we waste a lot of our time because we do receive reports on everything. If you make a call and it somehow fits the criteria we are going to get a report on it. While it is a strength, we are making contact with these kids, it also uses up a lot of resources that could be better utilized elsewhere (Abby, CA/N).

Another social worker adds to this by arguing that this prevents them from really helping families. This person says,

And to me, if you are a school, a hospital, or whatever entity you are calling from, and you're not willing to get in there and work with the family or address certain issues with the family, why are you calling [CD]? Why are you wasting your agency's resources to deal with those issues when we could spend so much more time dealing with REAL concerns and getting those families help (Heather, CA/N).

Another CA/N worker argues that these "crap cases" interfere with her really working with families. She says,

We could be more thorough. We want to get in and out as quickly as possible. Even with me saying that I go in there and really look for things. Could I look for a lot more? Could I work with the family a lot more after I identified something? Sure if I had the time and the resources, doing more problem solving. There is no question that we would all be much more thorough. We would be doing more social work than cop kind of work. We could really get in there and work with the families (Cheryl, CA/N).

This person also connects the social workers' lack of ability to truly work with families to the amount of paperwork they must complete. This person says, "There is by far more paperwork than time with the family. I would say maybe 20% with the family and the other 80% doing paperwork. You may throw in a few phone calls here and there. But, direct time is pretty minimal" (Cheryl, CA/N). Because the amount of resources the CA/N workers have access to have been cut, these "stupid" reports just add to the problem because they have to stretch what little they have. Therefore, from the CA/N workers' perspective these "crap" cases make an already difficult job that much harder. As you will see in *chapter eight*, the FCOOHC social workers also spend a tremendous amount of time on paperwork, but it isn't the mandated reporters who are creating the paperwork. It is the Juvenile Office.

Another consequence of these cases is that the CA/N workers argue that the mandated reporters, who might also be social workers, could help link the family up with services instead of them. This would free up the CA/N workers' time to work with families. One said,

A hospital social worker can link up a family to the same resources I can. Pretty basic, parents as teachers, family support division, [Women/Infant/Children]. They can do that. They call us to go out

and meet with the family. That could have its place. If there are concerns that the family doesn't have a home or the cleanliness of the home, then it has a place. But when it is an infant crisis assessment, which is an emergency because the parents were smoking pot outside the hospital, that is silly. Quite frankly, I don't care as long as it isn't hurting the child. They can link them up with the same resources as I can. They aren't any more likely to participate once I come out to the home than they are with the hospital social worker. If I don't have any indication that any more is going on, I'm not going to open a case or follow up (Abby, CA/N).

In the above quote, one can pick up how the CA/N workers begin to adopt the perspectives of the families instead of the mandated reporters. With regard to hospital social workers, another CA/N worker questions why the hospital social worker isn't doing more to help the family instead of making a hotline. She explains,

You are a social worker. Aren't you supposed to do education? It doesn't mean that they are going to abuse their child. Maybe it means they need a little more education. 'Isn't that your job? Isn't that your job to hook them up with resources?' That is what they are supposed to do. They are supposed to help families while they are in the hospital to get adequate resources. A lot of them are relying on us because they don't understand what we do. We have done training with them and it hasn't helped this behavior unfortunately (Samantha, CA/N).

In the previous quote, again you hear the CA/N worker discussing the fact that the mandated reporters don't understand their job. This person also discusses that they have tried to do training with the mandated reporters, but they continue to make these "stupid" reports.

According to the CA/N workers, it isn't just the hospital social workers that could link families up with services. It is also the school personnel. One CA/N worker specifically discusses school personnel in the following quote:

The schools could be dealing with them on their own. For instance, one the mom needed to get to the food bank and she asked the Home School Communicator if he could take her. The Home School Communicator reported that to the principal who reported it to the hotline, 'Well, she doesn't have any food in the house.' It isn't like she doesn't give a crap and she is going to eat at McDonalds or whatever and leaving the kids at home to starve. ... Especially the ones [parents] that fight them, who don't want their involvement, those are the ones they tend to report. ... I think the schools play a large part in it. (Samantha, CA/N).

From the CA/N workers' perspective, if other social workers in the community helped link families up with services, then the CA/N workers would be less overwhelmed. As you will see in *chapter seven*, the mandated reporters have a different perspective. From the MR perspective, they are required to report things and they also want to have a record of their concern, so if something happens again, something more can be done.

Another consequence of these "stupid" reports is that some of the CA/N workers feel that some of the mandated reporters subvert the system. They do this by exaggerating reports to get them taken at the hotline. The CA/N workers explicitly say this as part of their work talk. Although the following quote comes from an interview, it is very typical of what I heard on a weekly basis,

And there have been mandated reporters who have made up stuff. Sometimes they tend to embellish. The schools do embellish A LOT. 'The bruise is 5 inches long. It is over her whole back.' And you go out there and it is a little dot. So I think they do have a tendency to embellish to get us out there (Morgan, CA/N).

In the next quote, the social worker talks about the ways the mandated reporters subvert the system by digging up information on the families to make the report seem more serious. This CA/N worker explains:

I think the social workers at the hospital think, 'They aren't going to do anything so I'm going to make it sound worse than it is or I'm going to dig up as much dirt as I possibly can so they will take it.' When in reality all they have to do is say that they want an infant crisis as long as the child is under the age of one. They don't have to do all the digging and they don't have to make things up. I do think they do that. I really do. I REALLY DO. I think they blow things out of proportion just so the report will be taken (Samantha, CA/N).

When this happens, the CA/N workers get quite upset and frustrated.

According to the CA/N workers, when the mandated reporters don't feel like they are getting the response they desire, they try to work around the system. One CA/N worker said, "I have had mandated reporters say to me, 'If I call and I think this is a report and they tell me they are only taking it as an M referral, I will call back until I get the right person who will take it as a report'. So I have people tell me that . . .they're going to do whatever they have to do to get a REAL report taken" (Heather, CA/N). Subverting the system is particularly frustrating since the CA/N workers have so much work to do already.

In addition to the feeling that the mandated reporters exaggerate hotlines, the CA/N workers also feel that some of the MRs at schools and hospitals pick on mothers who are not doing appropriate "mothering." One CA/N worker in the next quote discusses targeting families. Although she initially talks about families, she genders parenting by referring to mothering. She says,

I think there are mandated reporters who target families for whatever reason. The littlest thing that happens, they are calling in. I think they [schools] target families. They don't like the fact that the parent isn't the most receptive to some of their ideas. They say, 'Okay we tried to help her. She didn't want our help so I'm just doing to call in to [CD] ... [for instance]. She called because the

little boy went to school with a hole in his pants. She called and sent him home because he wasn't dressed appropriately . . . He had a hole in his knee. ...I do think the school is after the mom (Heather, CA/N).

In the above quote, the CA/N worker is adopting the perspective of the families, not the mandated reporters and is critiquing the MRs for having an inappropriate standard of mothering. Another CA/N worker discusses the mandated reporters picking on families in the following quote,

Schools are a real challenge. Sometimes it feels like they are JUST PICKING on these families. Every little thing, if the kid looks at them cross-eyed, they are reporting that the child is being abused. It is just ridiculous. There are families that are chronic and do things to their children that are inappropriate. We want to get those reports, but these things, 'Why are you reporting this? There is no impact on the kid. ... I get really frustrated with some of the principals. There are some reporters that are just picking. You can tell by the reports, you can know by the families, you've been out there eight times and you never found anything. This stuff is insignificant but for some reason the school is harping. Once they change schools, it goes away. If they are really being abused, they either stop talking about it or these [new] schools aren't making an issue about it (Samantha, CA/N).

Implicit in what Samantha is saying is a critique of the schools for having an inappropriate standard of mothering by picking of every little thing. In the next quote, the CA/N worker states that the school picks on parents and views them as bad mothers when the parents are not receptive to the school's help. Again, this person starts by talking about parents and then she genders parents by talking specifically about mothering. She says,

I think if the parents aren't doing what THEY [the school] tells them to, I think they view them as bad parents. The school was telling her that she had to go to counseling and to go to all these meetings. She was doing the best she can as a single mom. I

think she had two kids. And she said, 'I don't want to take them to counseling' and so they are calling in a report because she refused to do it. So I think that they expect these parents to kind of do whatever they tell them to do and when they don't, then they get upset and call US. But I can't make them go to counseling. If she doesn't want her child to go to counseling, I can't make her, you know, unless he is going to kill someone because he is not going. If they don't do what the school tells them, then they get mad (Morgan, CA/N).

In the above quote, it is clear that the mandated reporters want the CD workers to do more than they feel they can do. The CA/N workers think this happens with hospital social workers as well. One CA/N worker explains:

They [hospital social workers] can be grouped together . . . . They even have written guidelines for drug testing infants. Their guidelines are much different than what we would be dealing with. They look at socioeconomic, if they are paying with Medicaid, if the mother is single, if they are in a biracial relationship. Those are the few that have startled us in the past. They will call in a report solely based on those kinds of indicators (Cheryl, CA/N).

In the above quote, Cheryl specifically discusses mothering and who the mandated reporters don't think fit into the category of appropriate mothers. In this case, it is poor, single mothers with non-white children. Consequently, these "unacceptable" mothers get drug tested. Thus, the CA/N workers dislike it when they feel that the mandated reporters are picking on families, especially when it is because the families are resistant to their "help." As long as the children aren't being abused, the CA/N workers don't feel that the families must accept help. One social worker says,

I had one on a lady whose kids' clothes were old, worn. The school wanted to give her things. She didn't want it. They thought that was a sign of neglect. It is not. Just because she doesn't want to take your handout, just because she is prideful. Pride in and of

itself isn't neglectful. You shouldn't be too prideful, but if the kids aren't going around naked. They had clothes. They just weren't nice clothes (Morgan, CA/N).

Again, the white middle class standard of mothering the CA/N workers feel the MRs use to judge mothers is evident in the above quote. I argue that the variety of factors discussed above work together to alter the perspectives of the CA/N workers of the child welfare system and what happens is that the CA/N workers become the families' advocates.

### **RELATIONSHIP WITH THE FAMILIES**

I argue that the CA/N workers become the families' advocates, even to the point where they do not substantiate hotline reports, because of their frustration with the system and with the mandated reporters in particular. The fact that the CA/N workers cannot really help families in concrete ways, because they don't have the time or resources, combined with the feeling that families are being unfairly targeted for not living up to white, middle class standards of mothering, encourages some of the CA/N workers to empathize with the families who are their clients. In many ways, the CA/N workers have transformed their role from protecting children into protecting the families from the mandated reporters. This is not to say that they treat all families the same or don't have strong feelings about parents who truly abuse their children. However, as I said above, they do give most parents the benefit of the doubt unless there is clear and convincing evidence that a child has been hurt. In cases where kids have been hurt, the

CA/N workers express as much anger and outrage as I have witnessed with any other group concerned with children.

One of the ways the CA/N workers become advocates of the parents is by empathizing with their position. The following quote is an example of a CA/N worker empathizing with families,

They [mandated reporters] don't take the time to think about what the whole family composition is about. They hear these sob stories from kids and it breaks their hearts. There are homes that I'm in and I'm like, 'Would I have my home that way? No I wouldn't, but that parent isn't being abusive or neglected, and I'm not going to look down on them because they choose to do something in that certain way.' I think they just don't understand sometimes these people are really out there doing the best they can. It just doesn't meet their standards ... And lots of times kid LIE about things and they [mandated reporters] take it for the gospel. And you know, it isn't always the truth, everything they hear. But that goes back to, I think, we as a society have taught children that if they don't like what is going on sometimes they can cry abuse or neglect and who comes? We [CD] come and does that upset that parent's, any kind of perceived power? You're dang right it does. You know. . . Today I talked to a dad. He said that his daughter got into trouble the other day and her response back to their discipline of her which was either timeout or to take something away, 'I'm just going to tell my counselor that you were mean to me and he's going to call [CD].' You know and he's like, 'What do I say to that?' He wasn't being really crappy about this but it was like, 'You started this by coming into our homes. Now what do I do about it?' . . . That is a prime example of 'we started something,' and she is SIX years old. So she got it real fast (Heather, CA/N).

In this previous quote, the idea of the unintended consequence of the hotline is discussed by a parent. The CA/N workers feel bad for the parents because they know some kids have learned to use the hotline to get their way.

In addition to standing with the families, some of the CA/N workers side with the parents instead of the mandated reporters. Again this is case specific,

but on cases they consider “crap,” the CA/N workers are more likely to side with the families rather than the mandated reporters. One CA/N worker said,

I never know what to do when I am confronted with collateral<sup>87</sup> [contact] who can't see that this is crap and they're chewing me out and they are all historic. And then, eventually I get to the point where I like the child abusers better than my team members. At least they don't yell at me all the time (Rachel, CA/N).

In the above quote the CA/N worker prefers to spend time with the families rather than the mandated reporters. Another CA/N worker labels some of the mandated reporters as “crazy.” She says,

I think about some of the people who make reports and I think, ‘I don't want to be anything like you because you are crazy. What is wrong with you? What is missing in your life that you feel you must fix it in someone else's? I think some of it is really a mental state’ (Samantha, CA/N).

Since the social workers have to follow up on so many reports that they feel are unnecessary, this also encourages them to adopt the perspective of the some of the families that the Children's Division is intruding into their lives. One CA/N worker said,

I think we are too intrusive and I think it goes back to what you take as reports that gives us the right to go into families. And again we can't save the whole world and God knows I don't want to see a kid hurt. . . .It comes down to what you take and if you are trying to save the whole world vs. if you are trying to be, if you are trying to use your resources to the best, to really get in there and work with families that need it. I just see more and more families falling below the poverty line (Heather, CA/N).

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<sup>87</sup> This is someone that knows or has had contact with the family. A neighbor, a police officer, a relative etc.

In the above quote, the social worker recognizes how larger structural issues such as poverty effect the parents she works with. This person continues:

I think I am tainted in some ways because I have never seen it get any better. The only thing I've seen is that we get more and more intrusive into peoples' lives. We try to dictate to people how they should raise their children, and to tell you the truth, I'm not sure what that is based on or who is the big person out there saying this is how children should be raised? If they [parents] aren't, then it is an abuse and neglect issue. I'm just not a big proponent of telling people how to raise their children if there is not an issue of their child being abused or neglected (Heather, CA/N).

Another CA/N worker puts herself in the perspective of the families and argues that CA/N workers can be intrusive. She says,

It is very hard to have a stranger come into your home. You don't know me. I think about if it was me, how would I feel if somebody like me would walk into my house. ...It is very EASY for me to understand why people are angry and why people are uncooperative. What right do I have to come to them and tell them that they are abusing their kids? What gives me that right? It doesn't seem like telling them it is the law and this is what I have to do (Samantha, CA/N).

Another CA/N worker argues that the social workers are intrusive because that is what the legislators want them to do. She says,

We are kind of what people make us, you know? People, legislators, have made us that type of invasive, you know. You have to go out on everything. Social workers don't intend to harm anybody. ... Sometimes we do have negative impacts on families. Sometimes we have positive ones too. We don't set out to harm anybody. I think it is a consequence of the things that we are put in charge of doing. The things that people, legislators have told us we need to do. Sure it happens (Morgan, CA/N).

This person continues:

I don't think people understand that when you get a hotline and you have to go to someone's house and it is total crap and nothing is

going on, that you have impacted their life. They WILL ALWAYS remember when [CD] came out to their house. I might not remember it tomorrow, but they will ALWAYS remember the time [CD] came out in either a positive or negative way. The kid will ALWAYS remember someone coming to their school and asking them questions (Morgan, CA/N).

Thus, many of the CA/N workers really identify with the families and adopt their perspective.

Some of the CA/N workers specifically talk about the vulnerability of the population they serve and the fact that they don't have advocates to stand up for them. One CA/N worker said:

I think government is WAY TOO involved with these families. ... You can't tell someone how to parent their child unless the way they are parenting their child is a safety risk to the child. I think we have WAY TOO much involvement with these families. WAY TOO much. [Why?] Maybe because no one has stepped up and said anything. Everyone we deal with are lower social economic people who don't have the money for attorneys. They just want us out of their house. You know. We hardly ever go into the upper class people who have the money to or who even know who their legislators are to contact and say, 'HEY, you need to do something about this.' You know. And maybe everyone is worried about covering their ass too. Yea, I think the government is way too much involved and I never thought about that until now (Morgan, CA/N).

Another CA/N worker discusses that the mandated reporters voices are listened to more by the community than the families. She says,

When you are working with families, and it is about children, it is always such an emotionally charged issue anyway, that people don't stop to think about both sides of this. When you have mandated reporters, those are going to be professionals and they are going to speak a lot louder than some of your families that you work with that don't understand that they have some of the same rights or that they can speak about how they are being treated, not in a negative way, but you know, 'hey, this is intrusive in our lives

and if nothing is going on with our children, why do we have to be intruded upon?' So I think it is mainly because the people who are speaking the loudest are your professional persons that their voices speak louder and people listen to them a lot more (Heather, CA/N).

I would argue that the mandated reporters are listen to more than the parents because they are middle class professionals whereas most of the parents involved with the system are not. Another CA/N worker talks about the negative consequences of this intrusion in the lives of this very vulnerable population. She argues that families lose trust in social institutions in general because of what the child welfare system does. She says,

It [being reported] erodes community trust. I think it erodes a positive feeling with social institutions because people can be poor but they are not stupid. They know who reported them. You can't hide that. Nobody is that stupid. Then they lose faith in the school. They think the school is against them. The bridge between the family and the school is broken. That is the direct opposite of what should be happening. Because if you are in a poor family with lots of trouble, the last thing you need is another bridge blown up but that is what happens. People go to doctors offices and they have horrible lives. They get hotlined and then they walk away from that, 'That motherfucking doctor hotlined me. I'm not going there.' So they don't get medical treatment. It erodes community trust. Plus it really confuses people about the whole subject of child abuse. They look at you and say, 'Why the hell aren't you doing something?' They don't believe in our agency. They think we are a bunch of idiots. They don't believe the police. It erodes their credibility. So I think there is a definite social harm that happens due to the huge number of reports that are accepted and have to be accepted or assessed and are completely in actionable from the beginning. Plus, it is a social evil in that whoever made up this system is not hearing that families don't like to be reported. You can call it help but the families call it being reported and they are not going to change. They don't want to be reported. They don't want to get help that way. I don't know how they should get help, but every day I am exposed to the hotline and they hate it. If there is any way to get out of being forced to get help, they will. A lot of it isn't because they don't want help. They don't want to be helped

like that. I don't know why people can't understand that (Rachel, CA/N).

The above quote is interesting because this person is arguing that the way the system is designed prevents people from getting the help they need because instead of being given a choice, it is forced upon them. Because of the way the families are treated by the child welfare system, some of the CA/N workers feel that they should be advocates for the families.

Although many of the newer workers also defended families in general, I would argue that the CA/N workers that have done the job the longest amount of time (five years of experience or more) are more likely to adopt the perspective of the families. Several of the workers with five years of experience or more were particularly protective of parents and they attributed this to their experience. In the next quote, one social worker talks about how experience has affected her perspective. She says,

I've been doing it [working for CD] for [more than] five years. It just comes with time. Where a new worker might substantiate for a kid being left in the car, I won't because it is their first report, 'No harm came to the kid, parent appeared to be remorseful.' So you just say, 'Don't do it again.' Other new workers might say, 'Well that is probable cause, I'm going to substantiate it. That is child abuse.' I think it comes with time. I started when [another worker] was here. She was like that. I was like, 'What are you talking about? You have to take that kid.' Now I find myself in her position with the new workers. 'You know I don't think you need to do that.' And they are probably looking at me like, 'What are you talking about? Why wouldn't I?' It is just so funny how that cycles like that. I can remember looking at him and thinking, 'You are so lazy.' You know. But he wasn't, he was just realistic (Morgan, CA/N).

The CA/N worker in the following quote also talks about how experience has altered her perspective:

I think in the beginning I felt very justified in what I was doing. The longer I do this, the more I see where the families are coming from. I'm getting paid to deal with families. The families are not getting paid to deal with this stuff. What did they do? In legitimate cases that is one thing (Samantha, CA/N).

This person continued by talking about the kids that she has put in foster care and how they didn't end up better off. She says,

When you first start doing this you always think, 'I'll pull them. I'll err on the side of caution because it is better to err on the side of caution than end up with a dead kid right?' Well, what you learn the longer you are here is 'Yea, it is better, BUT for whom?' Am I just thinking about my liability? Am I not thinking about the family? Am I not thinking about the child and how much of an impact going into a family is going to cause where you don't know anybody. You know. You may have other kids there that are violent, abusive, that [foster care] is supposed to make them safe and it may or may not . . . . I think seeing kids and what happens with them. Not that foster parents aren't wonderful people, because the majority of them are. Things happen in foster care that people can't control. When something abusive happens in foster care that is more damaging because you are supposed to be safe and you are not. I've had kids that were molested once they came into care. I've had kids that went into residential facilities that never came back out. To this day are still in and out of residential facilities. I have to think something is missing that they were getting in their home. But something is missing for them and that is why their behavioral stuff is so bad. Uhm there isn't much we can do about that. I don't think we do any justice to kids by putting them in foster care unless they absolutely have to be there because I've seen kids who have been in foster care and who aged out, who are just as screwed up. We didn't help them. We may have kept them from getting killed. I guess if you want to look at it that way. POSSIBLY. They MAY have been in MORE danger in their households than they are out of their house, but really, the likelihood is very, is pretty slim. I've seen these kids age out [turn eighteen]. Wow are they screwed up. . . . We CAN'T do what people would like us to do. We can't fix these kids. It just can't happen. And is it better for them to be

dysfunctional in their own home than to be dysfunctional in a residential facility or in a foster home. I don't know, uhmm. It is tough. It is a hard decision. I had to start thinking about 'am I worried about the kid or am I worried about me?' We do have so much liability and we don't get any support (Samantha, CA/N).

In the above quote, it is obvious that this worker thinks the system is not working to help many of these children. A third CA/N worker talks about how doing this job has altered her perspective. She says,

First of all you are just SHOCKED to find that homes really smells like that and that all that stuff is going on and that people LIVE LIKE THAT. If you are not prepared for that, that so overwhelmingly colors your judgment that things look MUCH MUCH worse than they really are. After a few years of doing this, you can go into a house that is pretty scanky, that it is clear that the parents really love their kids and are trying to do their best. This scanky rotten house is their best. It is not really hurting anyone. It is just offensive. I think that is a pretty discriminating judgment that takes time to learn (Rachel, CA/N)

I argue that their definition of appropriate mothering has been altered through their experience working the child welfare system. Thus, the CA/N workers who had five years of experience or more tended to have a different perspective than the new workers. One could make the argument that they are just burned out, lazy, or not wanting to do the paperwork that is involved with their job, but I would argue that they are much more realistic about the limits of the system in terms of truly helping families. They have witnessed cases where the system has made the situation worse instead of better. I do think it is an open question whether these experienced workers would have this position if the child welfare system had adequate funding and resources were available to help families, especially with structurally issues like poverty, lack of healthcare, etc.

## *HELPING FAMILIES?: UNSUBSTANTIATING REPORTS*

Part of how the CA/N workers protect families is by protecting them from having substantiated child abuse and neglect reports on their record with the Children's Division. This is not to say that the CA/N workers take their job lightly. In fact, they take it very seriously which is why the CA/N workers want to be absolutely sure before they substantiate a report. One worker said,

I know it doesn't mean a lot in the long run legally, but it means something to me. I don't want to give people a hard time unless I have to. It is something that is on their record forever. Granted it may never ever be an issue for them, it is on their record forever. I'm sensitive to what is on my credit report. . . . Having a [preponderance of the evidence] can cost them a career. It can cost them the ability to take care of their kids, which can exacerbate the problems. If I find [preponderance of the evidence] it could perpetuate this and we will end up pulling these kids. [The parent] is going to be so stressed out because she can't find a job. She can't work. I think about those things. What I do doesn't matter to me, but it can matter to them for the rest of their life. That is what you have to keep in perspective. It doesn't hurt me if I find [preponderance of the evidence], but it could affect [the parent] for the rest of her life and her ability to have a livelihood (Samantha, CA/N).

Another CA/N worker talks about the anxiety that is produced by substantiated a report. She argues that the parents don't need this stress in the following quote:

Luckily we are able to explain it [an unsubstantiated report] to them that it isn't going to be on their record. People REALLY worry about that. 'What if I go get a job that has a child abuse check?' There is that initial anxiety. 'Is this going to affect my livelihood at some point? Or is it going to affect my visitation, or a court hearing.' I think it produces a lot of anxiety for families that don't need it (Heather, CA/N).

A third CA/N worker discusses her reticence about substantiating a report in the following quote,

I would NEVER want to substantiate a case where it didn't happen. I wouldn't want to put a label on anybody or do anything that would affect their future. That isn't in the best interest of the family or the children or the individual. I think I would err on that side (Abby, CA/N).

Because the CA/N workers take substantiating reports so seriously, to substantiate a report in practice is not a simple matter of whether or not the CA/N worker believes or can prove anything based on a preponderance of the evidence that the alleged perpetrator committed the allegations. There are a lot of factors that are taken into account such as prior history, how cooperative the parents are, how remorseful s/he is, how significant the injury is, etc. One CA/N worker explains the factors she takes into account in the following quote,

Parents that have lots of prior history and have been given chance, chance, chance, I'm more likely to substantiate than on cases where I think they have come around to me a little for the simple fact that if you have been given ten chances already, you are going to need a little harder of kick to get you going in the right direction. If that means a subbed [substantiated] report and a criminal case or a subbed report and an open [Family Centered Services] case to do that, then by all means let's do it. It is very subjective. ... This is going to sound very bad but if the family works well with me and is cooperative, respectful, takes accountability for their actions, I'm MUCH less likely to sub [substantiate] on a report even if I have solid evidence that it occurred. If the family comes in and calls me every name under the sun, 'I think your services are stupid. I wouldn't ever ever do that. I can hit my kids as much as I want or whatever.' And even if it is not as solid of a case as the other one, I'm more likely to sub on it. That just comes in with us being people. We are going to be pissed off if somebody calls us all these bad names (Cheryl, CA/N).

Another CA/N worker discusses when she will substantiate a hotline report in the following quote,

I don't think a one-time incident of a belt being caught on the arm is child abuse. I think it is inappropriate and lessons can be learned, but I don't think finding probable cause is going to do any good. You know, what if they work at some place where they are a childcare giver or want to be a childcare giver, that has a big impact with me and whether or not you substantiate, or excuse me find preponderance of the evidence (Morgan, CA/N).

A third CA/N worker talks about her reticence about substantiating a report. She said,

Finding preponderance of evidence, you have to be very careful because it can have an impact on people even if it is just emotional impact on families. You have to be very careful who you find it on and who you don't. This kid has a light mark on his butt. I'm not going to do that. Maybe I would have five years ago. I'm going to do that today depending upon the family, and the situation and the priors and the history. .... One little mark on the kid. I'm not going to find preponderance on a case like that as long as they are cooperative. You don't want to find preponderance just because the family isn't cooperative either. You need to look at the parameters (Samantha, CA/N).

I would argue that their structural position pushes them into siding with the families. The CA/N workers go out on all these reports that aren't founded and then they feel bad for being intrusive into families that are just trying to do the best they can. Consequently, they end up resenting the mandated reporters who make most of the hotline calls.

## **CONCLUSION**

In this chapter, I have discussed the standpoint of the CA/N social workers in the Children's Division. The CA/N social workers' structural position is between the juvenile officers, the mandated reporters, and the families. These workers' dilemma surrounds the issue of recommending protective custody. The

CA/N workers feel that they will be held liable if something happens to a child who is not removed in the course of the investigation of a hotline report. This produces a fear in the workers and encourages them to recommend protective custody. I argued that this fear is part of the discourse of “child protection” and is used to justify taking protective custody of kids where there is a *potential* harm. As you will see in *chapter ten*, this fear expanded to include the Juvenile Office as well. This occurred as a result of a push for parents’ rights instead of children’s rights with the passage of HB 1453 and several court cases. I argue that, given the current system, this push for parents’ rights is a positive development, because parents should have the ability to raise their own children unless there is clear and convincing evidence of abuse and/or neglect. Children should definitely NOT be taken into protective custody because a worker is afraid of her own liability. Not only is this a waste of resources by unnecessarily paying for foster care, it can produce trauma for the children placed in foster care. Although this movement towards parents’ rights is a positive development given the current system, it is an open question whether or not this is the best alternative for improving the child welfare system.

In the second half of the chapter, I focused on the relationship between the CA/N workers and the mandated reporters. Because the CA/N social workers are sent on so many reports that are inactionable, they get frustrated with the mandated reporters who call in most of the reports. I argued that the CA/N workers end up allied with the families and, in some ways, they became

the families' protectors. Not only were they less likely to take protective custody the longer they worked at CD, they were also less likely to substantiate reports. In the end, most of the social workers reject the position of the mandated reporters and the "child protection" discourse. They argue that the child welfare system can't be a "child protection" system given Missouri's laws. Although they would like for it to be more of a "child welfare" system, the state's cutbacks on services prevent that from happening.

Also discussed in this chapter was considerable tension between the CA/N workers and the MRs. The MRs wanted more children removed, and the CA/N workers argued that they were intrusive in the lives of the families they had to investigate. I argue that part of the issue between the two groups had to do with different definitions of mothering. I argue that the mandated reporters' conception of mothering was based on a white, middle class model. Most of them were white, middle class women. As part of adopting the kids' standpoint, they wanted to see children have a higher standard of living than many of them had. Consequently, they hotlined the mothers who weren't being "good enough" mothers. I think class and gender also played a role in how and why the CA/N workers responded in the way in which they did. The CA/N workers specifically talked about the class bias of the mandated reporters. They also talked about the fact that they couldn't make people better mothers.

A second issue where the intersection of race, class, and gender was evident was in a hospital's practice of drug testing mothers who were on

Medicaid (i.e., poor) and when the baby was African American. I was not able to independently verify that this was happening, but many of the social workers told me that they had been told by the nurses that this was their practice. Obviously, they couldn't drug test the fathers, so this was something that just happened to mothers. As a consequence, if a drug test came back positive, the mother had to seek drug treatment in order to keep her child. This was not a requirement for the father, unless they could prove that the father had a history of drug use. I question why poor and African American families were drug tested and not all mothers. The effect of this practice was for poor women with African American children to come under more surveillance than middle class women with white children. In *chapter eleven*, I discuss other practices, both visible and invisible, that I argue are raced, classed, and gendered.

Although it is understandable that the CA/N workers focus on the mandated reporters as the ones they see on a daily basis, I argue that they are making an individual critique rather than a structural critique of the system. This is not to say that the CA/N workers don't understand the structural problems, because they do. They discuss the lack of resources, the lack of workers, the lack of healthcare, childcare, etc. However, they do spend a considerable amount of time and energy focused on their dislike of the mandated reporters. Given that much of the tension between the mandated reporters and the CA/N workers centers on the definition of abuse and neglect and a lack of an understanding of how things "work" at the Children's Division, one *might* think

that more education between the two groups could alleviate the tension between them. As I argue in this chapter, the CA/N workers critique the MRs' class, gender, and raced assumptions about mothering. Although more education couldn't hurt, I do not think it will solve the problem. Many of the CA/N workers told me that there has been a series of training opportunities for the mandated reporters and that it hasn't done any good. I argue that education alone is unlikely to be effective for two reasons. First, unless these trainings explicitly discuss both the MRs' and the Children's Division's assumptions about mothering, in addition to the assumptions about mothering in the law, education isn't going to solve the problem. Second, I don't think education alone will solve the problem, because it is a structural issue rooted in the organization of the work each group does. The bottom line is that the Children's Division accepts too many hotline reports given the number of workers they employ. They could either reduce the number of reports they take by no longer accepting referrals or increase the number of workers they have. If they did the former, they would move away from having policies that are preventative. If they did the latter, they could retain their preventive policies, but, without additional services to parents, there would still be serious issues. Either of these steps would be a good first step when compared to the current system. However, little is likely to change unless the way the Department of Social Services receives funding is fundamentally restructured. Only then will there be sufficient resources available

to actually make a substantive difference in the lives of the families involved with the child welfare system.

Given the sheer volume of cases, the fact that many CA/N workers end up being the parents' advocates is a reasonable response to the structural problems of the system. When faced with a situation where they are repeatedly going out on hotlines about families in which nothing is happening, it makes sense that they would feel that the system is too intrusive and that they would end up siding with the parents. Under the circumstances, the CA/N workers really don't have very many other options. However, it is troublesome that reports of abuse and neglect are being unsubstantiated when there is clear evidence that the allegations are true. This practice certainly contributes to the low number of hotlines that are substantiated, and it distorts our understanding of how big of a social problem child abuse and neglect continues to be.

## CHAPTER SEVEN--THE MANDATED REPORTERS'

### STANDPOINT: THE CHILDREN'S ADVOCATE

[MR's] continued to hotline any time we got any piece of the picture. [CD] kept saying, 'The home is fine.' We kept seeing it repeatedly. It did get a little adversarial between us and the CD worker. She was saying, 'You need to stop calling. I'm involved in this case. No more from you all. I'm involved.' We just couldn't do that in good consciousness. We finally dealt with the supervisor to air our big concerns. I hated to do that, but we did. I think the case manager thought we were trying to agitate. We were still trying to protect a child. He [the child] kept telling us the same things were happening after they [the parents] closed the door from the case worker. The house got cleaned up, but didn't mean dad was any nicer or any less abusive. He put on the happy face whenever he had visits. He threatened the kids to never tell anyone. We did have avenues. The crisis counselor knew what those avenues were. I think we were making it worse by keep hotlining, but I need to get a hold of someone. Something is not clicking. Somebody needs to talk to that kid at school, because here is what she is saying to people she trusts and not in front of dad. We have had those situations (Claudia, MR).

In this chapter, I discuss the standpoint of the mandated reporters (MR) who are located in school settings. The mandated reporters' structural position is between the Children's Division workers, the families, and the children. The above quote captures the dynamic between the CD workers and the mandated reporters perfectly. Although both the MR's and the CD workers want what is best for the children and for the families, they disagree on what that means, how to accomplish that, and whether the parents' and children's interests can be compatible. Thus, part of the dilemma for the mandated reporters surround the issue of making the hotline and then what to do afterwards.

Roberts (2002) and others set up a dichotomy between a discourse on “child protection,” which argues that children should be removed when there is a *potential* harm, and a discourse of “child welfare” or “family preservation,” which argues for providing services to families before intervention is necessary. The goal of “child welfare” is to provide resources so that families can stay together. I argue that the mandated reporters I interviewed argued a both/and position to an extent. They argued for a more generous welfare state to help families, which is the “child welfare” part, but they also wanted children removed whenever there was a *potential* harm to that child in the household. That is the “child protection” part. I will discuss each in turn.

As discussed in *chapter six*, the CA/N workers tend to adopt the perspective of the families over time. As you will see in this chapter, the MRs adopt the perspective of the children and never move from this position. I call it a kids’ standpoint. This kids’ standpoint is part of the “child protection” discourse, because the MRs want children protected whenever there is a *potential* harm to them. Although this dichotomy between the CA/N workers and the MRs is accurate in the sense that each group tends to adopt the standpoint of families and children respectively and in the sense that this represents an important aspect of how they relate to the child welfare system, the reality is much more complicated. As we saw in *chapter six*, the CA/N workers thought that the best way to help the children was to keep them in home with their families. Thus, the social workers are arguing for “family preservation.” It wasn’t that they weren’t

concerned about the children, because they were, but they didn't think the children in most cases needed protecting. As you will see, the mandated reporters fundamentally view the child welfare system from the point of view of the child and how best to protect him/her. Given that a child is at school so many hours per day, they develop close relationships with some of the children, so this isn't surprising. The MRs feel that it is their responsibility to protect children, since the children cannot do it for themselves. In this way, they try to act as the children's advocate.

Ultimately, the MRs would like CD to be a child welfare agency that does more than just protect children from abuse and neglect. In other words, they want CD to be an idealized child welfare agency that is set up to help children and families with a diversity of concerns and to act so that they can prevent future harm. I call it idealized, because it doesn't match the reality of the current child welfare system in Missouri (or the United States generally). Part of this idealized view of what CD would do includes housing, food, transportation, job assistance, as well as counseling, parenting classes, etc. In other words, they want a welfare state that provides many benefits and services to its citizens. This is the "child welfare" part, because the child welfare system would provide resources for families.

If money was no object, I argue that the CD workers and the MRs would hold a more similar position as to what kind of child welfare system they wanted in terms of the resources available to families. However, the CD workers must

deal with the reality that the funding of the child welfare system doesn't match this vision. Consequently, they are more realistic about what is and isn't possible. This produces a tension between the two groups. The MRs mean well and truly are looking out for the best interests of the children, but that isn't the standard that is used in the current child welfare system. The standard that is used is "minimal standards," or bare bones, basic care. Food, housing, clothing, and shelter are minimal standards. Anything above that is icing on the cake. Thus, MRs are articulating a more middle class standard as the expectation for all parents. They also want a system that is intended to encourage parents to be better parents by learning middle class parenting practices. When this doesn't happen, they tend to be harder on the families and are in favor of more surveillance and monitoring of them.

Throughout the MRs' interviews, they repeatedly discuss their frustration with the child welfare system. You will hear this time and time again. Much like the CA/N workers, they often blame the people who are in their immediate line of sight. In this case, the MRs blame the CA/N workers. Although the MRs do express frustration with the workers, they also articulate a structural critique of the system by discussing the lack of staff and resources available to families.

## **MAKING HOTLINES**

### *EYES AND EARS: MONITORING FAMILIES*

CD refers to MRs as their eyes and ears because the children spend so much time at school. What they mean is that the MRs monitor children for

information regarding instances of abuse and neglect. As you will see, monitoring is a very large part of what the workers in the child welfare system do. As you saw in *chapter six*, the CA/N workers monitored the parents. In *chapter eight*, I discuss the FCOOHC social workers also monitoring the parents. In *chapter nine*, I discuss the JOs monitoring both the parents and the FCOOHC workers. Although monitoring is not a term the MRs used, many of them do think they end up being CD's eyes and ears. One MR discussed their role in the following quote,

I'm comfortable with that. We are the eyes and ears for that kido watching for everything from hygiene kind of issues to lack of sleep, concerns about new persons moving into the house. The child starts talking about this new person and their behavior changes dramatically. I think we are pretty good eyes and ears. We try to be observant about those things without being overly. Without us, in the summer I often wonder, kids running the neighborhood and when those kinds of things don't happen. There aren't eyes and ears looking out for kids in that way. Do we like having to worry about those things? No but it is the reality. (Linda, MR)

Another MR acknowledges that they are CD's eyes and ears even if that isn't what they set out to do. This person said.

I don't know that we want to be that role, but I think we end up being that role. We end up being that. We are with the kids 6-7-8 hours a day. We try really hard to make trusting relationships with these kids. We have ... I think somebody has to keep the kids safe and we are the ones that see them lots. Not because we are looking for it but because we are (Claudia, MR).

A third person also reluctantly acknowledges that is the role MRs play in the child welfare system. She said,

I think we don't come to school thinking that is what we are doing. We come to school trying to educate the kids. At the same time,

we are constantly looking and listening to see if kids are safe. I don't mind being their eyes and ears because they are here (Cindy, MR).

Once an MR is given information about abuse or neglect, they determine whether or not to make a hotline.

### *REPORT EVERYTHING*

Since making hotlines is such a small part of the job of most of the MRs, and because the process of making a hotline keeps changing, many school districts bring in the CD Circuit Manager each year to discuss reporting instances of abuse and neglect to the hotline. The general stance of the Circuit Manager is that the MRs should report any concern they have and let CD decide what they are going to do with that information. This means that CD will determine what type of report (referrals, assessments, investigations) the hotline will be and what is the eventual outcome (substantiated, unsubstantiated, services linked, no services needed, etc.) of the hotline. As we saw in the last chapter, the CA/N workers get upset by the number of hotlines the MRs make, especially the ones the CA/N workers view as “stupid” or “crap.” I argue that the CA/N workers should not be frustrated with the MRs because they are doing what they are told to do by the Circuit Manager. It is not the MRs fault that there was a disconnect between how the CA/N workers feel and what the Circuit Manager tells the MRs to do.

## *LACK OF CONTROL*

Most of the MRs take the Circuit Manager's advice seriously and it becomes their mantra. The following person describes her view of her job in reference to hotlines:

My job is just to make the call. I try to make peace with that before I make the call. I have no control over what happens now. I feel my job is just to see the child here or do whatever I can within the family structure that I have availability to help. No matter what, I just try to follow up with the family as much as I can. Maybe not the family, but always the child. In some situations I will (Shirley, MR).

In the above quote, you also hear the lack of control the MRs feel over the process. This feeling of having a lack of control was a consistent theme in these interviews. The following person also articulates this position that they don't have any control:

My basic stance is that I don't have a choice. I don't determine the investigation. I don't determine the results. But I'm required to make a report. I have no choice. I can stand on that ground. Generally I have found that families that found out it came from the school, they understand the position we are in. Some of them will be angry (Pat, MR).

Another said, "Hey look, my job is to report suspected abuse or neglect. It is not for me to investigate and make the final outcome. I am doing what I am obligated to do" (Nicole, MR). The lack of control the MRs feel over the system and the CA/N workers is key to understanding their perspective of the child welfare system. In their school setting, the MRs have a lot of influence and control over what happens. Given that, it is difficult for them to feel as though they have so little control over the kids they care about dearly. As you will see in

*chapter nine*, the juvenile officers also struggle with the lack of control over what CD does.

The mandated reporter in the next quote also discusses not having control over the outcome, but this person doesn't view making hotlines as an obligation. Instead, this person prefers to make them because it relieves her conscience and any sense of liability because it is on someone else's shoulders. This person says:

I like to make the reports no matter what they are going to do with them. I like to know that I've done what I felt like I needed to do. It is on someone else at that point. I've given someone that information. I'm comfortable. I'm not always satisfied (Cindy, MR).

Another MR discusses making hotlines and the issue of liability. She talks about her own liability and "covering her butt" in the following quote,

I think we should report even if they are not going to take it. At least we reported, we done our job. We've covered our butts, we have tried to help the kid. Liability wise we've covered us. And then there is that documentation where something happens in a week or a month or a year, they have some of that history. So I think it is important to do it (Debbie, MR).

As you saw in *chapter six* and will see in *chapter ten*, the issue of liability is central to what happens in the child welfare system and in many ways is the underlying reason why many people do what they do. In the following quote, the person explains how she has come to terms with that fact that her job is to make hotlines and how difficult that has been on her emotionally. This person said,

This is going to sound very jaded, but I had to say to myself at a certain point, A., I don't have so much control. B., I have to place my faith in the system whether it works or not because I don't have any other choice. A., I don't want to get sued. B., if I don't put my

faith in the system then I'm not helping it work. C., I have to realize that sometimes it isn't going to work. It helps. The jaded part, it absolves me, it helps me be able to sleep at night to say that I followed the steps I had to. If it didn't work, it didn't work, but I have to do what is laid out here. That just comes with experience. You still will have nights wondering what happened after school today at that family's home, but then you have to close the door on it. I'm not saying that, of course I am going to follow up with the student the next day, but then you have to just put it aside. Otherwise you will get too emotionally tangled in it. That isn't healthy for anyone (Janet, MR).

In the above quote, like many before, the concern about liability was present in the MRs' discourse. On a practical level, the MRs have an incentive to make hotlines because by making one, they are no longer liable if something happens to the child. However, most of the MRs I talked with made hotlines because they were concerned about getting help for the child rather than to avoid being liable.

*MRS' DILEMMA: DO I OR DON'T I?*

Even though the MRs are told to report everything and they say they do, the MRs also described a process of debating the pros and cons of making each and every hotline. This produces a dilemma for them. On the one hand, the MRs are mandated to report hotlines, but on the other hand, the MRs are cognizant that making a hotline could make the situation worse because the parents get upset, the parents withdraw permission to speak with the child, or the child recants her/his story. In the next quote, it is clear that this person realizes that making a hotline is about building a case for the CA/N workers. If there isn't enough information for the CA/N workers to act, the only thing that may result

from a hotline call is upsetting the parents and making the situation worse. One MR said,

I know I shouldn't say make a case, because I know we are not supposed to do that. Just being aware of what is going to happen when you make that call, because there is also another result of a phone call sometimes. It could make a situation worse and more dangerous for the kido. Making sure we have *probable cause* to make that call. Sometimes, after a discussion, it is agreed upon that we don't have enough for the hotline, but we record the information, document and keep our eyes open. Nine out of ten, we make that call a little bit down the road. We are paying attention to what has happened before because it is a very hard call sometimes (Amanda, MR *emphasis added*).

It is noteworthy that this mandated reporter has adopted the language of probable cause since it is part of the legal discourse. Another MR acknowledged that making a hotline can make the situation worse. This person said, "What is going to happen now especially if dad is already explosive and it is really abuse going on? That is going to anger him more" (Shirley, MR). Again we see the dilemma the MRs face.

Another possible consequence of a hotline expressed by the mandated reporters is that a parent may withdrawal his/her permission to talk with a student or the student may decide not to meet with the counselor anymore. In most schools, parents must give permission for the counselor to meet with his/her child on a regular basis. One person said,

Our goal is to keep that kido safe and to still be able to see that kido. My first priority is to be available to the kid. I know that that is dependent upon parent permission. So when I make a call, sometimes what goes through my head is 'Is anybody going to say that my child [student] can't talk to me?' That is absolutely a risk we take. We don't have a choice in the matter [about making the

hotline]. I can honestly say that once we sit down with the parent, and if the parent is irate, which they often are, and we can get to the point to sit down and talk through it, nine out of ten times it works out in a very positive manner. It is those very rare occasions that doesn't, that reinforces that we made the right call (Amanda, MR).

The mandated reporter in the following quotes discusses her concern that the child will recant or not disclose the same information to the CD worker. One MR said,

Since CD had been involved with that family before, my concern was that I knew that I had to make the phone call, but I also knew that this young lady would not concur with the statements and then there would be retaliation. That is always the big thing that makes me hesitate is retaliation. That makes everyone stop and wonder. At the same time, you have to think about it from the flip side. That intimidation is going to carry over to the social workers and not letting what needs to be documented, get documented. It is just going to continue and you are part of the cycle of abuse. That was something I struggled with. I lost sleep over that case. I really did. That was not pleasant. It went wrong all kinds of ways. At the same time, I remember thinking that if this guy has enough rope, he is going to hang himself. It is going to escalate whether this occurs or not. It did. But it was just an ugly situation. The things that always make me hesitate are: Is there going to be retaliation for the student? Also, if the student is going to be pressed by the social worker, are they going to say, 'No that isn't what happened.' Also, you are risking losing contact with that student permanently, either because the parent says, 'I don't want you talking to her anymore' or the student saying, 'I can't trust you.' That is the big catch twenty-two (Janet, MR).

This lack of access to the students is particularly troubling to the MRs because they feel that if nothing else, they can help the student by teaching them coping skills. The following quote captures many of the concerns discussed above in addition to the concern that a child will not repeat what s/he told the MR. This person said:

I had a case where his mother and him got into a bad argument. He had this huge scratch mark across his neck where she had done that with her nails. The worker came to the school and instead of having a kid come to my office and interview him, she just wanted to go to his classroom door and look through the window. She said, 'He's breathing,' and then left the building. After that I lost a lot of faith in Children's Division. That blew me away. 'I'll go talk to the mother.' I followed up on that and basically he took the mom's version that it was a total accident and nothing really happened. That was that. Maybe that is what happened, but at least interview the kid. Get his version, his side. The next time I talked to the kid, of course, it was mom's version he was telling instead of his. He had changed his tune. He went home and probably got into trouble and then came back and told me 'Oh yea it was an accident.' That was a really interesting one that sticks out (Debbie, MR).

In the above quote, the notion that the parents coach the children is evident. This leads the MRs to be more skeptical of the parents than the CA/N workers seem to be. A third said, "She [the child] denied everything. That is a red flag. This is a little girl I've been trying to break [down her barriers] for several years. She was bawling. But if she recants what are they going to do? It is more the system I get frustrated with. I'm sure they do too" (Shirley, MR). In the above quote, this mandated reporter isn't blaming the CD worker. Instead, she is blaming the system.

In the cases where the kids are not telling the truth, the MRs still take the kid's perspective because if the kid is lying then there are still issues that need to be dealt with. This person said,

I'm more on the kid's side. Even if the kid is not telling the truth, I see it as a problem. 'What is going on in there?' I'm not saying she needs to be taken away, but what is going on there and I know that after they talked to the child that is it. I know there is stuff still going on, I just don't have any proof, or anything the child has said

recently. The child has been told not to talk to me. The mother did pull the permission afterwards. She called and said that is why I don't want her talking to you (Sylvia, MR).

In the above quote, it is obvious that the MR is adopting the standpoint of the children. From the CA/N workers' perspective, they get frustrated when children change their story or admit lying because they view it as more work. In some cases, these are the "stupid" reports that frustrate the CA/N workers discussed in *chapter six*.

### **KIDS' STANDPOINT**

The MRs view the child welfare system through the perspective of children they work around on a daily basis. As you will see, the standpoint of the kids was a consistent theme throughout the MR interviews. What I mean by the standpoint of the kids is being an advocate for the kids and seeing the world through their eyes. In the following quote, the kids' standpoint is very evident. This person is doing everything she can to explain the system to the child and to know what to expect. This person says,

I just always think about it from the kid's standpoint. How scary is that knowing that this is going to occur? Knowing what is going to happen from here. I try to do everything to make it easy for the kid by telling them what to expect. I wait for the call from the worker and if they are going to interview the kid, I get that right away. I try to let the kid know what is going to happen. You can rest easy tonight and put them at ease. I usually say to the kid that if they if you would like me to be there, I try to be there. If the kid doesn't think to ask these questions, I can. I try to meet with the kid before the worker gets there. 'Do you know what you want to ask? You might want to write those down. What do you want clarified before they leave?' (Janet, MR).

In this quote, the MR is a clear advocate for the child by walking him/her through the process and helping the child negotiate the process. The standpoint of the kids is also evident in the following quote when the MR compares how she thinks about hotlines compared with the CD workers:

I think it is not a kid [to the CD workers]. It is a name or number and I see it as a kid, as a human with feelings and needs. For them I don't think it is. It is nothing against them personally. I think that if they had fewer cases, they could devote more attention to each of them (Sylvia, MR).

In the above quote, the MR is recognizing that this is a structural problem instead of merely blaming the worker. Interestingly, this same critique about treating the case as a number instead of human is made by the FCOOHC workers about the JOs in *chapter eight*. This person has adopted so much of the kid's perspective that she questions the legal system. She continues, "I think they [CD workers] are more concerned with doing what is legally appropriate. And I think legally appropriate sometimes gets in the way of doing what is best for the child" (Janet, MR). Although it is admirable that the MRs want to be advocates for children, suggesting that the CA/N workers are too concerned with the law is an idealistic and unrealistic position. The CA/N workers would agree that they are concerned with doing what is legally appropriate because that is law, and thus, it is the standard they must use. Until the law changes, there have no choice but to follow it. I would argue that if one is unhappy with the law, then one should talk with his/her legislator to discuss the concerns and work toward changing it.

In the following two quotes, the kids' perspective is evident. This person is definitely an advocate for children. This person said:

There are a lot of things that are very frustrating. As a school, we deal with these kids forty hours a week. We see what is happening. We see how their academics and their behavior is impacted by a situation that we have no control over except to report it to them [CD]. Regardless of their workload, there are things that become very frustrating (Mary, MR).

Later in the interview, this person states an idealistic and unrealistic view of the MRs' relationship with these children. She says,

I think educators tend to look at what is in the best interest of the child. I think counselors tend to look at what is in the best interest of the child. ... We have forty hours a week alone with them. It is much easier for us to focus on that. We know the kid a lot better than most of these parents do (Mary, MR).

Another MR made a similar comment. She said "We spend more time with these children than some of these parents. If you have a parent that works evening (3-11), they go home to a babysitter or grandpa" (Linda, MR). The kids' perspective articulated in the above quotes is particularly striking and I question the claim that they know the students better than most of the parents. This is not to say that some MRs don't develop close relationships with their students and even discuss very intimate feelings. Even if this person is referring to most of the parents of the kids she hotlines, I find this doubtful. Although some parents may not be able to spend as much time with his/her child if they work nights or weekends, that doesn't negate the relationship they have developed throughout the child's life. Also, the MRs I talked with have limited exposure to any given child. The MRs may talk occasionally before or after school and during recess or lunch. They

also may see a child in a one-on-one counseling session or group counseling sessions for an hour per week. These sessions may also occur over several years. However, they are not teachers so they do not see the child for hours at a time each day. For principals and assistant principals, they have even less exposure to these kids than the counselors and CA/N workers. Therefore, it is unlikely that the MRs know the children better than most of the parents and it is putting too much importance on their role in these kid's lives.

This kids' perspective is evident in other parts of the interviews as well. In the following quotes, the MRs imply that the CA/N workers think the MRs are identifying with the kids too much or overreacting. This is evident in the following quote, "I've had the feeling before that maybe investigators [CA/N workers] have felt like I'm making a situation larger than it is or I'm overreacting to it" (Amanda, MR). In the next quote, the kid's perspective is evident as well. Here the speaker is implying that the CA/N workers think the MRs are being too emotional and too identified with the child. She says,

Nine out of ten, we are the people with the most information. We are the ones they don't contact or contact last or tend to poo poo. They tend to think we are emotional about it or not thinking clearly. At times we are not when you are seeing a child every day in a state of abuse or neglect and you can't get anybody to help, then emotions do run high (Nicole, MR).

In the following quote, a third MR talks about feeling like CD workers under-reacted to her concern:

They [CD worker] don't know the child like I know the child and so I try to talk to them and let them know the whole situation. I'm not sure if I am not saying it clearly or they aren't getting it or what.

There is some frustration there. I don't know that they are as serious about this or feel the same as I do. I think that is more so after they have talked with the child. The child can tell them, 'I'm fine, everything is fine.' I'm thinking that isn't what is going on, but the child has been told that. They will accept it sometimes at face value (Connie, MR).

This issue about the child being coached by the parents is discussed again in the above quote. Unlike the CA/N workers, the MRs seem less willing to give the parents the benefit of the doubt. The CD worker is in a tough position if a child does not say that something happened. The CD worker can certainly do more investigative work to see if she finds other evidence to support the story the child initially told the MR, and they are required to do so to complete a report. For instance, they must talk to a collateral contact to find out if that person has any concerns about the child. However, without the child acknowledging that something happened, there is very little CD can do. Although a CD worker may also believe that something is wrong, without evidence, she can't take action.

Therefore, on the one hand, we have the MRs feeling that the CA/N workers think they overreact. On the other hand, we have some of the MRs feeling that the CA/N workers take the perspective of the parents over the kids. The CD workers taking the perspective of the parent, from the perspectives of the MRs, is evident in the first and last part of next the quote. This person says:

I do have to admit that there are some occasions where it feels like the families were protected more than the child. I respect that [CD's] commitment is keeping a family intact, but sometimes it feels like the focus is on that rather than what it actually is going to take for that to happen in a healthy way and in a way that will really make it change in the home. And I have unfortunately had the experience where I've had investigators say to me after they

finished an investigation, 'What that child had done, the parents needed to DO SOMETHING [such as punishing the child].' Well that is concerning to me. I think sometimes, trying to support the family gets real blurry, and where the child is left in all that? (Amanda, MR).

One could argue that this is an example where the CA/N workers are on the family's side and the MR is on the kid's side. However, what I find really important about this quote is the middle part where the MR is talking about the types of changes she wants to see take place. This person wants the CD worker to focus on making healthy changes in this household. One could read this as this person wanting the CD worker to make the parent be a "better" parent. As discussed in *chapter six*, the CA/N workers adamantly say this is not their job since anyone can be a parent. I discuss the MRs' view of the parents below, and I will discuss in more detail the MRs' desire to make the parents involved in the child welfare system "better" parents.

### **TENSIONS AMONG MANDATED REPORTERS AND CHILDREN'S DIVISION WORKERS**

Although both the MRs and the Children's Division workers want what is best for the children, they disagree on what that means and how to accomplish it. Consequently, tensions develop between the two groups over lack of communication, lack of experience, and most importantly, lack of action. I will discuss each in turn. As I argue in *chapter six*, some of the CA/N workers' frustration with the mandated reporters has to do with what they view as classed, gendered and raced assumptions about "mothering."

Several of the MRs described the relationship between the schools and the Children's Division as bad. This is evident in the following quote by one MR,

I think it is very unfortunate that it [the relationship between MRs and CD workers] isn't very good. . . .Uhm, unfortunately what gets very frustrating for us is that we are always looking out for the best interest of the child. It is not about them [CD workers]. I think there is a lot of animosity from them on to us because a lot of them would love to be in other roles. They would love our jobs. We are all working to help kids. We all want them to be safe. We are working with CD workers. A lot of what they do is basic assessment that a counselor starts with. They have a lot of tension. I don't think it is only directed to us (Mary, MR).

In the above quote, it is obvious that this person thinks the CD workers would like her job. Given the turnover rate at CD, this may not be an unreasonable assumption. However, in my experience with the CD workers, they were really working in what they thought was in the best interests of children and families. Another MR refers to this tension in the following quote, "Sometimes there almost seems like an antagonism between the systems [CD and MR]. [What is that about?] The only thing I can guess is that the schools are saying, 'You [CD worker] aren't doing your job. You are not doing enough.' They get defensive" (Pat, MR). Most of the MRs I interviewed argued that the CD workers are not doing enough to help children. Another MR discussed this issue in the following quote, "I've almost felt like it is a nuisance to call them. I've felt that way. I'm just going to have to be a nuisance because I need to talk. I've felt like I've been a nuisance if I've called them a lot" (Cindy, MR). In the next quote, a MR describes a situation that it became confrontational with the CD worker. Again we see the frustration the MRs feel over CD not doing enough in the following quote:

We continued to hotline any time we got any piece of the picture. They kept saying, 'The home is fine.' We kept seeing it repeatedly. It did get a little adversarial between us and the CD worker. She was saying, 'You need to stop calling. I'm involved in this case. No more from you all. I'm involved.' We just couldn't do that in good consciousness. We finally dealt with the supervisor to err our big concerns. I hated to do that but we did. I think the case manager thought we were trying to agitate. We were still trying to protect a child. She kept telling us the same things were happening after they closed the door from the case worker. The house got cleaned up, but didn't mean dad was any nicer or any less abusive. He put on the happy face whenever he had visits. He threatened the kids to never tell anyone. We did have avenues. The crisis counselor knew what those avenues were. I think we were making it worse by keep hotlining, but I need to get a hold of someone. Something is not clicking. Somebody needs to talk to that kid at school because here is what she is saying to people she trusts and not in front of dad (Claudia, MR).

This person also states that it is difficult to build a relationship with the Children's Division. She states that she does not have this issue with other organizations and wishes it was different. This person said:

I feel like we at the school level can't build a relationship with CD like we can with the JOs because of that turnover and because of the up and downness. I hate that. I feel like a lot of the other organizations we deal with, I know I can call so and so and they can help me. I don't feel like I have that with CD because I don't know who to call. My crisis counselor has a better handle on that. Children Division is like an enigma out there and we aren't sure how to negotiate it. We are pretty good at negotiating other organizations. That is the one division, I have trouble figuring out how to negotiate it (Claudia, MR).

Imagine how the families feel who typically have less education and less knowledge about how the system works.

Not all of the MRs I interviewed described an adversarial relationship with the Children's Division workers. However, when they do talk about positive

relationships, it tends to be in terms of individual people instead of the organization. This person said,

I think some [CD] workers and schools work together wonderfully. Some workers will call me on a regular basis to check on their kids. They have an open case and just want to know how their kids are doing in school. I LOVE that. Not everybody does that. I think it all depends upon how they do their job. I don't necessarily blame all the other workers that don't have that much contact with us because I don't understand the pressures they are under on their side. And I have friends who have worked in that system who say it is nearly impossible to meet all the regulations and guidelines and so I think that has tempered my view of their job (Janet, MR).

Another person talks about key relationships that she has built over the years and how she has learned to work the system over the years. She says,

I've just developed some good relationships, key relationships with CD people over the years. That helps because those key relationships, you can pull out a favor and say, 'Hey, look. What do you think on this?' That has helped tremendously. You shouldn't have to work the system like that. People who don't know that should have as good and as quick of a response as someone like me who knows the system well (Nicole, MR).

This person also argues that CD and MRs must work together.

You can't look at [CD] and the JO as your enemy. You have to look at it as if we are all in this together. Truly that is how I look at it. Do I get frustrated with the system? ABSOLUTELY. Do they get frustrated with us and the hoops you have to jump through with schools? ABSOLUTELY. When push comes to shove, we are all in this together. THAT is how you have to look at it. It is just important to develop those relationships (Nicole, MR).

In the above quote, this MR is acknowledging the tensions and frustrations the MRs have with CD.

## **LACK OF COMMUNICATION**

Most of the MRs discuss poor communication between the two agencies as a contributing factor for the bad relationship between the schools and CD.

One MR said,

Honestly, if the communication was better, I think a lot of tension would dissipate. The communication is absolutely crummy. They don't think, 'Let's just make a phone call.' It is basic customer service. They don't have time to follow through. They think just sending a letter with whether they checked a box for a case that has been assessed [is communication]. Give us a break (Mary, MR).

It is important to point out that the CD workers are required to send the letter, and a phone call wouldn't meet CD requirement. Another MR discusses the lack of communication between the two agencies when a child first comes into foster care. This person acknowledges that they have a hard job, but this information is important for the school personnel to do her job. This person says,

I feel the communication with the schools is very, very poor. I know their job is tough. I feel very strongly that a worker should call immediately with some history, with some academic information so we don't spend two weeks trying to figure out where his records are and what he is good at and where he needs help, whatever the issue may be. This is information that somebody has. This isn't to label him or whatever. That is where my issues are with CD (Sylvia, MR).

This person continues:

The way I see the system working is we have the foster parent come to register the child for school. That is how we find out that the child is in foster care. It could be two weeks before the case manager calls us. That blows my mind. I'm getting this info from the foster parent. I'm not saying they have it accurate. The case manager has a lot more history. When you do talk to the case manager, they say due to confidentiality, they can't tell me certain

things. I have a problem with that. Just recently we had a boy come from a group home where the foster parent told us some of the history. There was abuse, neglect, sexual abuse from siblings and parents. They didn't think that was necessary for us to know. For us that is critical. I don't know if it is correct or not. Because she was out of the county, this person never came to see him once. The worker here after three or four weeks hadn't met him yet. I have a problem with that. These kids rely on their decision making and I really feel they need to know who it is and the school needs as much information. I'm not saying the teacher, but the school needs to know some of the background. That is where I have a problem. When there are changes, they don't call us. This boy was taken suddenly because he threatened the foster sibling. They put him in a hospital. Nobody has called to tell us that. We found out from his foster sister. He is not with us anymore. Then the foster parent called and told us what happened. I did call the worker here and said I heard he has been moved. I would like to send him some cards. We knew he liked it at our school. The teacher called at the facility he is at. She didn't have much information either. 'I don't feel comfortable telling you but I will talk to the case manager.' I have a problem with all that (Sylvia, MR).

Although this person recognizes that the CD workers have a tough job, she doesn't realize that it maybe some time before the FCOOHC worker gets the type of information herself.

MRs also discuss the lack of communication with the CD workers when there is an ongoing case. A MR explains the trouble she has maintaining contact with the case worker. She says,

I do get frustrated once I get a name of a person, keeping regular communication with that person. That is difficult because they are not in the office. I understand that but returning the call in a timely fashion is important. Our communication is tough, that is whether it is a mandated call or an investigation (Linda, MR).

Another MR discusses the lack of communication in the following quote:

All of us have had experiences where we can't get workers to call us back. We can't find out what we need to find out about a kid. I

think we are working from two totally different systems. And we don't understand all of the restrictions that they have and so that contributes to that difference in approach (Janet, MR).

In the above quote, the MR acknowledges that she doesn't understand CD's system. A third MR argues that she makes it work but that there is no real relationship or communication. She says,

It is a workable relationship. We make it work when we need to make it work. Otherwise there is no relationship. I think [the Circuit Manager] has been good about saying, 'We are here when you need us. Don't ever hesitate to call us.' Getting in touch with them is another story. No one is ever in. They say one thing. It is kind of like come by and see me at home, but I'm never home. I feel that way. They say they are welcoming, but they are not very accessible. That is that way it is. They are very busy (Cindy, MR).

The MRs realize that the CD workers are out of the office doing investigations, going to court, doing visits, etc., but they still expect the CD workers to return her call when they are back in the office.

The MRs recognize that part of this lack of communication has to do with the fact that the CD workers are overworked and underpaid. Almost all of the MRs mentioned this. One said,

From talking to various workers, I realized that they are completely overworked. I realize having been a state employee and having worked in family services, not as a CD worker but in that system, that the moral is incredibly low. It is a rather, according to my experience, it is a very toxic work environment. It is horrible and I feel for everyone that is in that system ...It is vertical integration. That is the problem. It is way up here. CD workers are just little ants. They are incredibly overworked and underpaid. They are undervalued. They are very tired. What they do professionally is incredibly emotional. They don't get a lot of support for it. I feel for them. They haven't received a raise in four years. Then they have a hiring freeze so their cases continue to rise. So I think in terms of

the relationship, counselors, administrators realize the workload (Mary, MR).

Thus, she is aware that this is a structural problem rather than an individual problem. The following MR realizes the tradeoffs the CD workers have to make on a daily basis. They must prioritize the serious cases. She says,

I guess there is also the reality to me that they are overworked and underpaid. There are not enough people to go around. If I am going to compare my situation A that I called about where there are marks on the child and my situation B where the child's attendance is not what we want it to be, I want the manpower to go over here. So I'm a little more patient typically (Linda, MR).

Even as the following worker admits to badmouthing the CD workers, this person articulates a structural critique of the system. Much like the CD workers who blame the MRs because they are the people who they deal with on a daily basis, this MR does recognize the problems with the system itself. She says,

I've been real involved with the system. I always try to come back and say they need more help. That is my underlying belief. They are overburdened. They don't have enough workers. I try to believe that they do the best they can do. I may get angry with them. I may badmouth them but I always come back to they are understaffed. Society, our government, needs to do something about it (Cindy, MR).

Even though the MRs recognized that the CD workers are overworked and underpaid, it doesn't lessen their frustration with the system because kids are still at risk. That is the bottomline for them and something they always come back to. From the MRs' perspective, their frustration over the lack of communication is that they feel like they give CD a lot of information, but they do not get very much information in return. They also feel that they need

information to do their job effectively. A final part has to do with the power difference between the two groups, which I will discuss in the next section. They don't like that the less experienced CD workers are the gatekeepers of information and they do not seem very inclined to share this information with the MRs.

From the CD workers' perspective, a large part of why the communication is so poor is because they are overworked, underpaid and stressed-out. However, I think there is some resistance on the part of some CD workers by intentionally not communicating with the MRs for a variety of reasons. Some of it has to do with confidentiality issues. Some of the CD workers don't want kids to be labeled by what they perceive as particular "overzealous" MRs. Some of it is also that they are trying to protect the families and it is none of the MRs' business. In addition, I think it is a reaction to how the CD workers are treated by the MRs. Some of the CD workers feel like the MRs tell them what to do. The CD workers know they are in the power position relative to the MRs, at least in terms of access to information, and I think they choose to exercise the little power they have by not communicating with the MRs. I don't think this happens with cases the CD workers perceive as serious or important, but I do think they resist the attempts by the MRs to control them on cases they see as less consequential.

## **LACK OF EXPERIENCE/TURNOVER**

Another source of the tension between the two groups is lack of experience of the CD workers. As you will see in *chapter nine*, the JOs have issues with the lack of experience of the CD workers as well. Keep in mind that most of the MRs I talked with were older, more educated, had more work experience, and made significantly more money than the CD workers. All of these factors played into the MRs view of CD workers as young, inexperienced, and thus, less knowledgeable relative to them. The CD workers are inexperienced in terms of work experience, training, and working with children and families. The MRs also argue that the turnover rate which is related to the issue of inexperience has negative effects on the progression of cases at CD. The JOs make the same argument about the effect on cases in *chapter nine*.

## **WORK EXPERIENCE**

The MRs see the CD workers' lack of work experience as an issue. The following MR discusses the age and lack of experience of the social workers. She says, "They are bringing in these YOUNG, wet behind the ears, idealistic people, which is fine. But they don't understand how the system works. They don't understand how the schools work" (Nicole, MR). Another MR says, "I think there are a lot of people in that position that don't know what they are doing. They are brand new. That is very frustrating" (Mary, MR). A third MR discusses how young the CD workers are. She says, "The ones we have are young. While there is nothing wrong with being young, we've all been there before, but

sometimes I think the newness to the job, they may not be as knowledgeable or experienced as what I would like to see” (Connie, MR). Another MR compares the experience of master teachers with CD workers. This person says,

If I was doing this job and I was twenty-five, I wouldn't be doing this job perfectly by any means. I do think experience, it is just like master teachers, they have years of experience under their belt. They understand the curriculum. The more experience you have the more you learn from it. You can apply that knowledge to a new case, a new situation. I do think that has to have an effect in some way (Linda, MR).

Thus, the MRs see the age and experience of the CD workers as connected.

The MRs think that part of the problem with the CD workers being inexperienced is that the CD workers will believe the “stories” of the parents. According to the MRs, only with time can one see through the parents' lies. One MR explains in the following quote:

I also think a lot of times, it is very easy for parents who are investigated to tell very convincing stories. We only see through the inconsistencies through time. I've had the blinds pulled over me several times. And I think that happens a lot when someone is investigating a hotline because maybe I've been able to see what is really going on with this family but it has taken me six months whereas [a CD worker] can see what I saw six months ago. That is kind of difficult. You end up advocating for the child. 'This is my experience.' Then six months later they are like 'Oh my gosh.' They need to experience it on their own. That can be frustrating. That is too subjective to me (Mary, MR).

This MR is arguing that kids are kept in situations longer than necessary. If the CD worker would just take their word for it, then this wouldn't happen. Another MR argues that if CD workers and the MRs worked together more, they could

build up more trust between them and they could be honest with one another.

This person said,

After you become accustomed to working together it is easier to be honest. I can say, 'I know you think this is probably where you think I'm making a bigger deal, but.' They will either say that or 'Yes I think this is concerning.' You don't have the opportunity to form that relationship (Amanda, MR).

The MRs don't seem to understand that the CD workers can't take their word for it. CD workers must have evidence that will hold up in court.

### *TRAINING*

The CD workers' lack of training is also an issue for the MRs. In the following quote, the person questions the training of the social workers. She says, 'Who knows how they have been trained and they are brand-new. They have no history. They have no experience to draw upon. I wouldn't want to do it, you know. There is no way I would work for them. No way. I understand why there is high turnover' (Debbie, MR). Another MR questions the training of CD workers and even questions if they have a bachelor's degree. This person said,

I know it is a job for all of us. I just think their experience is not as strong as it should be. I don't know what their training is, if they shadow anybody. I don't know if they are college graduates to be honest. And I have nothing against them. Actually they have all been intelligent and caring. You can tell that they are overworked (Sylvia, MR).

Although the CD workers must have a bachelor's degree and do go through four weeks of training, one could certainly make the case that this isn't sufficient preparation for their job.

## *INEXPERIENCE WORKING WITH CHILDREN AND FAMILIES*

In addition to lack of work experience and training, the MRs discuss the CD workers' inexperience in terms of skills talking with children and parents. The following person questions some of the new CD workers' interviewing skills with young children. This person says, "There have been a couple times where I was like, 'What questions are you asking?' I have to bite my tongue and not interrupt them. I think they have been young and inexperienced. That is probably the hardest thing" (Connie, MR). Most CD workers are straight out of college in their early twenties. This is younger relative to both the MRs and the parents. This MR explains,

The only unfortunate point is that the people they send out to talk with the families are very young and not always very experienced because they always have such a high turnover rate. I don't think they always know how to go about how to talk with the families in a way that is going to be productive. I wouldn't even say it is their fault. In the beginning, I had all the training in the world, and I blew it. I'm sure I made some decisions that made things worse. I think it just comes with experience. I always wonder, 'Who do they send out?' Sometimes it is good and sometimes it is not. We had a worker who was brand new. She went out to talk to the family. I remember saying to her, 'This might be an instance when you might want to bring the police with you. He just got out of prison. There is a lot of violence in the home.' 'I'll be fine.' She came back to the school, shaking, smoking a cigarette going, 'Oh my god' totally overwhelmed. 'I've never experienced anything like that in my life. It scared the hell out of me.' I thought, 'Yeah' (Janet, MR).

In the second half of the quote, the MR discusses the inexperience of a CD worker in terms of not heeding her advice and then being upset by what happened. In some ways, the CD worker was too inexperienced to even know to

be afraid. In the following quote, this MR also discusses how the age of the CD workers affects their ability to work with the parents. This person said,

I can see why they don't last long. I UNDERSTAND THAT, but I think it does make a difference with the kids. I can see how that could be hard for the family too. If they were working with a family and that person changed. That would be hard for a family to get close to someone and feel comfortable with them. That is huge. You are in your forties and some twenty-two year old is trying to tell you how to take care of your kid. They don't even have children (Connie, MR).

In the above quote, the MR discusses the trust between the parent and the CD worker. As you will see in *chapter eight*, trust is an important factor in the eventual outcome of a FCOOHC case.

Another MR discusses how turnover and the inexperience of the CD worker affects the relationship with the parents. She says:

Any case that is somewhat long term, we could have two or three different case managers or workers in a time frame. You just built up the rapport and they know the history, they know what we have done, and what is going on and then we switch. It just feels like there is a lot of turnover. Even if the worker doesn't leave, the cases get switched around. I don't think that would be good for the families either, once you built rapport. ... Some really bad feelings go on with these things. If we have ever bared our soul to one person, I'm not always sure we do with the second or third person. And with kids, people just like to protect them. I see lots of turnover and it isn't a good thing (Claudia, MR).

As you will see in *chapter nine*, the JOs will also discuss the turnover rate at CD and how it affects the cases. The following person also discusses what happens when workers turnover and how it affects long term cases. One of the consequences is that it resets the case. This person says,

It is just like you are back to square one or you're working on a difficult case and then the worker is gone. They give it to a new person and it is right back to square one again. They don't know where the other person was in the case. They want to start [over]. It is very frustrating. It is unbelievable (Nicole, MR).

When the MRs sees this time and time again, it is hard for veterans of the system to not think that they are more knowledgeable than the CD workers. Another worker talks about turnover and the effect on cases. This person said, "Turnover has affected us tremendously. We had one case where we went through four different workers. From October until late February, the case was stagnant. There are a lot of things that are very frustrating" (Mary, MR). This frustrates the MRs because they think the turnover rate at CD interferes with children getting the protection they think the children need. Although the MRs have more experience compared with most CD workers, it is the CD workers' judgment that matters in terms of getting the child removed. The MRs don't like being dependent upon the judgment of people they don't consider their equals.

Although it is *absolutely* the case that turnover, lack of experience, and the age of the CD workers has a significant impact on the child welfare system, I also think that many of the CD workers are more knowledgeable about how CD works than they are given credit for by MRs. I argue that what some of the MRs consider as inexperience is actually the MRs not understanding how CD works in practice. I did ask the MRs a series of questions about CD, and the majority of them don't have a clear understanding of how the system works. For instance, only a few knew that it was the Juvenile Office that took protective custody and

not CD. Given that the MRs have very little control over the type or outcome of hotlines, they don't need to know the ins and outs of CD. However, the MRs' lack of understanding of the parameters under which CD operates can lead them to believe the CD workers are inexperienced or don't know their job when this may not be the case.

## **LACK OF ACTION**

### *M-REFERRALS*

Across the board, the MRs think more action should be taken by CD workers to ensure children's safety. I argue this is part of the child protection discourse. This translates into removal in many cases, and I will discuss that below. This lack of action is the most frustrating aspect of the child welfare system to the MRs and mandated reporter referrals (M reports) play a key role in this. As discussed in the *chapter six*, M referrals are a source of tension between the CA/N workers and the MRs because they do not meet the statutory definition of abuse or neglect. Thus, CD workers do little with them.

This lack of action taken by the CD workers with the M referrals frustrates the MRs. One said, "An M report which means basically we aren't going to do anything about this. Then I can usually tell the student 'You don't have to worry because nothing is going to come of this'" (Janet, MR). Another said, "You can tell that it didn't get taken as a report. I forget what they call it. The one they take the information but they really don't do anything with it" (Cindy, MR). The MRs are also frustrated by M referrals because they want their concerns to be

taken seriously, and thus, to be investigated more than it is. The following MR is upset because they have gone to the trouble to make the call. She said, “Sometimes we have an M report and that is where it stands. If we have gone to the initiative to make the call, there should be some kind of follow up, some kind of investigation. That would be better than ‘Okay we have this there.’ At least we have a paper trail going” (Pat, MR). I will discuss the importance of the paper trail from the perspective of the MRs below, but the CD workers would argue that just because they think something needs to be investigated, doesn’t mean that it should happen. This is part of the superiority the CD workers feel from the MRs. Although another MR thinks her concern should be looked at more, this person also recognizes that CD workers must prioritize their cases. She said,

There are times when I get frustrated because I think it is worth more of a look than what they give it and yet when I sit back and I think that there are parents that think there is something I need to do more of. I can understand what they are doing with the number of cases they have. I’m sure they have to prioritize things just like I have to prioritize things. I really don’t get overly frustrated. Once in a while I will be like, ‘UGH, I really thought that, I’m going to keep documenting that’ (Connie, MR).

In reality, M referrals are not taken seriously by the CA/N workers because they only make a phone call to the reporter and send out a letter to the parent asking if they want access to services. If the parent refuses, there is nothing the CD worker can do. A second letter is sent to the MR indicating whether or not services were indicated.

Although it seems as though many MRs have learned over time that very little is done with M referrals, they don’t seem to understand that very little is

*supposed* to be done. One person said about M referrals, “I think sometimes that is a little frustrating because you are not sure what kind of actions will be taken. You don’t get any immediate feedback” (Linda, MR). In the next quote, the person is frustrated because she only received a letter. This person said,

But there are times when you hear nothing except from the student later. A month or two later you get a letter in the mail with check marks. Services not needed. Thanks that was helpful [laughs], I only laid in bed all night thinking about that kid but okay. Sometimes you don’t hear anything. You don’t know who went out there and what happened (Janet, MR).

Unless they are the reporter, this is all the MR is *supposed* to get. Even if she is the reporter, she should only get an initial phone call. Unless there are extraordinary circumstances, no one will be going to the home to investigate a M referral. In the next quote, the person seems to be aware that a letter is sent to the parent, but she wants more action to be taken. This person says,

I’ve had it handled in different ways. I have had it where it is just simply a phone call and it feels like the parent wasn’t contacted. I know they have to send out a letter. A question I’ve asked is, How do you know they even get the letter? What follow up is there with that? I have had that happen and that is frustrating because it felt like it needed to be more than that. That is one of those situations that worries me. If we have a kido who was fearful of his safety and there isn’t an adult face to face, sharing that concern, gauging that reaction. I feel like we are setting that child up to an extent (Amanda, MR).

Nothing is done if the parent doesn’t get the letter, doesn’t want services, doesn’t return the CD worker’s phone call, etc. They simply do not have the person-power to follow up on these reports and since they do not rise to the level of abuse or neglect, the CD worker can’t make the parent cooperate. Another MR

talked about wanting more than just a letter explaining the outcome of the hotline.

This person said,

I understand why the letter is convenient because it is formatted. It is across the board and if you had more personal letters written on every case, you would have to expect to have fewer cases. I think that would be the ideal situation. This is what we found and why. If you can't write it, which I think would be most appropriate, at least call and document that you are verbalizing it. It is not because we are nosy. It is because we want to make sure (Mary, MR).

The frustration over M referrals goes back to a lack of understanding of the difference between referrals, assessments, and investigations which is discussed in *chapter four*. I would like to be able to argue that if more was done to explain the differences in the type of reports, then this might reduce some of the MRs' frustration. However, I'm skeptical that this would be the case. One of the MRs said that more information wouldn't necessarily help. She said,

I don't know that it [more information about how CD works] might impact me greatly. It might help me understand. And maybe, I don't know that I would be less frustrated on cases where I think, 'Common Now.' I guess I could understand it better. I don't know that I would agree with it anymore (Debbie, MR).

As indicated in the above quote, the real issue isn't merely the lack of information or understanding. It is a disagreement over how much action CD workers *should* take. Anything short of CD doing more, I argue, is unlikely to lessen the tension between them.

Given that many of the CA/N unit workers are in favor of getting rid of the M referrals, I did discuss with the MRs the possibility of eliminating them. This would reduce the confusion over the statutory definition of what is considered

abuse and neglect because if the call was taken by the hotline, then there would be some kind of investigation. With the exception of one person, the MRs were overwhelmingly opposed to this idea. One MR said she likes that CD takes them because of the paper trail they create and because it makes her feel better. She said,

[M referrals] I think it is a good thing that they do it. At least they have a record of it. They better be keeping a record of it. Then even three years down the line, we can say we have had that reported before. Even if we didn't think it was important at the time, something has happened again so it is worth investigating. It makes me feel better anyway (Connie, MR).

In the following quote, the person also feels better about the M referrals being taken. This person said,

I think having a call taken as a M report is much better than not having it accepted as a hotline call. I don't always agree that it is coded as an M report instead of an assessment or an investigation. At least it is documented. Sometimes it is frustrating. At least they are not saying, 'We aren't going to take it.' That is very frustrating. Like all buildings, a lot goes into that decision, and to have somebody not confirm that call (Amanda, MR).

The next person acknowledges that follow up on M referrals is expensive, but she still likes them. She says,

I guess what I feel about the M report is if in doubt, I report and somebody else reports and somebody else reports, well that should be a red flag, especially if a transient family. We are a transient school. I agree that it could be costly, but I also think it is a safety net for some of the borderline families. I actually like it (Sylvia, MR).

There was one MR who argued that the M referrals do more harm than good.

This person said,

Even though I might give an M report, I don't feel like it is taken seriously or anything happens because of it that benefits the family. I think if anything, M reports do more harm than good. I think there are very few people that benefit from an M report family wise. I think Children's Service [Division] workers seem to be incredibly annoyed by them. I think M reports play into a lot of the perception that goes back and forth between Children's Division and other agencies, primarily the schools (Mary, MR).

Given that the MRs are so frustrated by M referrals, but yet do not want to eliminate them is clear evidence of the MRs adopting the standpoint of the children. The MRs' opposition to eliminating them is that they view M referrals as a way to protect children. It may take them many times to get someone to listen, but if they call enough eventually someone will have to listen.

I argue the difference between the MRs' perspective on the M referrals and the CA/N workers' perspective can be tied to the ambiguity regarding whether CD is set up to be a "child protection" agency or a "child welfare" agency. Whatever the CA/N workers personally feel about what type of child welfare agency they would like CD to be, they have learned by working for CD that it is really an abuse and neglect agency not a child welfare agency. The MRs want CD to function as a both a "child protection" and a "child welfare" agency and are fundamentally unhappy with CD because it doesn't operate in this way.

#### *ASSESSMENTS AND INVESTIGATIONS*

Mandated reporters are frustrated at CD's response to assessments and investigations as well. Although CD workers do come out and investigate these hotline reports, very few are substantiated and very little changes as a result.

One worker discussed the number of cases that are unsubstantiated. This person said,

I would say overall out of all the hotline calls I've made, they get investigated, but the vast majority, nothing happens after that. I would say, maybe, literally, I can only think of one substantiated case that they were going to do other follow up. The rest have been unsubstantiated cuz I get those letters MONTHS and MONTHS afterward. One time I got it the next school year. You know. I would say literally I can only remember one time when it was substantiated (Debbie, MR).

Another MR discusses the fact that very little changes. She said, "More than anything a lot of them stay the same. ...60 % stay about the same. 20% you see a change for the better. 20% you see a change for the worse, if I had to give a rough guesstimate. And that is if anything actually happens" (Janet, MR).

The MRs have learned through experience that CD is not likely to take much action in terms of physical abuse if there aren't any marks. One said,

Particularly on physical abuse, we look to see if there are any marks because we have learned over time that if there are absolutely no marks, then we have to have a strong case in some other way for them to really take it (Linda, MR).

Another MR discusses the fact that CD doesn't do much without marks in the following quote,

If I hear mom and daughter got into a fight, mom slapped her. 'Does this happen often?' 'No.' There is no mark. I would still hotline it but I would guarantee you that nothing would happen out of that one. Why? Because if there is no marks, unless there is a missing appendage, they are not going to do squat. They will send out a letter (Janet, MR).

This person's frustration is clear in the above quote, but if there isn't evidence, then the CD worker can't act because the JO will not authorize it. Another MR discusses the situation when there are no marks. She said,

It is more clear-cut if there are marks. It sounds terrible but that is the reality of the situation. If it is a situation where somebody has been hit, pushed or shoved up against something and there are no marks, then it feels even more imperative that we gather our information (Amanda, MR).

By law, parents are able to discipline their children as long as it is done in a reasonable manner. For CD workers, a mark can cross the line to unreasonable.

The lack of action by CD workers is particularly frustrating for the MRs, because in many cases, they have tried to help the family before they called in the hotline. This person explains,

Sometimes we have done a lot of interventions with these families prior to us ever making a phone call [hotline]. We don't just, at our school, we don't just pick up the phone the first time that happens. We really do a lot of intervention. Child abuse is a different thing. Neglect and some of those issues, we try to work with the family. We've pointed things out. We've done home visits. We've done things prior to us getting to a hotline call (Claudia, MR).

Although some of the CD workers are aware that the schools do link families up with services some of the time, as we saw in *chapter six*, this isn't part of the CD workers' everyday talk. The CA/N workers fixate on the fact that some MRs call absolutely every time something comes up and that helps to explain why they call them "stupid" reports. I argue that if the MRs told the CD workers that they do in fact try to help families and link them up with services before they make a hotline call, this would not change the CD workers' opinion of the MRs. I think

the only thing that would change the CA/N workers' opinion of the MRs would be if the MRs stopped calling in most, if not all, of the reports they think are "stupid." This is the case because the CA/N workers' central concern is the volume of cases that they receive. Merely being reminded that the MRs do help families prior to making the hotline call would not likely matter to them.

### *BLAME THE CD WORKERS*

Instead of understanding why the report wasn't taken as an investigation or assessment<sup>88</sup> or why the CA/N worker is saying the report isn't substantiated, some of the MRs blame the CA/N workers for being bad workers. One person implied that the CD workers are lazy in the following quote,

I think they are like that because they don't want more work. The more intense the case is, the more involved and it stays on their desk. I think that if they only had three to five cases a piece, they would have the time to work with families that really need help, the way kids really need protection and help. I think things would be very different. But I think at this point, they want too many cases off their desk as quickly as possible so that [if] they can find something unsubstantiated, they do. They are not looking to help. They are looking to get rid of it. And if anything, pass it on to the person sitting in the cubicle next to you. If I close this, I'm not going to get it when they call [again.] Oh my god! (Mary, MR).

It is accurate that if another hotline comes in while a worker has an open case, the CA/N worker will be given the new hotline, and thus, there is an incentive to close a case quickly. Another MR said that some, not all of the workers, don't want to investigate reports. This person said,

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<sup>88</sup> CD workers at the country office have nothing to do with determining the type of report the hotline becomes. That is determined at the hotline in Jefferson City.

You know they don't want to get involved. They aren't going to look into it. You get a history with them. Then there are some that you feel really good about. You know they will look into it and not try to get out of looking into it. If I can find a way to look through a loophole, then I don't have to pursue it. They are looking for a way out of it. [Why do you think they are trying to get out of it?] I don't know. Some of them don't like to deal with conflict. Some of them say, 'What am I going to do anyway?' A sense of hopelessness or inadequacies (Pat, MR).

One of the loopholes from the point of view of the MRs is to not substantiate a case because the child's story has changed, which frustrates the MRs. One said, "Most just say, 'Nothing is going to substantiate this. This story changed too many times.' You are not taking into account that he is on the border of being mentally retarded. He is in special-ed classes. They don't care about that stuff. It may not be possible to really understand the questions" (Mary, MR). I don't think whether or not the CA/N workers care is the real issue. Regardless, they have learned that a child changing his/her story will not hold up in a court or in an internal review of their case. Consequently, the CA/N workers err on the side of not substantiating a case, and thus, on the parents' side.

#### *MRS' RESPONSE TO CD'S LACK OF ACTION*

In general, the MRs don't passively sit by if they think that a child is in serious danger, and they perceive nothing is being done about it. The MRs discuss a variety of responses to CD's lack of action from helping the parents themselves to going to the Juvenile Office directly. One response is to help the parents if they can. An MR said,

We try to hook them up with services on our own. We are a pretty good social service agency on our own. We have relationships with

a lot of agencies and we try to hook the families up [to services] on our own. We have a crisis counselor that comes one day a week. We try to hook them up with her. We do the best we can and we continue to do the best we can. That happens a lot. A LOT. They will investigate or put a few things in place and then magically they are cured. A month later they are off supervision and the case is closed. Then you have to start all over, which a lot of people don't realize. Once the case is closed, you go right back to the beginning, which is good too. Some families who tried hard and made improvements, you don't want an open case to continue (Nicole, MR)

In the above quote, this MR discusses what she sees as a lack of follow through.

Another MR discusses what she does when CD doesn't take action. She said,

It seems next to impossible to change that system. We don't have a lot of control. We just have to say, okay. I kind of look at it as 'they aren't going to do anything so what can I do?' How can I try to get that parent in my corner so that we can work on this. If the parent is very opposed to having contact with me, then how can I get this kid hooked in. There are lots of times when I have kids who are in horrible situations but I tried and tried and tried to get family services to do something, and when it seems like that isn't going to happen, then I think what can I do on my end to get that kid out of the house. Hooked into something healthy that is going to be empowering to them, that helps them see that there is another way to life. I use it as a way to use it as a direction for how to go with that kid. If they aren't going to do it, let's see what we can do on our own (Janet, MR).

Because of the changing nature of families, more responsibilities have been placed on the schools to help raise children. Consequently, the schools are doing more than ever before to help families. From the school perspective, they are doing a lot already. From the CA/N workers' perspective, they think schools should be doing more to help families instead of involving them.

Other than helping the families themselves, the MRs discussed several other responses to the perceived lack of action by CD. One practice was to stop

reporting information to the hotline if you think nothing will be done. Although only one person specifically mentioned no longer making certain types of hotlines, I assume that this happens much more frequently. One person said,

The more years you get into the field and this type of work, you know, I think, 'Okay if I hotline that, is anything going to get done?' Probably not. Or I know not. Those cases I don't call. If there isn't a mark or [pause], just experience tells you that they aren't going to do anything about it. It could be horrible emotional abuse. I used to try and call that kind of stuff in. Now I really don't anymore because I know nothing is going to get done. I listen to the kid. I think I can help him out here at school. They can come down and talk to me and vent. We can come up with some strategies for them to cope. I can call the family, the parents if I think they will be approachable and talk about resources and things of that nature. I guess experience dictates that for me (Debbie, MR).

This practice is potentially problematic because the MR could be charge with a misdemeanor for not reporting abuse or neglect to the hotline.

Another practice is to embellish the hotline report to make it more likely to be taken. Although only one person mentioned doing this, the CA/N workers claim that this is a common practice. This person said, "I think unfortunately you can make it sound worse than what it might be if you want to get something done immediately, you know, I'm not the only one cheating the system" (Shirley, MR). As we saw in *chapter six*, the CA/N workers particularly dislike this practice.

A final practice discussed by the MRs to respond to the lack of action by CD workers was to talk to the Juvenile Office directly. This strategy was discussed more by very experienced mandated reporters. This person explains, "It has happened on occasion. We did call the Juvenile Office and talked to somebody about our concerns. We felt like our concerns were going to be

addressed through that avenue. Like I said, that is very infrequent” (Amanda, MR). This strategy happens infrequently, partially because most MRs don’t know the JOs are the one that make the decisions regarding removal. Thus, to even know this avenue exists takes a MR who has worked in with the child welfare system for quite some time.

### Hound Method

By far, the most common response to the perceived lack of action by CD was for the MR to use what one MR called the “hound method.” This is when they call in multiple hotlines in the hopes that something will be done. This person describes the hound method in the following quote,

A lot of times what will end up happening is, and I hate for this to happen, is that if we have a kid and it is a neglectful issue and we feel like something wasn’t done, we will turn around, when there has been something similar, we do it again. We do it again. We do it again. We call it the hound method. I hate that. I hate that we do that. I feel like we somewhat circumvent their process. We hound them until they do pay attention. ... I hate to be that way, but we do hound them sometimes (Claudia, MR).

Although only one person specifically called it the hound method, it was clear that many of them used it as a practice. One MR said, “If something continues to come up, I call again and they may get tired of me before they decide a situation is worth a case, but I’m not going to stop” (Connie, MR). Another said, “I won’t go away. I don’t go away. I have hotlined families, time after time after time after time” (Nicole, MR). Another MR said,

I’m sure there are a handful of people over there that don’t think very much of us because we don’t leave any stone unturned. I’m not going to ignore abuse and neglect. I won’t do it. I think that I

could be a thorn in their side in some cases. I think for the most part it is very positive. I don't mind letting my displeasure or pleasure known (MR 15).

A fourth said, "We don't hesitate to make a second hotline about the same kind of thing if we don't feel that things are happening. Typically we would try to get a hold of the case worker. If I try all day and she hasn't called back, I'll go ahead and make the hotline" (Linda, MR). In the above quote, you hear the MR trying to avoid making another hotline by contacting the worker, but if she doesn't hear from this person, she feels that she has to hotline again. Another MR echoes similar sentiments in the following quote:

What you end up getting is a lot more M reports when you don't communicate back to the schools because we by law have to continue calling. I had a kid, I can't tell you how many times we hotlined for lice. For months and months and months. You can't be in school when you have lice. It just got to the point that they got frustrated that we continued to call but it is kind of like, 'you aren't giving us any other choice because we don't [know]. We know that the case has been opened but we don't know what you are doing.' It is just frustrating (Mary, MR).

Given that kids can't be in school in this situation, it makes sense that the school needed to know what the CD worker was doing. However, the CD workers would argue that in other situations, schools do not need to know what they are doing with an open case. It should be sufficient to say there is an open case, especially since cases are opened so infrequently.

### **LACK OF REMOVAL**

Because the MRs truly adopt the standpoint of the kids, and because they are very frustrated by CD's lack of action, this encourages them to be harder on

the parents relative to the CD workers. As you recall from *chapter six*, the CA/N workers do not think more children need to be removed especially the longer they have worked for CD. This is not to say that the MRs don't care about the families or don't realize that in many cases, to help the kids, help needs to be given to the parents as well. However, from a relative perspective, the MRs are much more willing to have children removed than the CD workers and they are much more willing to advocate monitoring parents and subjecting them to more surveillance. I argue this is part of the child protection discourse.

Overwhelmingly, the MRs think more kids should be removed from their homes. This is not surprising given their standpoint of being the children's advocate. One said, "I think more kids need to be removed than are. [Why?] I think we give the wrong people second and third and fourth chances. And I don't want it to be too late, whether it is drugs or abuse, neglect, someone sleeping because they are drunk" (Sylvia, MR). Another mandated reporter argues that more kids should be removed. She says,

Only about 30-40% [of kids should be removed.] I also think there are a lot of crummy parents out there that should never be allowed to raise a kid. Unfortunately that happens way too often. Maybe that number should be higher. Now that I think about it, it should be 60-70% (Janet, MR).

A third MR thinks that more kids should be removed, but she understands the challenges of finding a place to put them after they have been removed. She says,

I think there are more kids that need to be removed. My answer to where are they going to be removed to is the dilemma I have.

Yeah I think there are kids that don't need to be in the home. I think there are a lot of them. I think the numbers are high. There are a lot of kids that don't need to be in the homes. There are lives being shaped and lives being destroyed by that. Okay, if we remove them, where are we going to put them? (Cindy, MR).

In the next quote, the MR also discusses the challenges of foster placements.

She says,

In cases I've seen, not enough were removed. On the other hand, I don't know that whole scenario. I know enough to know that there are not enough foster placements, enough GOOD foster placements. That can be a nightmare too. We have had way too many kids removed from one nightmare, to another. You have to be careful what you wish for. Just saying remove the child is one thing, but going into a decent good environment doesn't always happen either (Nicole, MR).

Thus, some of the MRs are aware that there are problems in the foster care system.

In the next quote, this mandated reporter echoes the desire to have more kids removed. She is also upset that CD is removing even fewer children that they used to take. She says,

I would like to see more children removed from the home and that has been a big issue this past year. [The Circuit Manager] talked about a couple lawsuits that have prevented them from removing a kid, unless you are an infant, they really aren't. There are a lot of kids that need that week or 30 day period. They need a break from this environment and the parents need that reality check. 'This is pretty serious. I need to get my act together.' That was happening a couple years ago, but that isn't happening now. I don't think CD is taking it as seriously as they used to (Mary, MR).

In the above quote, the MR discusses the need for a reality check for the parent(s). This certainly indicates a willingness on the part of this MR to be harder on the parents than most CD workers are willing to be. From CD's

perspective, threatening parents with the possibility of removal is not an effective way to get the parents to trust them and accept their help. The above quote also demonstrates that this person doesn't understand how CD works. When a child is removed and placed in CD custody, that child is usually out of the home for six months or longer. The week or thirty day placements are typically voluntary placements on the part of the parents. CD may suggest it, but the parent is the one doing it. Finally, although it is accurate that CD is not removing kids as frequently as they were in the past, it is not fair to blame CD workers. As I discuss in *chapter ten*, the JOs and CD workers are following the law. If one wants to blame someone, the blame should be placed on the courts and the legislature which made these decisions.

Some MRs had a more nuanced position about removal and keeping kids with their parents. Instead of arguing that removal *should* happen, they argue that given the dysfunction in the household, removal is almost inevitable to happen. One person says,

If there can be family reconciliation where the family can stay together and be functioning and successful, I would say that is the way I would like to see it. But, I've been in this long enough, I know a lot of times that isn't going to happen. I see kids living in really difficult, dysfunctional families that aren't removed. Then I think, 'Would they be any better off in foster care and having to deal with all of those issues?' That is a really hard one for me. I would like to see those families be successful and functioning better but I know it doesn't happen usually. And the kids stay there. I don't know. I think when you take kids out, that brings its own set of emotional, psychological problems then and later in life. It is tough (Debbie, MR).

In the above quote, the MR is arguing that kids should stay with their parents when possible but it isn't always possible. Although the following person admitted that she has wanted children removed, in general she wants to keep families together. She said, "I know I've said, 'We've got to get that child outside of the home. How can we help assist in that?'" In general, I think we should keep families together if we can. Sometimes we can't" (Claudia, MR). Another MR argues that with experience, she has learned that keeping families together isn't always possible. She says:

I think that [removal] has to do with how long I've been doing this job and what I see. I still believe in change. I think with support that families can get stronger and change can happen, but I think that putting that support in place, keeping it in place, especially when [CD] is SO SO difficult. So many of our families have gotten to the point that isn't an option. They have already been through so much. And sometimes, it seems like that is going to be the only way the kids have an opportunity is to be out of that and given a fresh start if you will. I wish it was different (Amanda, MR).

Thus, some of the MRs agree with CD's position about trying to keep families together where possible.

In addition to thinking more kids should be removed, the MRs think that removal should happen sooner than the CA/N workers do. One MR said, "What they think is the pull out time and I what I think is the pull out time would probably differ" (Cindy, MR). Another said, 'They don't sever rights sometimes as quickly as I would like" (Shirley, MR). This person does go on to say, "That is probably a good thing. They are trying to protect the family and that makes sense" (Shirley,

MR). Another person argues that it takes a long time to get a child removed and even then it has to be a very serious situation. This person said,

Well it hardly ever occurs during the call I make. It is usually after months and months of watching a family, multiple calls, multiple hotlines that happens. ...There is so much that has to be proven. The parents have to pretty much murder their kid, before they will say this isn't a safe environment for them to be in. ... The only way they are ever removed is if there is ongoing sexual abuse, if the parents are arrested for drug trafficking or it is happening right there (Janet, MR).

Another said,

I guess if the child is being severely beaten, then they are going to protect them. They will be removed. Most of the kids I see and I've reported, they are still with the people they were with that were being abusive or the situation is not healthy. CD did basically nothing. Just being honest (Debbie, MR).

The CD workers would argue that this is how the system is supposed to work.

Children are only supposed to be removed when there is imminent danger.

## **MONITORING FAMILIES**

Given that the MRs adopt the kids' standpoint and are upset by the lack of action taken by CD, they tend to be in favor of more surveillance of the parents than the CD workers. They tend to view monitoring parents' actions as a good thing because it puts the parents on alert that someone is watching and because they believe it will help in getting the child removed from the home. In this first quote, this person is very explicit about wanting the parents to know they are under surveillance. She said,

There are a few instances where things have gotten a little better in the sense that the parents back off. They know, 'I'm being watched so I can't do some of the things I would have normally done.' That

seems to be more common than not. At the very least, that is what I want to have happen, you know, for the parents to know that someone is watching them and what is happening and for them to feel that they can't treat their kids as property that they can use and abuse however they want. Sometimes that is the success, which isn't necessarily what you are wanting, but it still achieves the means. I think it empowers the student and sometimes that is the success and the best we can hope for (Janet, MR).

In the above quote, the kids' standpoint is very apparent and is how this person justifies monitoring parents. Another MR discusses the surveillance of parents in the following quote:

I've seen situations in the last three years that to me if nothing more, parents needed to be put on alert a little bit. I understand the letters. I think they need to know there are these concerns. If it is coming from the school, then we've done a lot prior to that. They need to know that it has gone a step further (Claudia, MR).

A third MR discusses the surveillance of parents. She says, "It provides a watchdog or guard. It is another set of eyes. I think it is letting the adults know that they are watching. I think that is a protection. I think they can get outside services to that family in cases where we can't as school people" (Amanda, MR).

Another MR argues that this surveillance can be enough of a deterrent so that the child can grow up. This person said,

I don't know what they do beside make visit and phone calls. They keep parents on their toes sometimes. That can be enough to get the kid grown and an education and a chance to make it on their own. If that is the bare minimum that we can do for some kids, at least that is more than what they would have gotten (Shirley, MR).

A final MR talks about explaining to children that it is a good thing that people are watching what their parent does. This person said,

We talk a lot about the danger of silence and if we don't report then we are like saying it is okay that nobody knows. It is okay what is happening. It is absolutely no way is it okay. And I talk to kids that adults in your life know people are watching and that is a good thing (Amanda, MR).

I argue that implicit (and sometimes explicit) in the MRs' comments about surveillance or monitoring the parent(s) is an assumption that the parents will be "better parents" since somebody is watching them. The next quote is interesting because this MR specifically says that she thinks this monitoring will make the parent be a better parent. This person said, "I think parents don't like it. Sometimes I feel bad that the parents are going to get this letter in the mail that somebody is worried about you, but I think that anything that encourages the parent to be a better parent is helpful" (Shirley, MR). Another MR makes a similar comment about making parents better parents although less explicitly. This person said,

It [making a hotline report] is not something I CHOOSE to do. It is part of my job. When I explain it that I'm not out to GET THEM. I'm looking out for their child. They aren't the most thrilled people with me, not smiling but they are not angry and I don't think they take it out on their child. They may take it out on somebody else but not their child. Part of that is they know somebody is watching them (Connie, MR).

As you recall from *chapter six*, the CA/N workers argue that the MRs want them to make parents be "better parents," but they can't do that because anyone can be a parent.

In addition to being monitored, many of the MRs think that the parents should be required to get help from the CA/N social workers. One person said,

“Sometimes parents just need a wake-up call. They need supportive services or they need to be forced to get supportive services, or they need to have somebody watching them” (Janet, MR). In the following quote, another MR says that the parents should be forced to get help:

It is hard because oftentimes, what the families need are outside services. It is not going to happen in some families, as sad as it is to say, unless they are forced. Those are really hard because then you don't see the changes. Sometimes good things happen because people know other people are watching. Sometimes that serves a purpose too (Amanda, MR).

In the next quote, this person also doesn't want the parents to have a choice about getting help. She wants this help to be required:

They [CD] need to have more teeth in what they can do. Not to be able to say to the family, 'Do you want resources?' 'Oh you don't. Okay.' You ARE GOING to have this resource. You need this based on this, this is going to be put in place, and if you don't like it, then we need to look at something a little more severe to intervene. They need more power. More teeth in what they can do (Nicole, MR).

In the above quote, this person wants the CD workers to threaten the parents if they don't comply with their recommendations. From the CD workers' standpoint, this is problematic because they are supposed to work with the families and build their trust. They argue that threatening the parents is unlikely to produce the desired results. Another MR discusses threatening the parents in the following quote,

I think what the threat does for the parents that do want to make a concerted change, it motivates them to do so. The parents that aren't going to do anything, they aren't going to do anything regardless. ... I think the threat is only effective for those parents that need a little push, a little reality check (Mary, MR).

As you will recall from *chapter six*, the CA/N workers say they can't force the parents to do something they don't want to do. With assessments in particular, the CA/N workers can make recommendations of resources that the family could benefit from but they can't force the parents to cooperate. With investigations, the CA/N workers have more ability to set up requirements for the parents, but ultimately the only one that can force the parents to do anything is the judge. Even if the CD worker does open an FCS case, if the parent doesn't complete the recommendations, it will still have to be the judge who makes the parents follow the requirements, not the CD worker. In essence, the CD workers don't have the legal authority to "force" the parents to do anything.

## **PAPER TRAIL**

Because the MRs see so little progress in terms of really protecting kids from abuse and neglect, they think that documentation is very important because it creates a paper trail. They think this paper trail is necessary because if there are enough hotline calls, eventually someone will have to step in and do something. One MR explains, "And I was also taught that a paper work trail and eventually a file gets big enough that hopefully if it is a serious situation, eventually the file is going to get thick enough that somebody is going to say 'let's do something'" (Shirley, MR). Another MR discusses the importance of creating a paper trail. She said, "Then even three years down the line, we can say we have had that reported before. Even if we didn't think it was important at the time, something has happened again so it is worth investigating. It makes me

feel better anyway” (Connie, MR). In the next quote, the MR discusses the importance of documentation. She says,

If there is any question about what is occurring in the family, it is better to have something on the record. It is so difficult to prove and have action taken on families that are having problems. I feel that the more documentation we get the better (Janet, MR).

Thus, the mandated reporters think that the more documentation there is on a family the better since it will eventually lead to some kind of action, which is what they are unhappy about.

### **MRS’ VISION OF CHILD WELFARE**

In many of the quotes above, the mandated reporters expressed their dissatisfaction with the current child welfare system. I argue that in addition to having a system that operates as a “child protection” agency, the MRs would like the system to also operate as a “child welfare” agency with generous services. In other words, they want a generous welfare state with many policies and services available to offer the families. One MR explains,

I would have more workers that could actually have a smaller caseload. Then they could actually spend a little more time to get to know the families and the kids and whoever is reporting, just that system wide investigation. And then more resources poured into the division. If you need counseling or dental care or medical care, food whatever. I think it needs to be a one-stop shop for people who are investigated. Say it is substantiated, they need this, this and this. They [CD] have to refer out. The follow through with the family is generally very low. Maybe they don’t have transportation. Maybe there is illness, there are drugs or alcohol. I’ve always envisioned each school having a doctor on staff and a dentist and a therapist. One stop shopping where it can be done on the grounds where the kids already are and the families could probably get there. I think CD should be similar. I don’t see enough resources for individual kids, counseling, support in that way. I don’t see it for

the families either. I don't see enough services or support for these families that really need it. Yeah they can go in and get their food stamps, their section 8 but I'm not seeing the mental health the emotional health support that is REALLY needed (Debbie, MR).

A one stop shop is an interesting but expensive idea. Although the type of system the above person describes would be wonderful, given the lack of resources and the current welfare state, this is unlikely. Another MR argues that the child welfare system needs more resources. She states,

And more resources at their finger tips. In a community of this size, you can't have a handful of resources. They just need a lot more resources. [Child Advocacy Center] can only accommodate so many kids for so many days. And resources for families. Someone to go in and help out. Our mental health system is atrocious (Nicole, MR).

Again this person is describing a more comprehensive child welfare system than we current have and one that would require a more generous welfare state.

Two other MRs expressed concern about the system creating dependency, but they ultimately argued that the system needed more resources. One said, "I think there needs to be more funding given to that division. I don't think their social workers are well paid. I think it is very much underfunded. The welfare system creates dependency but there are people that really need it. It needed to be cleaned up but not eliminated" (Cindy, MR). Another MR expressed similar sentiments in the next quote,

They need more resources. They may waste it and become dependent, but we need them to help families. We need to get our kids what they need. That is the only thing that is going to get that kid out of that situation, dependency. If we didn't have that program or this program, where would that child be? Nowhere,

because that parent wouldn't be providing that no matter what (Claudia, MR).

I would argue that both of the above quotes are drawing upon a wider conservative discourse surrounding the welfare state policy in general. They take for granted that welfare receipt causes dependency, which is generally decried among those who buy into that. However, in this situation, it seems as if they feel that the deservingness of these children, as children, outweighs concerns about promoting dependency among the children's parents so that we should increase funding for welfare state programs overall.

In addition to more resources, other MRs argue that the child welfare system should teach parents to be "better parents." One of the things the MRs mean by "better parents" is no spanking. One explained,

I know I've had conversations with different DFS worker, and have had DFS workers say to me, "I know that this family disciplines their child with the belt. I'm not saying this is the right thing to do but as long as they are not leaving marks or whatever." And I totally disagree with that. I used that as an example of they would say there needs to be a safe home but what they are okaying as what that family can use as a discipline method is questionable (Amanda, MR).

Another MR argues that the child welfare system should provide more services, such as parenting classes, job training, etc. She says, "My thoughts were there would be ways to teach the parents how to be better parents. How to take care of their kids, even job skills. That there would be someone more like a counseling role to them" (Connie, MR). As you will see in the *chapter eight*, the FCOOHC workers argue they aren't social workers who could take on more of a

counseling role. Instead they are expected to be “paper” workers. Thus, the mandated reporters articulate a much more comprehensive welfare state than currently exists in Missouri or in the United States. Given the fact that Missouri has decided to break down the department of social services into smaller and smaller divisions that increasingly require more specialized workers, this comprehensive approach to child welfare seems unlikely at this time.

## **CONCLUSION**

In this chapter, I discussed the standpoint of the mandated reporters (MRs) who are located in school settings. The mandated reporters’ structural position is between the Children’s Division workers, the families, and the children. Although both the MR’s and the CD workers want what is best for the children and for the families, they disagree on what that means, how to accomplish that, and whether the parents’ and children’s interests can be compatible. Thus, part of the dilemma for the mandated reporters surround the issue of making the hotline and then what to do afterwards.

One of the tensions between the MRs and the CA/N workers is over communication and the transference of information. It is understandable that some information is necessary for the MRs to know so that they can best help the child. The Children’s Division certainly could do a better job with this. It is also understandable that the MRs do not like information to be a one way street between them and CD. However, because of confidentiality laws, CD workers aren’t in a position to divulge as much information as the MRs want. I also think

that the CD workers intentionally chose not to disclose information to the MRs. Part of this has to do with the CD workers protecting the privacy of the families. They also feel that some school people target families, so they are also trying to protect children from being stigmatized/labeled. Some of the CA/N workers think it is sufficient to send a letter to a school official indicating that a hotline was made and then a second one disclosing the conclusion of the report. If the hotline isn't substantiated, many of the CA/N workers don't think the school needs to know the details of their findings.

The most frustrating thing about the child welfare system from the point of view of the MRs, however, is that not enough is done to protect children. The MRs adopt the perspective of the children, which I call the kids' standpoint, and they never move from this position. The MRs feel that it is their responsibility to protect children, since the children cannot do it themselves. In this way, they try to act as the children's advocates. This kids' standpoint is part of the "child protection" discourse, because the MRs want children protected whenever there is a *potential* harm to them. As you saw, they expressed a lot of frustration with the system, because they felt that more should be done to look into their concerns and that more should be done to protect the children.

Ultimately, the MRs would like CD to be a child welfare agency that does more than just protect children from abuse and neglect. They are also concerned about the welfare of the families to the extent it impacts the children. Thus, they advocate for generous welfare state policies that include housing,

food, transportation, job assistance, etc. In other words, they want CD to be an idealized “child welfare” agency that is set up to help children and families with a diversity of concerns and to act so that they can prevent future harm. I call it idealized, because it doesn’t match the reality of the current child welfare system in Missouri (or the United States generally). I argue that the idealized child welfare agency they describe is part of the “child welfare” discourse to the extent that they want generous welfare state policies to help families.

I argue that part of their desire to have a more generous welfare state is so that the child welfare system can encourage parents to be “better parents” by learning middle class parenting practices. They advocate this through counseling, parenting classes, etc. When parents don’t become “better parents,” the MRs tend to be harder on those families and are in favor of more surveillance and monitoring of them.

In many ways, CD is designed to be this type of agency, because it does have referrals and assessments, which are supposed to be proactive and preventative instead of reactive. They are designed to be a way to hook families up with services before a situation escalates or becomes harmful. However, the funding for CD is not consistent with this more generous welfare state. In fact, they have very little funding for anything but services that are specifically identifiable in terms of abuse and neglect.

If the child welfare system’s goal was to teach parents how to be “better parents,” this would require a lot more time and resources than the mere one

parenting class that is currently recommended. This would require something similar to the Parents as Teachers program that only serves children five and under. This program is designed to help parents understand developmentally appropriate practices. The current governor recently expanded the funding for Parents as Teachers, so Missouri is moving toward this goal. I would argue that this program would need to be expanded to include older children as well to really help parents become “better parents.” I would argue that we, as a society, would have to evaluate our assumptions about what and who makes “better parents.” The gendered, classed, and raced assumptions of this claim would have to be evaluated, because the standard that the MRs are using is a white, middle class conception of mothering.

## CHAPTER EIGHT--THE FCOOHC WORKERS' STANDPOINT: FAMILIES' ADVOCATES IMPRISONED BY TEXTS

Two FCOOHC workers describing their job:

It is HORRIBLE. Very very STRESSFUL. Just constantly going from one thing to another. Never being able to get anything done. So multifaceted. The court stuff. Doing the visits. Transporting kids, being at the foster home. With one phone call during the day, you can be totally sidetracked by an emergency that comes up and you have to drop everything. It is just very stressful, especially with the court side of it. Your first priority is the safety of the child, but really it is making sure the JOs are happy and it is just so much to do. Never being able to be done with it. Feeling bad for not going in on the weekends. If I took a weekend and didn't go in all weekend, I would be like, "oh god. I'm such a slacker. I should have gone in.' Working 50-60 hours every week. All the responsibilities. All the court stuff. That is really the top thing. That is really the top thing even though ensuring the safety of the child is. It was also difficult to get out to your foster homes once a month. There were times when I didn't. That is hard. You hear about the horrible instances where kids die in foster care. They immediately blame the worker. People don't realize the amount of responsibility the worker has with all the cases. At one point, I had the highest number of cases at 18. I know the summer before I came they had 30 cases. If that happened, I would have quit a long time ago. Everything you have to do, just the visits, taking the kids to their appointments. That is not counting all the paperwork that you have to do. That is just counting all the time you are not in the office and you don't have anything to show for it. When the JO bitches about that, 'I only had to drive to KC and do five visits.' You don't have anything to show for it. You have worked your ass off all week and they are bitching because this report is two days late. That is very frustrating. (Nancy, FCOOHC).

I think the major challenge that makes it difficult to sleep at night is that you never really know if you are making the right decision. Supposedly you aren't making those decisions on your own. And you don't ever really, but it feels like you are the one link between that family and getting their children home as far as having the JO,

GAL and everyone who is supposed to be helping doing that. Their involvement with the family is nothing so they see a lot of paper but they don't get to know the family like we get to know the family. The judgment call, we initiate it a lot of the time. That is hard because then you feel are completely, not completely responsible, but not knowing whether or not you are waiting too long to send that child home or if it is ever going to be safe for that child to go home. There is not anyone that can say 'yeah that is the right decision.' So uhm. I think that is a challenge. Obviously, the high demands of phone calls and where we are supposed to be. You are one person and you can't be everywhere and your families don't understand that. Everything to them is an emergency for that family. I understand that, BUT. It is hard to deal with that you always have to apologize because you want to make them feel like you are doing everything you can for them, but to pick the priority and not have the time to spend with the family that you should have. Angry attorneys. GALs that are supposed to be a support system for the child and aren't available and have never met the child. They are working in their best interests and I truly think they ARE, but it is hard to be motivated for a child if you don't know them, I think. So that is frustrating. Too many cases. Have to be the bad person and saying the bad thing. A lot of the things that we have to tell our families don't just come from us. They come from everybody, but we are the person they know. Everything that bad happens is our fault. It is a constant line you are walking, trying to be sure footed and saying 'hey this is the way it's got to be. We are going to make this work' And telling them bad things but still being able to work with them so that they can trust you. And the kids you can't get to. They are not going to ever trust you or open up to you. They are always going to see you as the bad person. You are already finding out with the parents. You at least want the kids to know you are trying to help them. There are some that won't ever trust you. (Joan, FCOOHC).

In many ways, the FCOOHC unit within Children's Division is the unit where the retrenchment of the welfare state (funding for healthcare, housing, job training, welfare, child welfare, etc.) is most obvious in the daily lives of individual families and children involved with the system (Pierson 1994). One example is cutting back on the amount of counseling parents would be eligible for or the kind

of counseling (in home vs. in the office). Another example is getting rid of the Missouri Medicaid system. However, the FCOOHC workers are so overwhelmed by their jobs that they don't really notice or have time to think about these larger issues. In this chapter, I will explain the standpoint of the FCOOHC workers in terms of their jobs and what is expected of them. I explain how the relationship between them and the Juvenile Offices encourages them to be "paper" workers instead of social workers and the consequences of this for their relationships with other key actors. The final section of this chapter focuses on the relationship between the parents and the social workers. In terms of the structure of the child welfare system, the FCOOHC workers are supposed to act as the advocates for the parent. Because the FCOOHC workers end up being "paper" workers instead of social workers, they have to make decisions about for which parents they end up advocating, which has consequences for whose children go home and whose stay in the system. Where possible, I discuss how the retrenchment of the welfare state and the monitoring/surveillance practices of the FCOOHC workers affect the ability of parents to raise their children.

The above quotes capture the impossible responsibility demanded of the FCOOHC workers. Since most FCOOHC workers are new, the first obstacle they face is just figuring out how to do their jobs. Second, there are not enough hours in the day to do what is expected of them in terms of weekly visits between parents and children; monthly visits with foster parents; writing court reports, CD reports, and dictation of all contact with team members; attending all court

hearings and family support team meetings, responding to phone calls, emails, etc. This is due to programmatic cuts in the child welfare system. They simply are not given the funding to be fully staffed. Consequently, workers carry a larger case load than is recommended by the state's own policy. Because the FCOOHC workers are pulled in so many directions, many days become a struggle just to make it through the day. They feel the constant pressure from the Juvenile Office, which ultimately affects their ability to work with and help families. They feel that they end up spending most of their time being "paper" workers rather than social workers. Given the constraints on what they have time to do, they end up prioritizing which families they are going to devote their time and energy to and which ones they are not. This decision is made based on the effort put forth by the parent, whether the worker feels as if she can "trust" the parents, and whether there are larger structural issues affecting the parents' abilities to complete the recommendations.

Given the volume of the cases (approximately 16-18 cases per worker when fully staffed, nearly 30 cases when there is a hiring freeze) and the amount of paperwork involved with each case, (see *chapter five*) the FCOOHC workers feel completely overwhelmed. One said, "The amount of work you have to do. And it is NEVER ENOUGH. You are getting bitched at, and this has to be done by Friday. You are NEVER going to be done. Coming to work on the weekends, and it was NEVER DONE. You can't be in this constant state of never getting done. That is when you get burnt out" (Nancy, FCOOHC). Another worker

described the job as the following “It is chaotic, crazy. Uhm. Very, very STRESSFUL. You come in as a steak and you leave as raw ground meat at times. [Why?] There is just too much. There is just too much to be manageable. Unless you are willing to put in 60 or 80 hours per week, you have a sense of no accomplishment a lot of times” (Paige, FCOOHC). Another person described being a FCOOHC worker in the following way: “It seems like you are being pulled in twenty different directions at the same time. You can make priorities, but somehow that list of priorities gets mixed around. Then there are mixed messages from our supervisors and up above about what is more important. There is just real confusion about what your role is” (Audrey, FCOOHC). This confusion about FCOOHC workers’ role is important in terms of a family’s experience with the Children’s Division.

**VIEW OF THEIR JOB: SOCIAL WORKER, CASE WORKER, BUT  
ULTIMATELY “PAPER” WORKER**

There were two main groups of FCOOHC workers: social workers and “case” workers. The social workers take a more family centered approach and argue their role is to be social workers helping the families complete their recommendations while case workers argue that their job is to manage the case and facilitate the parents completing their recommendations. One worker explains the “case” manager and “social” worker in the following quote,

Well, the different philosophies range from, [case managers] ‘okay. I met you at the 72 hour meeting. We made a list of crap you have to do. You do that crap; you can have your kids back.’ Then there

are people who say, [social workers] 'here is your list of things we are going to do together. Let me help you set this up. I will call and support you to do that. I'm going to come out and talk to you one on one and we are going to do this. I'm going to meet with your kids. I'm going to meet with the foster parents. I'm going to meet with you. We are going to work as a team to get this back together.' I'm sure there are people that are SO family oriented that they are almost pushing so hard and taking more of the responsibility than the parents are for getting that child back home. There is probably a wide range of us (Joan, FCOOHC).

In this quote, the description of the "social" worker is one that works with the family and they do it together. In the next quote, the FCOOHC worker explains the case worker perspective and argues that she isn't going to work harder than the family to get the kids returned to the home. She says,

I case manage, meaning that I get the right people in the children's lives to fulfill whatever need they have. I'm not hands on like some of the other workers. I don't have time for that. That isn't my style. I don't find that very efficient for me. I am very much a case manager. I do my own visits. If I have to go pick up the children, I don't feel like their bond is supposed to be with me. I think I should be a background person. I think the foster care and the parent should be the primary people, not me. That is my particular style. If the foster parent tells me that the kids need something, then I find the person who can fulfill that need. As far as going and hanging out with the children, I don't do that. ...I called this mom and asked if I could make a home visit. She said, 'No.' I'm not going to keep calling her. Some might do it. The JO attorneys said that we have to do more work than the parents. FUCK THAT. No. I'm not going to be like that. If you gotta change, and you want your kids, you are going to be beating down my door. I will call or send a letter. I will do minimal things. As far as doing more, I do the work I need to do. I'm not doing more work. That kind of shit starts pissing me off (Paige, FCOOHC).

Regardless of whether a FCOOHC worker is a "social" worker or a "case" worker, I argue that ultimately what the Children's Division expects of them is to be a "paper" worker. Although the FCOOHC workers do not call themselves "paper"

workers and it is my term, they all make reference to the amount of paperwork they have to do constantly. Completing paperwork is what is valued by both the Juvenile Office and the Children's Division and it is how the workers are evaluated. If they have their paperwork done, they are good workers. If not, then they are bad workers. I would also argue that being a "paper" worker interferes with their ability to work with the families and truly help them. One worker said,

The stressfulness makes us lose sight of why we do what we do. We have a tendency to not do our best. Not spend the time with the families. It is very limited but still when there is so much pressure on the form of the job, the paperwork, looking good to the entities whether it is the state office or the juvenile office or whomever else as opposed to doing social work. The stress of not having the time to do your job which translates into doing the paperwork end of the job, which translates into flogging yourself for not being a social worker (Lauren, FCOOHC).

This person continues:

We don't work with families. We do no social work. We are intermediaries basically. We can do some advocating which is social work. But as far as doing anything what I would consider to be clinical social work, no. We set appointments. We complete paperwork. We do secretarial work for the families. We are the chauffeur for the children. We really do no real social work. ... We should have time to spend with families. We should have time to understand the dynamics, the experiences of the individual members. I think we should have enough time to develop professional relationships with them that would allow us to know them as much as one can on a limited basis (Lauren, FCOOHC).

In the above quotes, the worker says that families do not get the attention they need and she is not able to really do social work with them because of all of the paper work she has to do. Another worker argues that they don't have the time

to be social workers. Instead, they must complete their paperwork because that is what is valued. She says,

But it is not necessarily me that has helped those people. Even if it is expected of me to work with the families, I think I work more at the office and work more for all the paperwork I have to do. More for dictation, more for answering stupid emails. More for covering my ass. I think that is what CD sees and expects from me. Since that isn't valued, I don't do it. At the beginning I wanted to spend time with them [families]. Honestly, I don't feel like I have the time. I'm worried more about doing all this stuff for the office rather than for the families. I try to talk to them. I spent three hours with this woman. I really care about this child. I don't want to see him suffering later. I tried to talk to her. [A mom] still calls me even though the case is closed. I care too, but I don't come in thinking, 'oh I'm going to see this family.' I come more like, 'I hope I finish all this paperwork today.' That is how I see it. It is frustrating and sad (Isabelle, FCOOHC).

A final social worker discusses how she doesn't have time to work with families.

I'm so busy writing reports and deciding what I'm going to put in reports that I don't have a relationship with my families. It is like,  $\frac{3}{4}$  of our job is showing up in court and doing our paperwork. You have so many cases that you don't have time to visit with the families and get to know what they need, what it is that you can do to help them. This is what our job is supposed to be. I'm coming here because I want to help people. I don't see where I'm helping people cuz I don't see them. I don't get to let them know I care or support them (Maya, FCOOHC).

Most of the FCOOHC workers would prefer to work with families and be "social" workers instead of doing paperwork. They argue that if they had fewer cases or less paperwork, they would be in a position to work with and help the families.

### **"COVERING YOUR ASS"**

This emphasis on "paper" work rather than social work also leads the FCOOHC workers to be less concerned about liability and more concerned with

“covering your ass.” Although two of the FCOOHC workers did mention a fear of being sued, most of the FCOOHC workers were not concerned about liability in the same way the CA/N workers were concerned with being personally sued or having their car or house taken away. When I asked about the issue, the FCOOHC workers would say things like, “I’m not concerned about liability” (Lauren, FCOOHC), “I guess I’ve never felt like it [liability ] was a big issue” (Cassie, FCOOHC) or “What am I liable for? Are you going to give me something new to worry about?” (Joan, FCOOHC). This last comment was mentioned by several of the workers. Part of the reason they don’t have this same fear is because they have a different structural position in the system than the CA/N workers. They are not the ones removing children from homes. Instead, the FCOOHC workers are the ones returning children to their homes, and even when this happens, it is a “team decision” that a judge has to sign off on it. In the following quote the FCOOHC worker refers to the team making the decision. She says,

Whatever decisions are made about the children are team decisions. It is not just the Children’s Division. Like I approved supervised visits for this kid in residential care. I had to get the teams approval. The team approved it. If something happens, you know. I don’t know what liability they are talking about. It is a team decision. I don’t send a kid home on my own, by myself. I don’t deal with what ifs. If something happens, then it happens. I’m sure I’m not as sensitive to the possibility. Thanks for bringing that up. I don’t let that rule. My first concern is the safety of the children. I have to know that they are going to be safe with the families. I’m not going to place kids back or even recommend it if I think something can happen. Anything can happen as a freak accident or something like that. If a parent has done what they are

supposed to do, in my mind, they are ready to go home. If something happens, sorry (Paige, FCOOHC).

Another FCOOHC worker says, "As far as placing the kids back in the home, I feel a responsibility, but everybody, that is why everybody is in agreement. Everybody has signed off on this kind of thing" (Nancy, FCOOHC). To my knowledge, a FCOOHC worker has not been sued for not returning a child home "quick enough." Consequently, the team takes a long time to return children to the home. In most cases, the minimum time before a child will be returned is six months.

Although the FCOOHC workers don't fear being sued, they do have a "cover your ass" perspective when it comes to dealing with the Juvenile Court and the Juvenile Office. Much like the CA/N workers' fear of liability, the FCOOHC workers "cover your ass" perspective comes from not feeling supported by management. One FCOOHC worker said, "No matter what, I document everything I do and check with everyone to make sure my ass is covered" (Joan, FCOOHC). In the next two quotes, both workers talk about "coving their asses" as a way to protect themselves from criticism. They also talk about feeling that their supervisors will not support them. In the following quote, the worker talks about covering her ass in terms of dictation. She says,

As long as I have the paperwork saying I did everything I was supposed to do. It is a pretty cover your ass job. Dictation is covering your ass. For example, if I go to [my supervisor] and ask, 'Do I need to add something to a report?' I add her answer to my dictation. If I get a report back and they are saying that you didn't put this in it. I'd say, 'Talk to my supervisor because she said I didn't have to.' Dictation is a big pain, but it definitely has a good

purpose and reason to cover your ass and keep track of what you have and haven't done (Cassie, FCOOHC).

In the next quote, another worker talks about how she learned to cover her ass.

Essentially she was told by her coworkers. She said,

My first week, one of my children ran away. She was seventeen and pregnant. I was so worried. A more experienced worker told me, 'I'm telling you this because I like you. You have to cover your ass.' I was worried about the family. She said, 'No, you have to cover your ass. Everything you do you have to cover your ass. Every single thing that you say and you write. You have to be careful how you word things.' More workers gave me the same advice. 'Be very careful with your wording. Every time you say what you are doing, you don't really lie but if you forgot to do something, 'Oh it didn't occur to you or it wasn't your responsibility in some way.' Just say you are doing everything.' I remember thinking that I wasn't understanding very well. I kept asking everyone and everyone told me to do something different. My coworkers knew what I was doing because I was telling them and my supervisors knew because I was telling them. I had to do a CS9 [paperwork]. A coworker told me to be careful what I write. I said 'why?' .... I didn't make these decisions alone. I did everything the supervisors told me to do. Everyone started to blame me. One of the supervisors said 'workers with more experience wouldn't have done that.' I did what the supervisors told me to do. That is when I figured out what she meant by you better cover your ass. Even if everyone was aware of what I was doing, they are still like, 'why did you do that?' [The Circuit Manager] didn't ask me. She just complained. Even if they know, the supervisors will not back you up. After that moment, I felt very bad that I made a mistake. From now on, 'Instead of worrying about the family, I'm going to look to see if I'm covering my ass.' Now I understand what it means to cover your ass. That is bad, but that is how I see surviving here. I feel alone. .... I have to think about how I'm going to get rid of every single case and the easiest way. Covering my ass first. That is the most important thing. If you made a mistake, you are going to be alone. Even if every time you make a decision, you tell every single supervisor. It doesn't matter. You will be alone. I have to cover my ass. I have to get rid of the cases as easily as possible (Isabelle, FCOOHC).

In the above quote, it is interesting how this worker explicitly talks about avoiding admitting mistakes by not lying but not admitting the error either. This certainly isn't in the best interests of the families involved with the system, and it does demonstrate how important it is that the social workers voice is privileged over the families. I will also discuss this below in terms of the influence a particular worker can have on the eventual outcome of a case.

Not feeling supported by management or the Children's Division state office was a common experience of all of the FCOOHC workers. One worker said, "You've got to cover your butt or they are going to hang you out to dry because they are not going to let the whole agency go down because you sucked and let something happen" (Joan, FCOOHC). Another person said, "Policy says you are supposed to do it. If something happens and you didn't do it, the agency isn't going to back you because you didn't do what was in policy" (Maya, FCOOHC). A third one said,

'You didn't make your home visit last month and why aren't you doing what you are supposed to do. These are our guidelines. You didn't do it so it is your fault.' That is scary. If you are supposed to do, this, this and this and if the state comes in and says you weren't doing it. Who the hell are you? You are nobody. Why wouldn't they be like, 'worker, worker didn't do what s/he was supposed to.' And the state would say these are our policies and you didn't do them so it is on you personally (Nancy, FCOOHC).

Another worker discusses not feeling supported by her supervisor. She says,

There is a definite feeling here that nobody cares about us, as far as taking care of the workers. I have had a sup tell me that we will just burn out and fade away into something else in a couple years because people can't take it for more than a couple years. As opposed to real training and support for us, we get pushed around

by every other entity that we have contact with when push comes to shove, without any backing and support (Lauren, FCOOHC).

These quotes demonstrate the lack of support the FCOOHC workers feel from people within their own agency. Unfortunately, they do not feel supported by other team members either.

### **RELATIONSHIP WITH THE JUVENILE OFFICE: “WE’RE THEIR BITCHES”**

I would argue that the driving force behind the FCOOHC workers being “paper” workers instead of social workers comes from the Juvenile Office. Although CD policy requires the social workers to complete some of this paperwork, it is the Juvenile Office that holds the FCOOHC workers accountable. The issue of accountability and the power of the Juvenile Office relative to CD will also be discussed in *chapter ten*. However, it is important to highlight that the linkage (Hall 1995) is strong enough in the case of the Juvenile Office for them to produce conditions/constraints on the actions of the FCOOHC workers within CD. This is most evident in the work the Juvenile Office is able to get the FCOOHC workers to do which they are not required by CD policy to do.

Although the relationship between the Juvenile Office and the Children’s Division improved during the time period of my study and there was less animosity, there was a definite power difference between the two agencies. Ultimately, the JOs’ hold the power positions and the CD workers have to comply with the JOs demands. One worker described the relationship between the Juvenile Office and CD in a gendered way by referring to the FCOOHC workers

as the JOs' "bitches." I argue that this term reflects the hierarchical relationship between the two agencies and captures the lack of autonomy the CD workers have. She says:

Well, I would say we are their bitches basically. I have been told that they are not our supervisors. They are not over us in any way really, but they are. They compile their quarterly list of what we have done wrong. They list our name, how many reports were late, how late they were. A lot of times we go back through and say, 'No that was turned on x.' We keep our own log. Sometimes they are right, we are late. Yeah whatever they say goes. For them to bitch about it as much as they do and it is inaccurate most of the time. 'We didn't get this.' 'Well, yes you did.' 'Oh yea we did.' The JOs email the Circuit Manager [at CD]. 'This is wrong, that is wrong.' WHATEVER THEY SAY, WE DO. We get shit for whatever they say (Nancy, FCOOHC).

Most of the FCOOHC workers agreed with this sentiment about being the JOs' "bitches" even if they didn't all use this phrase. As you will see, the report mentioned in the previous quote is a particular source of tension between the two agencies. Another worker describes similar experiences with the Juvenile Office in the following quote:

The Juvenile Office. I don't like to work with them. They order us to do things. When they mess up, no one says anything. When we mess up, 'oh we are such bad people. Bad supervisor. Bad people.' I was going to complain about them in the report to the judge. I was told 'NO.' They complain about us. In their reports, they complain about us. 'The worker didn't do this. The worker hasn't provided the juvenile office with this, this, and this.' Why can't I do the same thing? 'NO.' I have to take it when they complain about me, but I can't complain about them. It is an awful relationship. I have to be hypocritical. Everything they say, I have to say 'okay.' I can't say, 'No I don't agree with that.' In training I learned we are on the same level. We are not really. They are over us. Their decision is always better than ours no matter what. It is always better. They are always over us. If they say something bad about us to the judge, then it goes to [the Circuit Manager] and

then back to us. They always tell us what to do (Isabelle, FCOOHC).

Again we see the FCOOHC workers' frustration over the report and the fact that they have no control over what is being said about them. Interestingly, none of them ever mentioned or compared how they felt about this report with how the families might feel about the reports the FCOOHC worker wrote about them. I will discuss these reports below, but in those cases, the families have no control over what is being said about them and they may not always like or agree with what is said either.

Wrapped up in the FCOOHC workers' frustration with these reports and being held accountable by the Juvenile Office is the fact that they do not feel supported by upper management. One worker explains:

I think if we had stronger leadership that would stand up for us, there would be better feelings on our side toward the Juvenile Office. We've been told that the Juvenile Office doesn't make mistakes. That is a good one. Instead of addressing it with us, 'will you tell me about this?' we receive an email that says, 'The Juvenile Office said you did this. Why did you do this? Explain to me why you did this.' Wait a minute. Maybe that isn't what happened. Let's think about this here. We don't ever get any backing and that reaps bad feelings on our side. There is a perception that they don't respect us. There is a lot of tension that can be perceived that isn't really necessary. I really blame the amount of tension on the lack of leadership in the office (Lauren, FCOOHC).

Another FCOOHC worker explicitly talks about this idea that the JOs are supposed to hold the Children's Division accountable. This worker takes issue with that because she thinks the job of the JO is to help make kids safe. She says,

When [the new CD liaison] accepted that position, she was told that her job was to hold Children's Division accountable. That was her job. Not your job is to look out for the best interest of the child. Not your job is to assist in ensuring the safety of the child. No, your job is to hold CD accountable. If we so much as blink wrong in court, the Circuit Manager hears all about it. If we don't have a report done on time, the JO emails the Circuit Manager. She doesn't email us or our supervisors. She will go to the Circuit Manager. All she needs to do is email us, do you have it? This pisses the Circuit Manager off and she gets pissed at us. Then we get mad (Diane, FCOOHC).

Another one says, "The JOs don't care if the kids are safe. They just want their report in on time" (Cassie, FCOOHC). As you will see in *chapter nine*, the JOs would argue that holding Children's Division accountable does in fact make kids safe and if they didn't, then more kids would be in harm's way. I would argue that these reports to the Circuit Manager do accomplish the task of making CD accountable to a certain extent. However, what they really do is make the FCOOHC workers accountable to the Juvenile Office to produce texts i.e., termination of parental rights packets, permanency hearing reports, etc., instead of working to help families. In other words, they make the FCOOHC workers into "paper" workers.

The power difference between the two agencies was also evident in the work the Juvenile Office was able to get the CD workers to do. I argue that the linkage between the two agencies at the local level is strong enough to produce a condition such that the CD workers have no choice but to do the work for the JOs. The Juvenile Office was able to get CD workers to compile and write many reports which the Juvenile Office then translated into legal language and submit

to the Juvenile Court. For instance, according to the FCOOHC workers, they are not supposed to write the termination of parental (TPR) packets. They claim that they are only required to turn over the CD case file, and they are not supposed to collect and organize the information, compile it in a particular format, and write a report. Another instance where the JOs are able to get CD workers to do work is in terms of Child Protection Orders.<sup>89</sup> Child Protection Orders were done by people contracted through the Juvenile Office. When the grants funding this work ran out, the Children's Division workers took over this task. A third example is kids that were in JO custody but end up in CD custody because the parents don't want them to return home. One FCOOHC worker explains:

We do a lot of the [JO's] dirty work. A LOT OF THEIR dirty work. Hence why we do [termination of parental rights] TPR packets. Why we do [permanency hearing] reports when most of that information is us pulling that information out of our file which they pretty much have most of our file anyway? Sure there is some stuff that they aren't going to know, but there is some stuff that if she was to go through the file, she would find a lot of the same stuff. I've said that before. That is why we have the [Child Protection Orders] position. The JOs ran out of money for it and so let's just give it to CD. Instead of rotating around our workers, we will just shove the whole thing off on CD and make them do it. Because really couldn't afford to lose [worker's name] as a FCOOHC worker. To lose somebody off rotation. Another thing. We get [Juvenile Justice Center] kids in our custody when they can't return home. That is bullshit. You took the kid into your custody. They are in JO custody. Just because you can't deal with him means that we can.

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<sup>89</sup> Child Protection Orders are court orders which prevent the person named in the court order from having any contact with the child. They are petitions filed on behalf of a child under the age of 18 to prevent further acts of child abuse or stalking. They can be filed by a parent or guardian, a guardian ad litem or court-appointed special advocate, or by a juvenile officer. In order for the judge to make a decision in a COP case, they ask for someone to investigate the claims in the petition by interviewing the parents, the child, and the people involved in the allegations. See Sections 455.500 through 455.538 RSMo.

THAT TICKS me off. I HATE Juvenile Justice Center Kids. There is no reason for us to have them. There is just no reason. We are not babysitters for out of control teens. That is what [Division of Youth Services] is for. We are spending money on these kids when somebody else should be (Diane, FCOOHC).

The consequence of this is that the FCOOHC workers have a significant amount of paperwork which interferes with their ability to work with families.

One JO acknowledged that much of what she does is rewrite what the CD workers give her. One JO described this repetition as pointless. This person said,

Some of that is just silly. Like most of the paperwork I have to do, I have to draft the motions for permanency hearings, but what I base that off of is a report written by [the CD workers]. It seems like such a futile thing to do to get this report from them and just basically retype it in a different form. I don't mind doing it and it is fine. And I know they are important because they help when it comes time to TPR because now they were found guilty or it was found true that they didn't do this and they didn't do that. I understand the purpose for it, but sometimes a lot of the paperwork I do seems repetitive and pointless. (Laughs). Most of the stuff that is in the files of OURS is paperwork from them (Kim, JO).

Although this JO argues that it is pointless, I argue that there is a very good reason. The Juvenile Office doesn't do this because they are trying to get out of doing work. In reality, they do not have the legal, semi-professional (deputy juvenile officers), or clerical staff to do this work themselves. When CD does the work of collecting, organizing, and compiling the pertinent information, the process of translating this information into legal language is significantly less labor intensive. The Juvenile Office is given little funding to oversee the child abuse and neglect side of the office, but yet they are mandated by law to do this

work. Given that, they have developed a creative solution to their problem by having CD do a lot of the work for them. Although this is a structural problem with the funding sources of the child welfare system, most of the FCOOHC workers are unaware of this issue. Even if they did know, I'm not sure that it would make it any easier for the FCOOHC to live with.

## **RELATIONSHIPS WITH OTHER TEAM MEMBERS: NOT INVOLVED ENOUGH**

Some of the FCOOHC workers argue that the other "team members" don't know the families well enough. One said,

I hate it when you have the JO and the Guardian at Litem making decisions for this kid and I can guarantee that they couldn't pick the kid out of the lineup. I hate that. These are children's lives that we are dealing with. I hate it when they are just a number. I hate that. [The new CD Liaison] has taken more of a personal interest in her job than we are used to seeing. She is actually coming to meetings, which is making our jobs a lot easier. ... To them (team members), this is nothing but a case number and a name and an age. To me these, kids are little faces and little hugs and kisses. These little people see their parents and just come to life. It is just so fun to get there before the parents and to see them when the parents car pulls up. To see these six little hands and three little faces banging on the window and hearing these three little voices squealing, 'Mommy, daddy.' They don't want to see that. They don't want to know these kids as kids. I do and that makes it that much harder. I sit in the courtroom and in these meetings and I try not to show any emotion because I don't want them to think I'm biased. They don't see any of it (Diane, FCOOHC).

Another worker is upset that the other members of the team don't get to know the family.

When I first started, I would ask about a case. 'I don't know. I have too many cases. What is the case number?' Okay we have to go by numbers. That is bad. They make the majority of the decisions.

We write the reports, but [the CD Liaison] rewrites them so it can be in the language of the courts. She has the ability to change a couple things here and there. So it is just as important for them to know who they are working with (Maya, FCOOHC).

One worker argues that every report should have a picture of the kids involved in the case. She thinks this might get the other team members to work harder for the family. She says,

I would like to put pictures of all of the kids in there because, the judge is a great guy, but he doesn't know that the kid looks like. The juvenile office, some of them don't know what the kids look like. The attorneys, no clue. The Guardian at Litems, very rarely know who that child is. I think they should be forced to see. [what do you think that would do?] I don't know. Make them show up to the meetings that are supposed to be so important. Maybe they would be more beneficial if everybody showed up. Make them return phone calls faster because they cared about the child. Make them actually make recommendations or hash it out with you why that recommendation should be there or why it shouldn't or why they feel it is in their best interest because they know who that kid is. I don't know that a picture would do that. I certainly just want to throw it in their face that we usually get. CD is the low man on the totem pole. We are the ones that know our families more than anyone else and I think they should be held accountable for knowing who their kids are (Joan, FCOOHC).

Because the other team members are not very involved, they listen to the social workers most of the time. One social worker said,

Typically they listen to us, because like I said, I'm the one in the home with this family seeing them interact with their children. I'm the one getting verification of what they have done. I'm the one talking to the other agencies about what to and what not to do. Typically they take our word for it (Diane, FCOOHC).

However when there are disagreements, the power dynamics are more transparent. The FCOOHC workers told me that if there is disagreement, CD is more likely to change its position. One worker said,

Basically, if we are not in agreement, but the JO and the Guardian at Litem are then the likelihood of us changing our position is pretty good. I haven't had too many cases except for the Guardian at Litem that wasn't in agreement with anything. Usually the Guardian at Litem are either really involved or not at all. You call them and they say, 'Okay.' They may go back on it later (Nancy, FCOOHC).

Another person discusses what happened when there was a disagreement about visits in one of her cases. She said that the team sided with the therapist over her. She said,

I have one case where the supervised visits for mom were stopped. Mom was getting supervised visits here at the office. She was never left alone with the kids. She never said anything inappropriate. I was always here with her. The visits went nice, went well. The kids love their mom. They had fun with her. I tried to tell this to the team. There is no reason why we had to stop the visits. There is nothing she can do and I can quickly stop it if she says something inappropriate. The majority of the team said they listened to the therapist. The kids had only seen this therapist twice but this therapist said because of mom's history of being unable to protect the kids. The kids have had a history of sexual abuse from mom's friends, she shouldn't be allowed to see these kids until she gets therapy and addresses the issues she has about not being able to protect her kids. I don't think that was reason enough to make these kids suffer and not seeing them. They are supervised with a staff from here. There was just no reason. The team decided that visits cease until the recommendation comes from the kids therapists. I'm still trying to fight that. The kids are the ones suffering because they want to see their mom. We didn't have that right to stop it. We had the right to control the visit and supervise it. They out voted me so I just had to go along with it (Maya, FCOOHC).

### *THE SMITH CASE*

In another case, which I will call the Smith case, the Children's Division workers and the team members strongly disagreed over what should happen in the case. This case is important in several respects so I will give you some

background on the case. I do think this case does a nice job of demonstrating the power dynamics between the Children's Division and the Juvenile Office. This is a family with four children under the age of six. One of the girls died unexpectedly in the middle of the night. When the family woke up the next morning, the mom found the child dead. The police were called and handled the case as an accidental death initially. The family has a history of seizures and no history of involvement with the Children's Division. The children were not taken into care until three months later after the medical examiner couldn't rule out foul play. The child had been turned over after she died but it was unclear who did it. The child did share a bed with a sibling. According to the CD workers, the medical examiner changed her story several times during the investigation as to the cause of death. Initially, the CD worker did not recommend removal of the children and never substantiated the hotline. Instead, the Juvenile Office petitioned the court directly and the children were removed and placed in CD custody. The Juvenile Office took a great interest in this case and went out of their way to make sure the children remained in CD custody. At one point the criminal case was closed, but the Juvenile Office was able to get the police to reopen the case. While this was going on, the FCOOHC worker's position was that the children should go home. The Juvenile Office argued that the kids should never go home. The CD worker thought that even if the kids cannot go home until the investigation is complete, the parents should be able to see their kids more than they are. Prior to this incident, the mom was a stay at home mom

and the dad worked. The FCOOHC worker describes her perspective on this case in the following quote:

They [the parents] are doing above and beyond anything I've ever seen in the years I've been involved with this agency. Way above and beyond. It is just amazing. They moved out of their house. They got a relative to quit her job and leave everything she had in another state and take her daughter and move into their home to take care of their children. They pay the rent in that house. All the bills in that house. They provide groceries for everybody in the house including the aunt and niece. Dippers, wipes, EVERYTHING. They are maintaining that house as if they are in it but they are not. I've never, ever, ever seen that before. I am trying to set aside the reason the kids came into care. The fact that this child died. I just try to work the treatment plan like I am supposed to. I get rid of all those what if's. You can't do that in this job. We don't usually do this with any of our other cases. Everybody keeps coming back and saying, but a child died in that home. I understand that. But until you give me facts that somebody in that home was to blame for that child's death, I can't do it. Yeah I've never seen anything like this before. That is the thing with this case, beside all the new developments going on with the investigation, ultimately I have a family that is doing everything, doing above and beyond everything and if it was any other situation in any other case and any other reason they came into care, they would be home right now. They are not even able to have visits supervised by relatives right now. They can't see their kids without me. I don't think that is right. There are several children and I don't think one hour a week is enough. More so in the beginning when the [Juvenile Officer] would call me several times a day, I think she was trying to get me to believe that they killed this child. They tried very very hard to do that. I stuck to it. Could it have been this? Are you sure? She got angry with me. I said 'I'm doing my job.' She said, 'I know. I hate your job.' I said, 'Show me facts and I will think the way you are thinking. You aren't showing me facts and I refuse to think the way you are thinking.' In the beginning it was really hard. I sat in back and cried and said 'I can't do this.' As time has gone by, it has become easier emotionally. It is not as draining as it once was. Now I'm just pissed because I want to see it done, because I feel like I know more and really do believe that what is right is for them to go home. They got their own pathologist. He said to the investigator, 'you shouldn't have these kids.' The coroner didn't do what he should have. There is a lot of

disregard to the facts of the case by the Juvenile Office. If this gets continued again, I'm going to be angry. From the very beginning, they said to me that they don't want to rush on getting the kids placed in a kinship placement because these parents shouldn't have full access to their kids. It is a state law that I have to do that. I'm supposed to do what is in the best interests of these children and what is in the best interests is being in a comfortable place not being with strangers. It is not in the best interests of these children to go from a stay at home mom with them twenty-four/seven to seeing them four hours per week. It ticks me off because nobody else sees this but me. I tell them this and they don't care. [One of the kids] had pink eye on the sixty day meeting. They have all said, 'No you are right. We don't want to see these kids.' I purposely made her bring the baby to the meeting. I wanted her to see who she is doing this to and also how good these parents are with at least one of their kids. She wasn't happy about that (Diane, FCOOHC).

The case was continued several times and was not adjudicated within sixty days. In fact the kids were still in care several months after I left the field. At that point, it seemed more likely that the kids would go home because a sibling also had a seizure while in foster care and the family hired their own medical examiner to review the case. This person was able to refute much of the "evidence" against the parents. Even though the FCOOHC workers are supposed to be advocates for the family and the social worker in the above case clearly was, they are in a less powerful position relative to the Juvenile Office to fight for families. Consequently, the Juvenile Office was able to determine what happened with this case until the judge finally ruled.<sup>90</sup>

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<sup>90</sup> The children eventually were returned to their parents' custody almost a year after being in foster care.

## **RELATIONSHIP WITH FAMILIES: THEIR CONDITIONAL ADVOCATES**

Relative to the other team members (JO, GAL, therapists, attorneys, etc.), the FCOOHC workers' structural position is to be an advocate for the parent(s). However, there are built in contradictions with this role because the social workers also have to verify that the parent(s) have completed the recommendations outlined by the team and the judge. The parents are in an awkward position because they are supposed to rely on and "trust" that this worker who they believe "baby snatched" their kid is working to help get their kid home, but this person is also reporting everything they do to the Juvenile Court. The worker is also in an awkward position because they are supposed to develop this relationship with the parent to gain their trust, but also hold them accountable when they are not doing what they are supposed to do. They must also report to the court. Because they are really "paper" workers instead of social workers and because there have been cutbacks in the services offered to help parents, I argue that they also make choices about which families are "deserving" of their time and attention. They decide who is "deserving" based on the effort the parent(s) put forth, how much the parent trusts the worker, whether larger structural issues interfere with the parents' ability to complete the recommendations, etc.

### ***DEPENDS UPON THE WORKER***

Before I discuss these factors, it is important to point out that the social workers acknowledge that the particular worker on a case can influence whether

or not the kids will go home and the eventual outcome of a case both positively or negatively. The policy of the Children's Division is reunification *where possible*. The *where possible* is where the ambiguity comes in. In cases where a criminal conviction against the parent has occurred, the likelihood of a child going home is very slim. As a result, the FCOOHC workers are generally not trying to reunify with child abusers and neglectors or "bad people." However, depending upon the reason the child came into care, the FCOOHC worker's sentiments about what the parent to the child, and how much effort the parent is putting forth now can greatly impact the FCOOHC workers' understanding of *where possible*. In the following quote, a worker talks about a case where the kids weren't being sent home until she got the case. She says,

A caseworker will either make or break a case. Period. I would like to say that isn't true and that any family would have the same chance with any case worker, but we are all so different, I mean. There has been a family that has been in the system over two years and they are home now. They have been through four case workers who wouldn't do it and then one who decided to. It would have never happened if they didn't have that case worker who was like, 'that is okay and that isn't okay. I'm okay with this and we are going to send the kids home.' It is wrong (Joan, FCOOHC).

Another worker talks about how the worker matters in terms of the list of recommendations. There are typically four basic recommendations: stable employment or income, housing, maintain contact and therapy but some cases have more. She says,

I've seen treatment plans, I've seen one where the mom had thirty five recommendations. That sure empowers the mom, doesn't it? If I looked at that and I had to do that to get my kids back, that looks impossible. She was very overwhelmed. I said to her, 'this is what

I want you to concentrate mostly on. Your substance abuse and getting yourself emotionally healthy' (Diane, FCOOHC).

Another worker also talks about the list of recommendations. She says,

I may have entirely made over a case plan that was in place for two years when I got the case. Yes I did. Yes, yes I did. It was ridiculous. The worker that had it before had this mother check in with her every single day. She apparently used to run back and forth to St. Louis. She was trafficking drugs although there is no proof of it. She was having her call her on her cell phone on the weekends. Really stupid stuff. I was like, 'you could call me from anywhere and tell me you were [here] and I wouldn't know the difference so here is how we are going to change that.' I cut down on individual therapy and made it just family therapy instead because there were just too many therapists involved with the case and it wasn't doing anybody any good. I changed visits immediately. I kind of redid the entire case plan. That would be the family that was in the system forever and is now on trial home placement (Joan, FCOOHC).

Another worker talks about how the worker matters in terms of setting up services. She says:

Reasonable efforts as it is practiced is sometimes used as a way to trip parents up and help them fail so they will lose these children. I know of a few instances where case workers have intentionally assigned a specific therapist to a parent on their caseload because they didn't think it could work between them as far as a relationship and chemistry. They can say that they authorized therapy for them and they blew it, when it was set up to fail in the first place. A more specific example is a therapist who wears her own child sexual abuse on her sleeve being assigned to a father who sexually abused the daughter. She despised him before he walked in. She knew about him. I think at one time or another, if you stayed there long enough at least in one case you would do it if you felt strongly enough about it (Lauren, FCOOHC).

The point at the end of the quote about a worker's influence on a case if you work there long enough is a particularly interesting observation. The workers did feel very strongly about some of their cases and refused to give up those cases

when given the opportunity because they wanted to see the case to the end. This was true of cases that they wanted to go to termination of parental rights as well as cases they wanted to see the kids go home. One worker said,

On some of my cases, I'm stubborn. I want to them to either go home or not go home. This is how I want it to end. I'm the last worker damn it. I won't transfer this case because this is my child. I'm afraid if I transfer it another worker will have a different opinion (Audrey, FCOOHC).

A third way the particular worker can matter in a case is in terms of what information appears in reports and the way that information is conveyed. One worker said,

I would say we all do it [highlight and/or deemphasize information]. And that is where the whole case worker thing comes in, whether or not somebody is going to pinpoint whether or not it as a huge issue or not. I just inherited a case. This isn't something I've overlooked, but it is something that I'm going to have to either agree with what the previous case worker was doing or not. Kid came into care for dirty housing. Horrible. Never remedied it. The child was placed with maternal grandmother. Case progressed to the point that the mom could have unsupervised visits with the child. In fact was supervising or babysitting the child after school with no one else there. In the morning, the grandmother goes and picks the mom up from whatever random friend the mom is staying with. She brings her home and she stays with her all day. The child gets home from school. The child stays with her all night until the child goes to bed. Then mom goes and stays with the random friend's house. Is that happening? REALLY. I'm thinking that isn't happening. She is either sleeping on the couch or she has a room set up and we are just kind of turning the other way. Mom is actually living with the child and the grandma in the home, which technically, we could release if she has been doing that for six months and grandma is fine with her living there. That doesn't make the child unsafe. Is the child unsafe if she is with her mom. NO. Can a mom get a house and keep it clean. Probably not. Yeah you are going to look the other way towards that. The mom isn't a threat to the child in that situation. Absolutely. I don't care. Live there. Live there six

month. We can call it stable house and release the child. I know that is happening (Joan, FCOOHC).

Another worker discusses what shows up in the reports in the following quote:

Other workers didn't do everything possible. The mom just lost her job. I try and shine the best light possible. You have to back it up. I think it goes both ways. Mom with dirty house. Right now she doesn't have a job. On paper it doesn't look that great. She is participating in counseling. I just try to shine the best light on it as possible. She is doing an awesome job. Currently unemployed but she lost her job due to transportation. Trying to justify it more because I know she has a good relationship with her daughter. Other workers who haven't tried will just be like, 'they don't have a job.' I think that plays into it (Nancy, FCOOHC).

In the next quote, the worker discusses what she does and doesn't put in her report in an effort to cover her own ass. She discusses being late to an appointment and instead of acknowledging that, she highlights what the parents did or didn't do instead of what she did. She says,

With one case I was late and I thought they were not going to show up. 'They just left. You weren't here for your appointment.' I just went and saw them in the parking lot. They only waited 15 minutes. We rescheduled the interview the following day. I wrote something like, 'we scheduled this interview at this day and time. They were on time, but I could not talk to them until 1:45 and they said that they couldn't wait any longer. We rescheduled it for the following day.' I try not to put much emphasis on that. Friday at 4 pm they didn't show up. I called them but they didn't return my call. They never called me until Monday. I would put more emphasis on what they were doing than my mistake. That is bad. I tried not to let them know exactly what happened. I said that the interview would have lasted longer than fifteen minutes. If I go to a home visit, and they didn't show up, I would put more emphasis on that I sent them this letter in advance, telling them to contact me if the time doesn't work. I sent them my business card. I called them on this date. No answer. I attempted to do this home visit. If I want the judge to see that they aren't doing anything and I'm upset, I will spend more time covering my ass. I could just say we scheduled it and they didn't show up. If I know they didn't contact the attorney, I

will write, 'I called the attorney and he said he has had no contact with them.' If somebody called and my voice mail is full, I would report that my voicemail was full but she didn't try to call back later. That would be covering my ass again. Usually I try to say what the parents are saying. To me, it is the responsibility for the attorney to call the clients, not just the clients calling (Isabelle, FCOOHC).

In the above quote, the worker talks about how what she writes in the reports is intended to make her look good. This may or may not be at the expense of the way the family is portrayed. A final worker specifically says that she doesn't write down every time a parent makes a mistake because doing that holds the mistake against the parent and that is counterproductive. She says,

Are you asking me if every time a parent tells me they did something wrong if I write it down? [No, but you can answer it.] I don't. [long pause]. I'm very careful about my dictation because I know people could read it and not having been there. Gosh. You can take one word and it can be taken out of context. So I try to make it really simple and to the point. In some cases, I do a lot of explaining. I don't just say, 'this is what was said.' I say because of this and because of that. Whenever parents do come in and say they messed up, and I have to write it in there, I either do a written service agreement or talk to them about what they are going to do to fix it. You can't just hold mistakes against people, especially if they are going to make some effort to correct it. That is why their kids are in care, for them to work on that kind of stuff (Cassie, FCOOHC).

As you can see, this worker's influence can work to a parent's advantage in the case of overlooking things or against the parent's interest in terms of making them look bad in reports. I would argue that the workers that influence a case in a particular way are not just bad workers. In most cases, the FCOOHC would argue that they are doing this because it is in the "best interests of the child." I would also argue that some of this is a response to their lack of power in the

system and by “helping” the case along in the direction they want it to end up, they are exerting their power and influence.

*DEPENDS UPON THE EFFORT THE PARENTS SHOW THE FCOOHC  
WORKER*

One of the factors that determines whether or not the FCOOHC workers is going to be a parent’s advocate is the amount of effort the worker thinks the parent is putting forth to get his/her kids back. One worker says, “I guess when you have a caseload, you can tell the difference between how much effort. Do they come to see their kids every week? Do they go to the classes they are supposed to go to? Do they show up for court? All that stuff” (Cassie, FCOOHC). Another worker talks about the effort by the parent in terms of the cases she has closed. She said,

I think it depends, from what I’ve seen in the cases I have closed, it has been because the parents are letting me know that they have gotten this stuff done. The parents have said, ‘Did you get that verification?’ They aren’t bugging me constantly saying, ‘What am I supposed to do?’ They may ask me and then they go right on it. They call me and say, ‘I did this.’ I will say, ‘I need something to verify it.’ When the parents are doing what they need to do, I don’t have to work as hard. It is a matter of them calling you constantly telling you what they have done, providing verification. Doing everything they are supposed to do. They really want their kids back. I’m not having to work as hard (Paige, FCOOHC).

In the above quote, the worker talks about how much less work it is for her when the parent puts forth effort. Given the amount of work the FCOOHC workers have to do, this is a very practical concern for them. This worker went on to say, “You can tell they [the parent(s)] are working hard. That once they realize what

they have done to their child and try to fix it I empathize with. In some case, right or wrong, I work harder for them (Cassie, FCOOHC). Another worker talks about effort in terms of how the case begins. She says,

I think it depends upon the family and how they start off with you. That sets a precedent for really the rest of the case. How motivated they are going to be at the beginning of the case. Otherwise you are going to spend that time proving to me. If you wait four, five, six months to really start doing stuff, I'm not going to put as much effort into you. I'm not going to put more effort into you than you are putting into your kids (Joan, FCOOHC).

Although the worker in the above quote doesn't use the word deserving, she is making a distinction between parents who are deserving of her time and which ones are not. In the next quote, this notion of deserving is also a part of her talk even if she doesn't use the term. She says, "I think there are definitely parents you like more than others. And you go out of your way. With other parents who don't try their best, I'm going to be less likely to go out of my way to help them. I don't see them trying to help themselves" (Nancy, FCOOHC). Another worker talks about effort but she also talks about the reason the child came into care. In this case the worker went to bat for the mom even after her right had been terminated with a previous child. She explains that CD was just treading water with this second group of kids:

One particular case, the mom had an extensive history with us. She had three other children that were [parental rights were terminated] TPRed on. They wanted me to write a TPR packet on her other three children, but at the time they asked me to write it, she was doing everything we asked her to. At the time, I didn't recommend it. I talked with my supervisor and she said, 'If you don't, basically when you write a [termination of parental rights'] packet, you are saying that you don't think additional services will

help this person.’ But I thought that they were helping her and could. The JO wasn’t very happy with it, but they chose not to submit the packet based on the information I gave them. The kids had been with the same foster mother since birth. She had been told by the previous worker, that basically ‘you are going to be able to adopt these kids. There is no way they are going to go home.’ Now, they went home on a trial home placement. It is a bitter sweet thing. The day [the judge] ordered trial home placement, he asked everybody their position. Then he looked at me like, ‘are you sure?’ I was like ‘Yea.’ Hoping she does it because, at the same time, I really liked the foster mom. This was horrible for her. She thought she was going to be able to have these kids. There were people in the office who knew the mom and said I was crazy. They said, ‘she is horrible.’ But she had being doing it. She was having supervised visits with her daughters for a year. She was fine with them. The worker who got the case before me (not the one that told the foster mom she would be able to adopt the kids) was told when she got the case that we are just treading water until they file [termination of parental rights]. The holdup was that the three that had been TPR-ed before, it was under appeal. Basically the idea was to tread water until the appellate goes through because there is no way they are going to go home. The mom was basically doing what we asked her to do. There was no reason not to proceed. I feel very responsible for that, good and bad. .... The mom threatened a worker. She spit in Circuit Manager’s face. She was not allowed to come back. She had trespassing charges on her. Horrible. But the reason the kids came into care was kind of shaky. Mom had made arrangements for a friend of the family to pick up the kids while she was in Iowa visiting other relatives. The friend never picked up the children. The daycare tried all the emergency contacts and they didn’t get a hold of anyone (3 FCOOHC).

Much like the previous quote, the worker in the next quote mentions effort in addition to the reason the kids came into care. She says,

I know they are great. They are doing perfectly well. I know the mom is trying so hard and I know the kid is happy. Everything is great. Mom had prescription drugs with the kid’s [Attention Deficit Disorder] medication. There was also pot in the home. I see a lot of that stuff and I don’t think that warrants a kid coming out. They were very cooperative (Audrey, FCOOHC).

Part of what the FCOOHC workers view as effort is how cooperative the parents are. The worker in the above quote specifically mentions cooperation. The worker in the next quote talks about what is viewed as cooperation and what isn't. She says,

Parents come into meetings yelling. Not that you can blame them. They are asked to do all this stuff. And they are like 'what the hell are you talking about?' They kind of have to be willing to do what we ask. Of course you are pissed off. Your kids just got taken away, but she learned that she had to be cooperative. I'm sure she was like, 'have a nice day, you fuckin' bitch.' You got to play the game kind of thing. I think when people call and are cussing you out, maybe they are doing what you asked them to do, but they are still saying 'this is a bunch of shit.' That is seen as not cooperating (Nancy, FCOOHC).

Although the FCOOHC workers are trying to work in what they see is the "best interest of kids," one cannot overstate the importance of cooperation and effort on the part of the parent because it is what is necessary for a case to be closed. From the workers' perspective, anything that cuts down on the amount of work they have to do is a good thing.

*DEPENDS UPON IF LARGER STRUCTURAL ISSUES MAKE THE PARENT "DESERVING"*

Some of the workers stated that they work harder for parents when some of the issues or reasons the kids came into care are beyond the parent's control, especially if the parent has a good relationship with the child. Examples of the types of issues beyond the parent's control are not having access to adequate housing, health care, mental health services, transportation, etc. I argue that the workers view these parents as the "deserving poor" (Katz 1990), and thus, they

go out of their way to help the parents. Although the FCOOHC workers do not talk about these issues in terms of retrenchment or cutbacks in the welfare state, I argue that this is where these cutbacks in the welfare state are most evident in the lives of the families involved with CD and helps to make these parents deserving in the eyes of the workers. For example: If there was affordable housing instead of being on a waiting list for federally funded Section 8 housing for a year, the parents could resolve their housing issue quicker. If there was adequate healthcare, parents wouldn't have to go on and off their medications, and rely on the samples given by the clinic. If there were adequate mental health services, parents who were bipolar or schizophrenic could manage their illness instead of having to give up their children. If there were adequate drug treatment programs, addressing drug addiction would be easier. If the minimum wage kept up with inflation, poverty wouldn't be mistaken for abuse. I do need to point out that even though the workers may work harder for these parents and certainly feel very compassionate toward them, it doesn't necessarily mean that the child will go home. In several of the case described below, the parents' rights were eventually terminated even though the worker was the parent's advocate.

The consequences of the welfare state cutbacks or the retrenchment of the welfare state were evident in the social workers' talk even if they didn't use those words. In the following quote, it is clear how interrelated the issues these parents face are. In this example, housing is related to healthcare and employment. This worker explains,

Basically [protective custody] was taken for unsanitary housing. Mom had multiple chances to pick up the house and she didn't. Child was placed with maternal grandmother. Mom lost her housing because it was Section 8. Mom does GREAT with little girl. Mom was depressed and didn't take her meds. She wasn't cleaning the house. The sad part is kind of catch 22 because the child was taken, she couldn't get Medicaid. Because she doesn't have Medicaid so she couldn't get her meds. The reason she came into care was because she was off her meds and her house was dirty. I'm like ughhhh. I tried really hard to call all over to find some sort of something. Get free samples from [a health center]. Somebody finally helped her up to \$200. Now the main thing is housing. She can't get section 8 because she was kicked out because of the unsanitary living conditions. She had a car and it broke down. She had several jobs but lost them because of transportation issues. She does GREAT with her daughter. I don't worry AT ALL about the child's safety. THAT is very frustrating. Because the kids were taken, the parents can't get those benefits but they need them, especially meds. We can pay for counseling but we can't pay for meds (Nancy, FCOOHC).

In the following quote, this same worker discusses the problems a different mom had with maintaining stable housing. The worker attributed this to the fact that she was "lower functioning" and poor. When the children's social security was taken away because they were in care, she didn't have the money to support herself or them. This worker explains,

I had one mom whose kids came into care because of housing issues and educational neglect. There are four of them. The kids were to have extended visits at the time. She lost utilities. They took [protective custody] because of unsanitary housing. Basically she was charged with endangering the child. She would get a house, then get evicted. She is lower functioning. The kids were receiving [social security]. When the kids were at home, she could afford it. Yes you shouldn't rely on your children to pay your bills, but if that is the main issue. That wasn't her only issue. If she was rich or had any kind of money whatsoever, then it wouldn't be an issue because she would have stable housing. That was the last packet I wrote (Nancy, FCOOHC).

In the above example, the mother's rights were eventually terminated because she couldn't maintain adequate housing for her children. Another worker talks about a parent's drug addiction and connects it to a lack of medical insurance. Clearly, all parents' drug problems can't be connected to a lack of insurance, but drug addiction was one of the most frequent causes for children coming into care, either directly or indirectly. This worker explains,

I have one case where mom is a drug addict. Every time. She is supposed to be on some anti depressant. She didn't have any insurance. She isn't eligible for any kind of insurance. The only way she gets her meds is when the clinic has free samples. You take this lady who is supposed to be on meds for depression and anxiety and first of all it is almost worst to go on and off of them than to not be on them at all. They see it as worth the time to be on it for a while. You take somebody like that who runs out of meds and can't get anymore, goes back to the drugs. Comes to your office immediately afterwards and says, 'I screwed up. I'm just going to tell you now.' Is like an honor student at a [drug treatment program]. Does well with her kids. I don't want to [terminate her parental rights] because I truly believe that she cares about her kids. Her kids love her. She didn't. It was a neglect thing. She actually placed one of her kids because she realized that she couldn't handle it. For her to have that much self awareness and for her to not try to hide things from me. The fact that I can tell she loves her kids. I don't know we should say that you can never see your kids again because it is over fifteen months. When she is on her meds, she can hold a job. When she is on her meds, she goes to work every day. She can do everything. As soon as she doesn't have them, she is not okay. It is obviously a chemical imbalance. Drugs are the only other thing she knows to go to that make her feel better (Cassie, FCOOHC).

The issue of health insurance was particularly problematic for many parents. In the next quote, the mom just couldn't get it together in order to get the child back. She talks about the effect of this on the daughter and how hard it was for her to understand. She explains,

[The parent] really wanted to do it, but couldn't. That is the saddest thing. I had a closure visit with mom. Mom voluntarily [terminated her parental rights by signing them away] and had a visit with her daughter. It was so heart wrenching. She is so obviously nurturing to her daughter and extremely appropriate. I was very surprised. That was the first time I saw them together. She is an alcoholic and she is manic depressive and she just can't function. She can't do it. That is really sad. [The daughter] is nine and is so not nine.<sup>91</sup> She cried a lot. [The daughter] tried to give an example of how it would be okay and then how it probably wouldn't be okay. 'Well if I lived with my mom, I could help take care of her but I know I'm not supposed to do that because I'm a kid. I'm supposed to just be a kid, but I know she is sick, but I wouldn't catch her sickness. But if something bad happened to her, I could call the police. But then they might send the fire engine and I don't need the fire engine. Then I could go stay with my foster parents but maybe they are on vacation and I wouldn't have a place to stay.' [The daughter] could say, 'This could happen and this would be okay and that could happen and that wouldn't be okay.' To see a nine year old think that way. She was crying the whole time. I know this is what is best for me but, maybe, maybe, maybe. It was really, really hard. We were all crying (Diane, FCOOHC).

The above case is just heart wrenching. If we had a welfare state that truly helped families, perhaps nine year olds like the one describe above wouldn't have to be nine and yet "so not nine." At the very least, if the welfare state really helped families, then may be this wouldn't be the only reason this mother was separated from her daughter.

In Missouri, there were drastic cuts in the Medicaid system, and the effects of these cuts were evident in my study. The immediate cuts, which went into effect almost overnight, resulted in loss of eligibility for healthcare coverage for over 100,000 people. Prior to the cutbacks, if a parent was raising a child and

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<sup>91</sup> On a personal note, every time I read this quote I think of my own childhood. I'm sure people at the time described me in the same way. The issues were different, but yet not different.

made less than two times the federal poverty line, they would be eligible for health insurance through the state. This funding was cut. If a parent's child was taken into foster care, this funding was also cut. If the parent was in need of medical assistance, this became one more barrier to reunification. Part of this bill also eliminated the entire Missouri Medicaid system. Law makers did not want to fix the current system but instead wanted to start from scratch. Consequently, they are going to eliminate it by June 30, 2008, which is intended to give them time to develop a new healthcare system.

In the addition to medical and mental health issues, there were issues related to poverty. In the next example, the fact that many of these parents are the "working poor" of our society is very evident. The worker explains the difficulty this parent has to face to get her kids back and the way she "helps" the mom when the system doesn't. She states,

I have this one mom right now. She has to have a house and this, this, and this. Go to drug rehab. She did that. The fact of the matter is what she makes, \$6-7 per hour, she can't afford housing and all this other stuff. She is going to move in with her mom or grandparents. So screw that. If these parents give me even a little bit, have somebody write something saying you did this. I don't need an encyclopedia full of shit. I will go to the team and say 'we need to do this.' Just a little bit. Some of that stuff, yeah I'll write it down but, I know they are legal documents and stuff, but when you write so many of them, you lose your respect for them. Whatever! BLAH, BLAH BLAH. If they are working and they have a place to live, and they have been at the same place for a while, not even a while. I don't care (Paige, FCOOHC).

As the above quotes indicate, many of the parents whose children were placed in foster care had multiple issues. These issues can't be resolved by counseling or

parenting classes alone. Unfortunately, the help that was offered to these parents didn't take a systemic approach to addressing their problems. Consequently, the "help" offered really wasn't helpful. If we had an adequate welfare state, some of the issues the parents must contend with wouldn't be issues at all. I argue that this shouldn't be the basis for parents not being able to raise their children. The state has an obligation to do more than we have seen to ensure the rights of a parent to raise his/her own child regardless of their social class. It is certainly a sad statement for us as a nation to put a parent's fundamental right to raise his/her child in jeopardy because we are unwilling to spend money on our citizens.

*DEPENDS UPON TRUST AMONG THE PARENT(S) AND THE FCOOHC  
WORKER*

Another factor that determines whether or not the FCOOHC worker is going to be an advocate for the parent is whether or not the worker and the parent trust each other. This trust has to work in both directions. It is difficult for the parent to trust the worker because they work for the agency that just "baby snatched" her kid. It is difficult for the worker to trust the parent because some of them lie to the workers. In the end, the workers have the advantage because they put the parents under surveillance which either builds or destroys trust.

Trusting the Worker

The FCOOHC acknowledge that trust is key to their relationship with the parents and ultimately the parents have to trust the worker at least a little bit in

order to get their kids back. One worker explains, “It [trust] is huge. It is a lot of it. You are never going to find out the answers you need if a family doesn’t trust you and vice versa. They aren’t going to get what they need if they don’t trust you enough to ask the right questions” (Joan, FCOOHC). In this quote, the worker talks about trust going both ways. Another worker explains how she tries to get the parents to trust her. She says,

Initially I tried to tell them [the parents] that this [screw them] isn’t what I’m about. This isn’t what I’m out to do. If I had my way, your family would be functioning well at whatever level it is, safely and relatively happily. And then you have to more or less prove it. ... By telling them what I am going to do and why I’m going to do it. I’m going to work with them any way they will let me. I don’t want to make them do anything and I can’t make them do anything. For the good of the kids and to get them back, you are going to have to get into the mindset that you want to do at least a certain amount of something so I can help you (Lauren, FCOOHC).

In this quote, we again see trust as central. In the next quote, a worker describes how she didn’t think a mom would ever trust her, but with time she realized she was really just trying to help her. After that, the mom trusted the worker and has continued to keep in contact with the worker even after the case is closed. The FCOOHC worker explains,

I just looked at the case and was like, ‘they already don’t like us because she was in the system. She was a rebellious teen. She already doesn’t trust us. She isn’t going to do anything we ask her to do. The cycle is just repeating itself.’ We got a lot of services for her son. He was a handful at these visits. He would flip the light switches and try to run out of the room. He was such a handful. The son was eight months old when we got the kids. He was four and was just terrorizing the place. I would help her keep the situation under control. I was playing with her four year old. I don’t know what it was that did it but she watched me and then said, ‘You really do care about my kids, don’t you?’ Yes that is why I do my

job. I'm going to make sure your kids stay safe. I don't know how it happened but anything I asked her to do, she did and she did it quick. She still brings the kids by to see me. She still comes and sees me. If something good happens to her, she calls and tells me. She is moving. She said 'Once I move, I want you to come look at my house (because they came in for dirty a house). So if I get hotlined, you can tell them.' She finally trusts me and I'm shocked that it happened as quick as it did. If she hadn't come to trust me, I don't think the kids would have gone home because if they don't trust you, then they are not going to do it (Diane, FCOOHC).

Another worker talks about how trust was built between her and the family after she nominated them for a contest. She explains,

Last year there was a contest. All the workers got to submit a family and say why this company should buy their Christmas. I turned this family in. After they read the letter I submitted and after the Christmas thing, they did a 180. I don't even know how to explain it. They got their crap together. Kids are making straight A's in school. I think that if they hadn't realized that I'm not out to make you jump through hoops. I'm not out to keep your kids away from you. I think once they realized that, they were okay with things. They won the contest (Cassie, FCOOHC).

From the parents' perspective, it isn't always easy to trust that the worker is working in your best interests as a parent. The FCOOHC worker may be working in what she see is the "best interests" of the child, but that doesn't necessarily mean that this is the same thing. It might also be difficult to trust someone who is constantly monitoring your behavior.

### Monitoring the parent

A large part of the FCOOHC worker's job is to monitor the parent's actions and report on them. In this way, the child welfare system acts as a mechanism of social control by attempting to control the behaviors of the parents. Part of the reason the workers have to monitor the parents is because some of the parents

are not trustworthy. One worker talks about a dishonest parent in the following quote. She says,

Mom insists that she didn't hurt her child and that she isn't an aggressive person. Her criminal history indicated otherwise. It also indicates that she is quite dishonest. She said she is always honest. I said, 'We know that isn't true. Let's start with today. You are going to be honest with me from this day forward.' She said, 'I'm a very honest person.' You've been using three different social security numbers. Whatever! (Joan, FCOOHC).

Given that, it is difficult for this worker to trust anything the mom says. Another worker talks about a parent who wasn't honest. She says,

I had a big problem. She denied. I listened to the 911 tapes. She would turn around and tell me that it didn't happen. She coached the girls in what to say. They changed their story. She was charged with tampering with witnesses. It was very Jerry Springerish. It was really tough for me. The girls would say that mom talks to [the boyfriend]. Nobody ever proved that he was around but we worried that he was around. The case drug on and on and on. There was no sign of him around. I just had a really tough time because I just had a feeling that she was just a really big liar. She would coach her girls at any cost to save her own butt (Audrey, FCOOHC).

In the above example, it is clear that the worker was struggling with trusting the mom. She has the advantage because she is able to listen to the 9-11 tapes. One worker says she trusts the parents until they give her a reason not to trust them. However when they do or say something untrustworthy, it will take a lot to gain the workers trust again. She says,

I give every person the benefit of the doubt. I start with every person is good and then you prove me wrong. Once you prove me wrong, you are on my bad side. You will have a hard time building up my trust again. They all get trust until they do something to take that trust away. Don't prove me wrong. Then you are going to have to do a whole lot to get me back on your side. Don't let me

down. You start fresh when you get with me. Just don't let me down (Maya, FCOOHC).

Another worker also expressed her frustration because when the parent does something they are not supposed to do, it sets the case back and ultimately creates more work for the worker. One worker said,

You get a [Urine analysis] back and it is positive for meth. You just want to scream. I have a case right now where mom is doing everything on the treatment plan and I thought she was doing really, really well. Then I got a UA back from her on and it is positive for meth which is why the kids came into care. She swears she hasn't used [for months]. We told her at the last meeting that as soon as we get this UA back and as long as it is negative, you are going to get unsupervised visits. I was going to move those kids home real quick because they are older. Mom was doing everything. She didn't even take it the day I asked her. She took it that Monday. She called me and said that she went by there at 4:30 but they only test until 4. She called and said that I really did come. I don't want you to think I'm avoiding it. She went in on Monday. We got the results back Tuesday and she was positive. I thought, 'You've got to be kidding me. That just puts a whole new spin on the case.' Okay it is really going to be a very long time before these kids go home now. She swears she hasn't used [for months]. Stuff like that is so frustrating because these people. Sometimes they lie to you and it is so obvious and you just want to say, 'Really? I'm not stupid.' I can totally check that out and I can totally find out you are lying. Then stuff like that, where you may suspect that they are doing it, but if you don't have proof, you've got nothing. You get results like that and you are just, 'That's great' (Diane, FCOOHC).

Other workers said they were less likely to hold mistakes against parents. One worker said,

You can't just go from being an abusive and neglectful parent to this wonderful mom. If they don't make mistakes and there isn't someone there to help them recognize it and work through it, that is unrealistic to think they aren't going to make mistakes (Cassie, FCOOHC).

Another worker said,

Parents are going to screw up. Smoking a joint, so the fuck what. Having a relapse, so the fuck what. Things like that. IF they are doing drugs and they are drinking, it will show. It will show real quick. I don't want to have to stay on top of that. It really antagonizes. It really takes away a good supportive relationship with your parent when you have to say, 'Go drop some piss for me.' That puts me in the position that I don't want to be in. Leave that for the Pos [Parole officers], not for me. I don't like that. I don't feel like that is my job (Paige, FCOOHC).

Here again, we see how the individual worker matters in terms of how they react to what is happening in a case. These two workers said they appreciated when parents are honest with them, even if they do make a mistake and that this can build trust as well.

Although the FCOOHC worker must trust the parent, they don't have to give blind trust, because part of their job is to verify and monitor what the parent says and does. One worker explains, "I have to verify all that my clients say because in this job, you can't really trust your clients. You have to verify all the information and get all the release of information so that you can tell them later why you aren't doing this" (Isabelle, FCOOHC). Another worker talks about how she builds trust with the parent. She says

You certainly want to be able to trust your family, but you always need some sort of documentation to prove it. That does build the trust with them. ... I think you are successful when that family knows you are not there to get them in trouble. That you are really trying to get their kids back home. That really is your goal because there is no way they will work for you. They may not trust you but at least they know your intentions are not to screw them (Joan, FCOOHC).

In each of these examples, the worker talks about how monitoring the parent builds trust. I, however, question some of the monitoring practices and the surveillance the parents are subjected to, many of which are without the parent's knowledge. For instance, every conversation the parent has with the worker, the worker is supposed to write down dictation. This dictation is supposed to capture the interaction of the worker from the worker's perspective. If this case goes to termination of parental rights, this dictation is used to build the case against the parent. It is an open question whether the parents realize this dictation is occurring. There is also the issue that much of this dictation, just like with the CA/N workers that is done much later than the event took place. It relies on the memory of the worker days, weeks, months later, but this writing becomes a reified text that is used to represent what happened.

I did ask some of the FCOOHC workers if the parents knew about the dictation. In the following quote, one worker said that she never thought about whether or not the parents know. She said,

Some of them don't [realize we do dictation]. [I wonder if they know that what they say could be used against them.] That is a good point. I've never really thought about it. They can say stuff and it has been used against them. But if it is written down then it is the truth, right? I've never really thought about that. You get one [Miranda warning] when you get arrested. Getting your kids taken away is probably worse than that. Maybe there should be one. I've never thought about it. I'm might start warning them. Then again, you don't want to lose the honesty and you don't want them. You need them to be open with you and trust you to a certain extent. Some of them the light bulb comes on fast and some of them don't. If you don't have a working relationship, it won't happen. It almost seems like it is against their rights (Cassie, FCOOHC).

This quote does an excellent job of illustrating the predicament the workers are in. They must monitor and verify the information the parents provide for them, at the same time they have to get the parents to trust them. Being honest with the parent about the monitoring and surveillance part of their job might jeopardize gaining the parents trust. Another FCOOHC worker talks about how dictation can be used against the parent. She says,

They say it [dictation] is to protect us. If the family comes back and says that you said one thing and you didn't, it is supposed to protect us. A lot of times it is used against the family. It is supposed to protect us. They say a lot of families will come back and say, 'No you didn't tell me that. No, you told me such and such on that day.' If it isn't written, then it isn't done. You can't prove you didn't say it. You need to document everything you said so it won't come back and bite you later on in the future. It is supposed to legally protect us. However, when it comes to [terminating parental rights], when you have to [terminate parental rights] on somebody, it bites the family. We come back and say, 'You didn't want your kids and this time because you weren't going to get them back. You stopped seeing them for five months.' Sometimes they stopped reading there. You didn't see them for five months. That means you didn't care. But if you read two more months down the road, maybe she came back and had a different light on things.' That doesn't come out in court. They stop right there. That is what the judge hears. It does haunt you sometimes (Maya, FCOOHC).

Monitoring also occurs during visitations. The worker sits behind a one way mirror and writes down what the parents do with the children. In some case, the door is left open and the worker also writes down what the parents say. I never observed a parent being told that they were being watched. One worker says,

I don't think most of the times they know. I don't think that they know we are looking behind that glass. They know we go behind the door. I don't say 'I'm going to be watching you behind that glass window.' I have some people fixing their hair and looking

right at me. I would be trying to not make eye contact with that mirror if I were them (Audrey, FCOOHC).

I do want to be clear in saying that I am not advocating that the workers not verify if parents have completed particular recommendations. That isn't practical or realistic. However, I think we as a society need to think about how much surveillance is warranted. At the very least, there should be more disclosures to the parents about sources of information the workers have access to (911 tapes, TANF records, juvenile reports, police reports, etc.) and how that information can and cannot be used. Because of HIPAA, the workers now have to have the parents sign healthcare releases in order to gain that information from counselors, doctors, and health care facilities. I think that is a start, but more needs to be done to explain to parents what their rights are in terms of the child welfare system.

## **CONCLUSION**

This chapter has demonstrated the standpoint of the FCOOHC workers. Instead of being social workers, they have become "paper" workers. This is the case, because the linkage between the Juvenile Office and the Children's Division was strong enough to produce a condition whereby the social workers had to do what the Juvenile Office demanded. What the JOs demand is that the paperwork gets done. This is not to say that, if the linkage between the JOs and CD wasn't as strong, the CD workers would not still complete paper work. They would, but they wouldn't be merely "paper" workers. I argue that, if they weren't writing so many reports for the JOs and essentially doing much of the JOs work,

they would have more time to spend with the families and to do social work. A consequence of the FCOOHC workers being “paper” workers is that the focus of the job is on producing texts that mediate the workers’ experiences of the job and the family’s involvement with the Children’s Division. These texts ultimately take on a life of their own and come to be used as a stand-in for what the family is or is not doing. These texts are particularly problematic when the emphasis of these reports is on “covering your ass” instead of accurately representing what happens. I argue that workers intentionally and unintentionally do this just to survive in this system, and, ultimately, it hurts a parent’s ability to be reunified with her child.

This chapter has also demonstrated that the FCOOHC workers are advocates for the parents, but this is a conditional advocacy. Much like the CA/N workers, the FCOOHC workers ultimately adopt the perspective of the families compared to the other members of the child welfare system. However, the FCOOHC workers are dealing with a particular subgroup of parents (e.g., ones that have abused or neglected their child). Given the constraints of their time, they become the advocates for some of the parents. It depends upon how much effort the parent demonstrates to the FCOOHC worker, the amount of trust the parent and the worker develop among themselves, and whether or not the parents are viewed as “deserving” due to factors outside of their control.

FCOOHC workers shouldn’t be put in the position whereby they have to choose which parents to whom they are going to give their time and attention

based on considerations of worthiness. I think we need to widen our definition of deserving to include parents within and beyond those involved in the child welfare system. Most parents deserve adequate help that addresses the issues in their family, whether it is a lack of healthcare, job assistance, parenting support, etc. I argue that the lack of staff in Missouri's child welfare system forces workers to choose who is deserving and who is not. It is a consequence of retrenchment in the child welfare system in the state of Missouri. The workers do not have access to adequate services to really help the parents. There have been cutbacks in parent aids, counseling services, housing services, etc. These cutbacks make it more difficult for parents to be helped by the system. However, what is more troubling is the programmatic cuts in Missouri health care. Although the effects of these cutbacks were only beginning to surface at the end of my study, it is very likely that many parents will lose their rights to raise their children because of a lack of adequate health care. I argue that this shouldn't be possible.

Finally, the issue of surveillance and social control within the child welfare system needs to be evaluated. What level of surveillance is acceptable? I argue that parents shouldn't be subjected to excessive social control and surveillance in order to have their children returned to the home. Verification is necessary, but the practice of dictation without the parent's knowledge is troubling.

## **CHAPTER NINE--THE JUVENILE OFFICER'S STANDPOINT: THE COURTS' ADVOCATE**

The juvenile officers' structural position is between the courts, the social workers at the Children's Division, and the families. This sets up an interdependent relationship between the local Juvenile Office and local CD office, because the JOs are dependent upon CD for information, while CD is dependent upon the JOs for approval in terms of taking children into protective custody and returning them to their parents' home. However, the JOs hold the power relative to the Children's Division workers. I will discuss the JO's view of their power, provide examples of how they have exerted their power, and explain the reasons why the JOs have more power. I argue that, because of turnover and because the linkage between the Juvenile Office and the Juvenile Court is so strong, this gives the JOs the ability to have their will realized. Consequently, the JOs are able to structure the daily practices of the CD workers. Also, because they are the representatives of the court, they do not ally themselves with either the families, as in the case of the CD workers, or with the children, as in the case of the mandated reporters. Their standpoint is a judicial standpoint, and they strongly ally themselves as the court's advocate.

In the second half of the chapter, I discuss the tensions between the CD workers and the Juvenile Office. As in the previous standpoint chapters, tensions develop between the various actors in the child welfare system. In the

case of the Juvenile Office, the main tension surrounds the issues of the JOs monitoring CD to ensure work gets done and CD's relationships with the families. It is important to note that these are some of the same tensions that come up between CD and the mandated reporters.

### **JOS HOLD THE POWER**

In the circuit I spent most of my time, the JOs have more power and control over daily practices than the Children's Division workers.<sup>92</sup> This is acknowledged in the following two interchanges:

CP: Some of what I have heard you say is there is a dependent relationship between CD and the JO and CD looks to the JOs for direction. Is that right?

Gretchen, JO: I would say sometimes yea. I don't think it was intended to be that way. I don't think that is how it is set up, uhm but that is just how sometimes it turns out.

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CP: The JO and CD are supposed to be equals.

Barbara, JO: Yea.

CP: But in practice the JOs have more influence. Do you think that is true?

Barbara, JO: I think so. And we can tell them no and if you want that done you are going to have to report to the court themselves. Yea I think it is. Not that it should be but that is how it has become. I think we have. It is not just that we have the power to say no, but it is usually us that they are asking that before they contact the GAL or the other parties. They are running it by us. So we are usually the first contact that rejects it. By the time they ask other people and the other people involved are saying kind of the same thing, we are usually the ones they run it by first just to see what were saying.

In these quotes and in my experience, it is a common practice of CD workers to talk to the JOs first and give them the first chance to say no. Given that the way

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<sup>92</sup> This was true of the other circuit as well.

the system was intended to have all team members make joint decisions, this isn't really happening, because CD often doesn't bring up sending kids home, for instance, if the JOs are not in agreement.

The Juvenile Office is aware of how CD feels about this power difference although I do not know if the JOs are aware that some of the FCOOHC workers refer to themselves as the JO's bitches.<sup>93</sup> One JO acknowledges that the CD workers are unhappy with the power difference in the following quote:

From a CD perspective, it often times feels like there is a hierarchy that they have to answer to the Juvenile Office. [Pause.] And I don't know what the answer is to that. I understand why they would feel that way. It is NOT because we want it. [Laughs.] You have to constantly work on that team approach while understanding that we are a team but we are not a team. We are in each other's pockets. We are individual agencies. So while we want to work with you, there also has to be permission without hard feelings, because it is not personal. It is not your child or my child. There has to be a working relationship such that we understand that we don't always agree (Katherine, JO).

In the above quote, the notion of interdependency between the two agencies is evident. I discuss how this interdependency creates tension below.

Interestingly, when each of the people from the Juvenile Office was asked directly to characterize the relationship between the Juvenile Office and CD, they said some version of it is a good relationship. At other points in the interview, however, there was recognition that there were problems and tensions between the two agencies. One said, "I think it is good. It can be tested at times. I think we have a good relationship. I think it has gotten better or more open to

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<sup>93</sup> Frankly, if the JOs didn't know, I didn't want to be the one to tell them.

suggestions. I don't think I see a lot of follow through on the suggestions we have to offer on helping things, uhm, but I think for the most part it is good" (Barbara, JO). As you saw in *chapter eight*, the FCOOHC workers openly acknowledged there was tension. Several FCOOHC workers even referred to themselves at the JO's bitches. It is important to note that the relationship between CD and the Juvenile Office did improve during the time I was observing at CD. Although this could explain some of the difference in perspectives, I don't think it explains everything. I think this difference in perspectives has to do with each groups' standpoint. Since the JOs are in a position of power, they are not the ones that are being told what to do and are not having these things done to them. Since CD is on the other end of that in terms of being told what to do and how to do it, it is not surprising that CD would be more likely to discuss the inequity in terms of power.

#### *EXAMPLES OF JOS EXERTING POWER*

I will discuss several examples of what could be interpreted as the Juvenile Office exerting power over CD's practices. Keep in mind that CD does have a several hundred page policy manual which is supposed to explain how things are done.<sup>94</sup> First, when HB 1453 became law, it was the attorneys for the Juvenile Office who made a power point presentation explaining how the bill affects CD. For instance, this bill affected who the CD workers could reunify with. If a parent had a felony conviction relating to child abuse and neglect, this

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<sup>94</sup> This manual is online. I only saw one person consult it and I rarely heard it discussed except to say that they haven't read it.

law stated that CD could not reunify with that parent(s).<sup>95</sup> This is not to imply that CD wasn't given any information about the new law from their central office. They were given a thirty page memo that highlighted the changes in the law. However, they did not find this memo to be very accessible.

A second example is when the Waddle case was decided. This case will be discussed in greater detail in *chapter ten*. In a nutshell, this court case altered the JOs' liability when taking protective custody. It was the attorneys for the Juvenile Office that explained the new protective custody procedures to CD workers. Essentially, the Juvenile Office now requires CD to put everything in writing instead of just having a verbal conversation and when possible, they are trying to avoid taking kids into emergency protective custody. Instead, they want the judge to make that decision. In this example, you again have the local JO attorneys interpreting a law for the CD workers, and as a result, the Juvenile Office ends up telling CD how to do their job. When this meeting took place, CD had not received any information from central office regarding a change of procedures.

A third example is when judicial decisions changed the way TPR packets are completed. It was again the attorneys for the Juvenile Office who gave the CD workers copies of the new TPR packet guidelines that CD has to follow. The JOs are in a position to affect what happens at CD because they tell the CD workers what to include and how to write them. When they don't include enough

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<sup>95</sup> This section of the law has been declared unconstitutional.

information or include the correct kind of information, they are sent back to the CD worker. Based on this packet, the attorney for the Juvenile Office constructs the case against the parent(s). Thus, because the JOs are accountable to the courts, but they are dependent upon CD for information, they are in a position to tell CD how they want the information that is being sent to them. As discussed in *chapter eight*, it is interesting to note that termination of parental rights packets are supposed to be written by the JOs not CD. The JOs are supposed to have access to CD's records. The way this has worked out in practice in this circuit is that CD writes them for the JOs and then the JOs transform them into legal documents.

A final way the Juvenile Office trains the CD workers, and thus, shapes their daily practices is on a one by one basis. In the next quote, an attorney acknowledged training CD workers on an individual basis by answering questions. She says,

On a one by one basis is where I do most of it [training]. It is not a formalized training. It is getting ready for this case or this particular thing. Or answering telephone calls answering questions. That is when it begins to blur who I represent and that is where I have to be very careful about the advice I give.

As is evident in this quote, the line for the attorney for the Juvenile Office is blurry because she doesn't legally represent the Children's Division. I would argue that

these attorneys shouldn't be put in a position to have to do this kind of work. CD has their own attorney who they could go to for legal advice.<sup>96</sup>

Both the JOs and CD workers have their own view of these trainings. The JOs feel they are going out of their way to train the CD workers. They also feel like they are not simply demanding that the CD workers change their practices. One JO explains,

When we change something internally, we try to not send over, 'here are the new forms that you are expected to fill out.' We try to go over and train them and explain why and interact. We try to get the supervisory level involved and even coming up with those forms and getting their input on them (Katherine, JO).

Thus, the JOs feel they are providing a service to CD by doing these trainings and in reality they are. However, from the frontline CD worker's perspective, even though the JOs are asking for input, ultimately they are still telling CD worker what to do and how to do their job. For instance, after one of these trainings, several of the workers told me that the Juvenile Office just doubled their workload. It was interpreted as doubling the workload because the termination of parental rights (TPR) packets cannot be written until after the court requests them. However, in order for the JOs to file the TPR petition, they need the information contained in the old TPR packet. The way they are getting around this is to call the new TPR packet, the TPR referral and the new TPR packet would be completed after the court requests it. The other reason the FCOOHC workers interpreted this as more work for them was because they were

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<sup>96</sup> During my observations, there were a few occasions where workers did ask for clarification from the attorneys for the Children's Division.

told that they cannot stop reasonable efforts until after the TPR case has been decided. Prior to that point, they could stop reasonable efforts once the TPR petition was filed. It is an open question whether or not this in fact doubled the FCOOHC worker's workload. The intention articulated by the JOs was to encourage the CD workers to collect and keep track of the information from the beginning of the case in this manner, and if that was done, both the TPR referral and the TPR packet would be significantly easier to complete compared to the several day process of combing through every piece of paper in the file and organizing the information. It is important to point out that some of CD's frustration may have and should have been directed to the courts instead of the Juvenile Office. In this case, they were the messengers not the initiators of the change.

In each of the examples above, the JOs were able to get their way relative to CD because the local CD office was in a weaker position relative to the Juvenile Office. This will be discussed in more detail in *chapter ten*. Essentially, the linkage between the local CD office and the central office isn't very strong compared to the linkage between the Juvenile Court and the Juvenile Office. The JOs essentially act as representatives for the court, and thus, they are able to structure the daily practices of the CD workers. What ends up happening is the local CD office is reliant on the Children's Division policy for telling them *what* they have to do, but they are reliant on the Juvenile Office for explaining *how* they have to do it.

## **REASONS WHY JOS HAVE MORE POWER**

There are two main reasons why the JOs have more power in this circuit, which are related. The first reason has to do with the fact that the Juvenile Office reports to the Juvenile Court and indirectly works for the court. According to the JOs, part of their responsibility is to monitor other actors in the child welfare system, including the Children's Division. The second reason why the JOs have more power is because the JOs have more experience compared to the CD workers. This is due to the large turnover rate at CD. This puts the JOs at an advantage relative to the CD workers in terms of understanding how the system "works" in practice. I will discuss each in turn.

### *JOS HAVE MORE POWER BECAUSE OF THEIR RELATIONSHIP TO THE COURT*

The fact that the JOs indirectly work for the Juvenile Court has important consequences for the power dynamics between the Children's Division and the Juvenile Office. One JO explains how the Juvenile Office is connected to the courts in the next quote. She argues that the Juvenile Office was designed to be the court's agent or advocate,

From just the way we are set up with a court appointed juvenile officer ... The courts in this state have their fingers in the pie [more] than the courts in other states because they decided that we are going to be intimately involved in these cases, but we need an agent to do that and that that agent is going to be the juvenile officer rather than having someone who is elected and it falls completely on their shoulders or you parcel it out between social services for these kinds of cases and the prosecuting attorney for those types of cases (Hillary, JO).

Another JO discusses the fact that the JOs essentially work for the courts. She said,

My understanding is that basically the courts needed a helper when it came to these cases and so they started appointing JOs. JOs are not an elected official. We are at the whim of the court, which is very interesting to try your case in front of your boss's boss. I think it just grew from there. The court just wanted to know what was going on with these cases and I need you to help me with this (Katherine, JO).

This close connection gives the JOs more power to influence how things get done in the local circuit because they have the ear of the court. Essentially, they monitor the activities of others involved in the child welfare system and report back to the court.

#### *JOS MONITORING CD WORKERS*

Because the JOs are so closely linked with the Juvenile Court, they adopt the standpoint of the court. Much like the mandated reporters who adopt the standpoint of the children involved in the system and act as their advocate, the JOs adopt the standpoint of the Juvenile Court and they act as their advocate. One of the consequences of this is that the JOs feel that they are put in a position to monitor and oversee other people involved in the child welfare system. For example, if CD isn't turning in the termination of parental rights packets on time or the guardians at litem are not regularly attending the family support team meetings, the JOs report this to the juvenile court.

The JOs seem to take a very active role in monitoring CD's practices, at least in terms of court involved cases. With non-court involved case, the JOs

have little to no involvement. Not surprisingly this causes some tension between the two agencies. One JO said,

And it is kind of like we have to work with CD, but we also have to write them up if they aren't doing their job. I don't know that we are the overseer, but we are the reporter to the overseer for everyone. . . I think it is whether you are friend or enforcer. A lot of times you spend the time being the enforcer. It is hard to switch back and forth for both sides. 'Well how come we were sociable at this meeting but now you are on my case and everything?' It is like being bi-polar, two different faces kind of a thing. 'Yea, you need to get this done or I am going to have to report to the court this one thing' (Barbara, JO).

In the previous quote, this person takes her responsibility as overseer very seriously. In the following quote, this JO talks about ensuring that CD has done their job so that they can make an informed decision. She says,

Most of the time, we would like CD to be able to give us their recommendation when they call, 'I'm recommending [protective custody] or not. I'm doing a safety plan or a written services agreement or whatever this is,' but usually I have a lot of questions when they call. Whenever we get their information, it is usually this is what is going on. 'Well, specifically with the new laws, 'Where is the other parent? Are there any relatives? Do they have any history?' So a good five ten minutes is trying to get out all the information from the different areas so we can determine if we really SHOULD or NEED to [take protective custody of] a child. Uhm. It is a lot of back, getting all the facts we can because the more information we have the more we can put in our reports (Kim, JO).

In the above quote, the JO is stressing the fact that she has to monitor and make sure the CD worker is doing her job.

The person in the next quote also discusses monitoring CD but in this example she is discussing monitoring them in terms of the completion of reports.

This person said,

One of my biggest issues was timeliness of reports, just having to HOUND AND HOUND. We need this special report, permanency plan, court report on what has been going on, an update. They have all the information, it is just the time associated with putting it into writing and all that and getting it over here (Barbara, JO).

It is interesting that the JOs also use the “hound method” discussed by the mandated reporters. This JO also talked about monitoring CD in terms of what happened at family support team meetings. She says,

I felt like a lot of time I facilitated some of them, especially when the supervisors couldn't because they had so many people doing different ones. And when they were short supervisors, I would usually print off a copy of the report or the petition. Making sure THIS area is being addressed and not overlooked because you get six months into it and you're like, 'We never took care of this?' Well. So a lot of times I had to bite my tongue. 'Well why didn't you [the CD worker] do this? We talked about this last meeting. Why hasn't anything moved on it?' It is kind of like playing devil's advocate. But you don't want to do it in front of all the other people, but you still need it to be addressed. But a lot of times, yeah I felt like. I found myself in a lot of the meetings having to explain [Adoption and Safe Families Act] and [Indian Child Welfare Act] Or say you need to explain [Adoption and Safe Families Act] and [Indian Child Welfare Act]. You need to remind them a lot of times. Towards the end of when I was doing it, they would have little cheat sheets of what they needed to go through to make sure they covered everything, but that wasn't always the case. I felt sometimes I had to facilitate things (Barbara, JO).

In the above quote, it is obvious that this person sees themselves as above the CD workers and in some cases acted as if she was the CD workers' supervisor. This JO went as far as to have meetings with the FCOOHC workers. What is noteworthy is that CD supervisors are supposed to have bi-weekly case conferences with FCOOHC workers. During these meetings, the supervisors and the worker are supposed to discuss each case. The point is to keep the

supervisor apprised of the current status of the case and to discuss how to move the case toward either on reunification or termination of parental rights. As you will see, this person took this supervisory role upon herself and is a clear example of the Juvenile Office exerting power and monitoring CD's practices.

This person said,

I would get to where I would meet with each of the workers and go over the entire cases. 'What needs to happen with this case? What needs to happen with that case? Why is this guardianship not been filed for a year? This kid needs to be in guardianship and done with. They have been in this arrangement for two years.' And I would set aside a day and did that each month. I think our supervisors are different. Here we have deadlines and are held accountable and receive consequences when we don't do things or don't get things done. I don't see that happening over there. I see warnings or threats. Those same things would be a whole different situation over here. The accountability would be different. They don't understand why I am calling them three or four times saying I need this report. I have to have this filed thirty days before the court hearing. You are supposed to have the report to me a week before that. My report was due two days ago and you still don't have it done. Um and it got to the point where if I had too much trouble, I would put in my report, 'I attempted to contact CD on this date.' I put it back on them instead of me making excuses. 'CD has failed to do this.' That started them doing things. But then we would have to be responsible for making them memos and telling them when reports are due because they can't calendar it themselves. We were having to send over memos saying, 'so and so has a [permanency hearing], this is when the report is due.' We would have to put the dates so they would know. There was a lot of hand holding in certain areas (Barbara, JO).

I will discuss the difference between the culture in the Juvenile Office and the culture in the Children's Division below, but these cultural differences are obvious in the above quote. The JO workers are more accountable to their supervisors for deadlines and getting work done. At CD, there is less accountability until the

JOs complain. Once that happens, the atmosphere was less lax for a while. One of the things that is striking in the above set of quotes is the way the JOs talk about CD workers. Many of their comments are less than respectful to them and reflect their standpoint as an advocate of the court. As you will see below, there are interesting parallels between how they talk about CD workers and families.

Another JO talks about monitoring CD, but this person does so in terms of the improvements CD has made recently. This person said,

I feel like CD has done a better job and so we are not as nervous that they are not following through. The informal adjustment agreements<sup>97</sup> are for two parts. One is to make the parents feel like there is something a little more over their head. If you don't do this, we are going to court. And then it is also again, it goes back to that checks and balances. You have another agency checking to see if CD is really doing what they are supposed to be doing as well as if the parents are doing what they are supposed to do (Gretchen, JO).

In this quote it is obvious that this person feels like it is her responsibility to ensure that CD is doing what they expect of them. I will discuss this quote in terms of what this person has to say about families below. This person continues:

We have put a lot of pressure on them, our circuit over the last three years, a couple years prior, put a lot of pressure on them. We were not getting what we needed. And so, there became a lot of not good feelings at the upper levels. I don't know if the lower levels really saw that, but I would say that they would feel good about where their cases are and how we are managing them. I

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<sup>97</sup> Informal adjustments are arrangements made between a parent(s) and the Juvenile Office. This happens in cases where there is no court involvement.

would say we feel good about that too. They get the reports to us fairly timely (Gretchen, JO).

In the above quote, the JO talks about managing CD's cases. Again we see the JOs talking as though they are the supervisors of the CD workers and this is because they act as the court's advocate. Although the JOs have seen improvements in CD, they are not completely confident that all of the problems with CD are behind them, especially with the moving away from taking protective custody as often. The movement away from taking protective custody will be discussed in *chapter ten* and is part of the shift in liability for the Juvenile Office.

The JO said,

I think it makes you really have to hope that CD is doing their job. In those cases that we may have taken in the past, now we are saying, 'Let's give them services.' We are really hoping they are out there doing what they NEED TO versus how sometimes we felt in the past. 'Oh it is a FCS case. I'll check on them once a month.' On these cases I think we all hope that they are really in there a lot more doing a lot for them as if they were a ward of the court. So I'm not sure my comfort level is that the Children's Division is doing all of that yet (Gretchen, JO).

Thus, the JOs definitely feel that it is their job to monitor the Children's Division and act as the court's advocate.

#### *JOS HAVE MORE POWER BECAUSE OF EXPERIENCE*

The second reason why the JOs have more power in practice is due to the experience of the JOs compared to the CD workers. There is significantly more turnover at all levels of CD compared to the Juvenile Office, at least in terms of the people involved with the child abuse and neglect side of the Juvenile Office. In the year and a half I observed CD, the entire CA/N and FCS units and half of

the FCOOHC unit turned over. All of the supervisors at CD turned over at one time. On the JO side, the CD Liaison changed once and one of the attorneys left, but the new attorney worked in another circuit. Thus, just from an institutional knowledge perspective, the JOs had a better understanding of the child welfare system and how it worked compared to most of the CD workers.

One JO said,

Even though I feel like we have a lot of turnover, I think our turnover isn't as great as theirs [CD] and so anytime you have more stability and senior officers you are going to have that tendency to rely more on that other agency for guidance. I think just by habit that is how it has become because of the turnover and such (Gretchen, JO).

Thus, the turnover at CD puts them at a disadvantage relative to the Juvenile Office.

The high rates of turnover at CD caused problems and tensions because many of the CD workers didn't have the experience to do their jobs effectively or efficiently. One JO said, "Almost all brand new investigators, for our staff it is almost like walking them through it. It is frustrating for our staff, because they are like, 'Have you talked to your supervisor? Do you know how to do your job?'" (Kim, JO). Another JO discusses the lack of experience of the CD workers in the

following quote,

I think a lot of it is the experience of the workers there and how they approached it differently. The newer ones were more quick to want to [take protective custody]. I think some of that is that they didn't know what other options were that would still put all that safety in place that we were willing to try vs. a more veteran person knowing that (Barbara, JO).

In the next quote, a JO discusses the issues this person is having with the new investigators and the CD worker wanting her to co-investigate. Keep in mind that according to CD's policy, if a hotline is an investigation, the CA/N workers are supposed to give law enforcement the option to jointly investigate with them. Typically, the JO only gets involved after the initial investigation. This person said,

Lately they [CD investigators] have been calling us and wanting us to go out with them from the get go. And so I have to be like, 'I appreciate the information.' Lately we have had a problem with the minute they get a hotline, before they even talk to anyone, they want us to go out there with them (laughs) and do all the investigating. That is not good. Lots of time they will call me with a hypothetical, 'say we have this baby at the hospital and we have this situation.' I just ask them questions, 'Do they have a history? Is mom willing to do treatment?' I try to get those basic things and make sure they think about where is the other parent. 'Are there any relatives?' Stuff like that. I ask them if they have called law enforcement, try to get them pointed in the right direction (Kim, JO).

Given that there is only one CD Liaison and there are close to ten investigators, this one person can't possibly go out with the CA/N workers on many or even most investigations. If the CA/N worker is really asking the JO to co-investigate with her, then that really does show a lack of understanding of how the system is designed. In the following quote, the JO is discussing when the investigators call the Juvenile Office inquiring about taking children into protective custody. The way the system is designed is for the CA/N worker to recommend taking protective custody and then the JO makes the final decision. This person explains,

Having those newer people say, 'what would you recommend? I would recommend that you go to your supervisor and follow what your policies are because I can't tell you [that] you should go and do this or do that.' You should go and talk to your supervisor and follow your policy. I may know the answer but you still, you know, because that would become habit. They would call here and say, 'What do you think?' If you did it once, they would keep doing it. ... We have to pry. 'What is YOUR recommendation?' They usually call over and say this is what is going on. Okay. What are you recommending? I don't know if they don't want to say. I'm sure they value our opinion somewhat before they say yes or no, but it is usually not that they have everything in order and ready to just say, by the time they call, which is a good thing (Barbara, JO).

In my experience, most CA/N workers did not consult their supervisor prior to talking with the JO. Part of this is because the unit had three supervisors in a year and a half and didn't have one for several months when they were between supervisors. However, even when they did have a supervisor, this wasn't a practice I observed. CA/N workers are also supposed to have monthly case conferences with their supervisor, but this rarely happened. For the most part, the CA/N unit relied on coworkers for help, advice, and support. Although calling to run a scenario by the JO was a more serious issue with the newer investigators, even the more experienced CD workers would call and discuss the specifics of a case with the JOs and ask her opinion. This led some of the JOs to argue that more kids would come into care if CD was given the authority to remove children. This person said,

Um. I think a lot more kids would be coming into care (laughs) if CD, well with our CD workers. I kind of have the feeling that there would be a lot more [protective custody] authorized. You would go to court and it would be 'Okay we are going to do this differently.' I kind of like the checks and balances to it. So I like our set up but

I've never seen anything else. Knowing what I know, I like our system (Barbara, JO).

Part of why the CD workers would do this was not because they were unsure of what to do with the case. The reason they did this is because they wanted to be able to write in their report, "spoke with deputy juvenile officer Jones and she agreed that the signing a safety plan is sufficient to ensure safety at this time." Part of why they do this is to protect themselves from being solely responsible for not removing a child. Nevertheless, from the JO's perspective, constantly having to explain how the system works and how the CD worker should do their job must get very tiring.

In addition to having to walk the CD worker through how things got done, turnover at CD also had consequences for the entire child welfare system. For instance, turnover can slow down reunification which ultimately created more work for the JOs because the cases were opened longer. One JO explains in the following quote,

Turnover was always a hard thing to deal with, to explain to the parents why we are here yet again. It seems like every time you change a worker, you are kinda starting at the beginning again and having to work through and catch that worker up and go through, 'We have done this, and this and that. Now we are at this level' (Barbara, JO).

Another JO talks about turnover among the FCOOHC workers. She says,

We feel like it just delays a case every time we get a new [FCOOHC] caseworker. You have to go back a couple steps, whereas parents you expect that they take a few forward and then a few back, but that is frustrating sometimes with case workers when that happens as well. Sometimes that is for the better and sometimes for the worse. ... Granted we staff those cases fairly

quickly. We staff them ten to twelve months into the case if we feel like that needs to be done. It is not like years of history that they are looking over. Regardless, if they are not the one who had the case from the beginning, it is always harder. You have to hope that somebody else's dictation is accurate. So I think it definitely makes it more difficult to testify to (Gretchen, JO).

Again we see the comparison the JOs make between the parents and the FCOOHC workers. In the next quote, the JO discusses the new FCOOHC workers and how cases can change direction because of the new worker. She says,

And it is frustrating when cases get transferred because a lot of times, I can't blame them because I would do the same thing, they come into it and say, 'Tell me about this case.' I'm like, 'No no. You tell me.' I don't know the daily ins and outs and all that kind of stuff. That is frustrating when a new worker comes in. Also with that, lots of times when they transfer, the person who was there, might have been going in one direction and then one person walks in and looks at the file and says, 'Let's do this.' And that is a lot of time. When I have to look back on cases where kids have been in care for three or four years and we are just now thinking about [termination of parental rights]. I think a lot of the time that is the reason because there have been changes in case workers. You know or like someone quits and somebody else comes along and says, 'No, no let's give the parents this try or this opportunity or whatever,' which is FINE. I'm not saying that it is necessarily wrong, but I think on most of those cases, you can look back and see that that has happened. So that is frustrating that somehow not everything gets communicated to them that it should be. And I don't know how we can fix that (Kim, JO).

As was discussed in *chapter eight*, the particular FCOOHC worker handling a case can have a profound outcome on the eventual outcome of a case. In some cases, this benefits the parents and in other cases it hurts the parents. Turnover is also challenging because cases do not get brought up to date before a CD worker leaves. This is the goal, but typically there is not enough time to update

all of the cases in the two week time period after they give notice. If the FCOOHC workers had fewer cases or less paperwork to do, then maybe information about a case would not get lost in the transition between workers.

Another problem with the high turnover at CD is the loss of institutional knowledge of the system in general. One JO explains in the following quote how most of the FCOOHC workers don't understand the system. She said,

I still don't think that a lot of the workers we work with understand the whole system so you know, we will say, 'Do they have food stamps?' I would think that that worker would know that. Sometimes they don't. Again, it is a big system over there, so learning the food stamps and [social security disability] and all that other stuff is difficult and takes a lot of time. Unless someone is there to learn their own job and others, I don't think they get it (Gretchen, JO).

In my experience, to do any of these jobs within CD takes months if not years to learn how to do efficiently and effectively. It isn't like McDonalds where you can be trained in a half hour or less. On a basic level, the job is straightforward: investigate allegations in a hotline or reunite parents with their kids. However, all that is involved in that is an incredible amount of knowledge about CD's policies and procedures, community resources, communicating effectively with parents, etc. Although *chapter five* is fairly detailed, it really only scratches the surface of all of the knowledge a person must learn. Also, CD workers work for the Children's Division, which is a different agency than the Department of Family Services which handles TANF, foodstamps, etc. They may be in the same office, but they really are different jobs and agencies.

Training is also difficult because knowledge gained from training leaves with the worker. On a purely financial basis, it doesn't make sense to spend money on training when the majority of the current workforce won't be employed the following year. Because this institutional knowledge leaves, having things written down is a reasonable solution. Since this doesn't happen, it frustrates the JOs. One JO said,

I would say that a resource manual or that policy manual of how to do something or having it written down for other workers, 'How to go about finding parenting class, having those counselors written down specifically. This counselor works best with teenagers who have depression.' Really designating out things like that. Uumh. Case workers struggle learning that process and how to do it. It is not written so that one person's struggle is useful. I think that is a frustration. They make every person struggle through that process and have this own notebook of their secrets vs. that office wide notebook. Okay I have this problem, what are the steps or resources for it (Gretchen, JO).

I did come across one binder that was a manual of sorts which explained how this person did her job. For instance, how to fill out the forms, who to contact about various issues, etc. This binder was in an empty cube and I think very few people were aware of its existence. Putting in the effort to make such a binder is challenging because time is so scarce, community resources are transitory, and laws and forms are constantly changing. Thus, there isn't a lot of incentive to do this kind of work.

## TENSIONS AMONG JOS AND CD WORKERS

### *INTERDEPENDENCY*

The monitoring the JOs do of CD cases creates tension between the two groups because CD frequently doesn't get its work done by the deadline. As discussed in *chapter eight*, there are some legitimate reasons for this such as a child losing his/her placement, having to do home visits, having to be in court all day for another case, etc. When this happens, instead of contacting the worker directly, the Circuit Manager is called, which angers the CD workers. Since the two agencies are interdependent, when one group doesn't do something, it affects the other one. For instance, in terms of paperwork, when CD doesn't complete it on time, this upsets the JOs because they cannot complete their work without this information. The next quote is an excellent example of how this interdependency worked in practice. Because the Juvenile Office has felt like they have had to monitor CD to be able to do their job effectively, they are frustrated by the fact that they don't have any influence in terms of hiring and firing CD staff. One JO said,

I think it is really hard for us to represent an agency that we have no power of hiring, firing, giving sanctions when they are not doing their job. So I think it makes it really tough especially when it gets to the point of filing a termination of parental rights and you are COMPLETELY dependent upon someone outside of our office. SO I think it makes it really tough, but when you go back to that checks and balances, I think lots of people will say that we have the better check and balance. You know, it is not somebody who is responsible for it and nobody in the outside world sees it outside of the agency (Gretchen, JO).

In the next quote, one of the attorneys discusses the issue of the interdependency of the Juvenile Office and the Children's Division. She argues that this puts her in an awkward position because she doesn't represent the Children's Division, but she is reliant upon them. She said,

So we are dependent upon Children's Division for their input and [pause] that is interesting because we don't have any control over them. We can't, we do try to train them, and yet who am I to tell them how to do their job. I certainly don't represent them. So as an attorney, it puts me in a very awkward position when they call me, 'hey what should I do.' Well I like my law license and just assume not advise you in this situation. [Laughs.] It is a very awkward situation.

Thus, the Juvenile Office would like to have more power over the Children's Division.

#### *LACK OF RESOURCES*

Given the fact that the JOs are dependent upon the workers at CD for information to do their job, it is reasonable that they get upset when they do not get this information in a timely fashion. It makes sense that they do not want to look as if they are not doing their job, especially when they view part of their job as reporting to the court when other key actors are not meeting their obligation. However, this again is really a structural problem. Some of the reports they need from the Children's Division should not be written by CD workers. They should be written by Juvenile Office staff. This doesn't happen because the Juvenile Office isn't given the money or resources to do their job effectively. One JO discusses the lack of resources given to the Juvenile Office in the following quotes:

Trying to represent my client, who doesn't have incidentally any resources to work abuse and neglect cases. The state has not seen fit to provide us with investigators or with Deputy Juvenile Officers that handle the abuse and neglect caseloads. So how he is supposed to do his job when it comes to abuse and neglect, frankly I don't know. If I was going to be sore at anyone, I would be sore at the state for putting him in this position and not giving him any resources to handle it. ... I do blame that on the state for not providing the resources, for setting this up and then basically abandoning it in my opinion, uhm, because they don't provide the resources to Children's Division for the kind of training it takes to make them law enforcement like (Katherine, JO).

Consequently, the Juvenile Office has devised a pretty ingenious strategy to have the CD workers do much of the compiling and organizing of information they need. The downside is that they are beholden to the CD workers. One of the attorneys for the Juvenile Office discusses the alternative in the following quote:

The one thing that would make my job easier would be to take the Juvenile Officer out of abuse and neglect situations, quite frankly. And not that I would remove myself from the JO office or that I would stay with CD, I don't know where I personally would fit in that. As far as a JO attorney and the issues we deal with, that would be the thing that would make my job easier. The flip of that would be to give JOs the resources to do their job when it comes to the abuse and neglect.

I argue that the state either needs to give the Juvenile Offices the resources to do their job when it comes to abuse or neglect cases or they need to get out of the abuse and neglect business. Much like we saw with the case of the CA/N workers where the state wants to be proactive by having referrals, this isn't possible without also providing the funding for these services. Time and time again, it seems like policymakers enact policies and laws that ultimately would

benefit families, but they do not put the resources behind these policies so that they effectively protect children from abuse and neglect.

Although the CD workers write the initial report and relieve the Juvenile Office of a considerable burden, the JOs still have to translate this information into legal language. Much like the Children's Division, the Juvenile Office is overwhelmed by the sheer volume of cases they must deal with. One attorney for the Juvenile Office described the pace as overwhelming. This person explains,

I think that I have made the joke that we aren't involved in plastic surgery. This is like battlefield triage. This is like get um and move them on. I think we resolve a lot of cases without a hearing. It doesn't take much to bring things to a grinding halt. That is very intensive litigation. If you have the same amount of cases coming in, everything starts backing up like a clogged sink. The volume and having to keep up with the number of cases and keep them moving can be really overwhelming. I don't think I could fully appreciate that until after I left and I had been in corporate and private practice. It is like the pace is so much slower and you don't really realize it. It took me several months to get back on pace. It moves at breakneck speed. It really does.

Another attorney discusses the volume of cases in the following quote:

We don't want to try every case. We don't have the resources to take every one of these cases to trial. So my job, it was very clear. Work a lot of these cases out, if there is any way to work this out. And that tries to keep the amount of litigation to a minimum. The judge works really hard with us. He is not afraid to take time to have a pre-trial conference to lecture us and let us know that if you are going to keep me here all day, it had BETTER be for a good reason. Otherwise, why don't you try to work this out. He does a really good job of keeping us in line.

Thus, both the Children's Division and the Juvenile Office are trying to do the best job they can given the resources they have to use. Both sets of workers are

overworked, and are just trying to make the best out of the situation they face. Ultimately, given the power the JOs have as the representative of the court, they are advantaged relative to the CD workers.

#### *CD'S RELATIONSHIP WITH FAMILIES*

Another tension that arises between the JOs and CD has to do with the CD workers' relationship with families. As discussed previously, part of CD's job is to work with the parents to help reunify the parent with the child. This is after all the mantra of CD – "Our goal is reunification." The CD workers take this seriously and so part of what ends up happening is they develop too strong of a relationship with the families from the JOs' perspective. Keep in mind that this plays out differently with the FCOOHC and CA/N workers. With the CA/N workers, they end up siding with the families especially against the mandated reporters. This, however, has consequences for the JOs as well. This frustrates the JOs because the CA/N workers do not substantiate hotlines they think the CA/N workers should substantiate. As you will see in the following quote, the JO assumes the CA/N workers do not understand the definition of probable cause. Keep in mind that the standard of evidence was raised by HB 1453 to preponderance of the evidence. The JO explains,

In my humble opinion, the Children's Division, never really grasped what probable cause was in the first place. I can't tell you how many arguments I've had with them about when they had decided not to substantiate an allegation and a hotline that we then filed on. Well, I have to prove it by clear and convincing evidence and if I think I can do that, and if the judge finds that, then SURELY there is probable cause, that is a much less standard. We have had situations where we had filed, and we had intended to call the

investigator to testify on our behalf, knowing full well that the parent's attorney would cross examine them, 'you didn't even substantiate. You didn't even think it was probable cause.' So when you are dealing with that, which I thought was a lack of training and a misunderstanding of what probable cause really meant. And then they raised it. I knew what was going to happen. It wasn't going to be preponderance of the evidence. Now it is going to be clear and convincing or beyond reasonable doubt. It was already higher than it needed to be in their OWN mind when it was probable cause. I don't know what we AREN'T seeing how and that is what scares me (Hillary, JO).

I would argue that CA/N workers do understand the definition of probable cause, but because of their training and experience with the system, they do not feel that substantiating a case is in the best interests of the family regardless of the evidence. Now that the standards have been raised to preponderance of the evidence, it is true that most of the CA/N workers don't know the difference between preponderance of evidence and probable cause. As I will discuss in *chapter ten*, most say it is the same thing, just another word.

An example of a case where the CA/N workers understood the standard of evidence, but still did not substantiate a case is a hotline regarding a very young child being left alone in a car at the mall. This case actually produced a heated debate among the CA/N unit, particularly between a veteran worker and one who had a couple years of experience. The facts of the case were that this child was left alone in a locked car for at least thirty to forty minutes. The weather was not particularly hot or cold so weather was not a factor. The child was asleep. The length of time the child was left alone in the car was verified by the security guard who was with the child at the car. Most people would argue that there was

sufficient evidence to substantiate the hotline in the child abuse and neglect computer system at the very least. It would be up to the prosecuting attorney's office to decide about criminal charges. The less experienced worker initially argued to substantiate the case while the veteran worker argued against doing so. Since the case was assigned to the veteran worker, she was the person that ultimately made the decision to unsubstantiate the case. Even the less experienced worker said that she understood why the hotline was unsubstantiated when I discussed this case with her. Therefore, it is not that they don't understand the definition of probable cause. They choose to take into account information other than the "facts" of the case. Not surprisingly, this frustrates the JOs because it is hard to try the case if the CA/N worker investigating it does not substantiate it.

The FCOOHC workers also have a closer relationship to the families relative to the JOs, but it is different that the CA/N workers. It is important to keep in mind that not all FCOOHC workers adopt this perspective with ALL families they work with and some of them do not do this at all. However, there are some families where the case workers develop a close relationship with the parent(s). This close relationship frustrates the JOs because they feel that this relationship interferes with the worker doing her job by holding the parent accountable for his or her actions. One JO said,

They make sure they ask us to be there for those meeting when the parents aren't doing things, when we are looking to say that our recommendation now is [termination of parental rights]. Part of me understands that because they do build that rapport with that

family. I'm okay with that because you do want them to have that relationship and being able to work with the parents as long as possible, but I think they could also build that rapport by working on the other side of accountability as well. Making them do something vs. handholding. Sometimes I think CD does enough handholding, you know. A recommendation to get counseling may be there for three months. Okay go with the parents, set up the counseling IF they don't know how to do it. I think they do ENOUGH of that handholding (Gretchen, JO).

Another JO talks about the relationship between the parent and the FCOOHC worker and how this relationship can interfere. She said,

A lot of times if they have a really good working relationship with the parent, it is not always a good idea for them to say, 'Okay you have until next month or we are going to [termination of parental rights],' because that will ruin their working relationship. Sometimes it is good for them to have myself or the [Guardian at litem] or somebody else be in the meeting and get to say that kind of stuff. That is fine. I don't mind being in that position (Kim, JO).

A third JO talks about the relationship between the CD workers and the families.

The person in the following quote argues that this interferes with them doing their job,

A lot of times that line gets blurred because they are working so much with the CD worker that [they think] they are their friends. They don't understand that they are there to make sure that they get all these things done. They are kind of like the enforcer or the reporter. I've had CD workers say, 'we have to work with the families. You don't really have to work with them. Can you come in and be the bad guy and say, 'you have to get this done.' I understand that you have to work with them and I don't care if someone is mad at me. It doesn't bother me. These things need to get done. I don't care if I have to come in and get on somebody. I've had that quite a few times. But I think that line does get blurred for the families. Well they said they would help me with this (Barbara, JO).

Thus, the JOs are frequently put in the position to play the bad cop while the CD worker plays the good cop.

### *JO'S STANDPOINT: A JUDICIAL PERSPECTIVE*

Part of what explains the difference in the relationships to the families is the different kinds of training or educational backgrounds the JOs and CD workers have. JOs tend to come from law/juvenile justice perspective whereas many social workers have degrees in social work or a related field. One JO discusses these different perspectives in the following quote:

I think in general they have been trained on the strength based approach. They try to look at their [parents'] strengths. Some of them obviously do BETTER at it than others. SOME of them go too far into it and you know and only want to praise them and talk about their strengths and get nervous about really digging in and dealing with the problem issues (Gretchen, JO).

In this quote, the JO is critical of the CD workers for not being harder on the parents. This person continues in the next quote by talking about the different perspectives between the CD workers and the JOs. She argues in the following quote that the CD workers don't hold the parents accountable enough:

Most of them [CD workers] are out there with good hearts and want to ensure safety and want to make sure they are making a better home for the kid. I feel that all of them when they take that job, that is their goal. They come with that social work background. Sometimes I feel like obviously we have a different philosophy than social work. Sometimes I think that a social work background is too easy. 'Okay make parents accept responsibility. Where is the accountability?' Where sometimes I don't know if social work teaches a whole lot of that, I don't know. I've never gone through that field, I don't know, just from what I see of the people we hire who are social workers and then what I see is that sometimes I think you have to have a happy medium between social work and holding parents' feet to the fire as well (Gretchen, JO).

In the above quote, the JO is arguing for the importance of accountability and holding the parents' feet to the fire. The issue of accountability repeatedly comes up as a difference between the JOs and the CD workers. Another JO talks about the different perspectives between the CD workers and the JOs in the following quote,

I think there is the perception that the juvenile officer is tougher on parents, depending upon who the worker is. Uhm. Some of that I chalk up to a social work mentality. I don't mean this in a derogatory way. As [JO], what I care about is the law and the facts. I don't live in the world of rainbows and blue bunnies and touchy feely fuzzy stuff. I don't care. You either did or you didn't. My job isn't to make you feel better about yourself. You can have a clash between law enforcement, prosecutorial mentality versus a social work mentality. Cop vs. social work mentality. I think there is the perception that we are tougher on them. Maybe we are. Maybe I've been in the system too long and I don't even realize it. My own feeling is that we are all trying to do the right thing. We might disagree on how to get there, but we generally agree on what the right thing is (Hillary, JO).

Thus, the approach between the JOs and the CD workers is very different.

Another example of the difference between the JOs' perspective and the CD workers' perspective is evident in the way they responded to me asking if the parents were aware of the fact that the CD workers do dictation and write down what the parents tell them. As you know from *chapter eight*, a few of the FCOOHC workers thought that they should start informing parents that they do this. The JOs said they didn't care if the parents were aware of this or not. She explains,

I don't care. Laughs. The parent has a right to an attorney. The parents need to understand and hopefully the parent's attorney will

explain it to them even if CD doesn't. This person is whatever you make this person out to be. If you are working side by side with this person and allowing this person to help you get to the final goal, then this person is your advocate. If you are not, then this person is not going to be your advocate. This person, and I've heard CD tell the parent, 'I'm going to testify, the judge is going to ask me what is going on. PLEASE make it to where I can go in and tell the judge, 'I asked that she do this and she did.'" ... I know they have said, 'You and I have talked about this. You know I am going to have to write about this in my report.' I think they do a pretty good job of that. Now whether they let them know that they go back and write all that down or not, I don't care if they know that or not. (Katherine, JO).

Thus, the JOs have more of a law and order perspective while the CD workers are more laid back.

I argue that this judicial standpoint that JOs adopt helps to explain why the JOs view the parents and the FCOOHC workers in a similar light. Although the following quotes were discussed above, they do illustrate how the JOs are constantly having to hold both the families and the CD workers accountable.

This is evident in the following quotes:

We feel like it just delays a case every time we get a new [FCOOHC] caseworker. You have to go back a couple steps, whereas parents you expect that they take few forward and then a few back, but that is frustrating sometimes with case workers when that happens as well (Gretchen, JO).

The informal adjustment agreements are for two parts. One it is to make the parents feel like there is something a little more over their head. 'If you don't do this, we are going to court.' And then it is also again, it goes back to that checks and balances. You have another agency checking to see if CD is really doing what they are supposed to be doing as well as the parents as well as if the parents are doing what they are supposed to do (Gretchen, JO).

In the next two quotes, the way the JO talks about the CD worker is similar to how they talked about families during my observations. She said,

You're like, 'We never took care of this?' Well. So a lot of times I had to bite my tongue. 'Well why didn't you [the CD worker] do this? We talked about this last meeting. Why hasn't anything moved on it?' (Barbara, JO).

But then we would have to be responsible for making them memos and telling them when reports are due because they can't calendar it themselves. We were having to send over memos saying, 'so and so has a [permanency hearing], this is when the report is due.' We would have to put the dates so they would know. There was a lot of hand holding in certain areas (Barbara, JO).

In practice, the JOs see the CD workers and the parents on a similar level and it is the JO's responsibility to get the parents and/or the CD worker to do what they are supposed to do. In both cases, the JOs are less respectful to the FCOOHC workers and to the families whom they see as not accountable for their actions and not doing what they need to do. Given that the JOs feel that they must monitor both the parents and the CD workers, it makes sense from their point of view to treat them in a similar way. However, CD workers are supposed to be their equals, not subordinates, and certainly not viewed as on the same level as the families.

## **CONCLUSION**

The juvenile officers' structural position is between the courts, the social workers at the Children's Division, and the families. As you have seen, the JOs hold the power relative to the CD workers. I argue that, because of turnover and because the linkage between the Juvenile Office and the Juvenile Court is so

strong, this gives the JOs the ability to have their will realized. Consequently, the JOs are able to structure the daily practices of the CD workers in a variety of ways.

Although the JOs are exerting their power during the “training” of CD workers, I argue that the JOs are going out of their way to do a favor for the local CD office when there are changes in the law. This certainly isn’t in their job description. Given that the Circuit Manager and supervisors are not lawyers, it seems logical to have the attorneys for the JOs “train” the CD workers. However, CD does have its own lawyers. Why weren’t they explaining the changes to their own workers in a way that is understandable to them? Perhaps if the state CD office did this, then maybe the power difference experienced by the local CD workers between the JOs and themselves would not exist to the degree that it does.

However, I argue that the power difference would not be totally eliminated, because the child welfare system does not operate in practice as a set of checks and balances. Although both the JOs and the CD workers talk about the child welfare system in terms of checks and balances, I really question this assertion. There doesn’t seem to be much balance in what happens within the system. Essentially, the Children’s Division is required to bend to the will of the Juvenile Office. Even in the cases where the Children’s Division pushed back (as was evident in the Smith case discussed in *chapter eight*), the JOs still got their way. Even if some of the tensions between the two agencies were reduced, the fact

that the JOs indirectly report to the courts gives them a structural advantage over the CD workers.

In the second half of the chapter, I discussed the tensions between the CD workers and the Juvenile Office. As in the previous standpoint chapters, tensions develop between the various actors in the child welfare system. In the case of the Juvenile Office, the main tension surrounds the issues of the JOs monitoring CD to ensure work gets done and around CD's relationships with the families. In both cases, the issue of accountability was central. The JOs think both the families and the CD workers need to be held accountable for their actions. Because the JOs are the representatives of the court, they strongly ally themselves with the court. In other words, the JOs standpoint is based on being the court's advocate. Part of why this happens is that the JOs have more of a law and order perspective, whereas the CD workers have more of a social worker perspective. For the JOs, this translates into making both the CD worker and the families accountable.

I argue that the two main tensions that develop between the two agencies are structural problems and have very little to do with the workers themselves. When resources are limited and everyone is overworked, adding another case to manage leads to tension and frustration. As we saw in the previous chapters, most often this frustration gets expressed to the people they encounter frequently instead of directing their frustration at the system. If changes were made to the system so that both the JOs and CD had adequate resources, I argue that things

would greatly improve. If the JOs had adequate resources, they wouldn't be as dependent upon CD as they are to write their reports and they wouldn't get upset with CD for not completing tasks in a timely manner. Also, if CD had the resources they needed, perhaps the rate of turnover wouldn't be as great. Given the current situation, turnover is a significant problem, because this adds to the workloads of the courts, the JOs, and the CD workers, because it is another case they all must staff. (Let's not forget the effect on the children and the families either.) Ultimately, without addressing the structural problems, the tensions between the CD and the JOs will continue.

## PART FOUR: SOCIAL POLICY

*Part three* focused on the various standpoints of the workers involved in the child welfare system. The various workers' standpoints and for whom they end up being advocates was demonstrated in Figure 7. The mandated reporters are the advocates for the children involved in the child welfare system. They start with this point of reference and never waiver. The CA/N unit ends up being advocates for the families involved in the child welfare system and the longer they work at CD the more they seem to become advocates for the families. The FCOOHC workers are supposed to also be the families' advocates but I argue that they can't do this because they are imprisoned by the texts they must create. Thus, they end up being conditional advocates for families. Finally, the JOs are advocates for the courts. They were designed to have this role and much like the MRs, they never waiver from this position.

These chapters also highlighted the tensions between the key actors involved in the child welfare system. We learned that the tension between the CA/N workers and the MRs center around their conception of the child welfare system. The MRs want the system to operate as a "child protection" agency. The CA/N workers argue that they can't do this. The MRs also want a child welfare system that had access to more generous welfare state policies. However, they want part of their goal with this idealized child welfare system is to use these resources to make parents be "better parents." The CA/N workers

object to what they perceive as the raced, classed, and gendered assumptions in this definition of parenting.

We also learned that the paperwork was important in both the CA/N unit and the FCOOHC unit, but the workers' ability to resist doing the paperwork was different. Because the FCOOHC workers had to turn in most of their paperwork to the Juvenile Office, their ability to resist was minimal. On the other hand, the CA/N unit had to turn most of its paperwork in to CD and not the Juvenile Office. Consequently, there were more allowance for them getting behind on their paperwork since they had timeframes to meet in terms of seeing the children on any new investigations. Thus, the nature of the linkage between the JOs and CA/N and the JOs and FCOOHC was consequential in terms of the CD workers' focus on the paperwork.

The paperwork was also consequential in terms of the FCOOHC workers ability to really advocate for families. The FCOOHC workers had to make decision regarding with families they had time to help and which ones they didn't. They tended to make this decision based on who they considered "deserving." Typically, parents who they viewed as "deserving" faced some kind of obstacle which made the FCOOHC empathize with the parent and work harder for this person. Examples of these larger obstacles were lack of adequate health care, mental health care, housing, etc. I argue that if we had a more comprehensive and generous welfare state, then the FCOOHC workers wouldn't have to make decisions about who was and wasn't deserving. Parents also would not be put in

the position of being subjected to the surveillance of the child welfare system or potentially losing the right to raise their own children because they are poor.

In *part four*, I focus my attention on social policy. *Chapter ten* will return to the subject of linkages across the child welfare system. I will demonstrate the ways in which the linkage between the local CD office and the local Juvenile Office had important consequences for the CA/N and FCOOHC workers. In *chapter ten*, I also discuss the transformation of legislators' intentions with the passage of HB 1453. I also discuss several key court cases that had the effect of transforming the intentions of the legislators. I demonstrate how the fear of liability discussed in *chapter six* shifts to include the Juvenile Office as well.

In *chapter eleven*, I discuss the ways in which the child welfare system is raced, classed, and gendered. I discuss the various ways class, gender, and race were visible to the social workers. Then I discuss how many of practices which I argue that race, classed, and gendered were invisible to the social workers. Of the three, the social workers were most comfortable talking about class. In the case of gender, they articulated an assumption that women should do the mothering. In terms of race, the social workers were most uncomfortable discussing it and articulated a colorblind perspective that said class is more important than race. Although the social workers were able to discuss to varying degrees the ways in which one's class, gender and race affect one's chances of being involved in the child welfare system, there was an almost complete silence regarding larger structures of racial, class and gender inequality.

## CHAPTER TEN--TRANSFORMATION OF INTENTIONS

This chapter discusses the policy process in Missouri's child welfare system. I focus on the discourse of liability in child welfare offices and how it is being transformed in practice by social workers, juvenile officers, and judges. In 2002, two-year-old Dominic James was killed by his foster father.<sup>98</sup> In the wake of this tragedy, Missouri House Bill 1453 (HB 1453), named the Dominic James Memorial Foster Care Act of 2004, was passed in June 2004.<sup>99</sup> HB 1453 was intended to bring about sweeping changes in most aspects of the child welfare system. This study follows the implementation of HB 1453 and subsequent legal changes in Children's Division (CD)<sup>100</sup> offices.

I use a theory of the policy process called the *transformation of intentions* (Hall 1995, 1997; Hall and McGinty 1997; Placier, Hall, Benson, and Cockrell 1998; Patterson 2000) to show how and why the discourse of liability has changed over time. First, I establish that a discourse of liability is present in local

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<sup>98</sup> Police were called to Dominic James's mother's house over a domestic situation. Newspaper accounts suggest that the mother was drunk and belligerent. The decision was made to remove Dominic from his mother's custody. He was placed in foster care because his father didn't have a job or a place to live. After Dominic was in foster care, his father complained about signs of abuse on his son, but CD (known as Department of Family Services (DFS) at the time) did not remove Dominic from his foster father's care. A hospital worker noticed bruises on him but did not report them. Even after Dominic was rushed to the hospital with suspicious, unexplained seizures, DFS did not move him to another foster home. Four days later, Dominic was back in the hospital with more severe seizures. He died two days later of shaken baby syndrome.

<sup>99</sup> This was actually the second bill to pass. The bill that passed the year before was vetoed by the governor.

<sup>100</sup> The Department of Family Services (DFS) was renamed the Children's Division in August 2003.

child welfare offices. Next, I discuss the changes in this discourse as a result of the implementation of HB 1453. Then, I discuss two other legal changes in child welfare policy in Missouri. I also discuss the consequences of this discourse on child welfare practices. Finally, I conclude by arguing that it is important to analyze both legislative and judicial action as well as the linkages between state and local levels to understand how and why the intentions of policy makers were transformed over time by social workers and deputy juvenile officers (DJOs).

### **TRANSFORMATION OF INTENTIONS: A THEORY OF THE POLICY PROCESS**

Much of the child welfare literature is either commentary with little data or data with very little theory. This project will make a contribution to this area by demonstrating the power that a theory of the policy process offers for the analysis of child welfare policy and by demonstrating the ways child welfare policy has been transformed over time. I use the theoretical framework of the *transformation of intentions* developed by Hall (1995, 1997), Hall and McGinty (1997), and Placier, Hall, Benson, and Cockrell (2000). The *transformation of intentions* has multiple meanings. Since policies are the vehicles for realizing *intentions*, the aims, purposes, and goals that motivate multiple actors to act, the *transformation of intentions* occurs in the traditional sense when policy actors aim specific actions at a problem for announced purposes. However, the *transformation of intentions* can also communicate a more flexible and less linear process. Multiple actors with different, divergent, or conflicting interests and

intentions enter into the process at different points and adjust to one another within and across sites to create policy. Unanticipated contingencies and unintended consequences may arise in this process. The *transformation of intentions* can also highlight the emergence of new or previously unacknowledged intentions during interaction. Finally, the *transformation of intentions* recognizes that actors use policy for reasons other than to solve problems. People may use it to advance their careers, reputations, or influence. The strength of the multiple nuances of the *transformation of intentions* is that it “highlights social actors, under unpredictable and changing circumstances, with limited information and foresight, in dynamic interaction” (Hall and McGinty 1997).

The *transformation of intentions* theory looks at the multiple intentions, interests, and interpretations of many actors in the policy process to see how it is that policy is continuously changed and acted upon by actors within a site, at different linked sites (i.e., national, state, and school), and across time (Hall and McGinty 1997). When one looks at policy in this way, one is able to see that the people at a later site are dependent upon the actions of those at a previous site. Likewise, actors at an earlier site are dependent upon those at a later site to implement their intentions. The nature of the linkages between these sites and the interests of actors at those sites strongly influences whether or not the consequences of actions taken at one site become conditions at another site. It

is important to point out, however, that because of the uncertainty and ambiguity of the policy process, these conditions are not determinants.

This is a study of the policy process in the sense that I look at how a text or policy moves across sites and across time. For instance, how does a text written by the legislature and passed by the governor get transformed by the local social workers? What is the context in which these workers interpret this new legislation? What other factors shape the way this legislation gets interpreted over time? Who else is involved in interpreting this legislation over time?

Understanding how policy gets enacted in multiple sites simultaneously will be a contribution of this project to the *transformation of intentions* framework. Most of the work using the *transformation of intentions* framework has followed the transformation in terms of the “chain of command,” policy being implemented at the national level to the state level and then at the local level. This study is different, because I look at how policy enacted at the state level by two branches of government gets implemented at the local level (CD and Juvenile Office) simultaneously. Thus, this is a multi-level, multi-site analysis. It is important to look at the linkages between the state and the local as well as the linkages across the local level in order to understand how and why policy gets implemented.

## DISCOURSES IN CHILD WELFARE

Within the child welfare literature, there are two dominant discourses about child welfare that shape the state and local contexts. The first approach is called “child welfare” or “family preservation.” Child welfare or family preservation involves promoting the welfare of the child in the family by working with the family and addressing the conditions of their lives. These programs are intended to be individualized to the needs of the family, to be more intensive, and to provide concrete help to address structural problems affecting the family. Historically, Missouri’s CD has been on the family preservation side of the debate.

The other approach, child protection, sounds appealing on the surface. Who wouldn’t want to protect children? But what “child protection” really involves is “protecting” a child by removing his/her from the home—essentially protecting the child from her family or the conditions in which the family members find themselves. Roberts argues that this approach isn’t really for the children, because it is taken only after families are already in crisis. It also results in too many children being removed from their homes and put in foster care unnecessarily (Roberts 2002).

Some argue that the shift from *child welfare* to *child protection* started in the 1980’s (Ferguson 1997; Kamerman and Kahn 1990; N. Parton 1991, 1994; Thorpe 1994; Roberts 2002; Parton, Thorpe and Wattam 1997). Thus, the system has shifted from caring about the well-being of families and encouraging

family preservation to a focus on children and trying to prevent *potential* harm. Roberts (2002), among others, argues that removing children to avoid *potential* harm does more harm to children in the long run, because some children are unnecessarily removed and separated from their biological parents. She discusses the psychological trauma and the rate of abuse and neglect within foster care.

Others authors argue that part of what has brought about this shift from child welfare to child protection has been the increase in social awareness and national media attention to cases of abuse, neglect, and even death. Because of this media attention, child welfare policy has been criticized for not doing enough to prevent these acts. Along with this media scrutiny, there has been an increase in the bureaucratization of social work and “good practice” during this time period (N. Parton 1991). Ferguson (1997) and Stein (2000) argue that a result of this new bureaucratization has been an increased focus on following procedures, accountability, and new managerialism. They argue that gathering evidence and a new emphasis on legalism determines what are child protection and social work (Ferguson 1997; Stein 2000). Ferguson states, “Child care has moved away from ‘welfare’ to ‘protection’ and social work is now an intrusive, investigative practice focused on policing and ‘normalization’ of the child rearing practices of marginalized groups: the poor, lone parent mothers, and ethnic minorities” (1997:222).

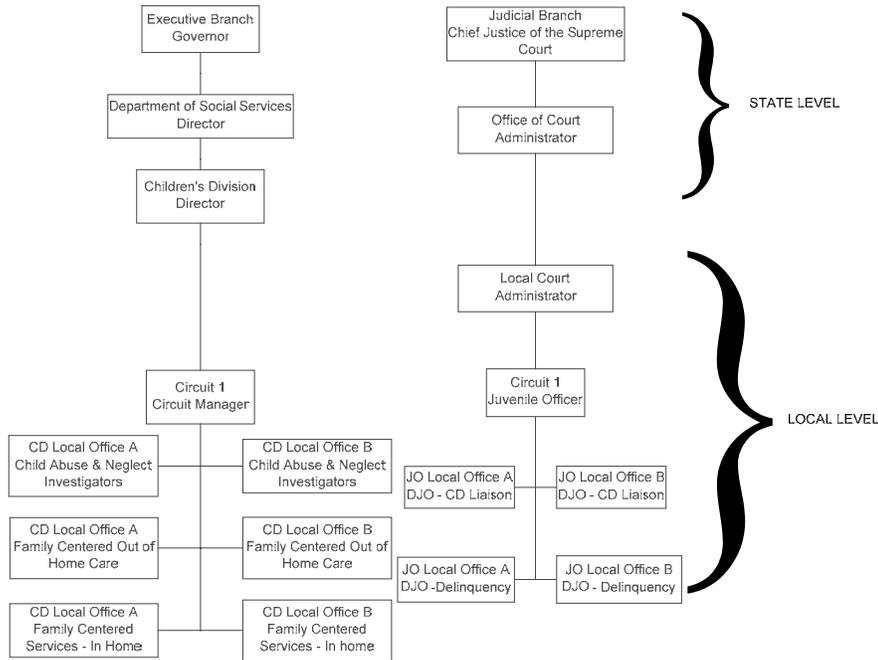
It is within this context that the discourse of liability has festered in Missouri. In what ways does HB 1453 emphasize protection or welfare? In what ways does HB 1453 increase the emphasis on liability? In what ways have the courts and the legal system affected the practices of social workers and other actors within the system? How does one's fear of liability depend upon one's job within the system? What effect does liability have on the social workers' ability to remove children from their homes or to return them to their homes?

### **MISSOURI'S CHILD WELFARE SYSTEM**

Before discussing the discourse of liability in child welfare offices, I need to provide some background information on Missouri's child welfare system. Missouri is divided up into judicial circuits. Each circuit is made up of one to five counties depending upon its size. Although each county has a CD office, there is only one Circuit Manager and one juvenile officer for the entire circuit. JOs report to the Courts, whereas social workers report to the Children's Division. They are supposed to act as a system of checks and balances. [See Figure 8.] Missouri's system is unique, because social workers do not take protective custody. Rather, social workers recommend that protective custody needs to be taken by the DJOs who have the legal authority to remove children from the custody of parents. As you will see, this distinction has important consequences for what happens in Missouri's child welfare system.

Missouri is ranked second in the nation in terms of the number of calls to the hotline per thousand children in the state (NCCPR 2003).<sup>101</sup> As you will see, the large

Figure 8: Missouri's Child Welfare System By Design



volume of cases is linked to the discourse of liability, because there are not enough workers to manage the large caseloads. Also, much like other states, a very small percentage of all cases get a tremendous amount of media attention. These high profile cases tend to encourage people to initiate legislative action. The bills that tend to become laws are associated with these high profile cases,

<sup>101</sup> Part of the explanation for this is that Missouri has a 1-800 hotline number (started in 1975) that is staffed 24 hours, 7 days a week. This makes it more convenient to report hotlines in Missouri than it is in other states. Missouri also takes referrals, which, by definition, do not rise to the statutory definition of abuse and neglect.

where a child “known to the state”<sup>102</sup> died. In fact, the last major restructuring of Missouri’s child welfare system occurred after two of three 8 year old triplets died of starvation and burns in October 1999.<sup>103</sup> The one high profile case in which the child did not die but that resulted in new legislation was the law regarding mandated reporters.<sup>104</sup> In this case, the child was subjected to years of sexual abuse, because, although a father disclosed to a counselor that he was sexually abusing his stepdaughter, the counselor did not report this to the authorities.

### **TRANSFORMATION OF INTENTIONS**

Now I want to turn to an ironic and unexpected *transformation of intentions* in the process of taking protective custody that resulted from an expansion of the discourse of liability within the child welfare system. As you recall from *chapter six*, the fear of liability was affecting CA/N workers willingness to remove children from their parents custody. The workers essentially argued that because of they had this fear, they protected themselves by taking protective custody instead of leaving the children in the home when there was a potential harm. Their ability to

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<sup>102</sup> “Known to the state” means that child abuse and neglect reports about a particular child have been reported to the state. In most cases, the allegations pertain to the parents/guardians.

<sup>103</sup> This case is known as the Bass case. The family was known to the state and the CD had been to the house. However, the social workers did not see all three children and were told that the other children lived out of state. This was not in fact true and two of the three triplets later died. One of the changes this case produced was that the CD workers must visibly see all children in the household within 72 hours of the initial hotline.

<sup>104</sup> A mandated reporter is anyone who works with children. For example: teachers, principals, doctors, nurses, counselors, police officers, etc. They are required by law to report suspicions of abuse or neglect even if s/he must break confidentiality agreements. If s/he does not, s/he can be charged with a class A misdemeanor.

remove children however, was limited because they ultimately had to persuade the juvenile officer to take protective custody.

During this study, there was a shift in the pendulum between what the JOs called children's rights to parents' rights. One JO described the pendulum in the following quote,

The pendulum used to be on children, everything for the children. Right now, I would say the pendulum is completely on the other side of parents. You have to give them EVERY POSSIBLE opportunity for services. Every chance before the child is removed. Again, not saying that it is a bad thing. I think it just makes us look at cases differently. I think it makes you really have to hope that CD is doing their job (Gretchen, JO).

Another JO said, "We talk about the pendulum swinging back and forth, and the pendulum is definitely swaying in the direction of parents. And I think it is directly in relation to what happened with Dominic James" (Hillary, JO). I will analyze three changes that produced a shift from children's rights to parents' rights in terms of the *transformation of intentions* and the consequences for the discourse of liability. I do want to point out that one of these changes is the result of legislative action while the other two are the result of judicial action.

### *HOUSE BILL 1453*

The first change in Missouri law occurred with the passage of HB 1453.<sup>105</sup>

This law was intended to bring about sweeping changes in the Missouri child

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<sup>105</sup> Although HB 1453 was named the Dominic James Memorial Foster Care Act of 2004, some people I spoke with argued that, had this bill been in place, it would not have done anything to help save Dominic's life. This is because this bill doesn't fundamentally restructure the foster care system. One JO said, "I have yet to find anything in 1453 that would have done Dominic James any good whatsoever." Another said,

welfare system, and many argue that it was a shift in the pendulum in terms of parents' rights. I will not discuss every change with this law, but I will highlight the most important changes relevant to the social workers I interviewed. Interestingly, one of the intentions behind HB 1453 was a shift in practices so that there was more judicial oversight by setting up timetables for reviewing cases. This is intended to be a shift toward parents' rights, because the parents would be able to have a hearing in front of a judge where they could defend themselves. This law mandated that there would be a hearing in front of a judge within seventy-two hours after a child was removed from her/his home. There are also mandatory meetings after thirty, sixty, ninety, and every six months until the child is released back into the custody of a parent or until termination of parental rights has occurred. In this case, the child would be available for adoption.

Another aspect of this law that is intended to help shift the pendulum towards parents' rights is a change in the standards of evidence from probable cause to preponderance of the evidence. Preponderance of the evidence is

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My biggest objection to 1453 was that it did not really address the problems that were recognized after Dominic James was killed. I thought it was a travesty frankly to call that piece of legislation the Dominic James Foster Care Reform Act, because it did not reform the foster care system in the interests of children. It did not address what happened to Dominic James. Well, it did in the sense that it made what happened to Dominic James EASIER to happen rather than harder to happen. I think that they should have called it something along the lines of the Parents' Foster Care Reform Act" (Hillary, JO).

One newspaper article suggested that HB 1453 should be called the Heartland Christian Academy Protection Act, because there were several sections that specifically discussed Heartland Academy and gave this academy special privileges (St. Louis Post Dispatch, May 9, 2003, p 4).

supposed to be a higher legal standard than probable cause.<sup>106</sup> Thus, it is intended to make it more difficult to remove children from the custody of her/his parent(s). In the situation where children are removed, the social worker and JO seek placement of the child in the custody of the non-offending parent, a relative, or a friend. The intention is to place the children with someone they know, rather than placing them in foster care with strangers. This is a shift toward parents' rights, because CD policy *recommended* that the worker follow up on relative placements rather than *requiring* the worker to do so. If they do not place a child with a non-custodial parent, friend, or relative, they must demonstrate why this is not happening and have a good reason.<sup>107</sup>

Although HB 1453 was intended to shift the pendulum, in practice it didn't have a dramatic effect on the daily practices of the social workers.<sup>108</sup> Many of the social workers argued that the change in law had very little impact on what

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<sup>106</sup> CD defines probable cause as "available facts when viewed in the light of surrounding circumstances which would cause a reasonable person to believe a child was abused or neglected." They define preponderance of the evidence as "that degree of evidence that is of greater weight or more convincing than the evidence which is offered in opposition to it or evidence which as a whole shows the fact to be proved to be more probable than not" (Missouri Laws relating to Child Abuse and Neglect, p 4).

<sup>107</sup> There was a provision in HB 1453 that made it impossible to reunite a parent if she had been convicted of certain felonies. This certainly wasn't a pro-parent provision. Although this was part of the law, it was declared unconstitutional by the Missouri Supreme Court. One could argue that this is another in a line of pro-parent actions taken by the Missouri courts.

<sup>108</sup> This law was almost 200 pages. It touched many aspects of the child welfare system that had nothing to do with the social workers I talked with. For instance, opening the Juvenile Courts to the public does not affect them. Finger printing foster parents isn't something they deal with either. Another part of the bill opened the door for 10% of the case management to be privatized. The social workers I spoke with argued that their jobs as investigators would be the last to be privatized because of the liability associated with their job. However, I argue that even the aspects of the bill that are directly relevant to their jobs didn't change or else that they were defined "as already doing it" as I discuss below.

they did on a daily basis. One social worker talked about how forms change but practices don't. She said,

And I think policy has made some changes but are they really being implemented? NO. Since Dominic James, nothing has really changed. There is another piece of paper here or there but, as far as the practice itself, nothing changes. They keep talking about how they are going to change this policy or that policy. The only thing that changes is the way the forms appear. Not the way you go out and practice. Preponderance of the evidence. Probable cause. It is the same thing (Cheryl, CA/N).

Another social worker talked about the fact that this legislation doesn't really impact what they do. She said,

Dominic James' death didn't have a lot of impact on what I do. [How do you think 1453 will change the system in the long run?] It won't. I really don't think it will. It doesn't matter how many bills are passed. Until we have the resources, we are not going to be able to prevent kids from dying. Hopefully, they won't die in foster care, but I don't think a piece of legislation is going to prevent that. I think workers who are better qualified, more involved and committed to their cases, that is what is going to stop that. ... You can put whatever law in place, and it doesn't mean that they are going to be a better person or a better worker. You can go to the house and fulfill the law. That doesn't mean you are keeping the kids safe. I can go make a home visit. It doesn't mean I'm doing my job. I can go to school and see the kids. I don't have to even talk to them. Am I ensuring that they are safe if I do that? NO, but I am fulfilling the mandates of the law. So I don't think legislation is going to help. Better trained workers who feel they are appreciated will [help] (Samantha, CA/N).

Another social worker talked about the bill and also said that HB 1453 had very little impact. She said,

I do have a copy of that policy change on my desk that I look at every now and then. Right now I can't think of something specific that pertains to me, although I am sure there are some. I didn't pay too much attention to it. I would like someone to explain it to me in a clear and simple way. But nobody has. Nobody ever mentions it,

which is weird. ... There is no organized conversation about it. No conversation with a supervisor about it. Nothing. A complete absence of discussion. ... 1453 had very little impact (Rachel, CA/N).

Thus, very few of the daily practices of the social workers changed as a result of this change in law.

In general, most of the social workers could only tell me one or maybe two of the specific changes that occurred as a result of HB 1453. When they did mention a specific topic, they either said, “we’re already doing it” or “that change doesn’t mean anything.” For example, the changes in terms of judicial oversight and having regular meetings is something that some social workers discussed. However, they said that this was in place prior to the legislation. This is true. Immediately after the death of Dominic James, there were changes in CD policy that later became mandated by law in HB 1453. In the case of placing children with the non-custodial parent or a relative, many said that this was already happening. The difference now is that they must document this instead of claiming they did it.

The second typical response, “that change doesn’t mean anything” is evident in the way the social workers interpreted the new law in terms of old practices. For instance, they redefined preponderance of the evidence as the same thing as probable cause, and, thus, they didn’t use the higher standard of evidence. One said, “If you are going to find preponderances. It just means the exact same thing as probable cause” (Samantha, CA/N). Another social worker said,

My understanding is that there is not a whole lot of difference [between probable cause and preponderance of the evidence]. Again, it came from some very vocal constituents that wanted that change. I think it is more of a legal term, and people like the whole legality of the thing. To me, probable cause was that there was more evidence that made it probable that it did occur than less. For preponderance of the evidence is that there is more weight to the evidence that it did occur than it didn't occur. So I'm personally not using it in any different manner than I would have to find probable cause (Heather, CA/N).

A third social worker discusses the changes in the language used over time to describe substantiating a case, but the corresponding change in practice has not occurred. She said,

[Can you explain to me the difference between preponderance of the evidence and probable cause?] I have no idea. I read over that. It was never made clear to me what the purpose of that was. I started in 1988. That was when things were substantiated or unsubstantiated. Somewhere in the middle we went to probable cause. Now, we are going to speak a different language. ... It seems like the concept of the hotline is to look at what is going on. You can't do everything, but you look at the significant things. You sort through and figure out which ones point to it happening and which ones don't. Why are they worried about what they call that? There has to be something more important than that. I think it happened. I don't think it happened (Rachel, CA/N).

No one clearly explained the legal distinction of preponderance of the evidence and probable cause to the social workers. Consequently, they didn't change their practices.

I argue that part of why the social workers didn't change their practices very much as a result of HB 1453 can be tied to their fear of liability. Although the law was intended to shift the pendulum towards parents' rights, this is incompatible with their concern about liability. The social workers do not get

fired, sued, etc., for taking kids into care when they shouldn't have, at least not when HB 1453 was first implemented. They only feared being fired or sued for leaving kids in "unsafe homes" and then something happening to them.

The JOs also argued that HB 1453 didn't have a tremendous impact, especially compared to Heartland, which I discuss below. One JO said,

I don't think 1453 changed it near as much as Heartland (laughs) changed it. I think 1453 just put pressure on us to make sure we are not letting cases stall out in the system and not move as quickly as they should. I don't think it was a downfall at all. I think it was definitely an improvement. I don't think our circuit fell into that much. I think that was more for your rural circuits that had the problem. I think it put it more out there for us to make us monitor and really look at those cases that we are not doing it. Why? What is the problem? ... So I don't think there were a whole lot of downfalls with 1453 (Gretchen, JO).

Another JO said that she thought they were "already doing it" prior to the passage of HB 1453. This person said,

I just remember when it happened. Meetings and meetings and planning how we are going to handle that. I liked the time standards. I think it helped with accountability in a lot of different areas. I wish that they would have done a little more consulting with people who actually did the work. I always felt that it was people who don't really. They just said, 'This would be good. That would be good. Let's do that.' And then not even realizing how it affected or how it could be carried out. Where is the manpower for it? But I liked the time frames, because I think it HELPED get things done. ... I don't think it was very well thought out in certain areas. I did like the timeframes and the time lines. Uhm. I'm trying to think of all the different areas of 1453. For the most part, I liked 1453 and what it was trying to do. I wish it wouldn't have taken what it did to get it started. But I don't think we were that far behind. We didn't have to make big changes. We were doing a lot of those things already. I don't think we were that far off key with it (Barbara, JO).

Thus, the legislators' intentions were not fully realized in practice with the passage of HB 1453. The social workers transformed many of the intentions of legislators and policy makers into something they considered irrelevant for their daily activities, while the JOs argued they were "already doing it." In the end, HB 1453 didn't bring about sweeping changes in the child welfare system. The shift toward parents' rights didn't happen until several key Missouri court rulings changed the daily practices of CD workers and juvenile officers.

### *HEARTLAND*

The second change that shifted the pendulum towards parents' rights was the Court of Appeals decision in the Heartland case in October 2005.<sup>109</sup> In this case, a JO was sued by the legal guardian for improperly removing children. The JO lost the case, and there was an \$800,000 settlement. Now the JOs have a fear of being held personally liable for removing children without due cause. This is the opposite fear of liability from the social workers' fear, since the social workers are afraid of keeping the children in the home. One JO said,

The way we interpret it [Heartland], it has a HUGE effect on us. It kinda makes me angry that I now have to worry about liability for

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<sup>109</sup> This case is known as Heartland Christian Academy vs. Michael Waddle, no 04-2471. There were multiple child abuse and neglect reports hotlined to CD regarding this facility. The facts of the case are the following: based on hotline reports, the JO, Michael Waddle, removed 115 children from the custody of the Heartland Christian Academy and placed them in foster care. Heartland contends that the JO overstepped his legal authority by removing the children because the information that was used as the basis for this decision was stale, i.e., old. In Heartland vs. Waddle, the Eastern District court of appeals found that the JO did not have immunity from prosecution, since the court determined that he acted improperly because the information he used was stale. Consequently, the JO was ordered to pay Heartland's \$800,000 legal fees. Since this facility is considered the legal guardian of the children, Heartland has become advocates for parents' rights, because they are essentially acting as functional equivalent of the legal parents of the children at their facility.

myself when I feel like my job is out there to assure children's safety. Ultimately, that is what we have told our DJOs [deputy juvenile officers]. So what if I lose my job? I'm going to go out there, and, if I have to remove a kid, remove it, and we will take it to the court, and, if somebody wants to sue us, then we will do that. Our job is still to ensure safety of the children. And so I think that it is out there, and it is frustrating to think it is out there. Can I be sued someday? Could our JO be sued who is really who it is on right now? (Nervous laugh) So it is frustrating to be thinking that we have to cover yourself for a suit versus doing my job to ensure safety for children (Gretchen, JO).

Prior to this ruling, JOs thought they were immune from prosecution. One JO said,

I don't think a lot of us thought that much about liability, because we are government agents and, historically, government agents, unless you went off your rocker or you did something completely uncalled for, you had immunity. You didn't have to worry about that. The thought being that we want the people who work for the government to be able to do the right thing without worrying about being sued by some nutcase that wants to sue them for every PERCEIVED slander, whatever. So I think what is strange to me is the perception by some people that all the talk about liability is self-centered. 'You can't worry about it. Your job is to protect children. Not to worry about liability.' Well sure. But you would be a DAMN FOOL not to worry about your own pocket book. You don't go out into the world doing EVERYTHING you want to do without SOME consideration (Hillary, JO).

Another JO said, "We have always been trained and have trained and advised that JOs have immunity. I don't think we are without complete immunity. I think there is some out there. But I do think that was a clear message, 'Don't be hanging your hat on the immunity hook, because it may not always work out for you'" (Katherine, JO). Because the JOs are now fearful about their own liability, they have reinterpreted state law.

The Juvenile Office changed the daily practices surrounding the removal of children from their homes. Prior to this ruling, the CD worker would verbally recommend taking protective custody. The Juvenile Office would agree or disagree. If they agreed, then the JO would sign papers that removed the child from the custody of the parent and placed them temporarily in CD custody. The case would then go to court (after HB 1453 this occurred within seventy-two hours) where the judge would decide whether the child would remain in protective custody. If the judge agreed that the petition submitted by the Juvenile Office had enough evidence (after HB 1453 the standard was preponderance of the evidence), then there would be an adjudication hearing set and the children would be ordered to be placed in the custody of CD.

After Heartland, the JOs instituted an affidavit policy. Essentially, they would require the CD worker, police officer, or anyone else with firsthand knowledge to write that down and sign an affidavit swearing to the accuracy of the information. Based on these affidavits, the JO would submit a petition to the court asking for the court to take protective custody. One JO described the change in policy in the following quote:

Now, we are handling PCs [protective custody] a little differently. Before, we would take the information down usually over the phone. In person if we could. Then we would end up writing a report to the court saying why I want protective custody. And it was kind of a potential liability, because I was putting my name on stuff that I wasn't there to directly see. What we are trying to do now is, if it is a case where we have several hours until the judge leaves and the kids are safe because they are at school or somewhere else for a little while, then we try to get CD or law enforcement or social workers at hospitals or whoever to fill out affidavits, and then

we just submit those to the court and maybe let the court authorize protective custody instead of the Juvenile Office (Kim, JO).

It is interesting that this person uses the word liability. She continues in the follow quote to refer to a concern about liability and being relieved by the change in practice:

[Our attorney] was a little blown away that we were putting our name on stuff. I was really relieved. It just makes so much more sense. The person who is out there in the field is the one that says stuff. I don't want to have to go into court and testify to stuff that I am getting from other people. I think this protects everybody. I think it really does. I think it makes them do a better job if they know that what they are finding, they are going to have to put it down on a sworn statement. I like it (Kim, JO).

Another JO said,

And now with the affidavits, we are basically saying please see the attached. WE are relying a lot more on their [CD's] information or law enforcement or the doctors. It would get to the point when I would say, please see the attached report and then add anything that I thought they needed to know that wasn't in this. ... I think, with the affidavits, we are relying more on their information being written down and having everything we need (Barbara, JO).

Here again, the concern of liability is evident when she discusses relying on information from others. Another JO explicitly discusses that the change in policy was based on a desire to reduce the liability of the Juvenile Office. She said,

When Heartland occurred, we started looking at that. How can we take some of that liability off of us? Obviously she [the JO's attorney] brought that to light. I think when she first came here, and was like, 'Oh my goodness. You guys don't have affidavits' (Gretchen, JO).

This has shifted the everyday practices of social workers and juvenile officers away from "erring on the side of caution" toward a more cautious "erring

on the side of families” by allowing more children to remain in their homes. One JO said,

Every attorney I know doing this has reworked the way they have taken protective custody. We are less likely, we are MUCH LESS likely to take protective custody without a court order. Even though the rules say we can, uhm, we are MUCH more likely to present not only our report of why we should take protective custody, but affidavits from police officers, investigators from the field. This is what we are relying on. This is why we are asking to take protective custody. Can we take protective custody? Apparently it is no good anymore when it is just what you understand, because, if what you understand is bad information, you are at risk (Katherine, JO).

The consequence of this change in practice has been that fewer children have been removed from their parents’ custody. One JO said,

I feel like it [the Heartland case] has already, there have already been cases with us where we haven’t removed where we would have probably two, three years ago. We would have removed, and, now today, we don’t remove them. We say, ‘let’s go get services in place first.’ I do. I still feel like we are going to remove a child who we think is in imminent danger (Gretchen, JO).

Another said, “We take things to the judge more frequently than acting on our own” (Katherine, JO).

In many ways, this Missouri Appeals Court ruling has had the effect of changing policy more than the law written by the legislature. Although one could argue that the Heartland case has reduced the number of children taken into foster care, it is important to point out that the issues in the Heartland case were not addressed by the legislature in HB 1453. Thus, one can’t claim the judiciary is implementing the intentions of the legislature in any direct way. In actuality, the judiciary transformed the legislature’s intentions even if they are moving case

law toward parents' rights. This transformation is even more evident with the third issue.

### *TERMINATION OF PARENTAL RIGHTS CASES*

The third reason why the pendulum has swung toward parents' rights was the recent decisions by the Missouri Supreme Court and the District Courts of Appeals<sup>110</sup> regarding termination of parental rights (TPR) cases.<sup>111</sup> The decisions of these courts are referred to as case law whereas statute is called black letter law.<sup>112</sup> In November 2005, the JOs met with CD to discuss the changes they were making in the TPR procedures as a result of this new case law. During this meeting, one JO said, "it used to be pretty easy to get a TPR. Now it is pretty darn hard" (fieldnotes). The JOs argued that there has been a shift toward parents' rights. The JOs discuss four changes in case law, which are: 1) must have current knowledge about the family situation, 2) must show how past actions will produce current harm, 3) time limits are no longer a ground for TPR, and 4) the social summary must be court ordered and written *after* TPR has been filed. I will discuss each in turn.

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<sup>110</sup> There are three district appellate courts: Southern, Eastern and Western. The judges in a region must use the case law of their corresponding appellate court and the case law of the Missouri Supreme Court. They can use the other appellate court decisions as guidelines.

<sup>111</sup> The JOs specifically mentioned *In the Interests of K.A.W.* and *In the interests of A.H.* *K.A.W.* was filed on March 30, 2004 and the case number is No. SC85683. *A.H.* was filed on August 11, 2005 and the case number is No. 26477. It was not until November 2005 that the JOs decided to meet with CD to discuss them. This meeting occurred shortly before the meeting about Heartland.

<sup>112</sup> Case law is when the judges apply the black letter law or statute to the facts of a particular case.

## Current Knowledge

The Adoption and Safe Families Act (ASFA) only requires CD to provide “reasonable efforts.”<sup>113</sup> Once the Juvenile Office files the TPR case, they have typically made a motion in court to relieve CD from being required to provide reasonable efforts. The idea is that if the Juvenile Office was filing TPR, CD had already provided reasonable efforts, and thus, did not have to spend any more time or money working with the parent(s).<sup>114</sup> According to the JOs, the new case law now requires the JOs to have current knowledge of the parent(s)’ circumstances during the TPR trial. Therefore, they will no longer ask for CD to be relieved of reasonable efforts. During an interview, one JO explained this change in the following quote:

Uhm. A common example is when the court ruled that you have to consider everything the parent is doing up until the day of the trial rather than the time you filed the petition. The old way of looking at it was what the parent did up until the petition for TPR was filed was fair game. The court could consider as much as it wanted to after. It is not unusual for parents to mend their ways and put on a good face between the time the TPR petition is filed and the time of the trial. And I’ve even seen parents redeem themselves, and the case ended up going away, and they got their kids back. Maybe that is what it took for them. When the statute says that the courts can give as much credit to that as they want and the statute says that the [Children’s] Division can be relieved of providing reasonable efforts to reunite the children with the family, with the parent, but then a [another] court says the complete opposite, then that leaves you with no other choice but to ignore this whole relieving the Division of reasonable efforts. That is the tax payer’s money at work. We don’t ask for the Division to be relieved of reasonable

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<sup>113</sup> ASFA is a federal law passed in 1996. Shortly after it passed, state law was changed to be in compliance with ASFA.

<sup>114</sup> TPR cases are filed for each biological parent.

efforts. We used to. The statute says we can, and it makes sense. Why do you continue to pour resources and time and continue to try to mend a bond that you are legally trying to break? That doesn't make any sense. That is why the legislature passed it. But when you have a judge say he doesn't care and that passes and he has a majority opinion from the Missouri Supreme Court and so you have to play by that rule. That is very frustrating (Hillary, JO).

In the above quote, the JO mentions some of the issues the CD workers had with this change in TPR policy.<sup>115</sup> The JOs interpretation of case law is that it is a shift in terms of parents' rights, because a parent can show no effort for a year and a half and then, the day before the trial, s/he can "work the plan."<sup>116</sup> This effort, albeit at the last minute, would be considered by the court. I argue that it is also a transformation of the policy makers' intentions at the federal and state level, because these justices are redefining the definition of "reasonable efforts" in practice. This is clearly in the interest of parents, because it makes TPR more difficult.

The second change in TPR filings has to do with the *current* risk to the child. In the past, the JO was able to get a TPR conviction based on demonstrating that a parent abused or neglected a child. Thus, past abuse was enough to warrant TPR. According to the JOs, the new case law requires the JOs to demonstrate how past actions pose a *current* risk to the child or how the

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<sup>115</sup> It requires the social workers to keep their cases active longer, which translates into more work for them. Given their workload, this change was not well received, especially when it was coming from the JOs. The JOs and CD have a history of not getting along, because the JOs have more power in practice than the CD workers.

<sup>116</sup> "Work the plan" means completing aspects of the reunification plan. Although reunification plans are supposed to be individualized, in practice, they tend to include the following: verification of employment, verification of adequate housing, regular visits with child(ren), counseling, parenting classes, etc.

past abuse is going to impact the child today. In the next quote, the JO is clearly discussing the *transformation of intentions* she sees in the court's ruling. She argues that it is almost back to reunification at all costs. This is a reference to ASFA, which was intended to explicitly move away from reunification at all costs by setting up time limits for parents to work toward reunification. She says during an interview:

Then along came the KAW case. That really changed the ways a termination of parental rights trial is looked at. It changed the way we try them. ... It is almost back to reunification at all costs. I won't go that far to say that is exactly where it is at. ... There are just new factors that were identified in the KAW case that are not statutory factors. They are NEW factors. They are very, I call them the crystal ball factors, what is going to happen in the future. As an attorney, I can't present evidence as to speculation as to what is going to happen in the future. And yet the court has to make findings, and the court can't make findings without that evidence (Katherine, JO).

The third shift toward parent's rights has to do with the timetables mentioned above. The ASFA explicitly states that if a child is in foster care for fifteen out of twenty-two months, this is a *ground* for TPR. According to the JOs, the case law of Missouri now says that fifteen out of twenty-two months in care is a *trigger*. What that means is that the parents of kids in care cannot have their parental rights terminated solely because they have been in care too long. Thus, it can trigger a TPR case, but there must be other grounds for the TPR to be granted. One JO discusses the shift in viewing fifteen out of twenty-two months as a ground to a trigger in the following quote:

We didn't look at fifteen out of twenty-two as being a single ground. I don't know of anyone who filed, 'We took your kids. We kept them

for 15 months. Therefore, your rights are terminated.’ It didn’t sound right. We didn’t like it. We plead it along with other grounds, and, frankly, we used it A LOT in our appeals. Because, if you didn’t challenge a ground, if you don’t challenge every ground on appeal, you only need one ground for TPR. So, if a court were to find four grounds for TPR, they would take it up on appeal and say, ‘I have rectified my conditions.’ We would say, ‘Look, you didn’t challenge fifteen out of twenty-two.’ And so it was a legal tactic, a legal maneuvering that the Supreme Court of Missouri put a stop to. And they said no ‘fifteen out of twenty-two isn’t a ground’ (Katherine, JO).

Another JO said,

We’ve seen TPRs reversed. Not in this circuit, knock on wood. We have seen TPRs that I don’t think the appellate court would have EVEN considered reversing. There is a particular justice on the Missouri Supreme Court whose interpretation of the grounds for TPR and the evidence that is required for TPR hearings is wholly different than it has ever been before. The TPR statute clearly says that a child being in foster care for 15 of the last 22 months is a ground for TPR. That particular basis for TPR is referenced later as a ground and the court decided it isn’t a ground, it is a trigger for when to file. The word trigger isn’t in the statute. And so, you know, people argue about activist judges. That is some of what the criticism is. You have a judge on the bench reading things into the statute that aren’t there. Interpreting statutes in ways that they have never been interpreted before. It changes the entire rules. It changes the dynamics of everything, not just what cases we’re going to file but IF we are going to file them. It changes the way you handle a case from the day you get the case, to when you take protective custody (Hillary, JO).

Using fifteen out of twenty-two months as a trigger instead of a ground is clearly in the interest of parents, because it makes TPR more difficult. In the next quote from an interview, the JO discusses this change in case law and argues that this is a shift in the pendulum towards parents’ rights. She says,

The appellate court decisions we have seen with reversing TPRs for this, interpreting the law a different way. Calling this part of the statute a trigger when it is referred to as a ground. Those kinds of

things are frustrating for us, and then, when the legislature jumps on the band wagon and passes legislation that CLEARLY is much more parent friendly than child friendly, that is why we think the pendulum has just swung way over here. And I think that some of us are probably cynical enough to believe that bad things will happen and the pendulum will swing in the other direction (Hillary, JO).

A final example of the shift toward parents' rights discussed by the JOs was the timing of the social summary.<sup>117</sup> What is supposed to happen is that the JOs are to file the TPR case and then the judge will order the social summary to be written. However, in order for the JOs to have the information to write the TPR case, they need the social summary. Consequently, the JOs would request that CD would write the TPR packet, and then the JOs would take the information in this packet and use it to build her case. According to the JOs, the courts reversed a TPR, because the social summary was written before the court ordered it to be written. One JO explains:

Reversing a termination of parental rights case because the Children's Division did the social summary prior to the court ordering them to do it. I mean, that is such a technicality. Uhm. That is not a violation of anyone's due process rights. If the judge has ordered them to do that and the judge has ordered them to do that for the last fifty years, chances are that, the next case, he is going to do it. That is just amazing. I have seen, I have read appellate court decisions where it was painfully obvious to me that the judge that authored the opinions had never sat a day in Juvenile Court in his life. I have seen them refer to juveniles as defendants. They aren't. I have heard them refer to adjudications as convictions. They aren't convictions. It just shows a complete

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<sup>117</sup> The social summary is essentially the history of the family's involvement with CD. It discusses why the kids came into care, who his/her parents are, which foster care homes they have been in, who the case managers have been, what services the child has received and when, what services have been offered, what services the parents have received and when, etc. Essentially, it is a report that takes most of the information in CD's files and organizes it.

lack of understanding of how family court works, which scares me when they are the ones writing the opinions about whether or not it was done right (Hillary, JO).

Here again, we see the JO arguing that this is a shift toward parents' rights because the TPR was overturned on a technicality. Although the JOs are going to follow the letter of the law by not having CD write the social summary until after the court orders it, the JOs have created what they called the TPR referral. This will contain all the information in the old TPR packets and what will be in the TPR packet once the judge orders it to be written, but it has a different name and the formatting of the document will be different. Essentially, the JOs are transforming what the judges want into what they have already been doing.<sup>118</sup>

In the TPR decisions discussed above, it is evident that the judiciary is going beyond the written statute and changing the meaning of some laws. This is an obvious transformation of the legislature's intentions. I argue that HB 1453 was not passed in haste. There were two years of hearings and over ninety recommendations from various statewide reports. Although it is fair to say that it was a reactionary bill because of what happened to Dominic James, there was a tremendous amount of debate about which parts of the child welfare system needed improvement.

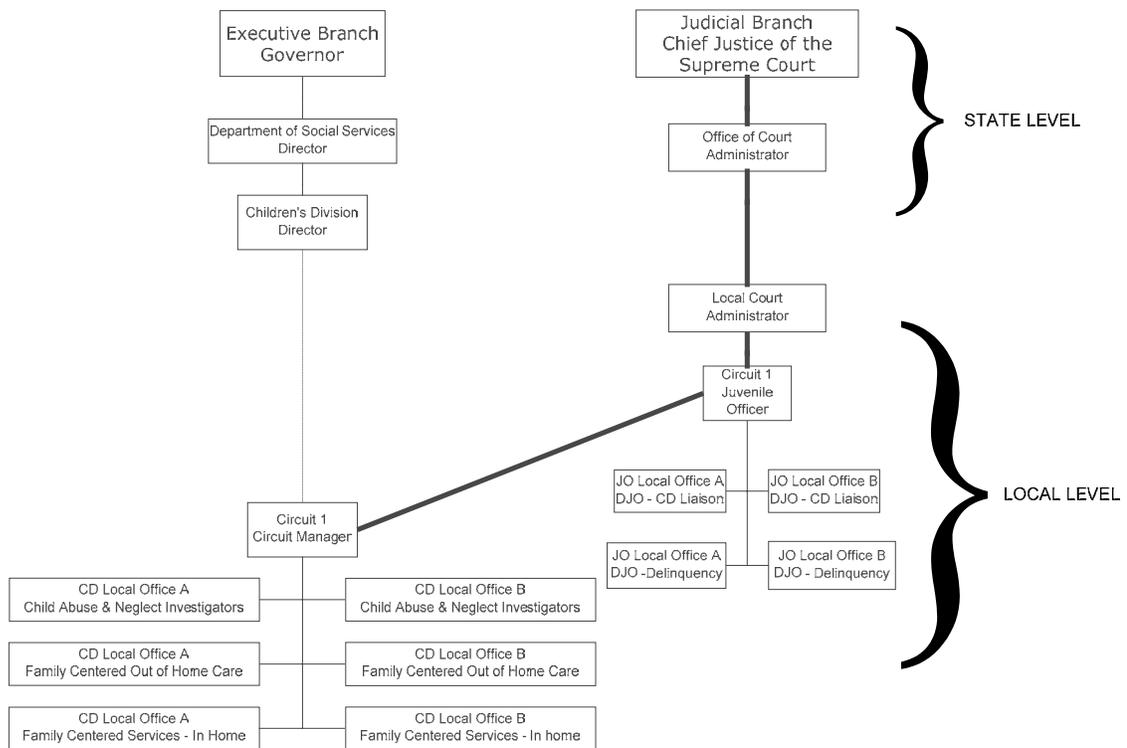
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<sup>118</sup> Interestingly, the social workers were very unhappy with this change, because they viewed it as having to do double work since they now have to write the TPR referral and the TPR packet with the social summary. The JOs argued that it wasn't more work, because it was the same information, just in a different format.

## CONCLUSION

In this chapter, I have discussed a series of *transformations of intentions* in the child welfare system. Some argue the first transformation occurred when HB 1453 was named the Dominic James Memorial Act, because this bill didn't address the particulars of his case. He did become an important symbol for those arguing that the pendulum needed to swing back toward parents' rights. The second transformation occurred when HB 1453 was implemented in local child welfare offices. I argue that the linkages between the state office and the local circuits wasn't strong enough to produce meaningful changes at the local level. [See Figure 9] This is represented by the dashed line between CD state

Figure 9: Missouri's Child Welfare System in Practice



office and the circuit level. The state office did provide the social workers with a thirty page memo detailing the changes that resulted in the passage of HB 1453. But, without explaining the changes in a concrete way and only changing the forms the social workers fill out, they produced little change. Thus, the intentions behind the bill were not fully realized.

Another transformation occurred when Missouri courts redefined immunity in the Heartland case. I argue that the linkage between the courts and the JOs was strong enough to produce meaningful changes at the local level, because the JOs report to the courts and, in essence, work for them. [See Figure 9.] This fact, combined with their desire to avoid being sued, produced a strong incentive for the JOs to transform their practices associated with taking protective custody. Interestingly, the linkage between the JOs and the social workers was strong enough to produce changes in the actions of the social workers as well. This is represented by the solid dark line between the CD Circuit Manager and the juvenile officer. Although CD and the JOs are supposed to be equals, in practice, the JOs are more powerful. They were able to go over to the local CD office and give a presentation on the new protective custody procedure. Since CD doesn't have the legal authority to take protective custody and the JOs do, they were in a position to have their intentions realized. [See Figure 9.] This power differential is represented by the shift from CD and the Juvenile Office being equals in Figure 8 to being unequal in Figure 9. This transformation also

had the effect of expanding the discourse of liability to include the JOs in addition to the social workers.

Another transformation of intentions occurred when the Missouri Courts transformed the intentions of the legislators by setting up new TPR requirements. There was also a strong linkage between what the courts stated in their decision and the JOs changing their practices. In this case, the reason for the JOs changing their practices wasn't because they were afraid of being sued. The JOs incentive to change their practices was so that they wouldn't lose cases. Although they could try to ignore the new case law, the parent's attorney wasn't likely to do so. Consequently, it was in their interest to change their practices so that the intentions of the justices were realized. Again, because the JOs are in a more powerful position relative to the social workers, the JOs were able to define the new TPR packet procedures and force the social workers to comply with the new practices. Much like the meeting that detailed the change in procedures regarding protective custody, the JOs made a presentation to CD detailing how CD had to change the way they wrote the social summaries associated with the TPR packets. This case demonstrates the importance of strong linkages between sites in order to have the intentions of one group realized at the local level.

## **CHAPTER ELEVEN--THE (IN)VISIBILITY OF RACE, CLASS AND GENDER**

I argue that Missouri's child welfare system is raced, classed, and gendered based on the obvious patterns among the families involved with it. Most of the families are from working or lower class families. The majority of the families are single parent female headed families. African American families are also overrepresented. Despite these facts, there was an almost complete absence of any discussion of the patterns or the reasons for them with regard to race and gender unless I brought up the subject. With social class, the social workers were more open to talking about the role it played. Even then, there was silence or very little discussion of these subjects compared to the rest of the interviews. In many ways, race, class, and gender were just such an integral part of the social workers' taken for granted understanding of the system that these patterns were relatively unremarkable to them.

In this chapter, I will discuss what the CA/N and FCOOHC workers do say about the role race, class, and gender and the role they play in families' involvement with the child welfare system. These sections draw upon my interviews with the social workers and discuss the ways race, gender, and class was visible to them. Then, I will discuss raced, classed, and gendered practices that I observed, but which the social workers didn't mention. Next, I will discuss the reasons why raced, classed, and gendered practices were invisible to the

social workers. I will conclude the chapter with a discussion of how difficult it was to study concepts such as race, class, and gender in this setting.

## **CLASS**

The idea that social policy is classed is not new. Various authors (Katznelson 1981; Katz 1990; Pearce 1990; Sidel 1996; Wilson 1980, 1987, 1996) have talked about the role class plays in social policy. Other authors have more specifically discussed the class character of the child welfare system (Courtney 1998; Roberts 2002). I argue that the child welfare system in Missouri has classed practices that benefit the higher social classes and disadvantage lower social classes. This class bias ultimately produces practices where poor children are removed from their parents and more affluent children are not. I argue that if we had a more generous welfare state, then poverty might not be confused with neglect and poor parents would have the same rights as more affluent families to raise their own children. They might also not be subjected to the same level of surveillance that exists in the current child welfare.

In an attempt to understand the social class practices of the system, I asked each of the social workers what role they thought class played in one's involvement in the child welfare system. I posed similar questions about race and gender (to be discussed below). Of the three social locations, the social workers were most comfortable discussing the role of social class, and few practices that I observed were invisible to them. It is noteworthy that this was the

only one of the three they openly and spontaneously discussed during my observations.

### *SOCIAL WORKERS' PERSPECTIVES ON CLASS: VISIBLE*

The social workers state that the majority of the people about whom hotline reports called in are poor or lower class. One CA/N worker said that she didn't know exactly how it worked, but that they are much more likely to do investigations in poor neighborhoods. She explains,

If you don't want to be investigated for child abuse, make money. [Long pause]. [Why?] Because you don't get reported. I'm not sure how the magic works here. I do know that if you ask any field worker and on percentages, they will tell you that they have maybe stopped by an affluent person's home once every couple years at the most. But if there are poor trailer parks, projects, tenements, they are in and out of them all the time. So the child reporting system or the child protection system is almost exclusively in the domain of the poor. I mean there are exceptions, but they just prove the rule (Rachel, CA/N).

This person continues, "I would say that obviously we visit more middle to lower to lower class homes than we ever do for upper middle or upper. I've been in five upper class homes in my [more than ten] years. So I think a lot of it comes from that" (Rachel, CA/N). Another said, "Typically we don't go into those neighborhoods of the more affluent. I've only been in the [name of an upper class neighborhood] one time and that to me is the most affluent. A couple here and there, but certainly not the norm of the reports" (Morgan, CA/N). Thus, the social workers acknowledge that the child welfare system performs surveillance on mostly poor families.

Although there is a class bias in terms of reporting hotlines, there is also a class bias in terms of whose kids end up being removed. The CA/N workers said that they have removed few, if any, affluent children. One CA/N worker said,

There was one case out at the [name of affluent neighborhood] where I substantiated. I don't remember if they were removed, but the JO got involved. Mom was a prescription drug freak. She provided alcohol and drugs to her kids. I think the JO got involved, but I don't think they did anything. There was another one where they were codeine addicts. They were using OxyContin. That child was removed (Morgan, CA/N).

Another one said, "I'm sure I have. I can't remember anybody off the top of my head" (Samantha, CA/N). A third said, "[Have you ever removed an affluent or middle class kid?] No. We have taken kids who were with adoptive parents but were too fucked up for their country club households" (Rachel, CA/N). Thus, the CA/N workers say they aren't removing middle class kids.

This was confirmed by the FCOOHC workers who would have gotten the cases if they were opened. The FCOOHC workers say that, almost exclusively, all of the families are poor. One said, "When I was in FCOOHC, I was never in a rich person's house" (Abby, CA/N). Another said, "I feel like low income families have a greater chance of ending up in the system" (Cassie, FCOOHC). A third said, "I would say that not all of my families have been dirt poor. I've never really thought about that. I had one mom that owned her own business. She owned a bar and was an alcoholic. She had a nice house and owned a nice car and a Harley. I would say that she was definitely middle class. Aside from her, [long pause] that would be it" (Diane, FCOOHC).

### Why Poor People Are Involved in the System

I asked the social workers why poor people are more likely to be involved in the system. They argued that: 1) poor families are targeted more than upper class families by mandated reporters, 2) poor families are more visible and do not fight back as much, 3) upper class families have the resources to buy their way out of the surveillance of the child welfare system, and 4) workers respond differently to hotlines on more affluent families. I will discuss each in turn.

### The Poor Targeted by Mandated Reporters

Many of the social workers I spoke with felt that poor families were specifically targeted by the mandated reporters. One said, "I would say that the majority of the kids are poor just because we get more reports on them. Just by virtue of the number of reports we get. It really is about who is being reported" (Samantha, CA/N). Another CA/N worker explains that poverty is a red flag to reporters. She explains, "Poverty is kind of a red flag. Not saying that it is a red flag that abuse or neglect is going on. It is a red flag to the mandated reporters. ... I think it affects who gets brought to our attention in the first place. I would like to say that is the only way, but I know it isn't true" (Abby, CA/N). The FCOOHC workers specifically mention mandated reporters in schools. One person says, "I think there is abuse everywhere, but schools aren't as willing to hotline a rich family. If it is someone who they know doesn't have a good income, they hotline it. The main perception is that the Children's Division only works with people with low income. My clients always tell me that" (Isabelle,

FCOOHC). Another said, “[Class background] is huge. [Why?] The mandated reporters I think do look more at the class than they would if their dad is a doctor. Definitely” (Nancy, FCOOHC). In the next quote, a different worker talks about the mandated reporters and how, in one of the cases, the school knew abuse was happening but didn’t report it. She explains:

If it was the same kid coming in with the same problems, and he lived with a low income family than if his dad was a doctor. The school wouldn’t want to make any accusations against someone who is known. The burn kid, somebody at the school knew about it before it was reported. Someone knew prior to the last time. Someone knew he was being punished by being burned in the shower (Cassie, FCOOHC).

The parents in this case were not wealthy by any means, but they weren’t poor either.

In addition to mandated reporters at schools, the person in the next quote mentions MRs in hospitals. She explains,

It probably has a little to do with calls that come from hospitals. Lots of times they say ‘They are backwards.’ If they are lower class, then they are going to be more dirty. That is just because they don’t have the resources. Maybe they don’t have the upbringing to teach them that sort of thing. I don’t think it is their fault that their clothes might smell different. I think that is how they were brought up. So when we get calls on hotlines that say he smells like cat urine and wears the same clothes every day. That does have to do with their upbringing and how they live and their socioeconomic stance. They come from lower class. They don’t really have that knowledge to keep things clean. A large percentage of our hotlines do come from lower classes. Whether that has to do with whether reporters are discriminating against those types of people, I don’t know. I just don’t think they have had the education to know any better to make their lives any better (Morgan, CA/N).

It is interesting that she doesn't want to explicitly say poor people are being discriminated against, but she does recognize that most of the hotlines are targeting poor people. I would argue that, given the fact that the majority of the hotlines are on poor people, this does demonstrate a class bias of the system. Clearly, this system regulates the poor, while middle class and affluent families are not subject to the same degree of regulation.

### The Poor are More Visible and Don't Fight as Much

Many of the social workers also discussed the fact that the poor are more visible and do not fight the surveillance in the same way that the more affluent families do. I will discuss the strategies used by the more affluent families below. However, many of these strategies are just not available to poor families, because they don't have the resources to use them. In the next quote, the CA/N worker explains that poor families are more visible than they should be and that they are more passive. She explains,

For the poorer families, they feel more victimized by the system, because they are more visible. And they are and more so than they probably should be. I think they see us a lot more. They have a lot more of the 'You're going to do it anyway [attitude toward CD],' whereas a wealthy family who has never seen this before may be more freaked out, and [is] more apt to call an attorney and make things harder for everyone in the long run, particularly if they get an attorney who doesn't want to play ball or doesn't know anything about the agency (Samantha, CA/N).

Another CA/N worker discusses the fact that the poor don't complain. She said,

Most poor people have the attitude that 'I could complain, but nobody is going to listen to me anyway.' So, 'it is better to take the shit that the worker is going to give me and get them out of my house.' I've never had a poor person call up and complain about

something I've done. Never. Not in [more than ten] years. A lot of middle class people have called, because they didn't like this, that, or the other thing. A lot of doctors and social workers didn't like a judgment I've made or whatever (Rachel, CA/N).

A third worker discusses the fact that poor families accept their presence more than upper class families. She says,

It is almost easier to work with poor families, because they accept your presence, whereas rich families don't want you there. ... It is a disgrace. This is something that shouldn't affect their social class, whereas, with poor families, their sister's kids are in [foster] care and they accept your presence more. They may have a better understanding of what you are and aren't going to do. It may put them at ease a little bit. They might be more interested in services (Abby, CA/N).

I argue that there are several reasons why poor families don't fight back in the same way as more affluent families. First, they don't have the resources to do it, such as the money to hire an attorney to represent them or the time or energy to fight back. Second, when they have fought back, nobody has listened to their complaints, or they have been labeled "uncooperative." Third, some of them don't have the knowledge about how to mount an effective defense, and they aren't told by the social workers about that with which they do and don't have to comply. As you will see, many more affluent families are more likely to resist surveillance and attempts at regulation.

#### More Affluent People Have Resources to Hide Abuse and Neglect

Several of the social workers discussed the fact that they thought abuse and neglect occurred in all social classes but that some families are better able to hide it. One FCOOHC person explains, "Actually, to be honest with you, if you

have any advantage in life, you aren't going to see them in the system in the first place now matter how much they mistreat their kids. They have the resources to hide it" (Maya, FCOOHC). Another worker talks about how wealthy people care more about their image. She says,

I think that people that are wealthy probably do more to cover it up. I think that most people who are wealthy care about their image and care about their reputation. They cover it up better. I don't want to say that it is expected of lower income families, but that is where our cases come from (Cassie, FCOOHC).

In the next quote, a worker specifically discusses the fact that poor people don't abuse their kids more. She explains,

We don't see high rates of recidivism in more educated families. I don't think it has anything to do with the fact that they abuse their kids less. I think, one brush with us, 'Holy crap! I don't want to go through that again. I have to pay an attorney.' And I don't think it has anything to do with [the fact] that people who are poor abuse their kids more. I don't think that is it at all. I think they are more visible, uhm. Because they are more visible, and because schools are more willing to report them or the doctors or whomever. Those are the ones we see more, and that is why they are so chronic. I think we would see it more in wealthy people if people paid more attention. But, because they see the middle class family as 'Oh, they're just trying to get by, or they're really stressed out. Oh, he is just a bad kid.' They blame the kid as opposed to the parents, whereas, with poorer families, they blame the parents instead of the kid, which really it is both (Samantha, CA/N).

A FCOOHC worker makes the same argument when she says,

They are all poor. They are not as representative of the abuse that is actually occurring behind closed doors of people who are well off. It just isn't going to get reported. I'm sure it is happening just as much. That is a little unfair. All of our clients are poor. Poor people aren't the only ones that abuse their children. Less likely to question a bruise of a rich family. I don't know if there is just more bickering at the trailer park than there would be 'don't ask, don't tell on my neighbors kind of thing' (Nancy, FCOOHC).

Thus, more affluent families are better able to hide abuse and neglect as compared to poor families. Consequently, they are not subject to the same level of surveillance.

### More Affluent People Have Resources to Cope

In addition to being better able to hide abuse and neglect, many of the social workers thought that the more affluent families had better resources and coping skills. Because they had resources, many of the more affluent families didn't have the problem of just securing basic necessities. One person said, "Money provides stable housing and the ability to have the heat turned on. It provides the food. It provides the financial stability. We see the lower class more than any other group" (Lauren, FCOOHC). Another social worker talks about the combination of resources and coping skills when she says, "They had better support systems. Typically the low income families I deal with don't have as many support systems or resources that they can access or know how to" (Diane, FCOOHC). The person in the following quote discusses the combination of coping skills and resources that prevent upper middle class families from being involved with the system. She explains,

I think that probably when you have upper middle to upper class, there may be a stronger support system, and there may be better coping skills. Also, they have the finances to procure their own resources, whereas, when you less fortunate people, they may not have the same coping skills or resources or the ability to find those resources on their own. Pay for them. They may be scared to even access them for fear if they tell someone. I think your upper middle to upper class families, they take care of things themselves,

and they don't report, and no one else is going to report (Rachel, CA/N).

Thus, lack of resources seems to be a key factor in whether or not one is involved in the child welfare system. I would argue that, if we had a different welfare state that provided families with the resources to meet basic needs such as food, shelter, and healthcare, then many of the families currently involved in the child welfare system wouldn't be in the system.

#### More Affluent People Have Resources to Get an Attorney

Many of the social workers argued that resources are important, because more affluent families use their money to hire attorneys. Attorneys are helpful in terms of preventing or reducing more affluent parents' involvement in the system. One person argues that, since more affluent people can hire attorneys, this prevents some people from making hotlines in the first place. She says,

[Why does this happen?] The poor are defenseless. You go messing with the rich person, and they will sue your ass to kingdom come. They have their finger on the trigger of the legal system. Teachers may make a lot of money, but they don't make enough money to take on a heavy lawsuit. And poor people don't have shit, so you can do anything you want with them. Report them for anything. Who cares? They are poor. What the hell can they do? (Rachel, CA/N).

Another person explains the role of a private attorney after a hotline has occurred. She explains,

I treat everyone pretty much the same. And the other thing with class is that, oftentimes, your upper class families have the resources to obtain attorneys, and they will be very quick at that if they think they are being accused of something. Once an attorney gets involved, it is a total different ball game at that point (Heather, CA/N).

It is totally different, because they know how the system works, and they know the standards of evidence that are used. They also know the procedures for appealing a substantiated report. In one case where an attorney was involved, there was clear and convincing evidence that the parent left the child in the car unattended, which is considered neglect. However, the attorney was able to convince the worker that the mom 'just wasn't thinking.' The mom promised not to do it again, and the case was unsubstantiated. Without that attorney, that case likely would have ended very differently.

Another FCOOHC worker argues that it makes a difference if the parent(s) can afford a private attorney, because private attorneys fight harder compared to court appointed attorneys. She explains, "The only thing where different things happen is if some parents have the money to hire their own attorneys rather than the court appointed attorneys. There is a difference there in what they get done, and how much they put into it, and how hard we fight" (Cassie, FCOOHC). Thus, at every stage of the process, a private attorney can help a parent avoid being involved in the system, or, if they do become involved, a private attorney can spare them from continued involvement.

#### More Affluent People Have Resources to Buy Themselves Out of the System

The resources of a parent also matter once they come under the surveillance of the child welfare system. For example, if the child needs counseling and if the parents insurance can pay for it, then it is unlikely that a FCS or IIS case will be opened, because the family is already linked with

services. Once that happens, the CA/N worker will conclude the hotline, and the case will be closed. Thus, there is less continued monitoring. One worker explains,

[Access to ample resources] certainly affects the way we can do our job, because we have such limited resources. If they have insurance, for example, for counseling services, that makes a big difference. Not very many places take Medicaid for counseling services. You have the sliding scale places, but they may not specialize in kid issues. For kids who have been abused, they really need someone with more education in that aspect. If they can afford to pay for a parenting class. Their resources are important in how we can do our job just by virtue that we may be able to do more for a family with money to stop this from happening again, because they have more resources. That is why resources are so important, and we just don't have enough (Samantha, CA/N).

Resources can also be important in terms of fighting to get one's kids back. For instance, recall the Smith case, which I discussed in *chapter eight*. They were a middle class family, and they were able to use their resources to fight to get their kids back. The worker explains,

Thank god [the Smiths] have families and friends and all this money. They would have never been able to hire this guy and get the kids back. I don't think we will ever know what happened. I think more of the truth has come out. I really don't believe they did it. I didn't want to, because it is really hard to think that somebody you are working with killed their baby. But with everything that has been investigated and the information that came out, I really don't think they did it. The pathologist said he couldn't rule out that it was a seizure. The other doctor said she could. The parents truly believe it was a seizure. And that was what everybody thought the day the baby died. That is how they treated it (Diane, FCOOHC).

Thus, in this case, they were able to hire their own pathologist to go over the autopsy results. If this had happened to a poor person, it would be unlike that they could do that.

#### Workers Respond to Middle Class Hotlines Differently

A final way the class background of the family matters is in terms of how the workers themselves respond to the situation. None of them said they wouldn't remove a child from an affluent home, but some of the CA/N workers said that investigating a hotline on a more affluent family did give them pause.

One worker explains,

I've gone to see affluent people, and I haven't changed my spiel too much, but I do have to say that I am conscious of the fact that I am in someone's home who can hire a lawyer. And it does make a little bit of difference. If you know the person in front of you is a completely defenseless person and anything you say is like, 'Who cares.' I think, if you were a bad person, you could run with that. Hopefully, I'm not a bad person. I think that, if workers were under the impression that they could be brought to task for things they say and do to poor people, the same as rich people, I think that would be different. I think it would change something. [Like what?] I don't know. I don't know too many instances of workers abusing their authority with workers. I think it might have more to do with changing reports and how they come in rather than worker's behavior (Rachel, CA/N).

In the next quote, a worker discusses how investigating a more affluent parent made her feel more uncomfortable. She explains,

They sent me out with the attorney with the sexual abuse case, and I was the least qualified one. It makes me uncomfortable, because I don't know what that is going to result in. It is intimidating dealing with them. Because people with more education and more time to do things, they may know more. A lot of families don't know what we do, and they don't know what we are allowed to do and what we can't do. Not that I am violating things. A family without a high

school [education] wouldn't know to challenge me on my qualifications. A mom with a law degree or some kind of advanced/professional degree may say, 'Hey, what are your qualifications?' For instance, my mom who is an attorney. I wanted her to have the most qualified person to interview the child. The most qualified person to, you know, know how to deal with them. I didn't want to mess something up. I don't have specialized training in interviewing children who are sexual abuse children. I'm not going to say that I will be ineffective in interviewing a poor kid (Abby, CA/N).

In both of these quotes, the worker discusses how they are more cautious and make sure they do a good job. I would argue that the workers should be concerned about this regardless of the class background of the parents. Poor parents shouldn't be subject to more surveillance and worse treatment just because they are poor.

#### *EXAMPLES OF HOW THE SYSTEM IS CLASSSED: INVISIBLE*

One of the practices regarding class that is very important but rarely if ever talked about is the fact that the federal government reimburses the states for the majority of the costs associated with poor children being placed in foster care. Of the social workers who I talked with about this issue, few knew about this practice. Consequently, one cannot argue that they were consciously only removing children because of this reason. However, I would argue that the fact that the federal government does this demonstrates the way in which this system is really intended to regulate the poor. I would also argue that the government has continued and even expanded its commitment to paying for poor children, but the government has reduced its commitment to their parents. This is evident in the cuts to social welfare in general. The cost of foster care is \$11,000 per year

whereas TANF is about half that cost (Roberts 2002). Given that the government has limited the number of months one can receive benefits, this has increased the chance that poverty will be confused with neglect and poor children will not be raised by their parents.

## **GENDER**

The idea that social policy is gendered is also not new. Various authors (Hays 2003; Pearce 1990; Gordon 1990; Sidel 1996; Mink 1990; Naples 1997; and Bane and Elwood 1996) have done gendered analyses of social policy. Swift 1995; Gordon 1998; Tice 1998; Farmer and Owen 1995; C. Parton and N. Parton 1989; Milner 1993; Daniel and Taylor 1999; Krane and Davies 2000; Ryan 2000; Turney 2000; O'Hagen and Dillenburg 1995; D'Cruz 2004; Scourfield 2001a, 2001b, 2002, 2003; and Scourfield and Welsh 2003 talked about the gendered character of the child welfare system. I argue that the child welfare system in Missouri is also gendered. However, there was an almost complete silence from the social workers about gender. It rarely, if ever, came up in conversation unless I mentioned it. When they responded to my questions about gender, their answers were generally relatively short. In many ways, gender was just part of the social workers taken for granted understanding of the system in that it was relatively unremarkable to them. Much like the mandated reporters discussed in *chapter seven*, the social workers also thought mothers should do the "mothering" so they didn't question how having the responsibility to be the parent affected these women.

## *SOCIAL WORKERS' PERSPECTIVES ON GENDER: VISIBLE*

### Moms not Dads

When asked about gender, the social workers did recognize that it played a role in a family's involvement in the child welfare system. Almost all CA/N and FCOOHC said that the majority of the family members they deal with are women who are single. Although they recognize that most are women and single, they do not explain how this impacts one's involvement in the system. One CA/N worker said, "There are a lot of single mothers. Very few single fathers. I think I have dealt with one truly single [father] that had custody of the children, and he wasn't even the perp. [perpetrator]. It was someone else" (Morgan, CA/N). The FCOOHC worker said, "I think it is predominantly single mothers, but I've had one case where it was a single dad, and the child went home to him. It was actually really great. He was very pleasant to work with. Actually, the child wasn't removed from the father's home. He was removed from the aunt's home" (Nancy, FCOOHC). In the two previous quotes, both of the workers comment on the fact that the dad wasn't the reason why the kids were in care. As I will discuss below, dads who were involved with their children frequently were given praise for it. Another FCOOHC worker said that she didn't think gender played a role, but then discussed that fact that single moms are the majority of the parents they deal with. She said, "I don't think gender plays a role. I just think we see more females than males, because you have the single parent dynamic that can sometimes make things a lot more difficult" (Diane, FCOOHC). The gender

neutral term single parent conceals the gender dynamic involved in the feminization of poverty that results in women more often than men being subjected to surveillance and regulation by the child welfare system.

### Different Expectations for Moms and Dads

The CD workers also discussed the fact that there were double standards in expectations for moms and dads. The first difference in terms of expectations is women have the primary parenting responsibility and men are not involved with the family. The second is that when men are involved with the family, they are unwilling to be involved with CD. Third, the expectations for moms to get their children back is higher than for dads. I will discuss each in turn.

One of the expectations was that the moms did the primary parenting and dads were not involved with children. One FCOOHC worker said, "Usually the expectation is with mom that must be responsible. No one cares about the fathers. Moms should take care about their children, and the fathers do whatever they do" (Isabelle, FCOOHC). In the following quote, a FCOOHC worker talks about the fact that many of the dads are not involved with the case. She said,

I think a lot of that is because our moms are the primary care giver. We have a lot of dads that are unknown or one night stands or 'As soon as I found out I got you pregnant, I'm gone.' There are a lot of dads that are not involved. In the cases where the dads have been involved, I've held them just as accountable as the mom. There are just a lot of cases where the dads aren't there (Diane, FCOOHC).

While she is recognizing that most moms end up being responsible for the care of children, she doesn't question why this is the case. It is part of her taken for granted understanding of gender and mothering. Thus, the assumption is that

mothers should do the “mothering.” This issue of the dads not being involved is important, because the FCOOHC workers had to establish contact with the biological fathers of the children on their caseload. They must inform him that his child(ren) is in foster care and give him the opportunity to have the child(ren) placed with him.<sup>119</sup>

Another difference in the expectations for moms and dads is that, even when men are involved, they are more passive and let the mom do all the work in terms of interacting with CD. Thus the moms are the ones subjected to the surveillance, not the dads. She says “The majority of the time, dads aren’t in the picture, or, if they are, they let mom do the keeping contact. They will come to the visits, but, in terms of questions, mom calls. I think they are different in that I don’t have as much interaction with dads” (Nancy, FCOOHC). Another worker comments on this gender disparity in parental responsibility in dealing with CD, noting that it bothers her. She says,

I know, if I work with the dad, mom is not going to be in the picture. When I work with the mom, the father could be in the picture. He can be living there. It bothers me, because usually the fathers do not want to cooperate in any way with us. They let the moms do everything. With [this] case, they were supposed to work with me, but he never did anything. When I set up all the treatment goals, it

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<sup>119</sup> Placing the child with the “father” depends upon a variety of factors. I used “father” because most children are removed from mothers or female relatives. Establishing paternity is also an issue. On one of the FCOOHC forms, the worker must indicate how paternity has been established. A related issue is the fact that many of the parents involve with the child welfare system don’t have court orders regarding custody of the children. In many cases paternity hasn’t been legally established. If they do have court orders regarding custody, they typically don’t have the money to go back to court to have them changed if need be. If paternity isn’t questioned and the father has been involved with the children’s lives, then this is likely to happen quickly. In fact, one of the changes with HB 1453 is that it specifically requires that a child be placed with the other parent, unless there are justifiable reasons to not do so.

was for both of them. I didn't pressure him to do it. I said that I just need one parent to do it. Usually when there is a marriage, it is just the mom dealing with us. I like to work with the men as well, but I'm not going to press it unless they have a substance abuse [problem]. I don't really work with the dads. The only difference [is] if the case is open on the dad. I don't work much with fathers, because they don't want to be involved with us. We only need one parent to do stuff (Isabelle, FCOOHC).

A third worker is also annoyed by what she perceives as fathers' abdication of responsibility to be involved. She says, "I've had a couple dads who are abusive to the women in the case. They don't want anything to do with the case, since it is the mom's deal. He is just going to slide by. I want to say, 'Screw you.'" (Audrey, FCOOHC). These workers recognize that more of the responsibility does fall on the mothers' rather than the fathers' shoulders, but they don't question why this is the case. They just assume it. However, the FCOOHC workers don't force the dads to take equal responsibility when it is in their power to do so. As a result, moms were subjected to surveillance in a way the men were not, and his responsibility was minimized. This is similar to the finding of Milner (1993) and Farmer and Owen (1998).

The third difference in expectations is that the expectations for moms are higher than dads to get the children back. Because most moms are the primary parent, higher expectations are placed on moms. I argue that, because this happens, women are being disadvantaged compared to men. Instead of faulting men for not being involved or not helping moms to raise their kids, moms are penalized, which is reproducing gender inequality. In the following quote, the worker argues that, if the parents are a couple, then the expectations are the

same, but, if the kids are removed from the mom, then the expectations are higher for her. She said,

Are they together as a couple? If so, then the expectations are the same. If mom is the main caretaker, then I would be harder with the one parent that has been raising them. I would say that you could make a case that the mother definitely gets more attention than the father. [Why?] I don't know (Joan, FCOOHC)

Another FCOOHC worker agrees that the expectations are higher for moms, but she argues that the dads should be held just as accountable. She said,

YES. They are MUCH higher. OH, YES. [Why?] I don't know. Probably because they were taken from the mom. When kids come into care, it is 'Mom didn't do this,' and 'Mom didn't do that.' I would like to know where was the dad? Even if she is not married to him, it should go against the dad. Where has he been? If he won't take the children, I think something should go against him. I think the moms do get punished a lot more (Paige, FCOOHC).

A third FCOOHC worker argues that the expectations are higher for whichever parent had the kids removed from them. She says, "You are opening up a big can of worms there. [Why?] It doesn't depend more on their sex. It depends more on who was or wasn't taking care of the kids. [Why?] I don't know. It just does" (Cassie, FCOOHC). Although some of the worker claims it doesn't have to do with the gender of the parent, the vast majority of kids are removed from moms and not dads. Therefore, women are subjected to more surveillance than men. It is noteworthy that in the three previous quotes when asked "Why?" the workers responded with, "I don't know." This was a common response when I tried to push them on this subject. They also frequently said, "That isn't something I've ever thought about." A fourth FCOOHC worker argued that the

expectations are higher for mom and that it is wrong. She said that, with her cases, this isn't the case. She explains,

We were working with the mama. [The dad] had just as much rights to get them back. We do that. When kids come into care, the first person we give services to is the mama. Dad stays on the backburner until mama fails. It is so wrong. There are some dads that have just as good of parenting skills as mom. They just need the resources and services. Well, the kids were taken away from mom, so we need to try to put them back with mom. Who said? Dad has just as much a legal right. Whenever I do my CS1s [form], my plan of action, I list them for both of them. When you see one list for mom, you don't have to read dad's, because it is going to have the same thing. If you see other CS1s [form], case plans you will see they will have a big whole long list for what mom needs to do and maybe two or three lines for what dad needs to do. Dad isn't going to get them in the first place. That is just the way society is. Mom has the power to raise kids. You just concentrate on mom. That is wrong (Maya, FCOOHC).

It's interesting that Maya interprets this as *mom's power* – almost as if she is blaming mothers for the problem, since one could argue that this is an aspect of male privilege – whether an individual dad wishes to be more involved is irrelevant to seeing this as gender inequality falling on women's shoulders.

### Failure to Protect

A final example of gendered practice that the social workers talked about was cases of 'failure to protect,' in which mothers were blamed for men's violence against children. However, the social workers rarely brought up these cases unless prompted and most didn't talk about it in terms of an issue of gender inequality. I would argue that many "failure to protect" cases are related to issues of larger issues of gender inequality such as domestic violence, wage inequality, dependency in general, etc. Many of these moms didn't fail to protect

their children by choice. In some cases, they were economically and emotionally dependent upon these men and without help or the resources to leave, charging them with “failure to protect” is just another example of gender inequality.

In the failure to protect case, what ended up happening is that the women were considered equally responsible because they didn’t leave him. This is what Davies and Krane (1996) and Hooper (1987) call “mother blaming.” One CA/N worker talked about the issue of failure to protect in the following quote,

I think the mom, I think we think the mom should be more of the protector. So if mom has a boyfriend or the dad is in the house, and obvious if he is the perp [perpetrator], she is looked at the nurturer and protector of the child. They should be put in that role. If the dad or the boyfriend is a molester or an abuser, then mom needs to step up and be the parent to the child and remove the person from the house. But it is HARD. If they are married, it can get hard. Do you make them get divorced? I think it can get hard, but I think moms are placed more in charge of their children’s protection after we become involved than fathers. If it is a two parent household, the father is usually the perp [perpetrator] (Samantha, CAN).

This person recognizes that the issue of making the mom leave the dad is a difficult, but it is her responsibility to leave him. A FCOOHC worker described another case of failure to protect in the following quote:

I had one where mom failed to protect her two daughters from her boyfriend. She has since split from him. It was a domestic dispute at first and the daughter jumped in the middle. He picked her up by the neck. She ended up in the ER [emergency room]. Mom was charged with failure to protect because she didn’t leave the boyfriend.

In this example, we see the mom being blamed because she didn't leave the boyfriend. In the next quote, this worker does talk about failure to protect in terms of gender inequality. She says,

I guess that is one way they are treated differently, they are expected to leave the horrible man if it is the man's fault that something happened. I have a case where the father is now convicted of child molestation. He wasn't convicted when the case started. And she refuses to believe it is true. Maybe she knows something that we don't know. She is adamant that something didn't happen. He has been labeled for life as a bad person. I think they treat her worse than they treat him. Maybe because she is more involved than he is, he has less opportunity to be treated worse. And because she chooses to be with him even though he is a child molester. I agree that she needs to leave him. You need to choose your kids over him, but she has just been dogged since the day she came in. I personally think she should have left him and then we wouldn't have the case in the first place. Cuz she chose to have her kid placed out of the home and stay with her boyfriend. She has been treated so much worse.

In this case, the mom actually talked to the supervisor about the possibility of leaving the boyfriend, but part of this discussion wasn't how she was going to pay the bills. This mom didn't work and had very little work experience. The discussion was about how she was going to demonstrate that he was gone. The FCOOHC worker explains,

She called my supervisor and they discussed what would happen if she left him. How she could? What is the next step after she leaves him? Part of me is like, 'Yea right.' You are just saying that because you want to get on the fast track and get your kids back. There I am judging her. I see that with our moms. If they had half a brain, this is what I would do. I would say 'I'm leaving him.' Pretend that you left him. Be sad. Cry a couple times. Somehow prove it. Talk to your therapist about how you left him. Then you get your kids back (Audrey, FCOOHC).

Obviously, this woman had many issues to deal with and just blaming her for not leaving him without giving the resources and help to address her many problems is insufficient.

I am not arguing that these women should raise their children when they stay with men who abuse and neglect their children. The mother in the following quote should be held responsible for her actions. In the next quote a FCOOHC worker talked about a failure to protect case and it clear why the case was labeled failure to protect. She said,

I had a case where it was sexual abuse by dad to the daughter several years before. The reason she came into care is that mom continued to have contact with dad. It was a failure to protect. She was lower functioning. The incident that occurred, the daughter asked mom, 'What do you think dad would do if I masturbated him?' She said, 'I don't know. Why don't you ask him?' Daughter masturbated dad while dad masturbated mom. That was just a very weird case. (Diane, FCOOHC).

Obviously, this is a problematic situation because the mom was involved in the act and should be held accountable. However, if we don't have a system which provides women the resources to get themselves out of these situations and eliminate their dependence on men, then the practices of the child welfare system are reproducing gender inequality by holding the moms responsible for the actions of the men in their lives.

#### *EXAMPLES OF HOW THE SYSTEM IS GENDERED: INVISIBLE*

In addition to the somewhat more visible practices discussed above, I argue there were other less acknowledged gendered practices in the child welfare system. First, the majority of the workers in the child welfare system are

women. Although some of the social workers are men, approximately 90 % of the workers are women. Interestingly, most of the supervisors are not men. In many other female dominated occupations, there is a glass escalator effect with men rising to the top of the organization. I don't know the gendered composition of the state office, but the director was a man. In the case of the mandated reporters and the juvenile officers, I did interview some men. However, what I found out is that they really didn't have as much to do with child abuse and neglect as the women in their office. For instance, the men in the schools told me they made fewer hotlines than the women I spoke with. Part of this has to do with the fact that most of the men were principals and with the fact that they organized their schools so that the vice principal took care of making the hotlines. In the Juvenile Office, there was also a gendered division between the delinquency side of the office and the child abuse and neglect side of the office. There were more men on the delinquency side and more women on the child abuse and neglect side.<sup>120</sup>

Gender showed up on all of the forms the social workers had to fill out. Unlike Hooper (1997), Featherstone (1999), Milner (1993), and C. Parton and N. Parton (1989), who argued there is a trend toward using gender neutral language such as parent instead of mother or father, I did not find this to be the case in Missouri in terms of the paperwork. The forms listed mother and father, not

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<sup>120</sup> One veteran social worker did tell me that when the child welfare system was initially set up, the JOs were men. This is interesting given the fact that the JOs ultimately make the decision about removal. If this is accurate, then the female social workers had to essentially ask the male JOs for permission to remove children.

parent. As discussed above and in *chapter six*, some social workers did use parent and mother interchangeable. Generally when they told the story of a case, they would say, “bio mom,” “bio dad,” “maternal grandma,” etc. Gender also showed up in the way cases were named. The case was typically given the last name of the mother.

### *Workers’ Mothering*

One of the only instances where gender was discussed by one of the social workers was in terms of how much she hated dealing with a particular case because it was a “failure to protect” case. This mom refused to leave her boyfriend and the father of one of her children after he was convicted of sexual abuse. This worker told me she had a problem with this case in particular, because she had been trying without success to get pregnant for a couple years. She said that it was unfair that she was a mom while the worker wasn’t. One of the FCOOHC workers specifically mentioned this person when I asked about the issue of gender, and said she wouldn’t want to be a parent on this person’s caseload. Also, two of the mandated reporters who took very strong positions on the issue of reporting and were most upset with the CA/N workers for not doing enough were pregnant. I can’t say with any certainty that becoming a mom had anything to do with the position they took, especially since they had been involved with the system for many years, but I do think it is noteworthy.

## **RACE**

Much like class and gender, other scholars have analyzed the role of race in social policy (Wilson 1980, 1990, 1997; Roberts 1997; Solinger 1992; Luker 1997; Katznelson 1981). Roberts (2002) specifically discusses the role of race in child welfare. I will compare and contrast her findings with my own below. I agree with her overall finding that the child welfare system has raced and racist practices that produce differential experiences for white and African American children involved in the system. Before I discuss this in greater detail however, I want to turn to what the social workers had to say about race and the child welfare system.

Not surprising to me was the fact that, of the three topics (race, class, and gender), the (mostly white) social workers were most uncomfortable talking about race. They expressed this in their body language by fidgeting and looking in the air. They also expressed this with very long pauses (five to ten seconds) when answering the questions about race. I argue that a colorblind discourse was pervasive in the local CD office, producing silence about race and racial inequality. A colorblind discourse encourages those who engage with it to presume that social contexts are race-neutral by deracializing racial incidents, to substitute cultural for biological explanations of racial inequalities, and to discourage others from raising issues of racial inequality in everyday situations (Bonilla-Silva 2002, 2003; Lewis 2003). Because this discourse is pervasive in most schools, these social workers may have had few opportunities over the

course of their lives to discuss racial issues. Consequently, they said things like, “Nothing comes to mind,” “I haven’t noticed that,” “I’ve never thought about it,” or “I don’t know.” I will first discuss the ways they thought race mattered, and then I will discuss how race was invisible to them.

## *SOCIAL WORKERS’ PERSPECTIVES ON RACE: VISIBLE*

### African Americans Overrepresented

When asked about the racial composition of their cases<sup>121</sup> during the interviews, most of the social workers said that half of their cases are white while half are black. As I will discuss below, this was not consistent with my initial observations, and I will discuss how the reality of the racial composition of their caseload is much more complicated than this appears. One FCOOHC worker said, “I’ve always had a fairly even balance between the two major races on my case load” (Lauren, FCOOHC). Another FCOOHC worker said, “I think my cases are half and half. We have a lot of black kids. No Hispanic or Asians. [Long pause] I have got three biracial. The rest of them are equally white and black. Probably more black” (Paige, FCOOHC). This person recognizes that there are no Hispanic or Asian families but does not comment further. A CA/N worker says there is no racial difference in the number of reports. She says, “I think it is pretty even in terms of the reports you get on white families and African American families” (Heather, CA/N). Another CA/N worker talks about how the numbers

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<sup>121</sup> When answering this question, the social workers talked in terms of the number of cases they had as opposed to the number of children on their caseload. As you will see below, the difference between case and number of children in a case is important. For the most part, the social workers unit of analysis was the case not the individual children.

are about equal in the next quote. She says, “I think it is pretty even. When I first started we got more reports of African American families, but now I don’t really see a huge difference. I did notice that when I first started” (Heather, CA/N). I question whether or not the number of cases involving African Americans she investigated declined or if investigating African American families became normalized and just part of her unremarked everyday/everynight experience.

Although it is accurate to say the cases are about half white and half African American, this ignores the fact that African Americans only make up 11% of the population of the county where these social workers worked. In other words, it ignores the overrepresentation of African Americans in the child welfare system. I argue that viewing the caseload in terms of numeric representation rather than in terms of proportional representation is a way of rendering racial disparity unseen, which is consistent with the colorblind discourse that many of the social workers articulate. Very few of them question this overrepresentation or see it as an example of racial inequality. Some of the social workers were even surprised that there weren’t more African Americans. One FCOOHC worker said, “Surprisingly, I thought I would be working with more African American families” (Nancy, FCOOHC). Another FCOOHC worker said, “More white families than you would guess. I would say right now, five out of the fifteen cases are African American. Since I’ve been here, I’ve never worked with a Hispanic family. I’ve never worked with an Asian family” (Diane, FCOOHC). It is

possible that, because these workers expected to see more African American families, they thought this is an example of how the system wasn't discriminating against African Americans.

Although most of the social workers didn't question the overrepresentation of African Americans in the system, the person in the next quote does question it. However, much like many of the other social workers, when discussing race, class, and gender, she poses a question but does not answer it. She says,

I think 50%, 40 or 50% [African American]. [40% is the statewide number.] That is consistent with my caseload. That almost makes you wonder if we are working with the white families more. I never see Asian or Hispanic families. You would think Hispanic families are right up there with blacks, because they are viewed just as badly (Audrey, FCOOHC).

Although she does question it and points out that Hispanics have poverty rate similar to that of African Americans, that is where her critique ends. This is similar to the quotes above where the social workers notice that Asians and Hispanic families are not involved in the system, but they don't turn this observation into a racial critique of the system. Therefore, there was very little discussion about why African Americans were overrepresented in the child welfare system.

### Two Ways Race Mattered

The social workers did discuss two ways in which they thought race mattered. They discussed cultural differences in the practices of white and black families which *may* explain why some black families end up in the system. I intentionally use the word *may* because many of the social workers were

cautious in their claims regarding race when they talked about it at all. The social workers also discussed that their race does matter to some of the families involved in the system. They argue that, since they are almost all white and since many of the families are black, this can create a barrier for the families in terms of trusting the workers. I argue that it is more acceptable for them to talk about how the families see a difference in terms of race instead of talking about how they feel or think about race and racial differences. I will discuss each in turn.

#### *Cultural Difference*

Some of the social workers did discuss cultural difference between white and African American families. The person in the following quote discusses cultural differences in terms of spanking. She says,

The only thing I can say is that there are some cultural differences. I think it is pretty even in terms of the reports you get on white families and African American families. The big race difference here, the big difference has to do with a cultural difference than anything else. It is because many of those cultures spank as their discipline and so those kids are going to go to school and say that (Heather, CA/N).

Another worker talks about cultural differences in the following quote, although she is tentative in her claims and can't think of a specific example. She says,

I think sometimes race can be looked at as having different dynamics, because of what that culture is about. Some things that may not be accepted in mainstream culture are in their culture. That may be a little different. [Example?] No. I haven't seen anything that played into that, but maybe, when you are working with families, they may treat their families a little differently. Maybe that is not what we find completely acceptable, but that is what their culture does, and so that is different (Diane, FCOOHC).

I would argue that this reticence has to do with the pervasiveness of the colorblind ideology. She frequently stated “I’ve never thought about that” during this discussion.

Two workers talked about how African American families tend to have broader social networks. One C/N worker explains that it is more common for African American families to be willing to have children placed with them. She explains,

I’ve noticed that African Americans tend to be more family oriented. Everyone is a cousin, uncle, aunt. Everyone kind of pulls together. When you go out and have to remove a child, there are people saying, ‘I’m available.’ They might not be appropriate. You also run into people taking care of someone else’s kids more in the black families. They are my sister’s kids, my cousin’s kids. White families don’t have extended families in the same way (Morgan, C/N).

The person in the next quote also talks about social networks, but she connects it to social institutions. She argues that, because African Americans have had more involvement with the system, they know people who can navigate through the bureaucracy. She says,

From my experience, the individual families that have more reliance on social institutions for support. They expect more and have more of a network. And bring in more people to try and help them than the families that haven’t had that experience with TANF or income maintenance. They have tended to not have the nuclear family. They have moved away from the family (Lauren, FCOOHC).

As I argued in *chapters four and five*, navigating through the child welfare system is a very daunting task. I think the more help the better, regardless of one’s race.

Two other social workers talked about what are perceived as negative characteristics of African American culture. The person in the following quotes discusses that African Americans tend to have 'more of an attitude' and are louder. She said,

I'm sure [race] does [play a role]. I mean, at whatever level of awareness, I'm sure it does. I think that attitude and the personality, loud talking, being belligerent has a lot to do with it. That usually comes from black families. They have louder voices and are more emotional. And so. I know it has to make a difference (Paige, FCOOHC).

This worker was particularly uncomfortable discussing race. She even commented at the end of the interview that the questions on race threw her. Another social worker discusses the fact that African Americans tend to discuss their problems in the public more than whites. This person said,

Also, I think, in their culture, it is not as stressed, it is not stressed as much that family life is private. If they are loud and yell at their kids, they will do it anywhere, whereas it is taught that it is more acceptable in white families that what goes on in the family stays in the family, and you don't do it in public. That may have something to do with it (Diane, FCOOHC).

As I discuss below, the social workers rarely if ever discuss structural explanations for why African American families are overrepresented in the child welfare system. I would argue that it is not surprising that the social workers feel more comfortable discussing cultural rather than structural explanations, because it is common for whites in the U.S. to utilize a racial code in which culture stands in for biological race without fundamentally altering assumptions about racial inferiority of people of color (Bonilla-Silva 2002, 2003; Lewis 2003). The social

workers were operating with a cultural deficit model of race to understand the experiences of African Americans in the system.

*Families' View*

The second way the social workers acknowledged (when prompted) that race mattered was by considering the impact of the lack of racial diversity among the social workers. All but two of the social workers were white. None of them discussed this when I asked what role race played in one's involvement in the child welfare system. Given this, I specifically asked them if they thought more social workers of color would make a difference. The social workers said it would make a difference. One said, "I think it would ease their mind working with a black social worker. I know [a non-white social worker] does really well with her families" (Audrey, FCOOHC). Some of them said it would make a difference, because some of the families think they are out to take black children and given them to white families to parent. One worker explains,

Some just see us as we are all middle class white bitches, and we can't understand or don't want to understand what they are going through. A few of the black families I've worked with have the opinion that we are just out there to take black children from them and give them to white couples that can't have children. And we have some burning liberal need to help the poor little 'colored' children. They don't understand us any better than we understand them (Lauren, FCOOHC).

Another worker talks about the race difference as just another barrier between them and the parent. She says,

A lot of times it affects our interactions with the families. For instance, a white person going into a white person's house, there isn't going to be that additional barrier. I may have more in

common with the black family but they wouldn't know that by looking at me (Abby, CA/N).

Another CA/N worker talks about the fact that she is told that she doesn't have any idea what it is like to raise a black child. Instead of recognizing that there is something unique about the black experience of growing up in the United States, she again articulates a colorblind ideology. She states,

I've been told that I have no idea what it is like to raise a black child. You're right. I don't. I have no idea. Maybe they would respond better to someone who does have. It is different. I don't know that it necessarily has to do with race. It has to do with environment. A white kid growing up in the hood will have just as much problems or have as much ability to get into problems as a black child (Morgan, CA/N).

I would argue that there is something fundamentally different about growing up in the "hood" as a white person compared to a black person, but this is not acknowledged by the social workers.

Several workers talk about the racial difference between the parents and themselves in terms of interfering in building trust. As you recall from *chapter eight*, the issue of trust was central for the FCOOHC workers in terms of children being reunited with their parents and who they considered "deserving." One FCOOHC worker explains, "Race plays on the whole trust thing. I can't imagine having my kids taken, and I have some white girl without kids coming in and telling me what to do. Shit yeah. That is huge. We need some diversity" (Joan, FCOOHC). It is also noteworthy that she said "white girl" instead of "white woman." I would argue that this is because many of them think of themselves as

girls since they are so young. Another FCOOHC worker discusses this difference in terms of one's level of comfort. She says,

I think race is huge issue in terms of relating and feeling more comfortable. I think there is that the investigator that was there [and] the JO that was there were white. The [FCOOHC] worker is white. The foster parents are usually white. I'm sure they are like, 'All these white people came and took my kids away. Put them with white people. What the hell are you doing?' (Nancy, FCOOHC).

A third social worker discussed this issue as well. She said,

I think [having more non-white social workers] would be good, because you go back to being comfortable and being open with somebody. Like the family I had. If you have been born and raised and don't trust or like white people, then you can't let a white person help you. Unless there is some divine intervention like Christmas presents (Cassie, FCOOHC).

This worker nominated a family for a contest that would pay Christmas expenses for the winning entrant. As discussed in *chapter eight*, this worker says that, because this family won the contest, they realized that this worker truly cared about them and the well-being of the children. After that, the family trusted the worker and did everything the worker asked of them. Consequently, the children were returned to the home. She says,

If [racial differences in how long a child was in the system] were to happen, I think it would be more so that the parents were less willing to work with us, because we are all white. We have one African American case worker, and she hasn't been here very long. Before her, there were zero on the CD side. She is the only one. Sometimes, it is harder for them to accept us, because they are not always accepting of white people. But I wouldn't say they are treated differently. I would just say the acceptance is different. That might play into how the case runs (Diane, FCOOHC).

As I discuss below, African American children are in foster care longer than white children. I would argue that the lack of trust between white social workers and African American parents is a contributing factor to this race difference. I would argue that the lack of trust works both ways, but that this is not acknowledged by the workers. They typically talk about it as an issue for the parent and were silent on their role. Since CD doesn't have more social workers of color, this can impact the parents' ability to be reunited with their children. Thus, this practice has racial consequences in terms of who gets to raise their children.

#### *EXAMPLES OF HOW THE SYSTEM IS RACED: INVISIBLE*

Now let me turn to the ways in which the practices of the child welfare system are construed by workers as race-neutral even as these same practices produce racial difference in the outcome for white children and for children of color. Much like Roberts (2002), I argue that to ignore the very important role race plays in the child welfare system has the effect of producing racist outcomes. I argue that there was a silence on the subject of racial inequality, because the colorblind discourse discouraged the workers from talking about race and, in some cases, even encouraged the workers to not even notice race.

#### Class Not Race

The most frequent response by the social workers to "What role does race play in one's involvement with the child welfare system?" was to assert that class was more of a factor than race. This came up repeatedly in our discussions of race. One CA/N worker said, "I think it can be attributed more to class. A lot of

lower class people resort to violence. That is how they are brought up. Middle class people tend to be more 'Let's talk about it,' so I think it has more to do with past experiences" (Morgan, CA/N). Another specifically talks about being hotlined. She said,

I wouldn't say racial issues in terms of being hotlined. I think it is more socioeconomic more than race. I think, if you are used to being very visible and under a microscope, that you have a different attitude whether black or white or Hispanic or whatever than you do if you are more affluent. Again, that applies to any race, because it is easier to feel victimized if you are under a microscope. These people may feel like they have the resources to get by even if they have to deal with us. I really think it is more socioeconomic than race (Samantha, CA/N).

This person is clearly articulating a colorblind discourse (Frankenburg, 1993). I would argue that you can't directly compare the experiences of whites, African Americans, Hispanics or Asians. They may be poor, but their chances of moving out of poverty are not equal and that the perception of their "deservingness" differs by race. The person in the next quote argues that class matters more than race in the beginning and at the end of the quote, but she discusses how race matters in the middle of the quote. She argues,

I definitely think it is more of a class issue than a race issue. I think that the majority of our clients are black. More than that, they are all poor. Maybe one or two aren't. We are taking these black kids and placing them with white families. 'Now they are better off' kind of thing. If you can place a black child in an African American foster home, then that is great. You can't always do that. [I have a case with a] 12 year old boy, he would call his foster mom 'white bitch.' I'm sure mom helped with that. They took her kids and put them with a white family. A disproportionate amount as far as representative of the population are black. It is more of a poor thing than a black thing. It is unfair (Nancy, FCOOHC).

Later in the interview she says, “The majority are black families. It goes back to the socioeconomic status. Why are the majority of our clients black compared to the population? Why is that? (Nancy, FCOOHC). The person in the above quotes acknowledges that African Americans are disproportionately represented, but argues that this has to do with class and not race. I would argue that it is both. She does at least question why race matters, even if she doesn’t have an answer.

Two other workers were more tentative in their claims when discussing the role of race. One said, “I don’t know if our lower income families are predominately African Americans. I would assume that. I would like to think that then they aren’t targeted more” (Diane, FCOOHC). Another worker made very similar comments. She said, “I don’t know. I feel like low income families have a greater chance of ending up in the system, so, if more black families are lower income than white families, then I could go there” (Cassie, FCOOHC). In both cases, the workers weren’t sure but again wanted to make a class argument instead of a race argument. Again, I would argue that this has to do with the prevalence of a colorblind ideology rather than a race-cognizant discourse (Frankenburg, 1993).

#### No Discussion of Structural Inequality

Toward the end of our conversations about race, I did ask the social workers if they heard much talk about race in terms of structural inequality such as discrimination in housing, employment, etc. They overwhelmingly said that

they don't hear much talk about these issues. One social worker explained why she thought this was the case. She says,

Now that I think about it, I don't hear that either. We are dealing with predominately women social workers who want to believe that life is happy and want to ignore the discrimination, and you know. I think it has a lot to do with that. ... Because we are nice social workers. Because it is not social work like. That is not something I would have ever thought about. Well, for me, I don't mention it, because I'm going to work with the family the same regardless of who they are and what they look like. And because you learn very quickly that anybody can be a perpetrator of abuse and neglect. It is not a race thing. It is not an economic thing. Anybody is capable of it (Diane, FCOOHC).

I argue that the person in the above quote is articulating a color-blind ideology. She essentially says that, if we ignore that race matters, it won't matter. Unfortunately, that isn't the reality of race in the United States. Another social worker acknowledged that there wasn't much discussion about racial inequality, and she articulated a color and power evasive discourse (Frankenburg, 1993). She said, "To me it is racist to not to acknowledge it. Not to talk about it. Not to relay it. Not to appreciate it. I do have a kid on my caseload calling me crazy white momma. Anything to normalize it, equalize it" (Lauren, FCOOHC). I would argue that this person is articulating a color and power evasive discourse. Although this person says it is racist to not acknowledge that race matters, I would argue that being called "crazy white momma" doesn't do anything to really address structural inequality base on race.

## Social Workers of Color on Race and the Child Welfare System

Unlike the white social workers, the social workers of color explicitly talked about how uncomfortable talking about race was in this environment. One of the social workers of color argued that there isn't much discussion about how race matters, because the social workers are uncomfortable discussing race. I attribute this to the social workers' colorblind ideology, and I would argue that the social workers' of color do as well, although they don't use these words. One social worker of color describes her white coworkers as articulating a colorblind discourse. She says,

It is an uncomfortable conversation. Something you know is going on, but you don't want to believe it. You kind of breeze past it without talking about it. You know it is there, and it is an issue that needs to be addressed, but it is also a difficult issue. It is one that you don't want to believe that it exists. You tend to make enemies when you bring it up. You tend to be on the black sheep list if you keep bringing it up. I see it, but I don't speak of it. I get mad. One time I did mention it to my supervisor. And she agreed, but then it was dropped, and we didn't speak about it again. Nothing was done about it (Social worker of color 2).

Another social worker of color discusses the lack of a discussion about structures of inequality in terms of race. She doesn't use the term either, but she is arguing that her coworkers are colorblind. She says, "I don't [hear people talking about racial inequality]. People say there is no discrimination. That was a thing of the past. I don't think they see it. 'We never make a mistake. It is just you.' It doesn't exist. They are blind. If you don't see it then you have problems" (Social worker of color 2). Therefore, I argue that there was a silence on the subject of racial inequality, because the colorblind discourse discouraged the workers from

talking about race and, in some cases, even encouraged the workers to not even notice race.

To my knowledge, there were also no trainings for the social workers to help them understand the role of race in the child welfare system or even how to help acknowledge that African American parents might take issue with a white social worker telling them what to do. I would argue that these kinds of training I had in mind would require the child welfare system to take seriously the issue of race and racial inequality. Although the social workers of color discussed other ways race mattered in the child welfare system, I will incorporate their perspective into a comparison with Robert's findings below.

#### *STATISTICS ON RACE AND CHILD WELFARE IN MISSOURI*

Before I discuss the statistical data on race and child welfare in Missouri, let me say that I wish I had equivalent data for gender and class. However, the data I am about to discuss was collected and reported by the CD state office. Consequently, I am dependent upon what CD chose to report.

#### Roberts' Findings

Since this project was partially inspired by the work of Dorothy Roberts, I want to return to her findings. Roberts (2002) finds that black children receive inferior treatment compared to white children at every stage of the process. She argues that African American children:

1. are moved more often
2. receive less desirable placements than white children
3. receive inferior treatment according to every measure, including both in-home and adoption services

4. have the smallest chance of being either reunited with their parents or adopted
5. are more likely to be placed with relatives or in guardianship arrangements where they receive less services.

Although I don't have data for every one of Robert's claims in terms of race, of the ones I do, my data for Missouri does support her findings. Please see table 1 for a detailed comparison.

**Table 1: Percentage of Children in Foster Care by Race and Exiting CD Custody for the State of Missouri and a Local Circuit**

	Missouri								
	2003			2004			2005		
	white	black	other	white	black	other	white	black	other
% of all children in foster care by race (n=~18,000)	66	31	3	66	30	4	67	29	4
% exiting CD custody (n=~7,000)									
<b>returning home</b> (~52%)	74	22	4	74	21	5	73	21	5
to <b>adoption</b> (~16%)	67	30	3	67	27	6	68	26	6
to <b>guardianship</b> (~11%)	65	33	2	67	31	2	70	27	3
to <b>independence</b> (~5%)	61	34	4	62	36	2	60	37	3

other (16%)

	Circuit								
	2003			2004			2005		
	white	black	other	white	black	other	white	black	other
% of all children in foster care by race (n=~600)	64	33	3	61	36	3	59	38	3
% exiting CD custody (n=~200)									
<b>returning home</b> (~50%)	73	25	3	79	20	1	61	37	2
to <b>adoption</b> (~17%)	71	22	7	90	5	5	71	23	6
to <b>guardianship</b> (~12%)	58	42	0	65	35	0	47	40	13
to <b>independence</b> (~9%)	65	20	15	68	26	6	43	57	0

As I discuss this data, please keep in mind that white children make up approximately 66% of the foster care population in Missouri, and African American children made up approximately 30%<sup>122</sup>. The Missouri data supports the finding that white children are more likely to return home. During this time period, 74% of the children returning home were white, while only 22% of black children returned home. In terms of adoption, black children are less likely to be

<sup>122</sup> In other reports, the percentage of children who are African American in foster care is 40%. Consequently, the 40% number was what I stated when talking to the social workers about race.

adopted. 68% of the children adopted are white, and 21% are black. Black children are more likely to age out of the system or exit through guardianship arrangements. Between 34-37% of the children who aged out of the system were black, while 60-62 % of them were white depending upon the year.

The same findings hold for the local circuit, and, if anything, the data shows more of a disparity between white and black children exiting the system. The percentage of children returning home who were black was less than the percentage of black children in foster care. For instance, in 2004, only 20% of the children returning home were black, while 79% were white. In terms of adoption, the percentage of black children was again smaller than the percentage of black children in foster care. For instance in 2004, only 5% of the children who were adopted were black, while 90% were white. Black children were also overrepresented in terms of aging out of the system and exiting into guardianship arrangements, although this fluctuated from year to year. In 2005, 40% of the children exiting to guardianship were black, while 47% were white. 57% of the children aging out of the system were black, and 43% were white.

#### My Observational Data

I walked into the field knowing that the most recent data at that time for both Missouri and nationwide showed that 40% of the current foster care population was black. So my assumption was that I would see a lot of African American families. The problem was that I wasn't seeing it. At least initially, I had very little exposure to black families. For the first two months I was there, I

did not observe an investigation of a black family. I kept thinking to myself, “Where are all the black families? I don’t get it.” This changed over time, but only a small percentage of the total number of families I encountered while observing the hotline workers were African American. The cases that I observed with children actually being taken into protective custody were also white. In addition, the vast majority of the families in the family support team meetings I attended were white. Because of this, I assumed the overrepresentation of black children in the system had to do with the overrepresentation of black children in St. Louis and Kansas City and not where I was. Both Kansas City and St. Louis have higher proportions of people of color. The most common non-white household I encountered was a white woman and a black paramour (or boyfriend.)

#### Partial Explanation for Why there is an Overrepresentation of African American Children in FCOOHC

The week before I left the field, I was given the race data I just discussed for the local circuit. When I analyzed the data, I was shocked. This has become a puzzle for me to make sense of my observational data in light of these statistics which show a clear pattern of differential treatment between black and white children. What follows is my attempt to make sense of this data in light of my observational data.

My first thought was that my observational data is anomalous in some unknown way. Maybe the social workers remove fewer children on Tuesdays

and Thursdays. Given that I was there for one and a half years, on some Mondays, Fridays and weekends, I don't really think this is the case. I did spend a significant amount of time with the "Queen of PCs." She was given this nickname because she removed the majority of children. This was consistent with the time period when I was observing. Thus, I just wasn't seeing a disproportionate number of black children coming into care primarily because they weren't and certainly one in three kids were removed were not black.

This raises the first issue I want to discuss in terms of questioning only using the race data for the *current* foster care population. In Missouri's child welfare system, cases are tracked in terms of families not children. Whenever I talked with the social workers about their cases, the number of children gets obscured by the unit that they use. Thus, their unit of analysis is the family not the number of children. I think this affected the way in which I thought about race in this setting, because I may be observing one black family, but that doesn't necessarily tell me anything about the number of children involved.

Another aspect of the way things work in Missouri is that if a child is removed from the home, in most cases the siblings are also removed. This has important consequences in terms of race because most of the black families whose children were taken into foster care had more children than the white families. Thus, part of the overrepresentation has to do with the fact that black families, on average, have more children than white families (find statistics). If

one was to look at the number of families rather than the number of children, the data may be closer to the census data for the state.

Another issue which helps to explain the overrepresentation is the length of time black children are in foster care. When I transitioned into the FCOOHC unit, I learned that some black children had been in care much longer than the white children. My observational and statistical data, as well as Robert's data, show that white children exit foster care in a shorter amount of time than black children. One of the social workers of color discussed this issue. She said,

I've found a lot of cases in this office that are racial related. If the kids weren't Afro American or was not from a minority group, the kids would have a better chance of going home. I see Afro American kids stay in the system longer than Caucasian kids do. I see that workers work harder, some workers not all, work harder with parents of Caucasian race to get the kids back in the home than with Afro American race. I have noticed that but it could be just me. I try to keep an open mind. I know there is prejudice every place you work. I've seen more here than I want to see. I see some cases that shouldn't have even gone to the court in the first place. If it was a Caucasian family, it wouldn't have. They would have had Family Centered in the home before. I think there are a lot of Afro American cases that should be, services should have been given. Not taking the kids out. They are not my cases. We have a tendency to NOT work as hard to get them back to that set of parents. That is just my own opinion and the way they see it (Social worker of color 1).

Thus, the percentage of black children taken into custody of the total population of children is lower than the percentage of black children in the system at any given time. Since this is the case, the length of time has a significant impact on the current percentage of black kids in foster care. In other words, I am arguing that the statistic of the current foster care population in terms of race is important,

but people should be cautious when they use it, because it doesn't tell the whole story of the role of race in child welfare. In fairness to Roberts, she does discuss both of these issues, but I don't feel that she gives enough emphasis to these issues as explanation of this overrepresentation.

### FCS for White Children and FCOOHC for African American Children?

Another possible explanation is that a disproportionate number of the families in Family Centered Service (FCS) are white. Although I don't have statistics to back this up, in my experience, a disproportionate number of the families I observed in FCS were white. Thus, these children were still in the home and CD was working with the parent(s). As discussed above, African Americans are overrepresented in Family Centered out of Home Care (FCOOHC) unit. Thus, these children are in foster care. Although CD also works with these parents, as I discussed in *chapter five*, it takes longer for a FCOOHC case to be closed, and there is a higher standard that must be met.

The practices of the race of the family being associated with the race of the family occurred to me after sitting in a cubicle and seeing four sets of African American children having visits with their parents, which were FCOOHC cases. I asked one of the social workers of color about this. She said,

I saw more African Americans in FCOOHC. I was thinking that I was only working with African Americans. That wasn't true. I did have Caucasian families, but I remember that, when I was going to call them, in the forms you always have to indicate race, I assumed that they were African American. When I met them, I was surprised that they were white. I felt bad for thinking that. Why do I have this feeling that when I'm talking to someone, I assume that? That is something new for me. I think I had more African American families

in FCOOHC. I had two Caucasians and then the rest were African American (Social worker of color 2).

She continues,

I think that, if there is a problem with an African American family, they will say 'They are like that. Don't even try to do something else. That is how they are.' I feel with a Caucasian family, 'They are just having this crisis. Let's give them a chance.' I have seen African Americans who used drugs. I had a lot of those cases. We didn't put more attention on those parents, because we just assume. I say 'we,' because I did the same thing as the previous worker, and the advice I was getting was to say, 'They are just drug addicts. Don't expect anything from them.' With this one family, the father used drugs. But there is nothing else. I keep asking 'What else do we need to do?' There is more flexibility with the Caucasians. I think it is assumed that you would work more with a Caucasian than an African American. I think people say, '[African Americans] are just like that, but [white families] are just having a crisis,' which isn't really true (Social worker of color 2).

If it is the case that white families disproportionately have either an FCS or IIS case instead of a FCOOHC case, and thus, are having their children removed, then more research needs to be done to understand why this happens and how to reduce this racial disparity. I would argue that there are a variety of practices that contribute to this outcome instead of it being the case that the workers are being blatantly racist.

## **DISCUSSION**

I would argue that there are several reasons why the social workers were less talkative about race, class, and gender. The social workers really were so overwhelmed by the pace of their jobs that they really didn't have time to think and reflect on the world around them. They really did have a "Let me just get through the day" view of their job. In many ways, the social workers were really

just trying to survive the experience of working at CD. Many of them agreed to work there as a condition of the Title IV-E program. Because they agreed to work there for eighteen months, many of them were counting down the days.

Related to the idea that they just wanted to make it through the day, another part of their perspective was “These are the parameters of my job, and I’m not going to think about anything beyond this.” You see this with the disagreement with the mandated reporters. They wanted the social workers to do more, and the social workers argued, “That isn’t practical. I can’t do that.” In many ways, they were very practical and realistic about what they could and couldn’t do given the limitations of the system in which they were working. They knew that they couldn’t change structural issues like the minimum wage, drug tests of poor black mothers, targeting by mandated reporters, etc. They may have disagreed with these practices, but they knew they couldn’t change them. I argue that part of the CA/N workers resistance to substantiated cases was also their attempt to prevent some families from becoming more integrated into the child welfare system. They knew they couldn’t change the structural issues, but it was within their power to fail to substantiate the report. In some cases, the CA/N workers had enough evidence for probable cause or preponderance of the evidence, but they made a conscious decision not to substantiate the report. Part of this occurred because they were trying to prevent families who were already disadvantaged from having to be monitored by the Children’s Division.

For the FCOOHC workers, with many of the cases where they worked harder for parents (as discussed in *chapter eight*), larger structural issues were evident. For instance, consider the mom who didn't have access to health care and couldn't take her meds. Obviously, this mom is from a lower social class, and part of why the social worker worked harder for her was because the worker didn't think she should have her kids taken away just because she was poor. Therefore, although the social workers may not have explicitly discussed their actions in terms of race, class, and gender, they did make some efforts to reduce the reproduction of race, class, and gender inequality in ways that they could, given the parameters of their job.

Another reason I argue that the categories of race, class, and gender were not a part of their daily talk is the difficulty of using these categories in this setting. I tried to get a snapshot of the families currently involved with the system. I went around to the various social workers and soon discovered that generic terms like race, class, gender, and family were problematic in this context of child welfare. For example, when I discussed the issue of race with the social workers, it was not as straightforward as discussing how many white, black, Hispanic, and Asian families were on their case load. We had to negotiate the very meaning of race. The following is an excerpt from my fieldnotes.

I asked whether Cindy had any mixed race families on her caseload. She said no, but, during the conversation, I realized that she was talking about a kid who I knew was bi-racial. The bio-mom is white, and the mom's current boyfriend is white, but bio-dad is black. She thought of this family as white. Is this family white, black, or mixed? It really depends upon your point of reference.

According to the one drop rule, the family would be black, since bio-dad is black. However, the family the social worker is currently working with (bio-mom and boyfriend), they are white.

This confusion continued with other concepts. When I asked them 'how many single moms do you have on your case load?' W said, 'What do you mean by single moms? Are you counting moms without boyfriends?' I said 'Without boyfriends. I'll ask about them next.' She said, 'Do you mean moms whose kids lived with them when they are removed or moms trying to get them back?' Every question went like this. I would name a category, and they would say 'what do you mean by that?' I asked W if she had any families that were not poor. She said, 'What do you mean by poor?' I said, 'Well, Um the federal poverty line.' She said, 'No. Isn't that sad?' I said, 'What about not receiving federal assistance?' She said, 'What kind of federal assistance?' I said, 'TANF and Medicaid.'

I moved on to the next person and tried again. I asked L, 'How many married families do you have on your case load?' She said, 'What do you mean by married? Do you mean that both biological parents are married or is mom just married?' I said, 'Both.' I then asked about single moms not living with a boyfriend. She said, 'Moms not grandmas?' This back and forth exchange went on for at least twenty minutes.

I went to the next person, and I got the same thing. I asked about parents in jail. She said 'Currently or ever?' I said, 'Both.' She said, 'Do you mean jail or prison or house arrest or just criminal activity?' This same type of interaction continued with each worker with whom I have tried to ask these types of questions. Each time, I have tried to adjust the questions to be more reflective of the types of families we are talking about, but I have yet to be successful in translating my questions into a format that makes sense to the experiences of the social workers. It really does make me re-question what I mean when I say a 'family.' The categories of race, class, gender, etc. don't really work in any coherent way (Excerpt from field notes).

For the social workers, these were just categories that they checked on boxes on their forms. I would also argue that since many of these categories didn't fit the families that the social workers interacted with in any simple way, this contributed to their inability to see patterns across families. I am not arguing that there are not real consequences for different groups of people such as women, the poor,

and families of color in terms of their involvement with the child welfare system. I think the above discussion demonstrates that there are gendered, raced, and classed experiences and that practices in the child welfare system reproduce inequality in the society in general. I am arguing that, given the types of families that are involved in the child welfare system, researchers need to think long and hard about how to understand these categories in this setting. For instance, they need to think about how they intersect in important ways. At the very least, my impromptu survey with the social workers has made me question some of the data that is produced from these categories in statewide reports.

## **CONCLUSION**

Of the three, the social workers were the most articulate about class and the role it played in one's involvement in the system. They recognized that poor families were much more likely to come under the umbrella of the child welfare system in the first place. The social workers also recognized that once involved in the system poor families and more affluent families did not receive equal treatment because more affluent families were able to buy themselves out of the surveillance that poor people were subjected to. As we saw in *chapters six and eight*, the social workers did discuss class inequality in terms of low wage work, lack of adequate healthcare, mental health, and housing, etc. They were less explicit about how these factors affected one's chances of being involved in the system, but they did recognize that there was a lack of these services for the poor. Thus, lack of resources seems to be a key factor in whether or not one is

involved in the child welfare system. I would argue that, if we had a different welfare state that provided families with the resources to meet basic needs such as food, shelter, and healthcare, then many of the families currently involved in the child welfare system wouldn't be in the system. We also wouldn't have the situation where poverty was mistaken for neglect and poor people would lose the right to raise their own children merely because they were poor.

I would argue that mothering was central to the social workers' understanding of the role of class in the child welfare system. Central to the tension with the mandated reporters was a dispute over "mothering." Many of the CA/N workers argued that poor families were targeted by the mandated reporters because the parent's mothering wasn't up to her standards. Thus, it was a class critique because the mandated reporters have a higher social class and the CA/N workers felt that they were trying to impose their views on them and the parents involved in the system. Also part of this tension was over how to and who should make the parent's involve in the child welfare system "better parents." The mandated reporters wanted the social workers to do this but the CA/N workers argued that this wasn't her job. I would argue this is again a class critique of the MRs. Essentially, the CA/N workers argue that these families are being targeted because they don't live up to the MRs' higher standards.

The notion of mothering was also central to the social workers' understanding of the role of gender in the child welfare system. For many of them, they took for granted the idea that women *should* do the parenting and

parenting really means mothering. When they spoke, they would start by talking about families or parents, and then they would switch into talking about mothers. Consequently, the social workers didn't question the obvious gender inequality in the treatment of mothers and fathers. For example: having higher expectations for moms than dads, allowing men to not be as involved so that the moms are the ones responsible for interacting with CD, and blaming moms for failing to protect their children. Given that most of the social workers didn't see gendered practices within the child welfare system, it was unlikely that they would see how larger structures of inequality such as women being overrepresented in low wage work, the wage gap between men and women's wages, women's dependence on men, etc. I would argue that these larger issues are important in explaining how one's gender affects one's involvement in the child welfare system. For example: if women made the same amount of money for the same work as men or women were not encouraged to enter female dominated occupations which are low paid, many of the moms in the system would be in a better position to provide for themselves and their children.

The social workers rarely if ever discuss structural explanations for why African American families are overrepresented in the child welfare system. I would argue that it is not surprising that the social workers feel more comfortable discussing cultural rather than structural explanations. While, for the most part, they draw on a color-blind discourse on race that discourages even talking about race in the first place, when they do acknowledge race, they do so by

representing it in terms of cultural differences, which is a form of racial coding. Earlier historical assumptions about racial superiority that were invested in biology have been transformed into assumptions about cultural superiority that allow whites to continue making invidious comparisons between whites and blacks without fear of the stigma of being considered racist.

My statistical data for the state of Missouri and for the local circuit support Roberts' claim that black children receive differential treatment compared to white children. I would call on researchers to be careful when using this data, because, without considering why there is an over-representation of black children in the current foster care such as the average number of kids per family and the length of time in the system, one could be left with the false impression that the child welfare system is mainly taking black children. This is in no way excusing the differential treatment, but I think that, in order to address this differential treatment, we need to have a realistic understanding of how the system is operating in practice. I also suggest the importance of questioning the categories themselves, because they may not fit the setting in any simple or straightforward ways. In the case of Missouri, race, class, gender, and family are much more complicated to study than they appear.

## CHAPTER TWELVE--CONCLUSION

In this conclusion, I return to a consideration of the issues with which I began. First, I discuss institutional ethnography as a method of inquiry, because it is important to understand how this approach differs from mainstream sociological approaches that are driven by their participation in disciplinary theoretical discourses that abstract from the everyday concerns of people. As I explain, institutional ethnography is a sociology *for* people, and, as such, it is designed to begin in their experiences to create maps of the social relations in which they are implicated in order to help them understand how ruling relations organize (and, in the case of child welfare, often disorganize) their lives. Second, I discuss the fact that an examination of child welfare must take account of the context of the welfare state as a whole given that what is possible for child welfare is conditioned by the fact that we are living through an era of austerity characterized by extensive attempts to retrench social and child welfare. This study reaffirms arguments about American Exceptionalism that claim that the U.S. is unlikely to diverge from its trajectory as a liberal welfare state. Third, I discuss the utility of using the transformation of intentions framework to analyze child welfare in terms of a multi-level, multi-site policy process based on the fact that it is essential to contextualize child welfare in local contexts in terms of the conditions established by actors at different places and times. I demonstrate that, at one point, the linkages between the federal and state levels was

particularly strong, with implications for everyday work processes for social workers in local child welfare offices. I also use this framework to demonstrate that actors at one level were dependent upon actors at other levels (in multiple sites) to implement policies as intended, which provided room for developments at the local level to weaken the linkages between federal and state levels. Fourth, I consider the limitations of this project to help the reader understand what this project is able to do and what it cannot do based on the data collected. Last, I discuss policy recommendations for child welfare to address the constraints of the current system with hope that the system could be redesigned to place the concerns of families in the center of child welfare policy.

### **INSTITUTIONAL ETHNOGRAPHY**

This project is an institutional ethnography of child welfare. Institutional ethnography is a method of inquiry that grows out of Dorothy Smith's call for a sociology *for* people (1987, 1990a, 1990b, 2005). She argues that we should begin our inquiry not within sociological discourse (as in conventional analyses) but in the actual daily social relations between individuals. Thus, institutional ethnographers explore the social relations individuals bring into being in and through their actual practices – the work they do. In other words, we start with the everyday experiences of people. In this case, I started with the everyday experiences of the social workers, mandated reporters, and juvenile officers to understand how their work organized and disorganized the lives of the families involved in the system. By starting with people's everyday/night worlds, this

allows us to study how the institutionalized forms of social organization regulate and order the everyday lives of individuals in such a way that their work is rendered accountable to those occupying positions in the extra-local organization of ruling. D. Smith (1987) points out that, “from the standpoint of ruling, the actual practices, the labor, and the organization of labor, which make the existence of [rulers] and their ruling possible, are invisible” (80). The obliteration of the experiences and consciousness of people in their everyday lives is made possible by the proliferation of the textually-mediated administrative processes of corporate capitalism throughout the institutions of advanced capitalist societies. Any attempt to understand social relations must take account of the fact that power is diffused through these texts. As D. Smith (1999) explains,

Discourse, and the ruling relations in general, are, ontologically, fields of socially organized activity. People enter and participate in them, reading / watching / operating / writing / drawing texts. They are at work, and their work is regulated textually. Whatever form of agency is accessible to them is accessible textually as courses of action in a text-mediated mode (75).

As a method of inquiry therefore, institutional ethnography involves investigating how institutional complexes organize and shape the everyday world of experience through texts – to explicate the actual social relations in which people’s lives are embedded and to make them *visible* to them and ourselves. Thus, I have demonstrated how texts such as the hotline report and various laws such as the ASFA, HB 1453, and Missouri case law have coordinated peoples’ activities across space and time.

The actual practice of institutional ethnography then can be described as a process of drawing a map of the extra-local social relations - one that demonstrates to people how 'it' is put together. All of the figures in this dissertation (especially figures 5, 6, and 7) map how the child welfare system is put together. The ultimate goal, of course, is to make a map that is useable for those who want to make change rather than producing scholarship that is firmly lodged in abstract disciplinary discourses that will be useful only for reinforcing the relations of ruling. Using a slightly different metaphor, George W. Smith (1998) sees institutional ethnography as opening a series of windows on an institutional form from the standpoint of different informants' experiences within it. As he says, "Each informant, as a knowledgeable participant, provides an account of it from his [sic] own location. It is the general ontological character of the institutional form itself that makes for the general applicability of research using this method" (G. W. Smith 1998:312). This is not theory testing or grounded theory, which involve:

transposing the researcher's impressions or intuitions into concepts that have the formal property of universality ... to displace diverging perspectives and to subdue the social organization that generates difference to a monologic interpretive scheme (Smith 2005:160).

The point is not just to be concerned with what individuals do nor to fall back on postulating social systems or social structures to capture the substance of the social (D. Smith 1999). Instead, the focus is on the ongoing concerting and coordinating of individuals' activities in which "the social is not conceived as an entity separable from the actual people and the activities in which we find it" (D.

Smith 1999:6). Institutional ethnography draws upon participants' accounts to identify the institutional connections, the relations across and among various sites of activity, and the coordination of these sites via ruling regimes and their texts (De Vault 1999). This is what I have done by looking at the activities and work of the social workers, the mandated reporters and the juvenile officers and demonstrating how their work coordinates to produce Missouri's child welfare system.

This dissertation makes a contribution to a growing body of institutional ethnographies, because it demonstrates another site where ruling relations operate. I argue that an analysis of the Missouri child welfare system is an excellent site for demonstrating how ruling relations operate to produce persisting inequalities. As I have shown, the people who are most affected by the child welfare system are women who are poor and who are disproportionately women of color. They are the ones whose lives are being organized and disorganized by the practices of the child welfare system. Because the goal of institutional ethnography is to produce a sociology *for* people, I hope that this work could be used by families involved with the system to fight for changes so that the social workers are no longer unnecessarily intruding into their lives. I also hope that it could be used by workers within the system to understand how their daily practices reproduce inequalities. I encourage child welfare workers to advocate for the families who are brought into the orbit of the Children's Division. There are monthly meetings where social workers can make recommendations for how

to improve the system. The workers could certainly be advocates for the families at these meetings by discussing ways to change the system so that the paperwork doesn't "stand in" for the families. As I discuss in the policy recommendations section below, there is much to be done with Missouri's child welfare system to improve the system.

## **FEDERAL CONTEXT**

### *WELFARE STATE*

Although this project is about child welfare in Missouri, I argue that the implications of this research are go beyond just the state of Missouri and the child welfare bureaucracy within Missouri, based on the fact that an examination of the child welfare system reveals problems in the welfare state as a whole. I have argued that it is necessary to understand American Exceptionalism (debates about why the U.S. welfare state is not well developed compared to those of other industrialized countries) and theories of the welfare state in order to understand child welfare policy in Missouri, because it is within this context that the current federal policy has been operating. Especially with child welfare, which intersects with the programs that make up the welfare state (Medicaid, Temporary Aid to Needy Families, child care, unemployment, etc.), it is important to understand whether welfare state programs at the federal level create a safety net for families involved with the system. As we have seen, especially in *chapter eight*, the welfare state programs at the federal level do not create a safety net.

This dissertation makes a contribution to the literature on the welfare state by shedding new light on the U.S. welfare state through an analysis of child welfare policy. Most scholars of welfare state policies in the U.S. have ignored child welfare policy and focused on welfare state policies in general (Esping-Andersen 1990; Pierson 1994, 1998; and Weir 1998) or on specific policies such as healthcare (Quadagno 2005; Skocpol 1997); social security (Quadagno 1988, 1998), and social welfare (Gordon 1990; Quadagno 1994; Pearce 1990; Skocpol 1992). Following the work of Pierson (1994, 1998), Quadagno (1998), and Myles and Quadagno (2002), this study makes a contribution by demonstrating how retrenchment in the 1990's and 2000's at both the federal and state levels is negatively affecting families involved with the child welfare system. Instead of transforming the U.S. welfare state into something more progressive based on a Social Democratic model, there has been a retreat away from attempting to meet the basic needs of U.S. citizens. At the federal level, there have been cutbacks in social welfare so that there is now a lifetime maximum of sixty months, with limited exceptions. Federal funds for low income housing and drug treatment programs have not kept up with demand. Until July 2007, the federal minimum wage remained unchanged for ten years. Thus, this study provides further evidence for American Exceptionalism in the sense that it is not possible for the United States to adopt the kind of social welfare state provision found in Social Democratic countries such as Sweden and the Netherlands.

This study also demonstrates the importance of expanding an analysis of retrenchment by understanding the ways in retrenchment operates at the state level as well. In addition to the retrenchment of social programs at the federal level, this study discusses the fact that retrenchment at the state level was very consequential. The CA/N and FCOOHC social workers discussed the cutbacks in the range of programs available to them to offer to families. They discussed the lack of funds to help with housing, utility bills, and other bills that used to be available. They also discussed cutbacks in the following programs: parent aids (it is now almost impossible to find one), parenting classes for targeted ages of children, and Intensive In-home Services (it is now a program of last resort instead of early intervention). There was also significant retrenchment in Missouri's healthcare system. Healthcare benefits for over 100,000 people were cut. Thus, instead of being a leader in healthcare, Missouri has turned back the clock and eliminated many of the aspects of its healthcare system that were more generous than the federal government's requirements. Although the effects of these cutbacks were only beginning to be felt during my fieldwork, this is just one more barrier that will impact a parent's ability to raise children. Unfortunately, this study shows that poor, single women are affected the most by the fact that we lack the will to meet the basic necessities our citizenry, a point that has also been demonstrated powerfully by many others (Eden and Lein 1997; Hays 2003; Sidel 1996).

## REGULATION

Another contribution of this study to the welfare state literature is a focus on regulation in addition to the distribution of resources (Acker 1988). It regulates these families based on where parents live, with whom they live, with whom they can associate, what community resources they must use (such as parenting classes or drug treatment programs), in order to secure the return of their children. In the case of child welfare, so much emphasis and attention is placed on verifying and regulating parents that this interferes with the social workers' ability to really help parents. As I discussed in *chapters five* and *six*, the CA/N workers spend so much time investigating hotlines and filling out the paperwork that they don't have a lot of time available for much beyond that. One of the ways they *do* end up "helping" families is by unsubstantiating hotlines so that the parents do not have a substantiated report on their child abuse and neglect background check. In the case of the FCOOHC workers, *chapters five* and *eight* discuss the fact that the paperwork they have to do prevents them from really helping families. They spend a significant amount of their time just verifying that parents completed recommendations and filling out paperwork for the JOs. Because the FCOOHC workers have so much to do and not enough time to do it, they end up making decisions regarding who they are going to help based on who they think is most deserving. I argue that this is not the way the child welfare should work in practice. This opens the door for disparate treatment and unequal opportunities to secure the return of children to the home.

## **TRANSFORMATION OF INTENTIONS**

### *FEDERAL TO STATE LINKAGES*

Much of the work on the welfare state has looked at the impact of policy at the federal level (Esping-Andersen 1990; Gordon 1990; Pearce 1990; Pierson 1994, 1998; Quadagno 2005, 1988, 1994, 1998; Skocpol 1992, 1997 and Weir 1998) instead of looking at how welfare state policy affects the state level. Although this dissertation does show how policies at the federal level constrain the actions of the state by not providing an adequate safety net, it also importantly attends to the linkages between the state and local levels to illuminate how it is that developments at these levels are also very consequential for understanding how policy gets implemented in practice.

To do this, I used a theory of the policy process called the transformation of intentions (Hall 1995, 1997, Hall and McGinty 1997; Patterson 2000; Placier, Hall, Benson, and Cockrell 1998), which views policy as a process rather than merely as an object or a text written at one time and place and implemented at another. Thus, instead of limiting the focus to policy formation or implementation, policy is constituted when multiple actors, representing multiple interests and roles interact under conditions of uncertainty and ambiguity (Estes and Edmonds 1981). This framework is a critique of and a response to stage models that look only at certain parts of the policy process (Brewer and de Leon 1983; Palumbo 1988; Peters 1986; Rushefsky 1990), because it demonstrates that policy is neither unidirectional (top-down) nor that it is a single cycle in time.

The transformation of intentions framework highlights the linkages among levels and sites in the policy process. I argue that the linkage between the state and federal government was strong enough to produce conditions for state actors. For instance, this is evident in the federal spending priorities for child welfare. Because Title IV-E funding is not capped while funding for Title IV-B is and since more than half of the state's child welfare budget comes from the federal government, the lack of resources available for family preservation limits options for those who would wish to focus on family preservation in favor of moving children into foster care. This lack of resources was frequently discussed by both the CA/N and FCOOHC social workers at the Children's Division. Because the workers didn't have adequate resources to offer families, in turn this impacted parents' abilities retain and raise their own children.

Actions at the federal level also matter in terms of the laws that have been passed. One of the most important examples is The Adoption and Safe Families Act (ASFA), which both the JOs and the FCOOHC social workers acknowledge as significantly impacting parents' abilities to get their children back. One of the main effects of ASFA was to establish new timetables for family reunification. If children are in care for fifteen of twenty-two months, then the Juvenile Office and the Children's Division initiate the termination of parental rights process. ASFA also set up funding incentives for adoption for the state by paying \$4000 for

every child adopted over a set baseline, and by paying \$6000 for every child with special needs adopted over a set baseline.<sup>123</sup>

Still, as I will discuss later, the effects of linkages between levels are sometimes subject to change. As a result, the policy process should not be understood simply as a top-down process in which actors at the federal level always establish conditions for actors at the state and local levels. During the course of my fieldwork, it became apparent that changes in Missouri case law affecting termination of parental rights substantially reduced the impact of The Adoption and Safe Families Act over time.

#### *LINKAGES BETWEEN THE STATE AND THE LOCAL LEVELS*

Missouri's child welfare system has undergone a series of transformations since the death of Dominic James. In August 2004, House Bill 1453 became law. This bill makes it more difficult to place children in foster care, because it requires that reasonable efforts have been made to provide the parents with services to address the concern. It also requires Judicial and Children's Division review of the case until the children are returned to the home or put up for adoption. Thus, many aspects of HB 1453 benefit parents, which explains why the JOs argue that this bill has shifted the pendulum from children's rights to parents' rights.

As we saw in *chapter ten*, however, the social workers argue that this bill did not have much effect on their daily practices. I argue that, although the social

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<sup>123</sup> More recently, the Bush administration also established monetary incentives for states that establish adoption for children over the age of nine.

workers were given information by the CD central office about this change in the law, the workers didn't pay very much attention to those changes. In general, they were not able to tell me specifics about the changes. What little they knew about this law was a result of training done by the local Juvenile Office. In those instances when they did indicate an awareness of specific aspects of HB 1453, such as the change between preponderance of the evidence and probable cause, the social workers argued that there was no meaningful difference between the two legal standards. Thus, when it came to HB 1453, the social workers transformed the intentions of the legislators by failing to change their practices as required by the law. I argue that the lack of implementation of HB 1453 also demonstrates that the linkage between the state office and the local level was not very strong.

Another example of the tenuous nature of the linkage between the social workers and the CD central office is the issue of the overdue reports in the CA/N unit. People from the state office would show up at the local CD office whenever the CA/N unit had too many overdue reports. However, the CA/N workers ignored much of what the state office people said. There were several reasons for this. One, the CA/N workers had timetables to see the child in order to ensure safety. They argued that, while they didn't get their paperwork done on time, they did what was important by seeing the children. Second, they argued that structural issues explained why they couldn't get their reports done on time. They argued that they had more cases than policy stated they should, which

made it more difficult to complete reports in a timely fashion. Their claim was that, if CD would just hire more workers, they would be able to make their report deadlines. Finally, the state office people were only there for a day or two at a time. Consequently, they didn't have much of an ongoing presence in the day to day operation of the local CD office.

In contrast, the linkage between the state level and the local level on the Juvenile Office side of the child welfare system was stronger. I argue that this was due to the fact that the Juvenile Office reports to the court. The JOs also appear in front of the court and are required to use statute and case law as the basis for taking action. If parents argue that the JOs' actions are unlawful, parents can challenge those actions in Juvenile Court. Because this review process can go all the way to the Missouri Supreme Court, the JOs have an incentive to follow the law.

#### *LINKAGES BETWEEN THE LOCAL LEVEL*

Understanding how policy gets enacted in multiple sites simultaneously is a significant contribution of this project, because it demonstrates that we need to focus on the ways in which the implementation of policy makers' intentions is dependent upon actors at later times and places in the policy process. Most of the work using the *transformation of intentions* framework has followed the transformation in terms of the "chain of command," of policy being implemented at the national level down to the state level and then down to the local level. However, it would not be possible to fully understand how and why the Children's

Division is organized the way it is without also attending to how the mandated reporters and the Juvenile Office are implicated in shaping the daily practices at the Children's Division. This study is different, because I conducted a multi-site, multi-level analysis that looks at how policy enacted at the state level by two branches of government gets implemented at the local level (CD and juvenile office) simultaneously.

Looking at multiple institutions at the local level allows us to see how power operates at this level. In this case, the JOs held most of the power relative to the CD workers. They were able to use their power to get the social workers to do much of the paperwork for the JOs. I also show that even though actors are in the same local level, given the fact that they are working with different populations and in different institutional contexts, they have different perspectives. This is very clear when we note that the CA/N workers were able to establish themselves as families' advocates (to an extent), that the mandated reporters adopted positions as the children's advocates, that the JOs established themselves as the courts advocates, and that the FCOOHC workers wanted to be the families' advocates but were so imprisoned by all the paperwork they had to do that they ended up being conditional advocates instead.

I argue that the strongest linkage of all was that between the local Juvenile Office and the local CD office. There were several examples of how the local JOs were able to exercise their power to get the CD workers to transform their practices. One of the main issues surrounded termination of parental rights

packets. The JOs were able to exert their power to get the CD workers to write TPR packets in the first place. This transformed CD policy. When the JOs imposed their intentions on the FCOOHC unit, this had the effect of turning the FCOOHC workers into “paper” workers instead workers that first and foremost helped families.

Another transformation of intentions occurred when the Missouri Courts transformed the intentions of the legislators by setting up new TPR requirements. In this case, the JOs’ incentive to change their practices was the desire to avoid losing cases. Although they could try to ignore the new case law, the parents’ attorney wasn’t likely to do so. Consequently, it was in their interest to change their practices so that the intentions of the justices were realized. Again, because the JOs are in a more powerful position relative to the social workers, the JOs were able to define the new TPR packet procedures and force the social workers to comply with the new practices. The JOs essentially told the CD workers that they were changing the name of the TPR packet to a referral but that they were still supposed to provide the Juvenile Office with the information prior to filing the TPR packet, which is explicitly what the courts did *not* want CD to do. Thus, the linkage between the local Juvenile Office and the local FCOOHC unit was very strong.

The linkage between the Juvenile Office and the CA/N unit was also very strong, especially when it came to protective custody. When Missouri courts redefined immunity in the Heartland case, the JOs were the ones to go to CD’s

office and tell them how to change their procedures for taking protective custody. Essentially, the JOs transformed the practice of taking temporary protective custody so that, instead of JOs making the decision to take protective custody, the CD worker and all frontline workers typed up a report that explained the circumstances so that a judge could make the decision.

#### *IMPLICATIONS FOR THE TRANSFORMATION OF INTENTIONS*

My research points to the importance of analyzing how changes in social policy actually occur in practice. More research needs to be done with multi-level, multi-site policies. For instance, what are the effects of changes in policy that come as a result of judicial action rather than legislative action? In what ways are these changes in practice due to judicial action a reflection of the struggle for power between the legislative and judicial branches? In what ways are the representatives for the executive branch exerting power? In this case, these actors were weak compared to the other actors in charge of policy implementation. How does power operate at the local level in a way that is separate from the exercise of power at the state level? What effect does power have on the daily practices of the actors on the front line? In this case, the system of checks and balances between CD and the JOs at the local level has become unbalanced. Consequently, the JOs exerted more power over the implementation process. Given this case, it is clear that more research needs to address how power affects the implementation of policy makers' intentions with policies that span branches of government (executive, judicial, and legislative),

levels within the government (federal, state, and local), and across local sites (divisions and departments).

### *LIABILITY*

The discourse of liability that was ever-present on the Children's Division side is now expanding to the Juvenile Office side because of the Hartland case. I think it is still too early to tell what ramifications these changes will have in the long run. In the short run, I argue that the reduction of the number of children in foster care is a good trend. However, I don't think that the expansion of the fear of liability is the best way to reduce the number of children in foster care. What it is likely to produce is a mass exodus of social workers and JOs out of the field because they don't want to put themselves and their families in jeopardy of a lawsuit.

More research needs to be done to examine the evolving role of liability in child welfare policy in particular and social policy in general. The appearance of the discourse of liability is not particularly surprising, because it can be understood as a manifestation of the phenomenon documented repeatedly by Dorothy Smith (1987, 1990a, 1990b, 2005) and other institutional ethnographers (Cambell and Manicom 1995; DeVault 1991, Pence 2001) in which multiple, intersecting institutional complexes linked together by textually mediated ruling relations have developed under advanced capitalism. These ruling relations impose monological institutional discourses on the people who participate in the

workings of those institutions and have the effect of obscuring the concerns and realities of people in their everyday/everynight lives.

I believe that this discourse is symptomatic of the ways in which the everyday realities and concerns of families are systematically disregarded in the institutional working of the child welfare bureaucracy, because the constraints placed on workers displace concerns that many of them have about subjecting families to intense scrutiny and regulation. Furthermore, the textual nature of ruling relations is quite clear in the case of the child welfare system, as I have tried to demonstrate. The fact that workers are drawn into becoming “paper” workers establishes conditions in which completing forms and reports competes with spending time working to assist families with material needs. The result is that families’ everyday experiences are systematically distorted by a system that defines them in terms of institutional categories that blame them for the inequalities they experience without taking account of the fact that the families often wish to provide for the material and emotional needs of their children but cannot due to a host of structural constraints beyond their control.

#### *CHILD PROTECTION VS. CHILD WELFARE?*

Is Missouri a “child protection” or a “child welfare” state? In the end, I argue that it is neither. Given the lack of resources available to help families, I argue that Missouri isn’t a “child welfare” state. Many of the CD policies seem to indicate that those who drafted these policies would *like* for Missouri to be a “child welfare” state. For example, the referrals are intended to catch problems

early and to link people up with services. Also, the dual track system of investigation and assessments is also designed to make a distinction between calls. Wolfinger (1998) argues that this is one of the positive aspects of Missouri's child welfare system relative to systems in many other states. Furthermore, Missouri was one of the first states in the nation to have Intensive In-home Services (IIS). In IIS, social workers work with a family daily for a short period of time. This is one of the recommendations Roberts (2002) advocates for improving child welfare systems across the country. However, since these services are seriously underfunded, Missouri can't truly be considered a "child welfare" state.

However, I argue that Missouri isn't really a "child protection" state either. Although the fear of liability encouraged the CA/N workers to remove children when there was *potential* harm, Missouri has several practices that make this less likely to happen. First, the fact that the social workers don't have the legal authority to remove children on their own works to reduce the effect of the fear of liability. The CA/N workers were certainly fearful, but, without the JOs approval, they couldn't remove children, even if they wanted to. Second, the fact that there was an expansion of the discourse of liability among the JOs discourages Missouri from moving in the direction of a "child protection" state. Had the outcome been in the reverse direction, with the JOs found liable for *not* removing a child, I argue that Missouri would probably have moved in the direction of being a "child protection" state. If that had been the case, then both the JOs and the

CA/N workers would have an incentive to remove children when there is *potential* harm. However, given the fact that the JOs were found liable for removing children when the court found that they shouldn't have done so, this has had the effect of reducing the number of children taken into custody. Consequently, fewer kids are being removed when there is *potential* harm. What is happening instead is that they are trying to work with the family while the kids are still in the home.

### **LIMITATIONS OF THE DISSERTATION**

Understanding and collecting the race, class, and gender data was more difficult than I anticipated. I walked into the field thinking that I would somewhat replicate Robert's book *Shattered Bonds: The Color of Child Welfare*. Her book is a meta-analysis of the findings of various researchers in various states across different time periods, and she uses some anecdotal stories to support her points. I intended to focus on the state of Missouri and improve upon her data in the sense that it would be collected in the same general context and time period.

Because I was trying to replicate Roberts, I walked into the field attuned to race. I knew that the most recent data at that time for both Missouri and nationwide showed that 40% of the current foster care population is African American. My assumption was that I would see a lot of African American families, but that wasn't the case. Because of this, I assumed for a time that the overrepresentation of black children in the system had to do with the overrepresentation of black children in child welfare in St. Louis and Kansas City

but not in the location where I did my fieldwork. It was difficult to establish whether this was the case, however, because, although CD is very good about publishing data online, there is very little data about race in their annual reports.

I also spent a significant amount of time in the CA/N unit, where I thought I would collect the most relevant data for evaluating Roberts' results. In hindsight, I did not spend enough time in other units. I spent so much time in CA/N, because the child welfare system is very complicated. It took me several months to understand what was going on. However, this would have been true no matter which unit I selected for my initial observations. I also wanted to see firsthand the practices involved in taking a child into protective custody. When I failed to see many children taken into protective custody, I was perplexed. I even asked the on-call workers to call me if a hotline report came in after hours. In the end, I only observed two cases where protective custody was taken, even though I spent almost a year in this unit. This, combined with the fact that I wasn't seeing many families of color, led me spending more time in this unit in my search for disparate treatment of families of color.

I also spent so much time in CA/N, because I didn't decide to incorporate an analysis of the welfare state until part way through the project. Had I walked into the field with this framework, I would have spent more time in FCOOHC rather than CA/N. This would have likely had consequences for my analysis, since my two key informants were in the CA/N unit. In many ways, they negotiated my presence at the office in ways that I could not have, and, without

their help, I don't think this study would have been possible. I certainly don't think other workers would have been as open and welcoming as those two people were. However, in hindsight, I should have spent more time in FCOOHC after the initial time spent in CA/N.

After observing in the CA/N unit, I logically shifted my focus to Family Centered Services (FCS). Although I spent a couple months in this unit and completed several interviews, I have chosen not to analyze this data at this time. I chose not to write a chapter about the FCS workers for several reasons. In the circuit where I spent most of my time, this unit is the smallest of the three. At any one time, there were only four positions, not all of which were filled. Typically, there were only one or two workers in that unit at a time. Also, two of the workers transferred into this unit during the period of my observation of the unit. Given that, I didn't feel that I could adequately represent their standpoints as FCS workers.

When I moved on to FCOOHC, two important developments affected my data collection in that unit. First, several key court cases were announced during this time. I have discussed these cases in detail in *chapter ten*. Understanding the effects of these court decisions on the practices at CD is important for my argument about the transformation of intentions. Therefore, this was a period of transition in terms of the practices in FCOOHC. Second, the director who gave me access to CD resigned during this time. Instead of observing the unit for a while and then doing the interviews right before moving on, as I did with the other

units, I chose to speed up my time frame for doing the FCOOHC interviews to ensure that I could get them done. Around the time these interviews were completed, the new director required new procedures for all researchers studying the Children's Division. Instead of going through a lengthy approval process, I shifted my attention to the mandated reporters and the Juvenile Office. Although I was able to observe in the FCOOHC unit for a couple months, my limited exposure to FCOOHC, when compared to what I was able to accomplish with CA/N, is consequential for my analysis. I don't have as much data on the welfare state and issues concerning race, class, and gender as I would have preferred, and the data I do have is more anecdotal in nature. However, despite these limitations, this dissertation tells us much about important changes that would make child welfare and welfare state policies in general more equitable.

## **POLICY RECOMMENDATIONS**

I argue that, if there was an expansion rather than a contraction of welfare state benefits, the number of children in the child welfare system would decrease, because the conditions that satisfy a charge of neglect would be substantially alleviated. For example, because in certain cases the medical needs of parents interfere with their abilities to care for their children, provision of universal healthcare to include parents (in contrast to the current practice of only providing for the healthcare needs of children) would enable more parents to retain custody of their children. As I write this conclusion, a very important bill that would provide for benefits to meet mental health needs is being debated in

the U.S. legislature. As I demonstrated in *chapter eight*, what often interfered with parents' abilities to raise their children was lack of access to drugs for mental illness. A family-centered child welfare system that aims to prevent the dissolution of parental bonds would provide such benefits. An increase in the minimum wage is another important component, along with an increase in job training programs that might provide access to better employment for the impoverished. Last, expansion of quality low income housing (either public or subsidized private housing) could also help to effectively reduce the current number of charges of neglect, because the lack of low income housing drives many poor families into substandard housing situations.

If we acknowledged that many of the families involved in the system live in households headed by single women and if we forced absentee fathers who are not supporting their children to provide financial support for them (with exceptions in cases where identifying fathers is not possible, not desired by mothers, or would endanger the mothers and/or children), this would certainly also help to alleviate some of the financial stress in these households. If we had more education about, resources to address, and penalties to end sexual abuse and domestic violence, this could make a tremendous difference in many of these families. While these resources wouldn't *eliminate* child abuse and neglect (which isn't a realistic goal anyway), but they would go a long way toward *reducing* the number of kids that need to be in foster care.

Within the child welfare system in particular, there also needs to be an expansion of the services provided. The services offered to families in crisis also need to be expanded to meet their needs rather than making them complete meaningless requirements. For instance, if the recommendations have to do with parenting, those charged with the responsibility of designing children welfare policies should ensure that parenting educators are certified to teach classes that focus on practices and strategies that are appropriate for the age of the children. Furthermore, it seems logical that there should be more parenting classes available to anyone in the community as opposed to merely targeting parents who are *currently* involved in the child welfare system, because this casts a broader net. The Parents as Teachers program for younger children should be used as a model and expanded for older children, because it does a good job of talking about what is developmentally appropriate for different ages and because it pairs parents with coaches who can target interventions for particular situations. One could certainly raise the question about whether we want the government in the “parenting” business. However, I argue that the government is *already* in the “parenting” business, because the child welfare system intrudes upon families by establishing standards for parenting. Perhaps, if parenting classes were expanded, the stigma associated with them would diminish.

Given the fact that Missouri’s child welfare system is experiencing the capacity problem discussed by Waldfogel (1998a, 1998b, 2000), I argue that to continue to accept the number of reports that Missouri does is problematic. In

particular, I argue that Missouri should discontinue the practice of accepting mandated reporter referrals. If the report does not meet the statutory definition of abuse or neglect, then accepting them only subjects the parents to unnecessary intrusion and surveillance. It is also a waste of the state's resources. Although I think the state should continue to accept infant crisis assessments, I question whether they should continue to be accepted for *any* reason. I would argue that specific guidelines should be established and that there must be some legitimate reason for accepting the hotline. For instance, a parent being arrested for possession of stolen property or for taking home a baby in an eighteen wheel truck are not acceptable reasons to have the state complete an infant crisis assessment and for the parent to have a child abuse and neglect report appear on a child abuse and neglect background check. Granted, this would not prevent a parent from getting a job working with children, but it still subjects the parents to unnecessary surveillance.

I also question the practice of completing a full report, which includes contacting doctors, school officials, and other people in the community and also typing up a full narrative, if it is obvious in the beginning that the report is what the CA/N workers refer to as "stupid" or "crap." If there is nothing going on or if the alleged bruise is actually a scratch instead of a five inch long contusion, it seems like a waste of people's time and effort to complete a full report. The workers could type up a simple paragraph explaining what they did instead of

typing up the CS-1 discussed in *chapter five*. If the police do not type up a full report on every single call, why should the CD workers do this?

In addition to scaling back the regulatory function of the child welfare system, I argue that they certainly need to develop more transparency about how and when decisions are made as well as about who makes them. The Children's Division has been making strides toward educating the public. For example, they did make the child welfare manual available online. If a parent has access to the internet, they can at least read about the system. However, the manual is not written very accessibly. I argue that CD needs to create a short two-page explanation of the system and how it works. This would be useful for both parents involved with the system as well as others, such as mandated reporters. It is obvious that mandated reporters don't have a clear understanding of how it works either. As I argue in *chapter six*, this will not alleviate the tension between the mandated reporters and the CA/N workers, but it could be a start in that direction.

Given the fact that most of the people who fall under the umbrella of the child welfare system are poor women who are often also African American, I argue that more research that demonstrates the class, race, and gender biases of the system is needed. We need more research that connects inequalities in larger structures to illustrate the effects of labor force discrimination, unemployment, underemployment, housing discrimination, differential treatment in the criminal justice system, among others on decisions about who gets to raise

children. We also need more research to analyze the raced, classed, gendered assumptions about mothering embedded in child welfare practices. In addition, hiring workers from a diversity of backgrounds could go a long way toward eliminating the barrier some families of color feel when all the child welfare workers they encounter are white. At the very least, it could be one less obstacle to building trust between the parent and the CD worker.

In conclusion, as this study has demonstrated, the child welfare system is predicated on inequality. Sociologists and policy analysts have a responsibility to document these inequalities and to make them visible to others. This study is one step in that process. There is much to be done with the child welfare system in the United States, in general, and in Missouri, in particular, to improve the system from the perspective of the families and the children that come under the umbrella of the child welfare system, especially as this system casts a wider and wider net. In this nation, there is a lot of talk about family values, but it seems that this most often devolves to rhetoric about the welfare of children without an actual consideration of the needs of *families*. This seems to be especially true when parents are poor, single mothers (Sidel 1996; Solinger 2000). It *is* in our national interests to care about the children affected by the child welfare system, but I argue that it is also important to care about their parents as well if we wish to truly value families.

## APPENDIX 1--LIST OF ABBREVIATIONS

AFDC	Aid to Families with Dependent Children.
ASFA	Adoption and Safe Families Act.
CA/N	Child Abuse & Neglect or investigations unit.
CD	Children's Division.
CANHU	Child Abuse and Neglect Hotline Unit (hotline).
COP	Child Order of Protection.
DFS	Department of Family Services (now called CD).
DJO	Deputy Juvenile Officer.
DMS	Division of Medical Services (Medicaid).
DSS	Department of Social Services.
DYS	Division of Youth Services.
FCOOHC	Family Centered out of Home Care (foster care -- pronounced phooch).
FCS	Family Centered Services (Kids in the home).
FSD	Family Support Division.
FST	Family Support Team.
GAL	Guardian at Litem. This is the attorney who represents the best interests of the child.
HB1453	Missouri House Bill 1453. Also known as the Dominic James Memorial Act.
Heartland	A case where the Juvenile Officer was found liable for removing children without due cause.
Hotline	The name given to a report taken as an investigation, assessment, or referral.
ICWA	Indian Child Welfare Act.
IM	Income Maintenance (social welfare).
JO	Juvenile Officer.
JUVENILE OFFICER	Head Juvenile Officer for the circuit.
OHI	Out of Home Investigations (Investigations of foster parents, day cares, schools, residential facilities).
PC	Protective Custody (children are removed from the home and place in foster care or with a friend or relative).
PH	Permanency Hearing.
TANF	Temporary Aid to Needy Families (social welfare).
TPR	Termination of Parental Rights.

## **APPENDIX 2--TIMELINE OF FEDERAL CHILD WELFARE LEGISLATION**

1961 –*Social Security Act Title IV-A*, the *Aid to Families with Dependent Children (AFDC)* entitlement, is amended to allow AFDC payments to follow a child into foster care if the child comes from an AFDC eligible family.

1967 - Child welfare funding under Title V becomes Title IV-B, Child Welfare Services. There are no federal income eligibility requirements for this program.

1978 - Indian Child Welfare Act was passed after Congress found that states have failed to recognize the essential tribal relations of Indian people and the cultural and social standards in Indian communities and families.

1980 – The *Adoption Assistance and Child Welfare Act* transfers federal funding from Title IV-A to a new Title IV-E of the Social Security Act. Title IV-E is an open-ended entitlement to assist states in finding adoptive homes for eligible children.

The law encourages permanence in both directions (family preservation and child protection)—returning children home and getting them adopted. It is the first federal law to attempt to set time limits on how long children could stay in foster care and it offers federal aid to subsidize adoption.

1993 – Title IV-B is amended to create a new *Family Preservation and Family Support* program. This law earmarked federal funds for family support services and increased the funds available for family preservation services. It also puts a one year cap on family preservation services.

1994 – *Multiethnic Placement Act (MEPA)* prohibited delaying or denying the placement of any child on the basis of race, color or national origin. This Act requires states to diligently recruit prospective adoptive and foster care families that reflect the ethnic and racial diversity of children in need of foster and adoptive homes.

1996 – *Temporary Assistance for Needy Families (TANF)* block grant is created, thus eliminating AFDC as an individual entitlement. While TANF replaces AFDC, the law requires states to continue to base Title IV-E Foster Care and Adoption Assistance eligibility on AFDC standards in place on July 16, 1996.

1997 – *Adoption and Safe Families Act (ASFA)* is enacted. It is the most significant change in federal child welfare law since the Adoption and Child Welfare Act of 1980. It shifted the focus from family preservation to child protection. ASFA requires that child safety be the paramount concern in making

service provision, placement, and permanency planning decisions. It includes provisions that shorten the time frame for making permanency planning decisions, and establishes a time frame for initiating proceedings to terminate parental rights. With limited exceptions, states must seek termination of parental rights whenever a child has been in foster care for 15 of the previous 22 months. Another key component of the law is “concurrent permanency placement.” When a child is placed in foster care, they are placed on two tracks at the same time. One track focuses on reuniting them with their parents. The other one looks for a permanent home with another family.

This law also provides adoption bonuses for states. A state will receive \$4,000 in federal funds for each foster care adoption which exceeds a base number and a \$6,000 for special needs adoptions. The law also renames the Family Preservation and Family Support (1993) to *Promoting Safe and Stable Families (PSSF)*.

2003 – *Adoption Promotion Act*. Reauthorizes the adoption incentive program under Title IV-E and provides additional incentives for the adoption of older children (age 9 and older).

### ***APPENDIX 3--MY OWN STANDPOINT***

My interest in the topic of child welfare stems from my family's involvement with the system when I was a child. What follows are some of my recollections of my involvement with the system and memories that have resurfaced while observing at CD. I don't think that I understood much of what was happening at the time (I'm the youngest), but I do have vivid memories of thinking "this isn't helping." That has stayed with me to this day.

My family's initial involvement was due to my father's physical abuse of my brother in the summer of 1974. I would have been four years old at the time. I don't remember the incident, but I remember being told that he was "beaten within an inch of his life." I don't know what that means, but I always understood that to mean that he was severely abused. My sister tells me that the pictures were awful. He was in the hospital and then he was placed in foster care for about a year. I only learned this recently when talking to one of my brothers. I only knew he was gone. This event started a long history of involvement with the "system." There is no doubt in my mind that by using today's standards, we (my three brothers, my sister, and I) would have been placed in a foster home. My oldest brother would not have come home as quickly, if at all, especially with HB 1453 as law which prevents reunification with parents convicted of 1<sup>st</sup> degree child abuse. My father was charged but because of a plea deal, he did not serve

jail time and the records were sealed after he completed probation. Interestingly, my father went back to school and got his Master's degree in psychology. He has worked as a drug and alcohol abuse counselor for over twenty years.

The parents in my brother's foster home were very religious and attended a non-denominational church. My mother had recently left the Catholic Church and started attending their church. My siblings and I were all sent to the private school that was associated with this church the year my brother came home. I was in kindergarten. My brother had attended this school the previous year while living in the foster home. I don't know if this was a condition of my brother going home, but I know that the social workers today view the schools as their eyes and ears with families. I am sure the school was aware of the incident and watched us closely for any evidence of abuse. When my parents got divorced the following year, we were all sent to public school. Interestingly enough, my mother continued to be involved with this church which had ramifications for me years later.

When my brother did return home, he continued to have issues, even after my father no longer lived in the home. He was sent to live with my grandparents for a year. We all thought he was doing better until he got into trouble and had to come home. After coming home and getting into more trouble, he eventually ended up in a juvenile detention center and I think another foster home. A few years later, when he was in trouble again, he lived with my uncle for a year. He

seemed to do very well in that environment, but when he came back home, he got into trouble all over again.

My family's second period of involvement with the system was after my parent's divorce and prior to my mom's remarriage six years later. I was seven at the time of the divorce. My oldest brother was thirteen. My mom was on welfare while she attended a job training program. She took a job as a secretary making less than the value of her previous welfare benefits. She left home at 5 am, took a bus, then the subway, then another bus, and then walked a mile or so to her job. She retraced those steps after work and didn't get home until 6 pm. When things happened, I always remember a discussion of how she was "deserving," because she was trying to make a better life for her and her kids. I am sure that if there were mandated reporter laws back then and a hotline system that took "everything," our poverty would have been misunderstood as neglect. Had she been on welfare, I think that, given the amount of calls to the police (maybe thirty or so), things would have been handled differently. Also, most of the conflict happened at night when my mom was home and she always tried to break it up. I remember her jumping in the middle of my brothers fighting and the police telling her how unsafe that was. I don't think she knew what else to do. Had the police showed up repeatedly with five kids home alone, I suspect they would have viewed the situation differently.

Because my mom was gone so much, that left a lot of time for my oldest two brothers to get into a lot of trouble. They got into trouble at school, when

they went. They got in trouble for stealing and other things. They also got into trouble for fighting. They would frequently get into fights and chase one another through the court with the biggest knife they could find, usually a chef's knife. Not surprisingly, the neighbors would call the police. I can remember several police officers being obsessed with how dirty the house was. I remember my mom stressing that we needed to keep the house clean because if the police showed up again, she would get into trouble. I'm not sure if it was "DFS dirty," but I do remember cleaning the house and then it would be dirty two hours later. I also remember my mom coming home from work and having to cook and clean. Consequently, I started doing some of it. The police were also very concerned over any evidence of mice. We lived next to a field and when spring time came, we always had mice. I never really understood why this was so important to them, but it was. They always asked who my baby sitter was. The answer was always "my siblings." My mom couldn't afford a babysitter, and my sister was responsible when she was home. She dealt with the situation by throwing herself into extra-curricular activities. I also vividly remembering them looking through our cabinets and asking if we had food. On numerous occasions, they would ask me when was the last time I had a meal. I didn't understand why they asked me this question, because they never helped with food or linked us with services. Maybe they did and I don't remember, but I do remember thinking that it felt invasive and judgmental. On my first week of observing, when the young girl (five years or so) tugged on my shirt and said, "We have food. Do you want to

see it?” this instantly brought me back to my childhood and all those conversations about food.

Every time something happened, we had to go to family counseling, which never seemed to help. Having six people attend a one hour a week session doesn't really address the conflict in the home, especially when my oldest two brothers refused to go. With each new incident, they were forced to go for a while, but then they stopped going until the next incident. Clearly, there were anger management issues, but many of the fights were over the lack of food or money. I don't remember much involvement with the social workers, but I think they were the ones who set up the counseling sessions. I was never taken out of class and interviewed at school, which is a frequent practice today. This allowed me to keep what happened at home separate from school, and I could be “the good Patterson.”

The problems escalated with each passing year. Because of the conflict at home and my mom's inability to control my brothers, people from my mom's church thought my youngest brother (he is a year older than me) and I were “still young enough to be saved.” Consequently, we went to live with two different families from the church and attended private school again. I was in sixth grade. My brother was in eighth grade.

Although I was never placed in foster care, I can relate to the experience in many ways. I know what it is like to suddenly live with strangers with different rules and ways of living. I know how confusing it can be to not really understand

what is going on and why. I know what it is like to listen to people say bad things about your family and not be able to defend them or even know if I should try. I know what it is like to have other people want you to call them “mom and dad” when you already have a mom and a dad. To this day, it doesn’t make sense to me why they wanted me to do this. I guess they were trying to include me in their family, but I still had a family. I could never do it and have always thought that this is why I only stayed through the end of the school year even though I was a straight A student and was voted “most religious” by my class. These were the two things that were always stressed by them. My brother had the option of staying with the family that had taken him in, but he chose to come home. My sister says it is because he didn’t fit in. He lived with an upper middle class family in an exclusive part of town, which was very different than living at home. I wasn’t given the option and was home two days after being told in a letter “you’re going home.” I also know what it is like to just as suddenly end up home again as if nothing had changed.

My sister tells me that this year was worse than before because I wasn’t around to control the money. My brother had a habit of stealing money so my mom would give me the money each month and I would hide it in a new place each day. I would give her bus money each day until it was gone. Had they known all of the responsibilities I had as a child, such as keeping track of the money, paying the bills, calling for extensions to keep the electricity or phone on when the money ran out, etc., they would have characterized me as a

“parentified” child. Maybe in the end, being “parentified” is what gave me the skills to get out of this environment. I learned that the way to get out of this environment was to do well in school and so I did.

Another memory I have is of my mom signing a contract saying that my brothers would go to high school, and, if they didn’t, she was fined \$100 per day. If she had refused to sign the contract, she would have been charged with educational neglect. My brothers went for a while, but they inevitably missed school, and she was fined. Given that we didn’t have enough money for basic necessities, I thought this was ridiculous. Because my oldest two brothers were frequently in trouble, it is clear that if this was today they would have had a juvenile officer. Maybe they did, but I don’t remember. If they did have one, I don’t remember this person making home visits, which would happen today.

Both of my brothers went to live with relatives during part of this time period. It was kind of the revolving door. One would come home and the other one would leave within a couple months. They were also removed from my house, at different times, and placed into some kind of half-way house for troubled boys. My oldest brother briefly went into the military and the other brother moved out and lived with a neighbor. By the time they reached eighteen, this ended my childhood involvement with the child welfare system.

Therefore, I can understand first hand why people get so upset with the topic of abuse and neglect. In my own life, I can see how the effects of these experiences are still with me to this day in the ways in which I react to situations.

In the case of my brother, I have witnessed how the effects of it can be so long lasting. The scars are still evident in my brother's life to this day, even at age forty. Although he has had years of counseling, he has never totally healed or recovered. My other brothers have struggled with our past to varying degrees. However, being taken away from my parents wouldn't have erased these scares and perhaps might have exacerbated them.

**APPENDIX 4--LIST OF INTERVIEWEES:**

Children's Division	25 in total:
CA/N	8
FCOOHC	9
FCS	3
Supervisors	3
Other CD workers	2
Juvenile Office	5 in total <sup>124</sup>
JUVENILE OFFICER/Supervisor	
Deputy Juvenile Officer	
Attorney for the Juvenile Office	
Mandated Reporters	20 in total <sup>125</sup>
Principals/Assistant Principals	6
Counselors	8
School Social Workers	3
Home School Coordinator	1

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<sup>124</sup> Given the small number of JOs in each category, I have chosen not to disclose how many people held each position. I have listed the three positions.

<sup>125</sup> The positions of the two other mandated reporters are a hospital social worker and a police officer.

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