

INTRODUCTION TO CHILD WELFARE

Scope of the Problem

Every year approximately three million referrals of child maltreatment are made to child welfare agencies across the country. In 2006, an estimated 905,000 children nationwide were found to be victims of maltreatment, amounting to about twelve of every 1,000 children. Approximately 20% of these child victims were removed from their homes, accounting for 312,000 children in foster or relative care.



How does Tennessee compare to the national average? In Fiscal Year 2006-2007, the Central Intake Office of DCS received slightly more than 12,000 referrals per month. More than 61,000 were referred for further investigation and/or assessment, of which 11,220 (18.4%) were indicated, meaning there was sufficient evidence to support a finding of maltreatment. Tennessee served 9,897 children in foster care. And according to Kids Count data, the rate of child abuse and neglect per 1000 children is 12.2 slightly above the national average.

While it is the responsibility of the entire community to ensure the protection of children, child welfare agencies are charged with the responsibility of conducting the initial investigation and providing services to families who have experienced maltreatment, or are at high risk for maltreatment. Community partners may include law enforcement officers, health care providers, mental health professionals, educators, legal and court system personnel, and substitute care providers. Further, it is typically the responsibility of the protective service agency to coordinate services and supports received by families from an array of community organizations.

Agencies that are charged with protecting children from maltreatment play a unique role in social services because they must balance the rights of parents to make decisions

for their own family, the rights of the

child to be protected from harm, and the responsibility of the community to protect both the family and the maltreated child. The balance of the rights and responsibilities in this triad is critical in child welfare work.

Child maltreatment can result in both short and long term consequences for children. The assigned reading addresses potential consequences in the areas of health, cognitive development, and emotional and behavioral problems.

Assigned Reading:
Foundations for Practice Manual, Chapter 4, pages 23-25, and, Chapter 6, pages 35-39. You may access this book in the following ways:

1. It is on the Pre-service Curriculum CD that you were given
2. It can be found in the "Course Contents" section of this online course
3. It can be found at:

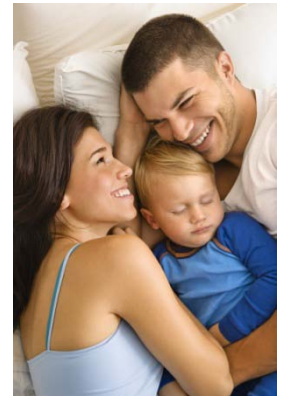
<http://www.childwelfare.gov/pubs/usermanuals/foundation/foundation.pdf>

Child abuse casts a shadow the length of a lifetime. ~ Herbert Ward

Philosophical Tenets of Child Welfare

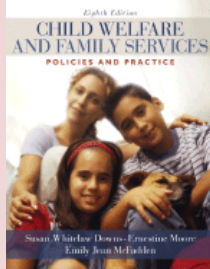
Let's begin this section with the two brief readings below. Did you notice the emphasis in this reading on the wide latitude given to parents to

make decisions for and about their children? Making determinations about what constitutes “**good enough parenting**” (as it is frequently referred to) and what constitutes maltreatment must be guided both by law, and by evidence based practice principles. In fact, the key principles of child protective services are established in federal law by the Child Abuse Prevention and Treatment Act of 1974 (CAPTA) and the Adoption and Safe Families Act of 1997 (ASFA). We will discuss the laws more thoroughly shortly.



Assigned Readings:

- 1. Child Welfare and Family Services Textbook, Chapter 1, pages 1-12 (ending at “Historical Highlights...”)**



and

- 2. Foundations of Practice Manual, Chapter 2, pages 9-11**

For now, please continue your reading to learn more about the foundation for child welfare practice.

As you continue in Pre-service and in your career with DCS, you will see the principles you just read about over and over in various forms. **Safety, permanence** and **well-being** are

the core of what every child needs and deserves and they are the primary goals for all of the children and youth served by DCS. In providing service to families, we want to ensure that we are always family-centered, strengths-based and culturally responsive. Based on this foundation, DCS has developed its own set of Guiding Principles, that we will discuss a bit later. For now, let's take a look at how we arrived at our current understanding of child welfare.

*I believe the best service to the child is the service closest to the child, and children who are victims of neglect, abuse, or abandonment must not also be victims of bureaucracy. They deserve our devoted attention, not our divided attention. ~
Kenny Guinn*

CHILD WELFARE HISTORY

Child welfare policies today were shaped by historical events, including societal understanding of both the balance of children's vs. parental rights and the role of government in intervening in that balance. Exploring that history provides a better understanding of the policies that shape our work today.

Assigned Reading: Child Welfare Text: Chapter 6, pages 194 – 196 and Chapter 8, pages 278 – 284 (Beginning at “Historical Development” and ending at “The Federal Role in Child Welfare”)

It was not until relatively recent times that society began to believe that the community had an obligation to protect children from abuse and maltreatment. The textbook has two sections which address the evolution of thought regarding the welfare of children. Chapter 6 focuses on the evolution of values in child protection and Chapter 8 focuses specifically on developments in the area out-of-home placements.

It should be apparent from the reading that community intervention in child maltreatment was quite limited prior to the early 20th Century. Communities had interceded in severe child abuse for centuries, but action was always left to local communities. As is typical for government response to most social problems, intervention began in local communities, progressed to state involvement, and then progressed to the federal level. A notable exception to the policy of nonintervention occurred in the American Indian Community. Federal policy, through the mid-twentieth century was to promote the dissolution of Native American culture in order encourage assimilation into mainstream culture. In adherence to this policy, Native American children were removed from their families and placed in boarding schools where they suffered alienation from their culture and their families. This policy was redressed in 1978 with the Indian Child Welfare Act, discussed below.

Assigned Reading: Child Welfare Text: Chapter 11, pages 446 – 449 (Beginning at “Historical Development...” and ending at “Federal Government Leadership”.)

Coinciding with the historical development of child welfare policies were policies addressing the behavior and treatment of juvenile delinquents. In Tennessee, control of juveniles who commit crimes is managed within the Department of Children's Services in the Juvenile Justice Department. Please read more about the historical development of these services in the textbook.

As noted in the Chapter 8 reading, the evolution of federal law has followed both our changing values regarding children and the family and our understanding of child development. We turn next to an exploration of the federal role in shaping child welfare.

As you progress through this section, remember to link the goals of the legislation to the evolution of knowledge and



awareness that we have been learning. Today, in the U.S. we have a fundamental belief that government intervention in children's lives should be limited to protecting children from serious maltreatment. The compilation of these laws guides our work with families and an understanding of them is essential for child welfare professionals.

If you're interested: You can read more about the ***History of Child Welfare Values*** on the Curriculum CD.

I understand that juvenile delinquency is not a matter of bad kids or good kids, but rather a matter of bad conditions and good conditions. ~ Fred Parker

THE FEDERAL ROLE IN CHILD WELFARE



The focus of intervention in child welfare has undergone significant changes during the past 100 years. The child welfare field has been given considerable responsibility by society for addressing the many social and environmental problems in an increasingly diverse population of families that contribute to the maltreatment of children. The field continues to be challenged by problems, such as an increase in drug use and abuse, children and parents with HIV infection (AIDS), court ordered services to delinquent youth, and widespread family violence. Success in dealing with the complexities of working with children and families are increasingly dependent on a well-trained force of child welfare professionals.

The textbook discusses major child welfare legislation in several separate sections. We begin with a brief description and readings on the first two major laws impacting practice in Tennessee.

CAPTA

Modern child welfare legislation has followed the evolution of values and perspectives about child maltreatment. With a solid understanding of that evolution, let's now turn to major U.S. Child Welfare Legislation. The Child Abuse Protection and Treatment Act of 1974 (CAPTA), referred to previously, was the first major piece of modern U.S. federal child welfare legislation. CAPTA's major provisions included the following:

- ❖ Defined child maltreatment and established reporting requirements. Certain public servants or professionals (e.g. teachers, doctors, law enforcement officers) as "mandated reporters", or people with a legal responsibility to report suspected abuse. Failure of mandated reporters to report suspected abuse may result in civil and criminal liability. Tennessee requires any citizen with suspicion of child abuse to make a report.
- ❖ Authorized limited government research into child abuse prevention and treatment
- ❖ Created the National Center on Child Abuse and Neglect (NCCAN) within the Department of Health, Education, and Welfare to:
 - Administer grant programs
 - Identify issues and areas needing special focus for new research and demonstration project activities
 - Serve as the focal point for the collection of information, improvement of programs, dissemination of materials, and information on best practices to States and localities
- ❖ Created the National Clearinghouse on Child Abuse and Neglect Information (one result of which is the Child Welfare Information Gateway referred to earlier).

Assigned Reading: Child Welfare Text: Chapter 6, pages 196- 197 (Beginning at "The Child Abuse Prevention and Treatment Act" and ending at "Dimensions of Child Maltreatment".)

- ❖ Established Basic State Grants and Demonstration Grants for training personnel and to support innovative programs aimed at preventing and treating child maltreatment.

Also in 1974, the federal government passed the Juvenile Justice and Delinquency Prevention Act (JJDPA). In response to the historical developments in juvenile justice that you read about in the previous section, this law dramatically changed the way that juvenile offenders are managed in the justice system.

The remaining federal legislation is discussed in Chapter 8, so please continue your reading with the following assignment:

Assigned Reading: Child Welfare Text: Chapter 11, pages 449 – 450 (Beginning at “Federal Government Leadership” and ending at “Risk Factors For Delinquency”).

Assigned Reading: Child Welfare Text: Chapter 8, pages 284 – 290 (Beginning at “Federal Role in Child Welfare and ending at “Child and Family Services Review”). Continue reading on the “State Role in Child Welfare” on page 294.

Federal laws, such as the ***Adoption and Safe Families Act*** (ASFA), set forth legislation with implementation deadlines for states. States write implementation laws that must meet the minimum requirements of the federal law. Each state also sets policy and procedure in accordance with both state and federal law. As you continue your career in child welfare, you will notice that many of the requirements regarding documentation, timelines, and contact with children are directly linked to federal law.

In Tennessee practice is also guided by a major lawsuit brought against the State and the Department. You may frequently hear that a particular policy is a “Brian A. requirement.” “Brian A.” is a reference to the Brian A. v. Sundquist class action lawsuit which was filed in May, 2000 on behalf of eight named plaintiffs (Brian A. being the name of the first child in the suit) and of the nearly 9,000 children who were in foster care at that time. The suit was filed by Children’s Rights, an advocacy group that works with local and national attorneys and child welfare experts to force states to adopt practices which protect the rights and well-being of the children they serve. Among the concerns noted in the lawsuit were:

- ❖ Children were placed in overcrowded emergency shelters for long periods of time.
- ❖ Children were frequently moved from placement to placement, with 23% of the foster care population having 10 or more placements.
- ❖ More than half of the children in care had been in custody for two or more years.
- ❖ Children were in inappropriate placements with little to no services available to them.
- ❖ African-American children were less likely than Caucasian to have appropriate placements and services.

The state and plaintiffs agreed to a settlement, requiring the state to abide by Brian A principles. If the state does not meet these requirements, the suit will go back before the court. Read more about the Brian A. lawsuit and settlement agreement at the following.



Assigned Readings: Read more about the Brian A. lawsuit and settlement agreement at the following:

<http://library.adoption.com/articles/class-action-lawsuit-on-behalf-of-tennessees-most-vulnerable-children-seeks-reform-of-failing-child-welfare-system.html> and

<http://library.adoption.com/articles/tennessee-governor-acknowledges-not-fulfilling-agreement-to-reform-child-welfare-system-.html>.

Please **PRINT** the articles and include them in your participant guide

Additionally: Please read the **Brian A. Principles**, located in the Course Contents or on the Curriculum CD.

If you're interested: Tennessee DCS policy and procedures can be easily located at:

<http://www.state.tn.us/youth/dcsguide/policies.htm>.

Try a self-check on the material you've read so far. From the Course Contents page, click the Child Welfare Overview Self-Check.

PRACTICE IMPROVEMENT INITIATIVES

As we discussed in the Federal Role in Child Welfare section, there have been a number of initiatives, both state and federal, to improve the services that we provide to children and families. As part of the ASFA lawsuit, states were required to submit a Practice Improvement Plan (PIP) in order to continue receiving full federal funding. This process is monitored by the Child and Family Services Review process (CFSR). Prior to the CFSR, monitoring of practice was focused on compliance with rules and regulations. ASFA and CFSR changed that practice. Monitoring now focuses on the outcomes or results of practice. In other words, it asks whether practice in the state improves outcomes for children and families. The CFSR is a two step process including a statewide data compliance assessment and an on-site case review. We will learn more about the CFSR later in Pre-service.



Tennessee has made major strides in practice improvement over the past five years. The initial Practice Improvement Plan (PIP) was titled *Path to Excellence*. Following this plan, Tennessee became one of only a few states to pass its first round of federal monitoring of the PIP. After passing the initial review, Tennessee now has a new strategic plan for 2008-2013, which sets out the goals of the Department over the next few years. At the same time, DCS has made significant practice improvements in compliance with the Brian A Settlement Agreement.

Tennessee has instituted several programs which support practice improvement in the state. Key divisions are housed within the DCS Office of Performance and Quality Improvement for the purpose of developing a big picture view and to communicating that view Department-wide. Divisions of this office include Planning and Policy Development, Evaluation and Monitoring, Continuous Quality Improvement, Accreditation, Program Accountability Review, and Licensure. This structure provides a holistic approach to performance and quality improvement through the linking under one umbrella of activities related to performance management and improvement, quality improvement, and organizational learning.

Below is a brief description of some of the most important programs.

Quality Service Review (QSR): Similar to the CFSR review process, teams of reviewers conduct on-site reviews of randomly selected cases. Each DCS region hosts one statewide review a year. Additionally, regions hold “mini-QSR reviews” as a self-check to monitor progress. Review teams use the QSR protocol to evaluate and score performance on several key indicators of both child and family status and system performance. In accord with the CFSR process, results are focused on outcomes, not effort.

Continuous Quality Improvement (CQI): CQI is a process by which all staff have the opportunity to be involved in the evaluation of the efficiency and effectiveness of services provided to children and families. Evaluation involves the examination of the Department's internal systems, procedures, and outcomes; the examination of input from participants, and the examination of relationships and interactions between DCS and other stakeholders. Teams of DCS employees work together to evaluate and suggest improvements to practice in a variety of

areas. For example, the Permanency Plan that is has been used by the Department since May 2008, was initiated by FSWs through the CQI process.

Council on Accreditation (COA): DCS is currently seeking to become accredited through the nationally recognized Council On Accreditation (COA). DCS has officially made application for accreditation Departmental work groups are currently in the process of a comprehensive self-study in order to revise policy, procedure and practice in order to meet all COA program requirements. In December 2008, DCS was informed that the Central Office has passed its accreditation review. Regional reviews are expected to be completed in 2009. You will probably hear quite a bit about this initiative in your local offices.

If you're interested: You can learn more about COA at: <http://www.coastandards.org/about.php> You can also access DCS Annual Reports and Brian A Monitor's reports at: <http://www.tn.gov/youth/dcsguide.htm> Much of the information from this section was retrieved from the DCS website.

Assigned Reading: DCS ***Mission and Values*** from the *Course Contents* page or from the *Curriculum CD*.

DCS Practice Model: DCS is guided by its mission, its core values, its practice principles, practice standards and a code of professional ethics. We will explore these principles in the following section on Child Welfare Practice.

If you're interested: Drowning in alphabet soup yet? Check out the DCS glossary at: <http://www.state.tn.us/youth/dcsguide/glossary.pdf>



YOU are about to become one of the most important tools that the Department has in improving outcomes to children and families.

CHILD WELFARE PRACTICE

The Casework Process

All child welfare practice follows the same essential model:

- √ Intake
- √ Initial assessment and investigation
- √ Family assessment
- √ Case planning
- √ Service provision
- √ Evaluation of family progress
- √ Case closure

Assigned Reading: “How the Child Welfare System Works” found on your Curriculum CD or at: <http://www.childwelfare.gov/pubs/factsheets/cpswork.pdf> and ***Child Welfare Text: Chapter 4, pp. 129 – 145*** (beginning with “The Casework Process” and ending at “Trends and Issues”)

Let’s begin with an overview of what happens once a report of maltreatment is received.

Now that you understand the basic child welfare system, let’s turn to a more in-depth look at the casework process and the tasks of case work.

The steps outlined in this reading are incorporated into the DCS “Practice Wheel”, which we will be discussing thoroughly throughout training, as it provides the foundation for DCS practice.

DCS has several program divisions to accomplish the casework process:

Child Protective Services (CPS): Under the Division of Child Safety, the purpose of CPS is to investigate allegations of child abuse and neglect and to provide and arrange preventive, supportive and supplementary services. There are two tracks of the CPS program.

- Child Protective Services Investigator (CPSI): A DCS staff person whose duty is to investigate allegations of child abuse/neglect within the Office of Child Safety.
- Child Protective Services Assessment Worker (CPSA): A DCS staff person whose duty is to complete a thorough assessment for families when a report of abuse or neglect that does not meet the criteria for serious abuse.

The two tracks of CPS are a result of the Multiple Response System (MRS) mentioned above. Multiple Response is a system that many states are now using to provide more effective services to children and families in their own homes. You may also see this system referred

If you’re interested: A thorough discussion of the MRS system is provided at: <http://tennessee.gov/youth/services/multresapproach.htm>.

to as “differential response” in the literature. Prior to the use of MRS, investigation of abuse or neglect with the threat of removal was the first step of involvement with DCS for most families. Now, rather than “investigating” abuse or neglect, Assessment Workers are able to provide services to address the underlying needs of the family and, where possible, prevent children entering custody. Of course, if the child is at imminent risk of harm, removal is necessary.

Permanence: Often referred to as ***Social Services***. Children who are adjudicated as ***Abused/Neglected or Unruly*** are served by this unit. Family Service Workers (FSW) in this program are principally responsible for the case and have the primary responsibility of building, preparing, supporting and maintaining the Child and Family Team as the child and family move to permanence. FSWs in this division may serve children and youth who may or may not be in the *custody* of the state (meaning they have been removed from their primary caregivers). In situations where long-term in-home follow-up services are needed, the case is transferred to Social Services. For children who are in state custody, most enter as dependent/neglected because their family of origin was unable or unwilling to protect them from abuse and/or neglect. Other youth enter custody as a result of their own behavior. When youth consistently fail to abide by the reasonable demands of their guardians or of the law, they are considered “unruly.” The youth are typically guilty of “***status offenses***,” which means that their behavior is unlawful because of their “status” as a minor, but would not be unlawful if committed by an adult. Truancy and underage use of alcohol and tobacco are examples.

Juvenile Justice (JJ): Workers in this division serve youth who have been committed to state custody as a result of ***delinquent*** behavior. Delinquent behavior is defined as any act that would be considered a crime if committed by an adult. In addition to providing the type of services that Social Service workers provide, FSWs are also state probation officers for some youth on their caseload. DCS operates a number of residential facilities and Youth Development Centers for treatment and rehabilitation of delinquent youth.



Assigned Reading: *Child Welfare Text: Chapter 11, pages 453 – 456 (Ending at “Prevention and Early Intervention with Nonchronic Offenders”.)*

Guiding Principles

Assigned Reading: Guiding Principles Article. After reading the above article, follow the link on the Course Contents page to the **Guiding Principles Worksheet** (also available in the “Quizzes” menu) and answer the questions.

Let’s now turn to the principles guiding our practice with children and families. You have already read and printed a copy of the DCS Mission and Values Please briefly review them again now. Consider how the work that you do will promote these ideals. If workers cannot truly commit to striving for the best practice outlined by this process, they will inevitably, and perhaps unintentionally, do damage to the children and families served by the Department. Can you truly commit to this process? As we continue to explore the values represented by family-centered, strength-based, culturally responsive practice, continue to ask yourself

this question. Your response will determine your effectiveness as a DCS employee.

In concordance with the vision, mission and values, DCS has a set of Guiding Principles to which we strive to adhere. Your next assignment includes a reading explaining the guiding principles and a set of questions to guide your thinking.

If you’re interested: You can view the entire **Standards of Practice** document at:

http://www.tn.gov/youth/dcsguide/DCS_PracticeModel11.24.03.pdf

Key Practice Themes

As you have probably picked up from the reading, the key themes toward which we strive are for our practice to be:

- ✦ Family-Centered
- ✦ Strength-Based
- ✦ Culturally Responsive

Have you noticed how often those themes have been repeated? There’s a good reason for that. It’s not just because we believe that it would be “nice” if we treated out clients well. Evidence based best practice tells us services are more likely to be effective if our practice follows principles. You have already read about many of the principles that underlie these themes, in the *Foundations of Practice Manual*, Chapter 2. Let’s explore each one more thoroughly.

Family-Centered Practice

Family-centered practice is the provision of individualized services that strengthen and enable families to find solutions to their own needs and problems and to provide safe care to their children in their own homes and communities, consistent with their cultures.

Family-centered practice is based on the following principles and philosophy:



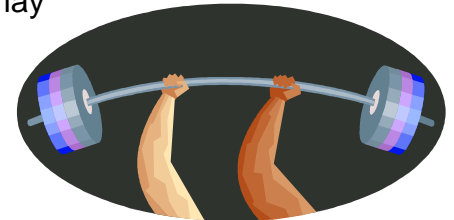
- ✧ The guiding principle of child protective services is to always act in the best interest of the child. Additionally, it is always in the best interest of children to remain with their family, if, with reasonable efforts, the home can be free from child maltreatment.
- ✧ Family-centered services advocate for absolute rights of children to an environment that is free from maltreatment while protecting the parent's rights to due process. (Due process means the judicial or administrative proceedings designed to safeguard the legal rights of an individual; basically it consists of giving notice of charges, allegations, changes in status, and giving the appropriate persons the opportunity to be heard or to present evidence on his/her behalf.)
- ✧ Family-centered practice is based on the belief that most families do not want to harm their children.
- ✧ Most families have the capability to grow and resolve the problems that contributed to maltreatment and, by partnering with the family to find solutions, caseworkers empower and motivate the family to change.
- ✧ Caseworkers conduct their practice in ways that uphold parents' constitutional rights to due process even when parents have abused or neglected their children.
- ✧ Family-centered services are provided in a culturally competent manner.
- ✧ A family-centered approach to services recognizes that trauma to children can result from both abuse and neglect, as well as from separation and placement in out of home care.
- ✧ Children should therefore be removed from their homes only when it is necessary for their protection from serious and imminent harm.
- ✧ Comprehensive efforts should be made to strengthen and reunite families whose children are in placement, as a means of empowering families to provide a permanent safe placement for their children.

Strength-Based Practice

Strength-based practice means identifying the strengths and resources within the family system that can be used to assure safety and well-being of the child.

These principles form the foundation of the strengths perspective:

- * Every individual, group, family, and community has strengths.
- * Trauma, abuse, illness and struggle may be injurious but they may also be sources of challenge and opportunity
- * Assume that you do not know the upper limits of the capacity to grow and change and take individual, group and community aspirations seriously.
- * We best serve clients by collaborating with them.
- * Every environment is full of resources.
- * The context of caring and caretaking supports strengths and solution finding.



A strengths-based approach to practice helps the case manager:

- * Focus on what is working well.
- * See how the family copes successfully.
- * Identify past successes that can be accessed to help address the family's needs.
- * Understand how family members have been survivors.



Family strengths to be explored during the assessment process relate to parent/caregiver's past and current efforts in protecting children from harm, maintaining loving parent-child relationship, accessing extended family and other support systems, and making efforts to address past and current stress conditions (e.g., alcohol and drug abuse, family violence, mental health issues, unemployment, etc.). This approach also involves the Child Welfare Professional's use of family strengths and resources in developing a case plan to prevent future abuse and neglect and to increase well-being of the child. We refer to these types of strengths as "functional strengths" because they form the basis for addressing problems and concerns in the family.

According to Saleebey, functional Strengths include:

- * What people know and have learned about themselves, others, and their world.
- * Personal qualities, traits, and virtues that people possess.
- * What people know about the world around them.

- * The talents that people have.
- * Cultural and personal stories and lore from their cultural orientation.
- * The resources of the community in which they live.

The work of Steven and Sybil Wolin, who have spent more than 20 years researching how people overcome the they face in their lives, provides us with a useful tool in helping us identify functional strengths. Their work has primarily focused on resiliency, which they define as “clusters of strength that are mobilized in the struggle with hardship” or “the process of persisting in the face of adversity.” They have identified seven of these clusters as follows:

Insight - asking tough questions and giving honest answers.

Independence - distancing emotionally and physically from the sources of trouble in one's life.

Relationships - making fulfilling connections to other people.

Initiative - taking charge of problems.

Creativity - using imagination and expressing oneself in art forms.

Humor - finding the comic in the tragic.

Morality - acting on the basis of an informed conscience.

In addition, they note that the resiliencies develop parallel to our own development. They have pictured the resiliencies, along with their corresponding developmental phases in the following **Resilience Mandala** diagram.



Assigned Reading: Visit the **Project Resilience** website at: <http://www.projectresilience.com/framesaboutus.htm>.

Instructions for website: When you arrive at the site, you will need to use the left side menu and click "**Core Concepts**." This will take you to the intro page on "Core Concepts." After reading the brief intro, click the first link "Resilience as Behavior." You can then use the back button to return to the "Core Concepts" page or you can look for the menu box at the bottom of the page and link to the remaining pages in order. It will not be necessary to click the hyperlinks embedded in the material with two exceptions. Be sure to click on the "**superkids**" and "**at-risk**" definitions from the "Resilience as Paradox" page.

Their work reminds us that while all people and families experience challenges, we have a choice in where we focus. We can focus on either the damage and pain that are both caused by and result in life's challenges (the "at-risk" model), or we can focus on the strengths and resiliencies that enable us cope with and resolve challenges (the

"challenge" mode). None of us want to be remembered and judged by our most difficult behavior or problems. It is much more productive and encouraging to view both ourselves and others in terms of strength and potential. Having a strength-based focus does not mean that we put on blinders or look at problematic behavior through "rose-colored glasses." It is not helpful to families to ignore or deny the issues which brought them to the attention of the Department. It does mean that we are much more successful when we focus and build on the things that will enable the family to resolve those issues.

While this website focuses on children, the information is also applicable to adults. Pay particular attention to the "At-Risk Concept" page and note the differences between using the "Damage Model" and the "Challenge Model." These differences are at the heart of strengths-based practice.

If you're interested: You can learn more about family-centered and strength-based practice in the following articles:

<http://www.buildmotivation.com/images/21%20proximity-balance%20%28cw%29.pdf> and <http://www.buildmotivation.com/images/12%20chg%20focus%20youth%20work.pdf>

Culturally Responsive Practice

In child welfare, workers serve families from a wide variety of ethnic, racial, social, cultural, and class backgrounds. Workers often have very different cultural backgrounds from their clients. Racial differences, class differences, and differences in values may present barriers to communication and may interfere with a worker's ability to make fair, informed judgments about clients' lives and situations.



The development of a positive relationship with a family can be strongly influenced by the extent to which a worker is aware of and is able to relate appropriately to cultural issues. Without this ability, the worker may make inaccurate assessments of the family and ultimately, the risk to the child.

It is important to recognize how cultural values can affect the behavior of group members. It is equally important to be aware of how members of different cultures can variously interpret the same behavior and how groups with similar values may have very different codes of conduct derived from those values. Much cross-cultural miscommunication results from an incorrect interpretation of the meaning of specific behaviors rather than fundamental differences in personal values.

As an example, children are universally held in high regard and valued within all cultures. No major cultural or ethnic group sanctions maltreatment of their children. However, the specific behaviors that constitute maltreatment may differ widely between various cultural groups and by individuals within those groups. The following are examples of different cultural beliefs and codes of conduct regarding discipline and physical punishment.

- ✱ Some cultural codes consider any form of physical punishment damaging to children and hold values that suggest children should be disciplined by using non-violent strategies, such as verbal reprimand and restriction of privileges. Physical discipline is seen as abusive, intrusive, painful, and harmful to the child's self-esteem.
- ✱ There are cultures that sanction the use of physical forms of discipline. Physical discipline is seen as the best way of assuring children quickly learn right from wrong and of reinforcing the importance of behaving properly. It is believed physical discipline ultimately protects and benefits the child. To refrain from physical discipline is shirking one's parental responsibility and can be considered neglectful (as in "spare the rod and spoil the child"). In this cultural context, physical discipline is equated with being loved and looked after.
- ✱ Some cultural norms strike a middle ground and believe physical punishment should be limited to situations in which the child is in critical danger. Parents allow their children to experience natural and logical consequences of an act and learn right from wrong by the consequences of their actions. It is believed punishment is intrusive and reinforces behaviors to avoid being punished. The use of natural consequences teaches the child valuable and lasting lessons about the world. However, physical discipline or other types

of punishment are considered appropriate; for example, in situations when a child's behavior causes immediate and serious danger to herself or to others.

The values and beliefs that underlie each position are similar. They are the following: children must learn proper behavior to assure their survival and safety in a complicated and sometimes dangerous world, and a parent is negligent if he does not teach his child proper behavior.

Codes of conduct, however, derived from these values can be different. Without understanding the meaning of the behavior within the cultural context, it is likely one could misinterpret a particular child management or discipline strategy as overly restrictive, abusive, or uninvolved.

In child welfare practice, understanding the cultural context in which behavior occurs is critical in ensuring our assessments, case plans, and service interventions are appropriate. For example, while the overt parental behavior in two different cases may appear equally abusive, our intervention will be very different if the abuse stems from the uncontrollable hostility and rage of an emotionally disturbed parent, rather than from the excessive demonstration of a culturally condoned expression of parental caring and responsibility.

Our view of the world is influenced by extensive, and sometimes very complicated, belief systems we use to interpret and guide our social behavior. These beliefs and the attitudes that underlie behavior must be made explicit in order to fully understand the behavior of other people. For example:

- ✧ The client's religious faith taught her the Lord would look after her, and all was in His hands. Whatever happened was within His divine plan, and she needed only to trust in His wisdom.
- ✧ The caseworker's culture stressed a value of self-reliance and independence. She had learned the only way to get ahead was to pull herself up by her bootstraps and to pursue a path she determined through reason and rational consideration to be the best for her.
- ✧ The caseworker interpreted the client's trust in her Lord as complacency, a lack of motivation, avoidance of the real issues, and a lack of interest in changing her life.
- ✧ The client interpreted the caseworker's desire to teach her to help herself as being pushy, intrusive, shortsighted, and critical of the client's beliefs.

Adapted from: Rycus, et al. (2007) Caseworker Core Module I: Family-Centered Approach to Child Protective Services. Ohio Child Welfare Training Program.

You will be further exploring how your own culture influences how you react and respond to the rest of the world, and how it may impact your practice.

Assignment: In preparation for this continued discussion, please **respond** to the questions **on the Exploring Your Own Culture worksheet and bring it to class.** You may access this worksheet from the Curriculum CD or from the Course Contents page. If you would like to type directly onto the worksheet, the version on the CD is a word document. Your responses do not need to be lengthy, but thoughtful. Ask yourself how your responses might influence your work with families.

The DCS Practice Wheel

A child and family typically come to the attention of a DCS professional as the result of a breakdown in the family system that threatens the child's well-being. In most cases, with caring and timely intervention, the family can be strengthened in ways that permit the child to remain safely with the family. In cases where this is not possible and a child must enter out-of-home care, DCS professionals diligently manage placements in ways that minimize, as far as possible, the pain and bewilderment of separation and assure that the child will be protected and well nurtured until permanency can be achieved.

In protecting the child while working to strengthen a family, the professional caseworker intervenes through the use of a model for family-centered practice that has at its core six key functions: engagement, child and family team formation, ongoing assessment and understanding, planning, implementation, and tracking and adaptation.

The six core functions of the Practice Wheel are represented visually below:



Six Core Functions of Practice

Engagement: Engage families with genuineness, empathy and respect.

Team Formation: Assemble a Child and Family Team that includes the child, birth parents, and family members as important and active partners.

Assessment and Understanding: Assess and understand the current situation, family strengths, and underlying factors.

Planning: Plan interventions, supports, and services with a long-term view for permanency and beyond.

Implementation: Implement a plan of interventions, strategies, and supports.

Tracking and Adaptation: Monitor progress, perform ongoing assessment, evaluate results, and adapt plan and services to reflect changes in the child and family situation.

Intervention efforts of a DCS professional are intended to engage and sustain a family's interest in a change process that alters unacceptable conditions in the home and family situation at the time of entry. The change process helps the family to reach and sustain conditions necessary for independence of the family from DCS supervision as well as provide safety and permanency for the children. The DCS professional is aided in these efforts by the child and family team, which has as full participants in the planning and decision-making process the child, the family, others identified by the family, and other professionals involved in ongoing work with the family.

The child and family team identify specific change strategies based upon a thorough assessment of the family's current issues and underlying factors as well as family strengths and needs. The scope, path, and pace of family change are then framed by the family's vision for the long term in a plan for permanency that is supported by strategies for change and expected outcomes. These strategies are focused on helping family members, within a reasonable timeframe, create safe conditions in the home, acquire and use new behaviors for parenting and supervision, provide for the well-being of their children, and secure the sustainable supports necessary for independence from supervision and ongoing family functioning. Implementation of the permanency plan is monitored over time to assess the extent to which the strategies and services identified are producing the intended outcomes. If intervention strategies and services are not producing the desired results, then they are modified over time as experience is gained by the child and family team about what expectations are reasonable and what strategies actually work with the child and family.

Another way to visually picture the wheel is below, with *Engagement* encircling the entire practice process. Within the *engagement* process, we develop a relationship with the *Team*—or engage the team. Within the foundations of engagement and teaming, the cyclic process of *Assessment, Planning, and Implementation* begin and continue throughout the life of the case. This wheel is not meant to replace the DCS Practice Wheel, but presents another visual way of thinking about the way the practice wheel functions.



This section has provided a brief overview of the practice wheel. You will spend the rest of your Pre-service experience unpacking and exploring this wheel.

If you're interested: The information above was taken from the QSR Protocol Manual. You can view this manual at: <http://www.tn.gov/youth/dcsguide.htm>, and clicking Quality Service Review. The manual provides a thorough look at best practice methods used in Tennessee. And, if you ever have a case pulled for review in QSR, you'll have a good understanding of what the indicators included in the review

Try a another self-check. From the Course Contents page, click the Practice Model Self Check. After completing the quiz, continue on to the next module on Personal Mastery.