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METROPOLITAN AREA PROTECTIVE SERVICES PROJECT

MAPS AS RELATED TO CURRENT CHILD ABUSE SYSTEMS IN ILLINOIS

Introduction

The MAPS Project was designed as a demonstration model for coordinated service delivery to abused and/or neglected children and their families. The Project is federally funded with the State Department of Children and Family Services as grantee. Also, the grantee Agency, hereinafter referred to as the Department, contributes to the funding of the Project and is also a member of the MAPS Policy Board. The grantee agency also approves and pays for services contracted with provider agencies whose Executive Directors or their designees are also members of the Board. The very nature of the funding and purchase of service reflects the uniqueness of the MAPS' system. To bring together such diverse systems, each with its own vested interests and mandates (whether by law or by agency board directive), is a problemmatic arrangement at best. The problems that result from these different systems defined in its most simplistic terms as a loosely tied purveyor system is really the task of MAPS (see below).

The Problem

Bringing together diverse and historically alienated systems will hopefully ameliorate the many problems of servicing abused and/or neglected families under the current system, in which the mandated agency, the Department, has sole legal responsibility for such service. The current system can only provide fragmented service, whether it acts alone, or attempts to obtain service from a particular agency, i.e. foster care, homemaker service, casework counseling, day care, etc. When such a responsibility has been delegated, it is usually to more than one agency though not necessarily by plan. The reason being that when the Department does obtain an agency to provide service, that agency generally has to try to involve other support systems on a "catch as catch can" basis. If the case is handled by the Department, its Child Abuse Follow-Up Team and/or the Multi-service Team is faced with many of the same problems of the private agency. Even before a reported abuse case would reach either the Department's teams or sometimes if an area worker is lucky and reaches a private agency, families are often already lost in the system gap at the level of investigation. The overloaded staffs of the Department frequently cannot investigate cases within the legally required 24 hours. (See the reference, Page 3 in the original proposal, to the 1972 study of second reported cases of suspected child abuse by Dr. Shirley Smith of the Department).

Under the current system, private agencies have not formalized agreements to alleviate the situation, although some of them have serviced a few cases out of a sense of responsibility for the welfare of children. Usually, before the Department's investigating worker or the Child Abuse Team worker could obtain even this minimal help from the private sector, that worker might spend considerable time attempting to locate an agency which would or could take on such a family. By the time the exigencies of the family situation are met in this cumbersome, uncoordinated fashion, treatment of the family is not initiated early enough and with sufficient

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impact to prevent placement of children and to intervene in stressful family situations to prevent the abuse of a second, or third child. Also, the lack of designated state agency monitoring, lack of familiarity with the requirements of a child abuse and neglect service system, problems of duplication of records, inadequate records, lack of medical facilities with staff trained in detection of and follow-up of abuse and neglect (See Page 4 of the proposal) further complicates the problem of providing adequate service. The private child welfare and family service agencies have been limited in their ability to adequately service a client referred by the Department. They have traditionally been geared in terms of staffing patterns and budgetary limitations to families who are able to come to the agency, request help, and maintain appointments without the extraordinary expenditure of time required in the abusive and/or neglectful family.

The Need for Extraordinary Expenditure of Time, Money and Skill with Abusive Families

A logical question is why do abusive and/or neglectful families require so much time, money, coordination, etc. One can best understand this by understanding the characteristics of abusive and/or neglectful families. In many respects they share the problems of all prople under stress, but they demonstrate a higher incidence of inability to perceive that they have a problem. All such families cannot be characterized in detail, but hopefully the following explanation of some of the dynamics and behaviors of such families and the necessary intervention will shed some light on the difficulties in servicing abusive and/or neglectful families. Assessment of abusive and/or neglectful families is often difficult. The apathetic parer for example, who abuses his child usually lacks energy, and often presents a picture of emotional numbness which must be distinguished by skillful differential diagnosis from depression and/or mental retardation, although these characteristics are not always mutually exclusive. Ancillary services, e.g. psychological testing, may be necessary to determine the client's basic personality structure. However, before one can even reach the point of using such anciallary services, the investigation and counseling process necessitates a high level involvement of time and energy to accomplish very basic objectives such as establishing a relationship between the worker and the client. Such clients find it extremely difficult to trust the worker because of their previous life experiences of inconsistent, often abusive parenting. The long and arduous task of building a relationship between an abusive parent and the worker requires exceptional skill in the calculated encouragement of dependency with a thorough understanding of the parents' need to cling to anyone, including his child or children. Many visits to the home may be necessary before even a beginning treatment relationship emerges between the worker and the client. An apathetic parent generally operates on an infantile level, hence manifesting the demanding and clinging attitudes. Such a parent has little to give emotionally and often demonstrates a gross inability to form affectional ties except in the way that an infant clings to its mother. The parent is generally unaware of the effect on the children of unrealistic expectations for children to nurture parents. There is a high incidence of inability to verbalize expectations and feelings. Consequently, the prevalence of inadequate emotional, intellectual and social stimulation in children of this type of parent is more the rule than the exception. The worker may need to work for a long time with

such a client toward helping that client articulate needs and feelings. The neglected child in such a family frequently shows gross deprivation in cognitive and emotional functioning. The caseworker must often provide direct counseling to the child as well as arrange for specialized ancillary services, e.g. learning disabilities' specialists.

Another type of neglectful or abusive parent is the one who is impulse-ridden, restless, aggressive, manipulative and constantly on the move to fulfill a need for excitement. Children of such parents need protection because of the parents' inability to provide controls on their own behavior much less on that of their children. In treating the impulse-ridden parent, the worker must spend considerable time pursuing the parent, who may change residences suddenly and frequently without regard to the effect of such moves on the child.

Although abusive and neglectful parents have some of the above characteristics in common, it should be noted that there are also pronounced differences between and within these two groups. Skillful assessment and long-term commitment are obviously necessary in helping abusive and neglecting parents.

Placement of the child is obviously indicated when there is clear diagnostic evidence that the health or welfare of the child would be jeopardized should he remain in the home. But, placement as the treatment of choice should be carefully weighed against the parents' potential for satisfactory improvement as well as against the traumatic aspects of placement for all concerned. When placement is diagnostically indicated, careful planning with the family and participation by the family in the placement process, to the degree that such is possible, usually provides a more constructive experience for the child and the family.

For private agencies the extraordinary demands cited above frequently result in even the most willing agency returning cases to the Department. Under these conditions, two systems, each with its own burdens and problems, each concerned and mandated, by law or board policy, understandably have become more and more alienated and hostile toward the other. The Department understandably feels that cases are being bounced back arbitrarily by private agencies. Indeed, with some agencies this may be the case. More often than not, the private agencies have had to do so because of financial considerations. They on the other hand, saw the Department as unwilling to pay for the extra monies which abusive and/or neglectful families needed except for the minimal foster care payments which were grossly insufficient to pay for any service above basic board rate. The Department could not compensate the private agency for staff, extra support systems and necessary in-service training.

Finally, in both systems, regardless of the level of expertise within each system, the problem of necessary linkages to support systems, unfamiliarity with regulations regarding appropriate service to these families, resulted in gaps in service delivery. In many respects, the Department's abuse teams and/or multi-service units and the private agencies are faced with some of the same problems, e.g., incomplete investigations and particularly with the lack of committed available resources.

Locating an agency which would or could provide a homemaker to alleviate stress in the home was difficult. Where could one obtain adequate day care for other children in the abusive family? The demoralizing process of weaving through other potential support systems in the community which could provide homemakers or day care has increased intra-organizational tensions as well as inter-organizational tensions. After finally locating and obtaining a commitment "of sorts," workers then engage in the rounds of calls, conferences regarding safeguards for the supporting providers who are often fearful of and reluctant to be involved with abusive parents. Then, the question of who would pay for the service is an issue. No doubt the private agencies could afford more time than the Department to go through this exercise in frustration, but only to a point. The Abuse Team working at the Department with a high caseload may go through the same process. Is it any wonder that the most obtainable service, foster care, has been used to excess? Given the choice of (1) inability to mobilize and coordinate massive support service for the child in his own home, and (2) placement of the child somewhere out of danger of further abuse, is it any wonder that the Department has had such excessive numbers of placements of children out of the home, with little opportunity to intervene in the situation which resulted in the abuse in the first place? It would seem to be an understatement that in Illinois placements of children have often been done for the sake of expediency, rather than by what was best for the child and the family. A recent analysis of case samples in Chicago, downstate, and East Moline areas indicated that an average of 70% of the children referred for abuse were placed out of their own homes. As stated on Page 6 of the proposal, "...it is highly probably that considerable savings could have been realized by most areas of the state had a more family-centered focus been placed on child abuse services."

The current system of one mandated agency being responsible to provide appropriate social, legal and medical services is certainly unworkable. Recognizing this state of affairs, the 17 agencies which includes the Department sought and obtained funding to achieve the following objectives:

1. To provide a comprehensive program of medical, social, psychological, psychiatric, legal and other services to abusive and neglectful families on the North Side of Chicago.

2. To implement and refine a coordinated service delivery model, integrating public and private service agents, professionals from various disciplines, service-providing and contracting for service functions, centralized coordination and policy making.

3. To demonstrate that the model of integrated services and case management techniques employed on this Project are both feasible and sufficiently more efficient and effective at meeting the needs of abusive and neglectful families than current practices to warrant replication in other areas of Chicago as well as other large urban areas.

4. To build upon the implemented service delivery system so that the entire Chicago area will eventually be served by such a coordinated set of linked services.

5. To maximize adaptability both within the system as a whole and service programs of individual resource agents participating in or cooperating with the system through centralized system monitoring, case tracking, policy making, resource allocation, parental education, and case and program consultation.

What is MAPS Doing About the Problem?

The MAPS Project is intended to marshall a comprehensive range of social services which can be rapidly mobilized to meet the needs of families and children referred for suspected physical abuse, sexual abuse, gross physical neglect. The Project operates on the premise that the integrity of the family unit should be maintained with supportive services and treatment for the parents as long as the welfare of the child is not at risk. Application of therapeutic and support services is not only intended to treat the existing social psychological systems, but to modify these conditions and behaviors in a manner that will improve the family's ability to function constructively and nurture the children who are a part of it.

Because of some problems which will be enumerated below, the Project is not fully operational. While the numbers of cases actually serviced have not been vast, a thoroughly unrealistic expectation fiscally speaking, the way in which the MAPS' system is beginning to operate and expected to be even more so within the near future suggests that the impact of coordinating services can be realized.

At this time the following shifts have occurred in terms of the Department, the participating agencies, in short the MAPS' system. The process of this system on the positive side is and has been as follows:

1. Uniting separate systems to attempt to provide coordinated services immediately. From the time the Department, the private agencies, direct service providers and related community support systems sat down together, jointly recognized, and sought funding the first step had been made toward a new and unusual system. From their traditional loose purveyor relationship, the paying system, the Department, and the provider system, the private family and child welfare agencies could no longer look at each other as simply the one who buys and the one who sells a service. Having now an ongoing dialogue, each system has learned more about the problems of the other. The Department has a better understanding of the cost to voluntary agencies when it asks such agencies to serve children who have been legally mandated for care by the Department. The Department currently has for the first time actual cost breakdowns from private agencies which reflect these agencies' fiscal limitations. The private agencies have a better understanding that the apparent "hard-nosed" bargaining by the Department reflects that system's fiscal

limitations. This became apparent when the Department diverted funds from area offices into the MAPS' area. It is understood that such a diversion of funds will necessitate an evaluation by the Department of the budgetary needs of the area offices, which may or may not feel sufficiently alleviated of their abuse caseloads since MAPS became operational. It is impossible to predict what the situation may be when the Project is fully operational. However, at least all segments of the MAPS' system have become increasingly aware of one fact, that there is not enough money for any one system, public or private, to do the job alone.

2. Involvement of community support systems,e.g. day care, police department, has resulted in these systems committing themselves to concrete services and education about child abuse at the earliest possible time.

3. Shared decision-making in terms of the actual operations of MAPS has lessened tensions to a degree between the public and private systems so that policies are made on the basis of shared facts, rather than fantasy.

4. Shared resources between the component parts of the MAPS' system has increased. When the federal government cut the funding during the six-month start-up phase, the Department increased its in-kind contribution of personnel to the Project and its 24 hour hotline was plugged into the MAPS' system which could not afford its own planned hotline. In the same atmosphere of sharing, the provider agencies are currently providing some services to a large degree at their own cost with the goal of getting the Project off the ground. Additionally, they have committed themselves not to drop the families which they are serving when the Project terminates if the need is there. These agencies have been supported by their boards to pursue this course despite the fact that each agency has a total program to support quite apart from MAPS, and inputs of charity dollars by the community continues to be less. This kind of commitment and hope between these two systems is unprecedented.

5. Joint responsibility for the MAPS Center staff which is separate from either system (though sometimes more in theory than in fact). That staff, total of fifteen social workers highly trained in child abuse (including administrative staff) has been designated the task of coordinating the programmatic aspects of MAPS.

Programmatically, the Center staff is charged to:

1. Investigate reported cases of abuse and/or neglect within 24 hours. This time limit is being met.

2. Provide direct service of crisis intervention, during the two-week investigation period if necessary. The Center, though without a hotline as such, does in fact have a primary and secondary on-call worker 24 hours a day with a designated time limit in which emergency action must occur.

3. Assign the family to one of the participating agencies which has

available to it the resources of other participating agencies which are quickly coordinated by the Center staff.

4. Monitor the case fiscally and qualitatively by prescribed scheduled staffings.

5. Consultation with and contribution to each agency's in-service needs directly or by arranging for in-service training from one participating agency to another in the area of an agency's particular expertise.

6. Develop an informational system which provides hard data for research which will hopefully identify suspected or unknown needs of families. At the same time, the informational system is used in the actual monitoring of monies paid, anticipated, and monitoring of case management. The research/informational part of MAPS has two evaluative components:

A. Program evaluation -- The research will indicate whether or not workers are setting and achieving realistic objectives, as well as the time span between the time of initial investigation and the start of planned services.

B. Theoretical goals -- The research is theoretically oriented toward gaps in knowledge in the field of abuse and neglect. For example, what workers need to look for during investigation that will enable them to accurately assess the danger of abuse and/or neglect of the child while he is in his own home.

7. Develop a public awareness component with planned strategy for dissemination of brochures to two publics, (1) the people who regularly come into contact with children, i.e. teachers, nurses, and (2) lay people in the target community. Also, development of at least six community organizations to act around child abuse, with each organization being as nearly representative as possible of the various ethnic groups in the community. (See attachment A).

END

7 illustrations