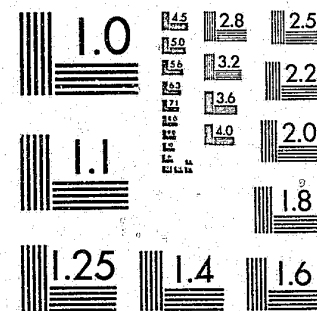


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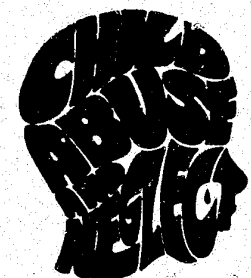


## CHILD PROTECTION:

PROVIDING ONGOING SERVICES

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THE USER MANUAL SERIES

This manual was developed and written by Cynthia K. Ragan, Marsha K. Salus and Gretchen L. Schultze. It was edited and produced by Kirschner Associates, Inc., Washington, D.C., under Contract No. HEW-105-77-1050.

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# CHILD PROTECTION:

## PROVIDING ONGOING SERVICES

Cynthia K. Ragan  
Marsha K. Salus  
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## PREFACE

Within each community, Child Protective Services (CPS) has the primary responsibility for ensuring the protection of abused and neglected children and for rehabilitating their families. CPS workers cannot meet all the needs of these families alone; they must draw upon the resources available within their communities. Ultimately, however, CPS workers must still ensure that families receive the services they require.

Because of the complexity of providing ongoing services to families in the child protective system, it is necessary that CPS workers possess a great deal of sensitivity to others, as well as specialized skills, knowledge, and expertise. Given the nature and the extent of the demands placed on CPS workers, they can easily become overwhelmed if they lack sufficient guidance and support. Conversely, when child protective workers are provided with effective support and guidance, they can make an important contribution to the community's efforts to overcome the problem of child maltreatment.

This manual is designed to provide CPS workers with guidance to ensure that effective services are provided to abused and neglected children and their parents. It is designed for use by CPS workers, but it may be used by other service providers in the community as well. It is one in a series of User Manuals based on the Draft Federal Standards for Child Abuse and Neglect Prevention and Treatment Programs and Projects,\* and it is a supplement to the manual, Child Protective Services: A Guide for Workers.

\*Other manuals in this series address related topics such as CPS supervision, community planning, and the role of the courts in child abuse and neglect cases. Information about the other manuals in this series is available through the National Center on Child Abuse and Neglect.

## I

### OVERVIEW OF ONGOING SERVICE PROVISION

Child Protective Services (CPS) is the central agency in each community's child abuse and neglect service delivery system; it is responsible for ensuring that preventive, investigative and treatment services are available to children and families endangered by child abuse and neglect. As a result, child protective workers must perform a variety of functions when responding to situations of child maltreatment and, as such, play a variety of roles throughout their involvement with child protective clients.

Reporting a suspected case of child maltreatment to the local child protective service agency (or a family member's own request for help with the problem) initiates the CPS response process. Once the intake and investigative processes and the initial assessment and service planning processes are completed, the stage is set for implementation of ongoing services. Provision of child protective services on an ongoing basis is dependent on the substantiation of the allegations in the report; on substantiation of unreported but evident signs of child abuse and neglect discovered during the investigative process; and/or on the family's desire for assistance with problems that could lead to child abuse and neglect. It is important to note that assessment and planning begin at the investigative stage but continue throughout provision of ongoing services. For more detailed information on these phases of the CPS response process, the reader is referred to another manual in the series entitled Child Protective Services: A Guide for Workers.

### SERVICE PROVISION PROCESS

Effective service provision is based on a thorough assessment of the family's strengths, weaknesses and needs, and the development of an appropriate service plan. The plan should reflect the family's needs and community resources available to meet those needs, should build on the family's strengths, and most important, should be designed to protect the child(ren).

To implement the service plan, CPS provides direct services and/or arranges for services for child protective clients. In rare cases, referrals to other service providers meet the children's and families' needs, and CPS involvement in the provision of direct services can be terminated. In the majority of cases, however, CPS



has continued responsibility for ensuring the children's safety by orchestrating or monitoring the services provided by other agencies. The CPS worker who is orchestrating services provides direct services and, at the time, coordinates services provided by other agencies or professionals. The CPS worker has fairly extensive direct contact with the family, and maintains a personal knowledge of the family's progress toward achievement of treatment goals.

The CPS worker who is monitoring services may have a less therapeutic relationship and less direct contact with the family than the worker who is providing direct services or who is orchestrating services. However, the CPS worker ensures that the family is receiving the needed services from the other providers, that no services are duplicated, and that the family cooperates with the services providers--for example, by keeping appointments. In either situation, the CPS worker must continually reassess the family's progress in order to determine if the child is protected and the service plan is being achieved or requires revision.

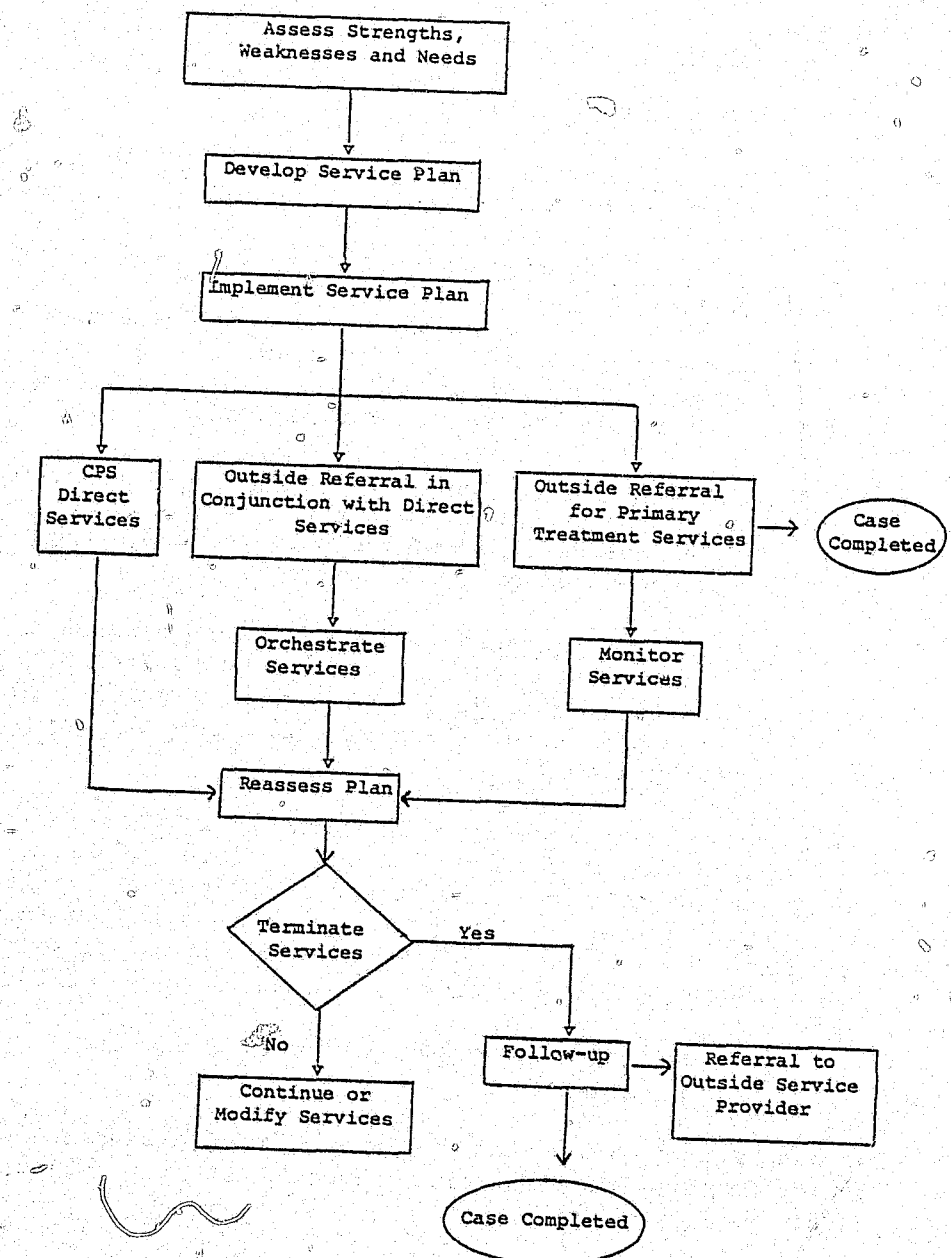
The exhibit following this page depicts the flow of the processes involved in the provision of ongoing services.

#### SPECIALIZATION OF ROLES

Due to the complexity of providing child protective services, specialization of workers' roles within the CPS agency is advisable; specialization can improve the quality of services provided, increase job satisfaction, and reduce worker burnout. For example, a large CPS agency may have a specialized intake unit, an investigative unit, and an ongoing services or case management unit. A small CPS agency may have a specialized intake unit which is responsible for intake and investigation and a separate case management unit. Regardless of the size of the agency, it is crucial to have a distinct case management unit. By eliminating investigative responsibilities, the number of crises to which case management workers must respond is minimized. Thus, these workers are more consistently available to clients.

Within the case management unit, service delivery can be most effectively implemented by assigning specialized roles and responsibilities. These roles and responsibilities may be assigned on the basis of workers' experience, skills and/or areas of expertise, training and/or education, and interests. In order to facilitate assignment of specialized caseloads, case management supervisors may divide cases according to the following criteria:

#### EXHIBIT I PROCESSES INVOLVED IN PROVISION OF ONGOING SERVICES



- Special problem areas: For example, adolescent abuse, substance abuse, severe psychiatric problems, or spouse abuse combined with child maltreatment.
- Type of maltreatment: For example, chronic neglect, sexual abuse, or emotional maltreatment.
- Level of harm: For example, the severity of the actual harm to the child or the possible future harm to the child.
- Kind of services needed: For example, whether direct services or monitoring of services is required.
- Level of effort/involvement: For example, whether a particular case requires frequent contact (two visits per week) or relatively infrequent contacts (two visits per month); in addition, whether a case generates a great deal of emotional involvement or is maintained with little emotional involvement.
- Cultural and/or language factors: For example, cases requiring special sensitivity, understanding, and knowledge of a particular culture and/or requiring fluency in a foreign language.
- Geographic location: For example, in rural areas, large metropolitan areas, or other areas which involve a great deal of territory, dividing cases according to geographic location increases worker efficiency and cuts down on travel time.

It is important to keep in mind that workers whose cases involve provision of direct services, often requiring a high level of effort and/or emotional involvement, should have smaller caseloads than workers whose cases require less extensive involvement with families. In addition, in order to avoid burnout, workers should periodically be assigned to a mix of cases or to different functions.

#### Qualifications of Workers in the Case Management Unit

Workers who are providing direct services, orchestration or monitoring services to families should have the following professional background:

- preferably, a Master's degree in social work or a related discipline; alternatively, a bachelor's degree in social work or related training and/or experience

- a minimum of one year of experience in child welfare services
- specialized skills in individual, family, and group counseling
- knowledge of child development.

In addition, it is advisable that CPS workers have personal characteristics which include:

- a personal commitment to the need for and process of CPS intervention
- self-confidence and assertiveness
- perseverance, initiative, and adaptability
- flexibility in dealing with resistant clients
- the ability to be empathetic and objective
- the ability to see the entire family as the client and to provide services which preserve family integrity
- the ability to work with professionals in other disciplines and at the same time maintain professional identity
- the ability to express the clients' needs to other service providers and to guide the client through the service delivery network
- strong personal ethics to both respect and protect the rights of clients
- a commitment to children.

## DETERMINING NEEDS AND SERVICE ALTERNATIVES

Conducting a thorough assessment and developing a measurable service plan with families is the foundation for client-centered, goal-oriented service delivery. Although these processes may seem time consuming at first, they result in improved and focused services, often reducing the length of time a family remains in a child protective caseload. In addition, if assessment and planning are not adequately carried out, there are no means for evaluating the effectiveness of the intervention and services.

## THE ASSESSMENT

- The family's potential to harm the child. For example, does the parent fear that the child may be reinjured? Is either parent suffering from severe physical or emotional problems, or from severe mental retardation? What are the disciplinary patterns?
- The family's ability to protect the child or prevent future harm. For example, is one parent able to protect the child? Do the parents recognize and admit to their abuse/neglect problems? Are the parents able to "bail" each other out? Is the child old enough to protect himself or herself when a potentially harmful situation exists?
- Past and current level of family functioning. For example, how does the family interact? What are the stresses the family is experiencing? How do they deal with stress? What are the internal strengths the family can draw upon to make needed changes? Is the family socially isolated?
- Past and current level of functioning of individual family members. Strengths, problems and needs of parents, children and any significant others in the home must be assessed. For example, what is the child's current physical, emotional, and social developmental status? How does the child relate to the parents and extended family members?

- Available supports to the family. For example, do family members have people they can turn to in times of stress? Do they use them?
- Family members' verbal and nonverbal communication. For example, does a mother report that she has no problems with her child, although the worker observes that her body becomes rigid when the child cries?
- The family's capacity to care for the child. For example, is there parental agreement on child rearing? Do the parents act overwhelmed or helpless in carrying out the tasks of parenting? Can the parents recognize and individualize the needs of their children? Do the parents compete with the children, acting like siblings rather than parents? Are parental expectations of the children appropriate? Do the parents show praise or affection for the children? Is one child in the family seen as "different" or "bad"?
- The family's ability to accept and use help. For example, do the parents recognize the existence of problems? Do they understand some of the reasons for the problems? Can they seek help? Do they want to change?
- The home environment. For example, is the home physically safe or are there broken screens, cluttered stairways, lack of utilities (gas, water, electricity)? These factors are often beyond the family's control.
- Other valuable sources of information regarding the family. For example, what do the child's school records indicate? Have other community service providers seen any indications of abuse/neglect problems? Is there a history of spouse abuse or assault and battery?

Workers must have access to their supervisors, a multidisciplinary team or other professionals when something does not "seem right" in the family or with individual members. In addition, the family or individual members should be referred to other professionals for evaluations when further information is needed. (For detailed information on conducting an assessment, readers are referred to another manual in this series entitled, Child Protective Services: A Guide for Workers.)



Once CPS workers have gathered the necessary information, they should not only identify with the family its problems, strengths, and needs in a way that will indicate goals for treatment, but they must also recast the information in a way that the family can accept.

When writing an assessment report, workers should keep in mind that it must be a workable document. Workers must consolidate the information gathered into a brief document in which clear and precise language is used, problems are conceptualized in terms that suggest solutions, labeling is avoided as much as possible, and judgments are identified and supported by facts.

The report may then be used in the following ways:

- If the CPS worker conducting the assessment is also responsible for treatment, the assessment can be seen as a clarifying process for the worker and as a base of information to share with the family as they proceed to the service planning phase. In addition, it can serve as the basis for evaluating the effectiveness of later intervention strategies.
- When another worker is responsible for providing direct services, orchestrating or monitoring services, the report represents a presentation of information regarding the family which will assist the worker in devising a responsive service plan.
- In some cases, the report may be submitted to the court to assist the judge in making a disposition.
- If the CPS worker needs consultation from other professionals and/or from a multidisciplinary case consultation team, the report can be used as a tool to gather the information they require.

#### THE SERVICE PLAN

Following the assessment, an individualized service plan must be developed with each family and each family member. When developing service plans there are two basic issues which must be addressed. The first focuses on establishing priorities, that is, determining services to meet the needs of the family to prevent further abuse and/or neglect of the child(ren). The second concerns the needs of individual family members which have resulted in or contributed to the abuse/neglect, followed from the abuse/neglect, or are incidentally discovered during the investigation or assessment. To be effective, a service plan must fit the needs of the individual,

the individual must find it acceptable and view it as having a tangible benefit, and the individual's strengths must be highlighted and incorporated.

The tasks of the case management worker at this stage are dependent on whether the service plan was initiated during the intake/investigation process. If the service plan was initiated by the intake worker, the case management worker should review with the family both the areas of need and the family, agency, and community resources being used to meet those needs. If, on the other hand, the case management worker is responsible for developing the service plan, he or she should consider the following factors:

- The worker must relate to the family in a way that will engage the family's cooperation and commitment to change by being sensitive to the family's fears of seeking and receiving help, by conveying therapeutic authority, confidence and hope.
- The family members should be encouraged to verbalize their strengths, problems, and needs along with the resources they believe may be appropriate to meet their needs and ameliorate their problems.
- The worker should: help the family members identify problem areas, divide them into workable components, and set priorities for change; emphasize existing family strengths; and identify intervention/service alternatives.
- Goals should be established with the family; they can be developed for any or all of the problems identified in the assessment. They should be specific, measurable, and feasible and should restate the problem in a way that suggests a solution. Initial goals also should be those that have a high likelihood of success within a relatively short time span (three to six weeks).
- Objectives should be formulated with the family; they should be measurable and observable, reflect a level of acceptable performance, and contain a time frame for completion. It is advisable to use words that are not open to various interpretations, such as to attend, to obtain, to apply. Each objective should indicate the behavior that will be accepted as evidence that the client has achieved that objective.

- The plan should not only specify what is expected of the client but also delineate what is expected of the CPS worker and set forth the responsibilities of other service providers.
- The initial plan should focus on the family's immediate needs. The CPS worker may determine that the family needs therapy, but the family may have recently received an eviction notice. In this situation, the priority is to find housing. By helping the family alleviate this immediate stress, the worker is encouraging the development of trust and allowing the family to view him or her as a person who really wants to help.

It is important to remember that goals should be achieved in small increments. For example, a long range goal may be that the parents use more appropriate methods of disciplining their children. The first step or objective to obtain this goal might be that the parents attend a four-session parent education course offered through a local adult education program.

The sample assessment report and service plan following this page may be used by workers when developing and reassessing plans. For more detailed information regarding the development of service plans, workers are referred to another manual in this series, entitled Child Protective Services: A Guide for Workers.

#### Service/Treatment Contracts\*

The treatment contract is a structured way of formalizing the service plan; it may be a verbal agreement between the worker and family or it may be a written agreement which requires the family's and worker's signatures. Many agencies and programs are using written treatment agreements with parents, older children and adolescents; it is believed that they have the following advantages:

- They are concrete, visible, and require direct client input.
- They assist in the selection of the most pressing problems to be solved first, and in helping the family deal with problems in small steps.

\*Regional Research Institute for Human Services. Permanent Planning for Children in Foster Care: A Handbook for Social Workers. Washington, D.C.: U.S. Department of Health, Education and Welfare; Office of Human Development Services, 1977.

## EXHIBIT II ASSESSMENT REPORT

Client Name \_\_\_\_\_ Worker \_\_\_\_\_  
Date \_\_\_\_\_

STRENGTHS	NO.	NEEDS (Note Priority)	SERVICES ALTERNATIVES
Health, Physical and Mental	1.1 2.1		
Parent-Child Interaction	3.1 4.1		
Home Environment/Finances	5.1 6.1		
Family Interaction/Friends	7.1 8.1		
Social/Personal	9.1 10.1		
Education/Employment	11.1 12.1		
Support Systems	13.1 14.1		
Religion/Values	15.1 16.1		
Special Interests	17.1 18.1		
Other	19.1 20.1		

# EXHIBIT III SERVICE PLAN

GOAL #1 \_\_\_\_\_ to be completed by \_\_\_\_\_  
 OBJECTIVE #1 \_\_\_\_\_ to be completed by \_\_\_\_\_

Selected Service/Resource	Client Task	Worker Task/ Method	Other Service Provider Task	Target Dates	Results



- They provide direction and clarification for family members and for workers.
- They specify conditions and tasks for family members and workers and thus assist in building family trust.
- They establish in writing expectations which at a later date might be distorted, denied or confused.
- They provide a baseline for evaluating the family's progress and the worker's efforts.

It is preferable to write the contract in simple, understandable language. The following are suggestions for developing the contract.

- It should state the related case goal.
- It should be concise.
- It should be flexible, that is, subject to additions, changes, and deletions that are mutually agreed upon by worker and client.
- It should limit the number of family member obligations to avoid overwhelming or defeating the family.
- It should set a time limit (usually 90 days) for the agreement.
- It should state the consequences (if any) of non-compliance.
- It can also specify who will have access to information and who will not (confidentiality), which helps build client trust.

The exhibit following this page provides a proposed format for service/treatment contracts. It should be noted that the contract, whether verbal or written, is successful only when the worker and client act in accordance with it. Although some family members may be resistant to entering written service contracts, workers also must be helped to work through their own resistance to using a tool which documents specific worker tasks and target dates.

It is important to note that contracting is not appropriate for all clients. Contracts do not work well with individuals who do not recognize or admit to their problems; with persons who are

extremely resistant, with persons who are not competent to share in the process (such as individuals severely disturbed or retarded), or in situations where the worker-client relationship has not been established. Contracts are most effective when the problems to be solved are within the combined capacity of the worker and client. A contract works best with:

- persons who are motivated and capable of sharing and selecting problems to be addressed
- persons who are capable and willing to make and follow through with modifications needed
- persons who are overwhelmed and/or hysterical, because it helps them focus on one problem at a time
- persons who have low self-esteem, because it allows them to see in "black and white" that they have achieved a goal
- persons who are distrustful, because it enables them to know what they can expect and because they can hold the worker accountable.

In addition to holding clients accountable, contracts also hold workers accountable. Contracts provide workers with self accountability; that is, contracts allow workers to monitor themselves. Contracts allow clients the opportunity to confront workers and to talk with the workers' supervisor when clients believe workers have not followed through with their designated tasks. Finally, contracts also hold workers accountable through administrative and possible court review of cases.

#### SERVICE ALTERNATIVES

The problems of CPS families are multidimensional and thus require a variety of services. The types of services selected must not only fit the needs of the parents and child(ren) but must also be in line with their capabilities. The services provided, of course, depend on what is available in the community and in most cases on what services the family is willing to accept. Due to the nature of the child abuse/neglect problem and to large caseloads, many CPS agencies have recognized that they are unable to meet all the needs of these families on their own. They must use to the fullest extent possible all the existing relevant resources in their particular community, and assist the community in identifying and developing additional needed resources.

#### EXHIBIT IV DEPARTMENT OF SOCIAL SERVICES SERVICE AGREEMENT

THIS AGREEMENT is a contract between \_\_\_\_\_, CPS Worker, Department of Social Services, and \_\_\_\_\_. The purpose of this Agreement is \_\_\_\_\_ and \_\_\_\_\_, CPS Worker, will be responsible for doing the following things during this part of the Agreement:

This Agreement shall be reviewed on \_\_\_\_\_ in order to plan the next steps in the completion of the goal. The total period of time for the accomplishment of the goal of \_\_\_\_\_ is from \_\_\_\_\_ to \_\_\_\_\_.

Parent (Client) \_\_\_\_\_

CPS Worker \_\_\_\_\_

Date \_\_\_\_\_

## Services for Children

In the past, treatment efforts have focused on the parents of abused and neglected children, in the hopes that the children would benefit as well. In fact, often the only services provided to these children were medical treatment for wounds resulting from maltreatment and/or long term placement in foster family care. At the present, many abused and neglected children are still not receiving direct services. Frequently, this is because they are not manifesting serious behavioral or emotional problems; and thus the focus of intervention remains on the parents. There are, however, services within each community which are particularly beneficial to maltreated children, and CPS workers need to become more active in securing these services on an individualized need basis.

It is important to remember that abused and neglected children and their parents should not be treated in isolation. If at all possible, children and parents should receive services together or concurrently.

The following are some suggested service alternatives for abused and neglected children.

### Early Childhood Programs

Although early childhood programs, such as day care programs and preschools, have been used primarily as a service for parents, they can be an excellent resource for abused and neglected children. They allow children time away from a sometimes stressful home situation. They can often provide children with needed structure, limit-setting, and stimulation. These programs provide maltreated children with an opportunity to interact with adults and children who serve as models for appropriate action. In addition, day care programs, Head Start and preschools already exist in most communities. For further information regarding the role of early childhood programs in child abuse and neglect prevention and treatment programs, readers are referred to another manual in this series entitled Early Childhood Programs: The Role of Day Care, Preschools and Head Start in the Prevention and Treatment of Child Abuse and Neglect.

### Therapeutic Play School/Day Care/Preschool

Abused and neglected children who suffer from developmental delays and psychological problems may benefit from participating in a therapeutic school setting. Some therapeutic preschools specialize in educational and general developmental stimulation of children

in educational and general developmental stimulation of children with developmental delays. Other programs, such as therapeutic playschools, provide children with safe environments where they can test their feelings, experience nurturing, and develop trust in others. These programs may exist in a particular community as an adjunct either to the public school system or to the community mental health center, or may be privately run.

### Special Education Programs

Abused and neglected children frequently exhibit learning or behavioral problems in school. Some schools have counselors and social workers who can provide children with counseling, specialized attention, and emotional support. Some schools also offer special classes for children with serious behavioral and/or emotional problems. Public Law 94-142 provides that physically, emotionally, and/or mentally disabled children must be provided with educational programs designed to meet their individualized needs.

### Specific Therapies

The following are commonly accepted types of therapy which can be beneficial to some abused and neglected children. Sometimes it is appropriate to use more than one kind of therapy with a child; such therapy should be used in conjunction with other services:

- Play therapy: Provides young children with a safe environment where they can learn to express and resolve their feelings, conflicts, and fears through play.
- Individual therapy: Provides children and youth who are able to express themselves verbally with the individual attention and support they require to meet some of their needs, deal with their problems, resolve conflicts, and, in general, promote their self esteem. It should be used to help children work through the trauma they have suffered.
- Group therapy: Provides preadolescents and adolescents with support and with experiences which will assist in socialization and in the development of self-awareness and sensitivity to others.

These services are usually provided by community mental health centers although they are sometimes available through public school systems and private agencies. In addition, practitioners in



private practice, such as child psychiatrists, psychologists and social workers, often provide these kinds of services.

### Foster Care

Foster care should be used on a short term, crisis basis for abused and neglected children who cannot safely remain in their own homes. Workers must remember that their first priority is to maintain children in their own homes, if at all possible. Although a worker may believe that a child is living in an "unhealthy" home situation, involuntary removal of a child from his or her home should be considered only in "serious" cases because of the resulting disruption to the family unit and emotional cost to the child. For detailed information regarding foster care and permanent planning, readers are referred to Permanent Planning for Children in Foster Care: A Handbook for Social Workers, DHEW Publication No. (OHDS) 77-30124.

### Group Homes

Group homes are sometimes used as an alternative to foster family care. Group homes are most appropriate for preadolescents and adolescents who cannot tolerate the "closeness" of a foster family, but who can benefit from structured peer group interactions and a group living situation. They are normally operated in a single family dwelling and sometimes are an integral part of a neighborhood.

### Residential Treatment Facilities

Residential care facilities are usually designed to provide treatment for severely disturbed or mentally retarded children and adolescents. Children often live and attend school in a campus style setting, where a team of professionals provides them with the treatment they require. Both public and private facilities have specifications regarding the age and type of client population they serve.

### Adoptions

Adoptive services are provided for abused and neglected children in situations where the parents voluntarily relinquish custody of their children, or where parental rights are terminated by the court because the parents are found to be incapable of providing adequate child care. Adoption should be considered at the earliest possible stage; that is, whenever returning the child to his or her own home seems unlikely or impossible.

## Supportive Services

Most abused and neglected children and their siblings can benefit from supportive services. Children who are receiving various forms of treatment, as well as those who are not exhibiting problems which require treatment, may profit from any of the following supportive services.

- outings with CPS workers
- Big Brothers or Big Sisters
- Girl Scouts, Boy Scouts, Brownies, Cub Scouts, Camp Fire Girls, 4H Clubs
- foster grandparent programs
- after school programs provided by the public school system
- church activities
- recreational activities provided by local communities, and private organizations and groups
- YMCA and YWCA activities for children, such as recreational activities, social activities, and more structured types of activities such as gymnastic classes.

These are but a few of the types of programs that can provide supportive services to abused and neglected children. Some of these are available in virtually every community. Workers must be sensitive, however, to the parents' frequent resistance to letting their children participate in out-of-home activities.

For further information regarding assessing and planning for the needs of abused and neglected children and determining the services relevant to meet those needs, readers are referred to two manuals in this series entitled Treatment for Abused and Neglected Children and The Role of the Mental Health Professional in the Prevention and Treatment of Child Abuse and Neglect.

### Services for Parents

A variety of services have been used to treat parents who abuse and/or neglect their children. Not all of the services discussed in this section are available in each community, nor are they all appropriate for every parent. In addition, most parents require more than one service to ameliorate their problems.

### Specific Therapies

Those therapies which are commonly used to treat individuals, couples, and families who are experiencing emotional difficulties may be beneficial to some abusive/neglectful parents as well. More than one type of therapy may be appropriate for parents, and therapy should be used in conjunction with other services:

- Individual therapy allows abusive/neglectful parents to experience a one-to-one therapeutic relationship in which they receive individual attention and recognition. If matched with the "right" therapist, parents may be able to have their dependency needs met through interaction with their therapist; they can then better meet the dependency needs of their children. In most cases, individual therapy should focus initially on the parents' immediate problems rather than on deep-seated problems. In addition, treatment goals should be specific and short term.
- Group therapy has many advantages. It helps to reduce social isolation, helps to improve parents' sense of self worth, helps parents develop trust in others, encourages mutual support among members, and allows for peer confrontation. In most cases, group therapy should be used along with other therapies/services, especially in the beginning stages of treatment.
- Marital and family therapy allows partners to learn how to communicate with each other, how to express their feelings openly and constructively, and how to trust and support each other.
- Family therapy may be beneficial to abusive and neglectful families whose members are sufficiently verbal or whose children are older, and in situations where the level of anger is not too high. Marital and family therapy are contraindicated in situations where spouses and/or other family members are extremely needy and dependent.

These services are provided by a variety of mental health agencies, such as community mental health centers and family service agencies. In addition, many mental health professionals in private practice also provide these types of services.

### Residential Family Therapy

Residential Family Therapy is a relatively new treatment method in which an abusive/neglectful family moves into a treatment facility on a short-term basis, usually for three months. This type of treatment provides intensive therapy for both parents and children and nurturance and support to family members. It also assists in improving the parent-child relationship. However, residential family therapy facilities are still relatively scarce.

### Parent Education

Most abusive and neglectful parents may benefit from parent education. Both affective and cognitive learning techniques are often used to assist these parents in developing adequate parental attitudes and skills. These programs will generally include information regarding: child development, appropriate and consistent discipline, and the child's emotional growth.

Some parent education programs have an affective component which assists parents in recognizing their own feelings, in communicating those feelings effectively, and in understanding what others are feeling.

Education for parenthood is generally available through a variety of agencies and organizations, such as: community mental health centers, public school systems, community colleges, public health departments, private family service agencies, and social service agencies.

Family Planning: Family planning information is one facet of the education that should be provided to abusive and neglectful parents. Family planning counseling enables these parents to plan the size of their families and the spacing of their children, if they wish. Family planning information and counseling is often available through social service agencies, public health clinics, and planned parenthood organizations and community colleges.

### Supportive Services

Abusive and neglectful parents have multiple problems and needs which require a variety of therapeutic and supportive services. Sometimes supportive services are all that are needed to alleviate the family's abuse and neglect problems. In other cases supportive services are needed to supplement the therapy the family is receiving. Supportive services often have a therapeutic component.

Although the following list is not all-inclusive, it contains some possible supportive services for abusive and neglectful parents:

- Community health nurses: Community health nurse services exist in most communities, generally through referral to the public health department. Nurses can often gain entry to homes where no other professionals are accepted and can more easily develop therapeutic relationships with maltreating families. These nurses can provide medical services, assistance with child care, and a model for effective child rearing.
- Homemaker services: Homemakers are generally used to provide assistance with home management, child care, and budget planning, although they can effectively provide emotional support for parents as well. Homemakers can provide an alternative to removing children from the home, by moving in temporarily with families under stress or by being available after hours. Homemaker services are contraindicated in families which exhibit very destructive behavior patterns.
- Parent aides: Parent aides, sometimes called lay therapists, are paraprofessionals who work with abusive and neglectful parents, either on a voluntary or paid basis. Parent aides develop an intensive, long-term relationship with these parents and provide them with warmth, understanding, and support. This kind of program may be available through the CPS agency, private family service agencies, hospitals, or the community mental health system. For more detailed information on the development and implementation of parent aide programs, the reader should refer to another manual in this series, entitled Parent Aides in Child Abuse and Neglect Programs.
- Self-help groups: Self-help groups are effective means for providing peer support and assistance. Parents who are experiencing stress and anger attend regularly-scheduled meetings where they can express their feelings in a noncritical, supportive atmosphere. In addition, members provide outside support to each other during stressful periods. To obtain more information on one such group, Parents Anonymous, the reader can call their toll-free number, (800)421-0353.

- Crisis nurseries: Crisis nurseries operate 24 hours a day and are designed to offer immediate child care services for parents who are temporarily unable to care for their children. They can provide protection for the child and permit stabilization of a stressful home situation. Crisis nurseries are not widely available at this time; communities that wish to establish a crisis nursery may be able to do so by converting a regular nursery or day care center.
- Employment and training programs: Learning a marketable skill and becoming employed can improve abusive/neglectful parents' self-esteem and lessen their isolation. Most communities provide employment and training programs through the local department of public welfare's Work Incentive (WIN) Program, through state vocational rehabilitation services, or through Comprehensive Employment and Training Act (CETA) programs.
- Housing assistance: In some cases, the family experiencing abuse or neglect problems may be living in substandard or insufficient housing. Possible actions that can be taken to deal with this situation include: obtaining a list of apartments within the family's financial means; accompanying the parents to see the apartments; assisting families in arranging their move into a new apartment; and providing the family with a security deposit on the apartment. These services can be provided by a CPS worker, a case aide with the Department of Social Services, a volunteer or voluntary agency, or a church group.
- Transportation: Abusive and neglectful parents are often physically as well as socially isolated. Reliable transportation is often needed if these parents are to receive support and services. Transportation can be provided or arranged by the public social services department, acting independently or through a contract with a specialized transportation agency. Alternatively, church groups and other volunteer organizations are often willing to provide the necessary transportation.



- Financial counseling and assistance: The problems of abusive and neglectful parents are often compounded by lack of adequate income or by an inability to budget and manage their money. Financial counseling, including budget planning, economical shopping, and food planning, can be provided by a variety of sources, including the Department of Agriculture Extension Service and homemakers. Until the family can manage on its own, the CPS worker should consider the possibility of financial assistance, such as Aid to Families with Dependent Children (AFDC) or food stamps.

- Health Care Services: Frequently, abused and neglected children and their parents will have health problems which require medical attention. Sometimes, these families cannot afford the cost of medical care; there are a number of federally funded programs which provide assistance to individuals and families in need. Medicare provides hospital and medical insurance to all persons 65 and over and many disabled persons under 65. Medicaid provides guaranteed payment for medical care for lower income groups, including families receiving Aid to Families with Dependent Children (AFDC). Although those individuals who are receiving Supplemental Security Income (SSI) are automatically eligible for Medicaid, they must apply for it through the local Department of Public Welfare. Early Periodic Screening and Diagnostic Testing (EPSDT) is available for low income children specifically those who are Medicaid or SSI recipients. EPSDT provides a number of different medical services for children primarily through public health departments. These services include, but are not limited to: well baby care, physical examinations, developmental testing, medical treatment, referral and follow-up. Workers must be aware of how and where families can receive these services, what the eligibility requirements are, and the application procedures.

- Legal services: It is quite possible that the legal interests of the parent conflict with those of the child. In such cases, the parent and child should have separate legal representation to protect their

separate interests. Parents often need legal services for assistance with separation, divorce, or custody issues; visitation rights; and housing problems. Legal services for children may be particularly relevant in the case of the adolescent who has committed a status offense, such as truancy or incorrigibility, or who has been detained because of delinquent acts. Many public social service agencies have contracts for obtaining legal services. If not, legal aid societies can be investigated as potentially valuable resources.



### III

#### PROVIDING DIRECT SERVICES

Traditionally, the CPS worker has been the primary (and often the only) professional responsible for providing direct services to families experiencing abuse and neglect problems. Frequently, this resulted in CPS workers taking on a number of the tasks of other disciplines,--for example, evaluating and advising the family in matters of law, medicine and psychiatry, resulting in workers becoming less certain about their own direct service tasks.

CPS workers as well as professionals in other disciplines now recognize that each has a unique responsibility for and role in working with abused and neglected children and their families. Although the primary responsibility for families' welfare remains with CPS (as mandated in state law), CPS workers can now share the responsibility for direct services with other disciplines and at the same time refine and enhance their own unique direct service skills.

In many situations, the family can benefit most when CPS provides direct services in conjunction with services from other professionals. There are times, however, when CPS workers provide direct services alone, including situations in which:

- The legal authority of CPS is the only reason which prompts families' acceptance of services.
- The family resists seeking or securing assistance from other professionals.
- The CPS worker's intervention has resulted in a therapeutic relationship with the family, which could be jeopardized by referral of the family elsewhere.
- The family's problems and worker availability and skills are such that there is no need for other professional involvement.

Regardless of whether CPS workers have responsibility for direct services or are providing direct services single-handed, each CPS contact with the family is an opportunity for family growth and positive change. Treatment begins with the very first contact; it is the task of CPS workers to make each contact as therapeutic as possible by using the knowledge and skills of their own profession.

#### CPS WORKERS AS THERAPEUTIC AGENTS

Abused and neglected children and their parents frequently lack the emotional support, individual attention, empathic listening, and assistance in problem solving which most people receive from significant others, such as family, relatives, friends, and neighbors who serve as therapeutic helpers even though they do not "do therapy." CPS workers are in a unique position to become therapeutic agents to CPS families providing them with what they need to begin to function adequately.

The first step in becoming a therapeutic agent is the development of a trusting worker-family relationship. Initially this may be somewhat difficult, since both parents and children are likely to mistrust the worker's intervention into their private lives. Initial contacts are uncomfortable for parents, children and workers; while workers are "sizing up" parents and children, the latter are "sizing up" workers. Parents and children want to know, "What can this worker do for me? Does he or she really want to help?" Workers should express their sincere desire to help the family while allowing them to express their anger about involuntary intervention.

The worker will in most cases be able to gain both the parents' and the children's trust and thus develop a strong bond by:

- maintaining frequent contacts
- reaching out
- concrete giving
- listening attentively
- being understanding
- being honest
- being personally available
- showing genuine concern and making the person feel special
- being sensitive to the individuals' feelings and needs, expressing warmth and thoughtfulness
- accepting and showing respect for the family members as individuals

- encouraging dependency
- being consistent
- being flexible
- being persistent.

In most cases establishing a relationship and being therapeutic involves interacting with parents and children in the ways mentioned above. How the worker actually interacts with the parent or the child is, of course, dependent both on the worker's use of self, knowledge and skills, and on the client's strengths, needs, problems, concerns, and unique personality.

In order to be an effective therapeutic agent, workers must continually be aware of the power of their verbal and nonverbal communication. Most CPS families are accustomed to rejection and look for it in their relationships with others; thus, conscious application of listening skills is a must. By adhering to the following ground rules, workers can demonstrate concern, interest, and attentive listening:

- maintain eye contact
- sit somewhat forward in the chair
- look comfortable/relaxed
- smile when appropriate
- verbalize the client's strengths
- give "positive strokes"
- ask questions for clarification and elaboration
- never confront the client across a desk
- be aware that the client views the worker as an authority figure.

Workers must remember that their verbal and particularly nonverbal behavior (body language) is affected by what they are feeling. For example, if a worker is angry with a parent for missing two consecutive appointments, the worker may inadvertently express this anger to the parent by being curt, critical, or physically rigid, rather than by taking the opportunity to express concern, disappointment,

or even anger appropriately. Workers should thus continually recognize, examine and discuss their feelings with other workers, their supervisor and friends or relatives, and then confront the family professionally. In addition, because the nature of the work evokes a wide range of feelings, workers must be aware of their own needs, strengths, and limits. Self-awareness will prevent workers' feelings from interfering in their interactions with clients, prevent them from imposing their own values on the parents or the children, and impede the process of burnout.

#### WORKING WITH PARENTS

An individual CPS worker's approach toward working with abusive and neglectful parents depends not only on the worker's knowledge, skill, expertise, and style but also on parental characteristics. Parental characteristics which can shape the relationship include: cultural background; values; level of sophistication and education; attitudes toward CPS intervention (for example, resistance); and level of social, emotional, and mental functioning. In situations where there is a personality conflict between the worker and the client, it is advisable to transfer the case to another worker.

Workers should remember that their role with parents is often different from the traditional therapist role. Although both seek to have clients change their behavior and attitudes, CPS workers take far more responsibility for identifying problem areas and strategies for change. CPS workers must be more direct because there often is more at stake--that is, the lives and safety of children. And, because of abusive and neglectful parents' frequent high level of emotional deprivation, fear of intervention and lack of motivation, CPS workers must use themselves much more in their relationship to parents. This relationship, then, can be the major means of bringing about growth and change in the parents.

Therefore, every CPS worker providing direct services must understand the factors involved in the therapeutic process, such as dependency, interpersonal dynamics, and family dynamics. Although workers need not be experienced in providing therapy, they can use their knowledge and skills in their relationship to the parents.

<sup>1</sup> Vantage Point. Knoxville, Tennessee: University of Tennessee, School of Social Work, 1977, p. 139.

## The Intervention Process

When intervening with abusive and neglectful parents, CPS workers may assume a variety of roles; these roles generally fall within three basic categories: therapeutic agent, facilitator, and educator. The level of involvement with parents must take into consideration workload and time constraints. The exhibit following this page depicts the focus of the intervention process.

### Developing the Worker-Client Relationship

The development of a trusting relationship predominates in this stage of the intervention process; this is the stage in which workers attempt to become therapeutic agents to the parents.

Focus on Parents' Needs: Focusing on the parents' needs and helping them determine ways in which needs can be met (for example, helping the parents obtain food stamps, clothing, emergency shelter, or referring the parents to other community resources), is an excellent means of showing parents that the worker really is concerned about them and can provide something of value to them.

Frequent Contacts--Positive Reinforcement: There are other ways in which a strong worker-client relationship can be developed. Frequent contacts (both by telephone and home visits) with the parents, as well as positive reinforcement of parents both in general and also in regard to specific strengths, demonstrate that the worker is concerned about the parents and perceives the parents as important.

Identify Likable Characteristics: The worker-client relationship will be enhanced by workers' identification of likable characteristics in the parents. This process helps workers develop a liking for the parent and at the same time assists workers in feeling genuinely pleased when a client makes a small gain; workers can express this pleasure to the client. Focusing on the parents' needs, being sensitive to the parents' feelings, and expressing warmth is also important.

Listen and Ask Questions: Workers should listen to the parents and ask questions which encourage parents to express their feelings, elicit further information, and demonstrate the workers' attentiveness. Advice should be given selectively, and only after a relationship has been established. If parents express concern about a particular problem, the worker should remember the parents' concern and inquire about the outcome in the subsequent session. For example, if a parent has complained about feeling ill, the worker should ask how the parent is feeling.

## EXHIBIT V

### NEEDS OF PARENTS IN THE INTERVENTION PROCESS\*

- Parents need help to feel good about themselves, to make up for the devastating belittling they have experienced in their own lives.
- Parents need to be comforted when they are hurt, supported when they feel weak, and liked for their likable qualities--even when these are hard to find.
- Parents need someone they can trust and lean on, and someone who will put up with their crankiness and complaining. They also need someone who will not be led into accepting their low sense of self-worth.
- Parents need someone who will not be exhausted with them when they find no pleasure in life nor defeat all their attempts to seek it.
- Parents need someone who will be there in times of crisis and who can help them with their practical needs, by leading them to resources that they can use or by giving more direct help.
- Parents need someone who will not criticize them even when they ask for it, and who will not overtly tell them what to do or how to manage their lives. They also need someone who does not use them in any way.
- Parents need someone who will help them understand their children without making them feel either imposed upon by having to understand what they cannot, or stupid for not having understood in the first place.
- Parents need someone who can give to them without making them feel of lesser value because of their needs. Parents need to feel valuable, and eventually they need to be able to give of themselves and to have some role in helping others.

\*E. Davoren. "Working with abusive parents." Children Today, 4 (May-June 1975).



Be Shock Proof and Nonjudgmental: Regardless of the situation workers encounter, they should be shock proof; they should be nonjudgmental and should not moralize about parental behaviors. Although workers may disagree with the parents' behavior or attitudes, imposing their own values on the parents will inhibit the development of a therapeutic relationship. It is important to remember, however, that workers must make it perfectly clear that abusive and neglectful behavior is unacceptable.

Make Minimal Demands: Workers should make only minimal demands on the parents initially; premature demands may destroy the developing relationship. In addition, expectations for change should be small and specific, and workers should help the parents set limits for themselves. Thus, workers should focus on actively engaging the parents in the intervention process. It can be seen then that CPS workers actively use themselves to encourage client dependency during the beginning stage of the intervention process. Once the relationship has been established, workers can use the relationship as a vehicle through which they can advocate changes in parental behavior.

It is important to remember that there are times when confrontation is necessary, although it should be done in a caring way. For example, although a CPS worker is attempting to develop a relationship with parents, the worker's primary function is to protect the child; therefore if the maltreatment continues, the worker must confront the parents regarding this behavior and take further action if necessary.

#### Continuing the Relationship-- Facilitating Change

Most of the actual work toward achieving treatment goals occurs in the intermediate stage of the intervention process; parents must recognize and "own" their problems if they are to make necessary changes. Although CPS workers continue to assume the role of therapeutic agents, they also take on the role of educator and facilitator. It is important to note that there are many opportunities in the beginning stage to educate and facilitate changes in the parents.

CPS Workers as Educators: As an educator, the worker acts as a teacher or consultant in order to help the parents acquire information, knowledge, and skills.<sup>1</sup> Information and skills taught to

<sup>1</sup>Adapted from A. Pincus and A. Menahan. Social Work Practice: Model and Method. Itasea Peacock, 1973.

the parents may cover a number of different areas, such as child development, appropriate disciplinary techniques, nutrition, how to "child proof" a house, or how to talk to a child. This information should be provided within the context of the worker-client caring relationship. The worker's activities include:<sup>2</sup>

- giving information/suggestions
- providing feedback
- modeling
- role playing.

To be effective, these activities require the active involvement of the parents. Parents learn best by doing; thus, using role playing with parents and modeling appropriate behaviors for them, can help. Workers must start where the client is intellectually, behaviorally, and attitudinally. Workers should introduce new information and skills only when the parents are ready. This, of course, is a matter of appropriately timing intervention techniques. For example, the worker may suggest that the parent positively reinforce his or her child by complimenting the child when he or she does well in school. However, if the parent seems continually resistant or forgetful with regard to the specific behavior, this may be an indication that the intervention was premature. The parent still needs to be "given to" before he or she is able to give to his or her children.

In order to facilitate changes in the parents, workers should assist them in thinking out solutions (problem-solving). In addition, all information and skills should be broken down into specific, manageable steps, so that success is likely. Each success is a building block for future successes.

CPS Workers as Facilitators: As a facilitator, the CPS worker acts as an enabler, supporter, and mediator in order to assist parents in mobilizing their internal resources and acquiring external supports. The worker's activities include:

- eliciting information, beliefs and feelings
- interpreting behavior
- discussing alternative actions

<sup>2</sup>Vantage Point, op. cit., p. 123.



- encouraging and supporting problem-solving and behavioral changes.

Workers should encourage parents to express their feelings; parents need to vent anger, frustration, fear and sadness in appropriate ways. Workers should help parents recognize and label their feelings, and assure them that everyone at some time or other experiences those feelings. Once CPS workers demonstrate to parents that it is acceptable to express their feelings to others, parents should learn how to verbalize their feelings in a constructive fashion and to actively seek support for those feelings.

Another important activity, particularly with abusive parents, is to assist them in interpreting their behavior and determining alternative courses of action. Often these parents react without thinking through their behavior. These parents need help in identifying their "sensitive areas," that is those areas in which they are easily annoyed, angered, or frustrated, and in learning to think before they act. Abusive and neglectful parents generally need to learn how to be advocates for themselves, that is to actively seek out ways to have their needs met. Workers can assist parents by helping them to build on their own strengths.

The parents' progress should be continually assessed (see Chapter V), and when it has been determined that the abuse and neglect related problems have been alleviated, termination of services should be considered (see Chapter VIII).

#### Involuntary Intervention

In the majority of cases, CPS intervention is involuntary. Providing ongoing services must take into consideration two special issues.

#### The Use of Authority

CPS workers often feel uncomfortable about their mandated authority and how it affects their relationship to their clients. It is much easier for workers to recognize and accept the authority of the CPS agency than it is to recognize their own personal authority as a representative of the agency. Since workers' primary responsibility is to protect children, workers cannot negate this authority when working with abusive/neglectful parents. Workers must be able to use their authority when needed. For example, in situations where the parental behavior will result in harm to the child, workers must use their mandated authority by taking action to protect the child.

Workers' authority is also a concern for the parents, and for this reason workers should clearly state and explain their authority to the parents and encourage the parents to discuss their feelings about it. The worker's authority may continue to be a concern of the parents; however, if workers openly discuss the issue of authority and focus on positive interactions with the parents, the worker's authority need not interfere with the development of a strong worker-client bond.

If workers have to exercise their authority (for example, by initiating court action), they should not take subsequent parental rejection personally. Although parents may direct their anger at the CPS worker, they are in fact angry at the authority the worker represents.

#### Resistance

As mentioned previously, abusive and neglectful parents may be resistant to ongoing CPS intervention for several reasons:

- They may have serious problems in forming interpersonal relationships.
- They may distrust authorities.
- Their low self esteem may prevent them from reaching out to others.
- They frequently are not willing to admit they have a problem and resent intrusion into their private lives. They often project blame for their problems onto intervening agencies.

This resistance may be expressed in many different ways. For example, the parents may miss scheduled appointments; they may openly express hostility or anger toward the CPS worker; they may deny any existing problems; they may talk around issues or may be nonverbal during interviews.

Of course, CPS workers should not personalize the anger or hostility expressed. They should recognize the parents' fear and allow opportunities for parents to express it. As discussed in a previous section, abusive and neglectful parents will respond positively to sincere concern and interest demonstrated by the CPS worker. Thus parental resistance can be broken down by the development of a personal relationship as well as a professional relationship.

## WORKING WITH CHILDREN

Children who become involved in the CPS process have generally experienced at least one crisis, and often a series of family crises. These children are often fearful of their parents, CPS workers and other authority figures, hospitalization, the court process, and separation from their families. They are frequently experiencing medical, emotional, and/or developmental problems which may or may not be evident through their behavior, but which may require interdisciplinary evaluation. Maltreated children may mistrust CPS workers or, alternatively, may be overdependent on them, seeking attention and affection. For detailed information regarding the diagnosis and treatment of abused and neglected children, readers are referred to another manual in this series entitled Treatment for Abused and Neglected Children.

### CPS Workers' Roles

There are a number of ways in which CPS workers can act as therapeutic agents for maltreated children. Workers should be available to children, listen to them, be empathic and understanding, and provide them with needed emotional support. CPS workers should explain to children, in a way that they can understand, the processes that are affecting them and their families. They should also encourage the children to express their feelings, such as anger, sadness and fear. Workers can then help to alleviate any unrealistic fears or guilt that children have about the CPS process, such as fear that they will be taken away from their parents or guilt that they are responsible for the family's problems.

CPS workers must try to gain children's trust through honesty and genuine concern. Workers should demonstrate that they perceive the children as important, and thus increase children's self-esteem. In addition, CPS workers should attempt to enhance the strengths already present in the child.

CPS workers should avoid being critical of the parents when talking to the children. Most maltreated children truly love their parents, and their feelings of attachment are threatened by criticism of their parents. Criticism of the parents may also be threatening because of children's tendency to blame themselves for family problems.

CPS workers can provide maltreated children with healthy adult role models, who demonstrate consistent and predictable behavior.

Children often look upon CPS workers as adult friends whom they can talk to, rely on, and learn from. CPS workers may often be the only adults that maltreated children have been able to depend on.

CPS workers should provide direct services to children, such as individual counseling or play therapy, especially if there are few resources available in the community. CPS workers, of course, are not able to provide all the services, such as day care, which abused and neglected children need. When workers are providing direct services to children, they must be aware that parents sometimes try to sabotage the workers' relationship with children. Parents may feel that the child is forsaking them and turning to the CPS worker. Or the parents may be jealous of the attention the child is receiving from the CPS worker. Parents who wish to sabotage the relationship may, for example, prevent children from keeping appointments. If workers discover that the parents are competing with children for attention, workers should encourage the parents to discuss their feelings.

There are advantages for the parent which result from the worker-child relationship. Parents have a temporary reprieve from their childrearing responsibilities when the worker and child are together. Parents also have an opportunity to observe how their children respond to different childrearing techniques, which may encourage the parents to try new approaches with their children.

## WORKING WITH ADOLESCENTS

Working with maltreated adolescents may present special problems for some CPS workers. CPS is normally oriented to young children rather than to adolescents, because maltreated adolescents usually do not require physical protection in the same ways that younger children do. However, adolescents may still have emotional needs which are not being met, or emotional problems which are aggravated by their dysfunctional home situations. If there are unresolved issues between the adolescent and his/her family, for example if the adolescent has been "kicked out" of the home, workers should attempt to resolve or at least to discuss these issues with the adolescent and other family members.

Working with adolescents presents a complicated problem for many CPS workers. These children often exhibit antisocial behavior, such as substance abuse, running away, and dropping out of school, which may result from but also disguise abuse or neglect which they are experiencing. In addition, workers who are dealing with adolescents must frequently deal with crisis situations because the abuse/neglect often is a result of family conflicts concerning

power and developmental issues. Because of their multiple problems, adolescents may already be involved with a variety of community agencies (for example, police, juvenile court, youth shelters), a situation which further complicates the task of the CPS worker.

To compound the issue, many CPS workers do not like working with adolescents and/or lack the specific knowledge and skill necessary to work successfully with that age group. Finally, adolescents are commonly perceived as provocative, aggressive, and in need of strong discipline, thus eliciting less sympathy than younger victims of abuse and neglect.

To work effectively with adolescents, CPS workers must be empathic and relate to adolescents on their own level. Workers must provide adolescents with support and facilitate their development as individuals. They should help adolescents to gain insight into their own self-development and into their interactions with other family members and peers. For more detailed information about working with adolescents, workers are referred to another manual in this series, entitled Adolescent Abuse and Neglect: Intervention Strategies.

#### IV

#### ORCHESTRATING AND MONITORING SERVICES

The CPS worker has responsibility not only for providing needed direct services, but also for identifying, engaging, and coordinating other services in the community to assist in the CPS process. Many CPS clients are already known to or involved with several community agencies. Some of these families have exhausted their "social credit," creating reluctance on the part of service providers to extend their assistance any longer. Other families are very fearful of becoming involved with community agencies and/or feel "shamed" by their need for assistance with such things as food, clothing, shelter, homemaking, and marital problems. Thus, the CPS worker is often faced with an array of issues when attempting to orchestrate or monitor the services needed to protect the child and enhance the family's level of functioning.

The CPS worker must keep in mind that involving too many agencies and/or too many professionals, or lack of coordination among various agencies and/or professionals, may result in confusion for the family member. It may even result in one agency inadvertently cancelling out the services of another. In addition, service providers involved with the family may have differing expectations; for example, one agency may expect and want the children to be placed in foster family care while another may fear the results of such intervention. Concurrently, the CPS worker may have unrealistic expectations of service providers; for example, a worker may believe that a chronically emotionally disturbed parent can be "cured" by referring him or her to the mental health center for therapy.

Because CPS workers have the legal responsibility to protect children and rehabilitate families, they are usually the professionals who also must accept responsibility for seeing that services are properly coordinated. The worker is also responsible for ensuring that problems, such as those just mentioned, are resolved or minimized. Thus, the process often demands that the worker assume a variety of roles--educator for the family or service providers, facilitator, mediator, coordinator, and/or family advocate. Workers should remember that orchestrating and monitoring services are distinct but similar processes. In both monitoring and orchestrating, the tasks performed by workers are the same throughout the period of arranging services. During this period, the primary difference between the two is in the degree of worker involvement with the family. In monitoring, the worker may or may not have developed a therapeutic relationship with the family while



workers who are orchestrating have a therapeutic relationship with the family. After this period, workers who are monitoring services will decrease their level of involvement and number of contacts with the family. Workers who are orchestrating services will, on the other hand, continue and/or intensify their relationships with families. Finally, during the coordination of services and reassessment process, the tasks of orchestrating and monitoring services are the same.

#### USING FAMILY RESOURCES

Before initiating the orchestration or monitoring of community resources, the CPS worker should tap the resources that exist within the nuclear and extended family. If workers overlook this step, the most important resource for a family may be "lost." It may be helpful to give the family a "homework" assignment, where they are to list their own and other members' strengths. The following is a list of some of the strengths which may exist in the nuclear family:

- the recognition that a problem exists
- an understanding of the reasons for the problem (insight)
- good intelligence
- good physical health
- a willingness and motivation to change
- an ability to relate to others
- an ability to seek help
- the presence of other adults who support and help in times of trouble.

A CPS worker, for example, may overlook the father's strengths in these or other areas because the tendency is to focus attention on the mother. Often, the father (or boyfriend) may be a valuable resource if he is given the opportunity to participate in the resource identification process.

<sup>1</sup>M. P. Jones. Dealing with Child Abuse and Neglect: A Self-Teaching Manual for the Social Worker. Lexington, Kentucky: University of Kentucky, College of Social Professions, 1975.

The same holds true for extended family members. The CPS worker should determine if there are relatives in the surrounding area with whom the family has contact. Are any of these relatives resources for helping with some of the specific needs of the family? If any are already helping, what specifically are they doing? Workers must explore with families the helping potential of absent parents, grandparents, uncles and aunts, cousins, and adult siblings. Sometimes it is helpful for workers to ask the parents to gather their extended family together for a meeting in order to determine the ways in which they may help. CPS workers may discover that there is a family member who has been "holding" the situation together for years. Workers may find that a family member is able to provide needed transportation or babysitting, to include the family in social activities, or to provide other forms of support. It is important to remember that, particularly in neglect cases, spouses and relatives may have problems of their own which inhibit them from being a resource to the family.

The use of family resources must be in line with the family's needs just as with the use of community resources. There is opportunity here for creativity on the part of the worker as well as opportunity for family members to discover that they have strengths that were previously unrecognized. It is the CPS worker's task to mobilize these strengths and resources.

#### USING COMMUNITY RESOURCES

Often workers may identify available resources that were previously unknown to the family, not used by them, or not effectively used by them. However, a resource is of no help until its actual availability and usefulness to the family are determined.<sup>2</sup> This is where the CPS worker's knowledge of community resources, program eligibility requirements, key contact persons, emergency and regular referral procedures, waiting lists, and strengths and limitations of available resources, becomes invaluable. Workers must also recognize that many families do not know how to locate or use resources. Thus workers assume the role of educators, sometimes by taking direct steps to prepare and obtain a resource for a family and at other times by preparing and supporting the family to act for itself.<sup>3</sup> Unless involuntary intervention is warranted, the family should be involved in the process of determining appropriate services. The family always has the right to know of and approve the worker's referral plans.

<sup>1</sup>Vantage Point, op. cit., p. 108.

<sup>2</sup>Ibid., p. 109.

<sup>3</sup>Ibid., p. 133.



Some words of caution are necessary. Although CPS workers should help families obtain needed concrete resources such as food, clothing, or shelter, there are some families whose concrete needs are always in a state of emergency. Workers may find themselves continuously seeking out resources for these families, neglecting other families who could progress with CPS assistance. Despite all the workers' efforts, the situations of some families simply do not improve. When this becomes apparent, it is time for workers, their supervisors, and other service providers (if appropriate) to reassess the case. Workers should determine whether the children are receiving adequate nurturing and physical care from the family, despite chronic emergencies. Are the parents actually "asking" for foster care or adoptive placement of their children? Is this a family which cannot be helped?

CPS workers like to feel needed, as do most people, but they may get so "caught up" in meeting a few families' needs that other children and families suffer as a result. Thus, unless a child's safety and/or development is in serious question, there may be some situations that warrant termination of services or at least reduction in the level of involvement. It is not easy to decide that a family cannot be helped. However, the result may be that the family is "jolted" into another more appropriate service plan by this decision, or it may be determined that the family has more strength to cope independently than was previously thought.

#### Referrals to Other Service Providers

Other service providers who may assist the family include other units within the agency as well as other agencies within the community. (Chapter II delineates some of the services in the community which may be required to meet the needs of abused and neglected children and their parents.) The first question to ask is whether the use of a particular resource will be effective in stopping the abusive or neglectful behavior. If the answer is "yes," then the workers' task is to prepare the family to use the resource, prepare the service provider to serve the family, and hold both the service provider and family accountable.

#### Preparing the Family

CPS workers must often complete a series of tasks in order to properly prepare family members to use a particular resource. What may appear to be a relatively simple solution to family's problems (for example, homemaker services) may require hours of preparation time. The worker should take the following steps in preparing the family:

<sup>1</sup>Vantage Point, op. cit., p. 137.

- Determine whether the resource is able to provide services to the family and educate the family about the resource.
- Help family members understand how the resource can realistically benefit them. This, of course, begins when the worker and family together determine treatment goals and the plan to achieve those goals.
- Plan with family members how and when they will initiate their contact with the service provider. This step can be relatively simple; it may involve, for example, arranging transportation for the family. Or it may require a variety of supportive techniques, such as:
  - calling the service provider for the family
  - role playing on a step-by-step basis, to show family members how to approach the service provider
  - taking the family to the resource
  - actually accompanying the family through initial contact with the resource and through as many subsequent contacts with the resource as needed.

#### Preparing Other Service Providers

Preparing service providers to assist the family also may involve a series of tasks. First, child protective workers should be clear about what they expect of the service provider. For example, a worker is likely to find a mental health evaluation of a client much more helpful in service planning if specific questions that he or she wants answered are given to the practitioner in advance. Workers should also determine what types of information about the family are needed by the service provider prior to initiating services.

It is preferable that workers personally visit the agency to prepare the way for the family and to discuss the family member's needs (with the family's consent). The worker should also share with the service provider the goals and objectives in the service plan and delineate how the service provider fits into the overall

<sup>1</sup>Vantage Point, op. cit., p. 137.

plan. Finally, a plan for regular telephone contact, case conferences, or staffings between the worker and service provider must be established and adhered to.<sup>1</sup>

In addition to the preparatory tasks conducted by individual workers, developing linkages (on an agencywide basis) with other community resources will result in better coordination and more effective services to families. CPS supervisors or designated staff should work with relevant community agencies to develop interagency coordination. In order to facilitate this, CPS staff and staff from other agencies should meet together to discuss what services each provides, eligibility requirements, agency limitations and referral procedures. It is suggested that both CPS and other community agencies designate staff to act as liaisons --coordinate incoming and outgoing referrals and handle intra- and inter-agency difficulties. If these interagency relationships are established, the preparatory time would decrease considerably. The exhibit following this page provides a sample form which may be used to provide referral agencies with information concerning the family.

#### Confidentiality

A single CPS case may involve a number of service providers, such as a physician, a community health nurse, a teacher, a mental health practitioner, a homemaker, and an attorney. In some areas, multidisciplinary teams operate routinely to develop assessment and treatment strategies.

Methods of sharing information regarding families with other service providers must protect the rights of the child and of the parents or guardians. This often presents a very difficult problem. Decisions involving the child's welfare can infringe on the parents' right to privacy, and professionals such as lawyers and mental health practitioners may be reluctant to reveal information given them in confidence. There is then a delicate balance to be maintained between the rights of the individual about whom records are kept and the ability of professionals to treat individuals effectively.

A further problem arises when several agencies are involved in a case, due to the fact that state statutes concerning child protective records vary. Some states' case records are completely confidential, unless a court order is obtained. Other states specify exceptions to total confidentiality. There is a constant

<sup>1</sup>Vantage Point, op. cit., p. 137.

#### EXHIBIT VI

#### SAMPLE FORM FOR REFERRAL TO COMMUNITY MENTAL HEALTH CENTER

Child Protective Worker \_\_\_\_\_ Date \_\_\_\_\_

#### Family Composition:

Father	_____	Age	_____
Mother	_____	Age	_____
Child(ren)	_____	Age	_____
	_____	Age	_____
	_____	Age	_____

#### Present Marital Status:

Legal Marriage	_____	Divorced	_____
Consensual Union	_____	Single Parent	_____
Separated	_____	Unknown	_____

#### Reason for Referral to CPS:

#### Previous Mental Health Involvement:

Yes \_\_\_\_\_  
No \_\_\_\_\_

Where \_\_\_\_\_

When \_\_\_\_\_

Entire Family? \_\_\_\_\_

Court Action Taken: Yes \_\_\_\_\_ No \_\_\_\_\_ Most Recent Court Date \_\_\_\_\_

Explain \_\_\_\_\_

EXHIBIT VI (Cont.)  
SAMPLE FORM FOR REFERRAL  
TO COMMUNITY MENTAL HEALTH CENTER

Reason for Referral to Mental Health Center:

Intake/Treatment \_\_\_\_\_

Evaluation \_\_\_\_\_ Is Evaluation Court Ordered? Yes \_\_\_\_\_ No \_\_\_\_\_

Entire Family? \_\_\_\_\_

Problems To Be Addressed:

\_\_\_\_\_  
\_\_\_\_\_

Questions Evaluation Should Answer:

\_\_\_\_\_  
\_\_\_\_\_

Special Concerns:

\_\_\_\_\_  
\_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_

(Also attached are an exchange/release of information  
form signed by the family and a social history.)

tension between complying with statutory restrictions, keeping information confidential, and being accountable to clients and to other agencies providing services. Several problem areas have been identified. For example, law enforcement officials believe that less harm would come to children if the police had access to social services files. Others, however, feel that clients would be less likely to confide in workers if they knew police had access to their records; assessment and service provision would be severely hampered. Further, CPS workers feel they would be violating the parents' rights by revealing information obtained in confidence.

To overcome problems regarding confidentiality, parents should be encouraged to sign release forms and assured that the information will be revealed only if it will be helpful in service provision. Informed consent may be difficult to obtain, since parents are naturally hesitant to reveal information they believe might incriminate them. CPS workers must explain that information will only be revealed to other professionals for purposes of assessment and planning services, and that sharing information is necessary for them to receive the best possible services.

Finally, agencies which are likely to be working together should clearly specify mutual responsibilities in keeping case information confidential. Only through familiarity with relevant statutes and the development of working interagency agreements can the conflict between confidentiality and professional accountability be eased.

#### COORDINATING SERVICES

After determining with the family which resources are needed and after preparing the family and other service providers to work together, CPS workers must facilitate effective, ongoing worker-client-service provider relationships. If the CPS workers do not coordinate service delivery, the result is likely to be confusion for all concerned, less effective services for families and, perhaps, a reluctance on the part of service providers to accept other CPS referrals. There are various types of family-worker-service provider relationships which are integral to CPS case management, and a number of techniques by which these relationships can be productively maintained.

#### Informal Relationships

Informal relationships may include those with neighbors, family friends, landlords, relatives, rental agents, church groups, and volunteer organizations. Normally, the CPS worker does not need to share specific family goals or problems with these groups. Rather,



it is the task of the worker who is orchestrating services to advocate for the family, help the family advocate for themselves, and/or mediate between the family and the service provider.

To maintain good working relationships with "informal" service providers, the CPS worker must:

- delineate with the client what steps the client can undertake to make use of the resource in a way that will make it easier for the client to do so on his or her own
- request permission from the client to release the kinds of information that service providers may need
- interpret, as necessary, the family's needs to the service provider and explain how the service provider can be helpful
- call to explain any missed appointments or other "breakdowns"
- share feelings of appreciation for the service provider's interest in and help for the family
- provide the service provider with a contact, in case problems arise
- keep communication channels open among worker, client, and service provider through follow-up calls on personal contacts.

Two possible pitfalls must be avoided by the CPS worker. First, workers must avoid falsely reassuring the service provider--"The mother always pays her rent on time." Second, workers must not allow themselves to become aligned with the family against the service provider or vice versa. If an account of an event does not "seem right," the CPS worker must listen to all sides and then assist the family and service provider to determine how similar problems can be avoided.

#### Intraagency Relationships

Frequently, a family has direct contact with other service providers within the agency, in addition to the CPS worker. The other service providers may include a case aide, a food stamp worker,

and/or a WIN worker. Since the CPS worker has primary responsibility for coordinating services, the CPS worker is also responsible for ensuring that all relevant agency staff are working toward the same overall family goals and objectives. This often requires that workers establish regular meetings with other staff so that all may share information about their contacts with the family and participate in future planning. In other situations CPS workers are responsible for providing ongoing supervision--for example, for a volunteer who is working with a family. For detailed information on providing supervision, readers are referred to another manual in this series entitled Supervising Child Protective Workers. In agencies with specialized service units, written intraagency agreements should be developed to establish referral procedures, respective roles and responsibilities for shared case management, and specific worker tasks.

The same guidelines for good working relationships with informal service providers apply to intraagency relationships. In addition, it is essential that mutual respect and trust be built among coworkers. To assist in accomplishing this, CPS workers should be clear about expectations they have for coworkers, should deal directly with differences of opinion, and should provide praise when a coworker has helped a family make gains--no matter how small. If seemingly unresolvable conflicts arise among staff or between units, it may be helpful to ask a group facilitator to participate in a problem-solving meeting.

#### Interagency Relationships

Interagency relationships are often the most difficult for CPS workers to manage, and the most confusing for families. Due to work and time pressures, workers tend to attempt to meet all the family's needs themselves or to refer the family and "hope for the best." Either course is likely to fail--the worker "burns out" or the family gets lost in the service system. In addition, CPS workers, as well as other professionals, tend to have professional biases and competitive feelings which can deter the establishment of collaborative interdisciplinary relationships. This is usually minimized by the establishment of mutually agreed upon plans for service delivery, by consistent sharing of relevant knowledge about the family, and by coordination through the multidisciplinary case consultation team.

It is usually most helpful for CPS workers to meet personally with service providers at the time of case referral and again soon after the family-service provider relationship begins. This initial case staffing should include the family or individual client, if possible. Relevant family goals and objectives; family, worker, and



service provider tasks and target dates for accomplishment of tasks should be specified during the meeting. In addition, CPS workers should clearly establish their roles as orchestrators or monitors of services. Guidelines should be established regarding the kinds of information that are to be shared among the family, the worker, and the service provider. Use of a written agreement (Exhibit IV) or the service plan worksheet (Exhibit III), may be an effective tool in this process.

When there are several service providers working with a family at the same time, it is the task of the CPS worker (as orchestrator or monitor of services) to maintain regular contact with each provider, and to periodically hold staffings with all providers present. The purposes of these staffings include:

- to promote working relationships among the service providers
- to share progress made by the family in each service area
- to present specific questions that need to be answered and/or specific family problems that remain unresolved
- to determine whether services are being duplicated, are not being used effectively by the family, or are no longer necessary
- to develop future intervention strategies
- to assign specific tasks that are to be completed jointly or individually by the service providers prior to the next meeting.

In addition, the CPS worker must: convey a leadership role during the course of the meeting; focus the discussion; establish him/herself as the focal point for future information sharing; and be accountable to all involved.

Sometimes, despite careful planning on the part of the workers, there are breakdowns in the service delivery system. For example, one service provider may consistently fail to initiate or complete tasks. Or a community agency may not actually offer the services that it claims it does. In these instances, CPS workers should first share their concerns directly, and, if unsatisfied with the response, share the concerns with their supervisors. At times, administrative intervention is warranted.

## Using Volunteers and Paid Paraprofessionals

Volunteers and paid paraprofessionals have a crucial role in the child protection process, if they are carefully recruited, trained, and supervised. This, however, takes time and commitment on the part of the CPS agency. If the agency determines that it is able to make the necessary commitment to volunteers and/or paid paraprofessionals, there are benefits gained for the family, the agency, and CPS workers.

First, as parent aides, volunteers and paid paraprofessionals may provide genuine concern, caring, and friendship to abusive and neglectful parents. (For more detailed information on parent aides, the reader is referred to another manual in this series, entitled Parent Aides in Child Abuse and Neglect Programs.) Parents tend to respond well to volunteers because they usually do not feel threatened by them nor see them as being involved only because they want to be. Second, volunteers and paid paraprofessionals, through direct assistance to the family (for example, transportation, baby-sitting) or through performance of office tasks, can relieve some of the demands placed on parents and on CPS workers. Third, volunteers and paid paraprofessionals can help bring the CPS agency and the community closer together. They can advocate the resources needed to assist CPS families. They can also support CPS by speaking to individuals and groups about the problem of child abuse/neglect and program needs.

There are many other possibilities for the use of volunteers and paid paraprofessionals, such as answering 24-hour hotlines and providing crisis intervention information, referral services, and client information sessions (for example, information about court procedures and processes).

Volunteers and paid paraprofessionals often have valuable skills to offer to abused and neglected children. They can provide children with positive adult role models through direct emotional support, individual attention and recognition. They can visit children who are hospitalized for injuries resulting from abuse/neglect, providing them with companionship, nurturing, and concern.

However, the success of these individuals' efforts are largely determined by the CPS worker who is responsible for volunteer efforts or, in larger agencies, by the volunteer coordinator. If the agency plans to use a number of volunteers or paid paraprofessionals, a coordinator may be appointed to fulfill the functions delineated in this discussion. The coordinator may be a senior CPS worker or supervisor; his or her other responsibilities should be reduced accordingly.

Successful use of volunteers and paid paraprofessionals begins with recruitment and proper screening. Persons responsible for these efforts must be cognizant of the task they want the volunteers to fulfill and aware that their needs may be quite different from the volunteers' interests. Thus, when using volunteers and paid paraprofessionals, it is very important to determine their skill areas and their desired level of involvement and time commitments. They must also be made aware of family and agency needs.

If volunteers' and paraprofessionals' interests and the agency's needs match, the next step is to provide preservice training. Training activities may include: written and audiovisual materials, sample case histories, role playing, communication skills, training in the dynamics of abuse/neglect, accompanying the CPS worker on a home visit (with the client's prior permission), and/or learning about other agency services.

Families and volunteers or paid paraprofessionals must be prepared for their work together. Respective responsibilities, tasks, target dates, and lines of communication should be established. A plan for regular supervision should be established, the nature and frequency of which will depend upon the volunteers' tasks. There also should be opportunities for volunteers to meet together to discuss common issues and experiences and/or to receive additional training.

Thus, volunteers and paid paraprofessionals can provide a multitude of services to aid professionals in supporting and treating abusive and neglectful families. The services mentioned in this discussion are by no means all-inclusive; the services that can be provided by volunteers are limited only by the training provided to them and by the imagination of CPS workers or volunteer coordinators. For more detailed information on the implementation and uses of volunteer programs, the reader should refer to another manual in this series, entitled Reaching Out: The Volunteer In Child Abuse and Neglect Programs.

## V ASSESSING FAMILIES' PROGRESS

An accurate assessment of a family's progress is based on the development of a service plan which includes: overall family and individual family member goals; strategies for accomplishing those goals; assignment of specific family, worker, and service provider tasks; and target dates for completion of the tasks. If the initial service plan is developed in this way, and if the goals are stated in behaviorally measurable terms, the reassessment process may be an opportunity for professional and family growth. If not, the process may be muddled, and workers may remain uncertain about future case planning. In these situations workers often feel that they and other service providers "somehow" have not done their jobs, or they may decide that the family is "untreatable." Therefore, if assessing families' progress is to be effective, the process must begin with the establishment of a clear and precise initial service plan. (See Chapter II.)

### THE REASSESSMENT PROCESS

Assessing a family's progress toward the achievement of designated treatment goals involves two separate but interrelated processes:

- assessing progress without direct input from the family
- assessing progress with the family.

The reassessment process for and with families should occur every four to six weeks.

Workers' own assessments of families' progress should first focus on the reasons why the case was initially accepted for CPS intervention, that is, the indicators of abuse/neglect or indicators of potential abuse/neglect.

Workers must determine if the initial indicators still exist, and if they do, to what degree. In addition, the service plan should be used as a reassessment tool; the following questions should be asked:

- Is the plan for meeting the child's needs being accomplished? What steps have been taken? What have the results been? What needs to be accomplished next?

- Is the plan for meeting the parents' needs being accomplished? What additional parental strengths and needs have been identified? What has been the parents' attitude toward and the results of the services provided thus far? What should be accomplished next?
- Are other involved service providers accomplishing their tasks with the family? What additional family strengths and needs have they identified? Are there barriers to use of these services that require worker intervention? What services can be discontinued? What new services are indicated?
- Is continued direct CPS intervention warranted? Is there need at this point for collaboration with other professionals to assist with case decisionmaking and/or service planning?

The next step in the reassessment process is to review with the family the progress that has been made since the last plan (or agreement) was developed. The service plan(s) established with the family, although directly related to the worker's overall service plan, delineates the family objectives, strategies, tasks, and target dates into a series of smaller steps. For example, one goal in the overall service plan may be to improve housekeeping standards. The objective in the family's plan might be to remove all the old newspapers from the living room. The worker and family should review the results of these steps together and amend (if appropriate) the service plan to reflect new objectives and needs. The plan should also indicate whether services will be continued and/or new services added. Throughout this process, the worker must commend family progress and continue to build upon family strengths.

Finally, workers should integrate their own reassessment with the one completed with the family. The two plans should fit together, even though the worker has a broader perspective on the psychodynamics and needs of the family.

When other service providers are involved, it is essential that workers have direct contact with them during the reassessment process. Sometimes the family, the worker, and other service providers should participate in this reassessment process together. This is particularly necessary when workers have received conflicting opinions on the service. A joint meeting may also serve to

reassure all involved that they are working together, and to reconfirm the family's strengths.

### Special Considerations

There are two special situations which must be emphasized: assessing progress in families who continue to resist services and in families which continue to engage in abusive/neglectful behavior.

### Involuntary Intervention

Most families, despite their initial resistance or anger about CPS intervention, voluntarily engage in ongoing services. There are some families, however, which refuse to become involved in the CPS treatment process, despite workers' intervention skills. These families may be able to alleviate (often due to workers' authority or insistence) the indicators/problems which resulted in the report to CPS. If workers determine during the reassessment process that these families have other related needs, they should refer them to the appropriate community resource. However, workers must recognize that if the initial problems/indicators no longer exist, families have a right to refuse further services. Thus, the reassessment process may result in: a review of the initial complaint; a determination that, despite some continued family problems, the children are now safe; and a decision to close the case. The family should be informed of this case disposition, and be given the opportunity to request services voluntarily in the future.

Another important factor to consider when reassessing resistant families' progress is the worker's bias about family life and family differences. Workers must be careful not to impose their personal standards about "proper" child rearing, family lifestyles, and family interaction patterns onto CPS families. Everyone has certain values, attitudes, and biases that may interfere in an assessment of another family. It is important to be aware of these, and to minimize their potential to "sway" the reassessment process. Again, the reassessment of the family should focus on the indicators of abuse/neglect; their absence or presence; the family's willingness (or unwillingness) to work on other need areas; and the family's right to live "differently" as long as the children are not exhibiting signs of abuse/neglect.

### Continued Abusive/Neglectful Behavior

Families who continue to exhibit indicators of abuse/neglect require perhaps the most careful reassessment. In these situations

the basic reassessment questions workers should ask are: Does the child exhibit observable signs of abuse/neglect? Are there any remaining services which have not been offered, which the family might accept?

If the answers to these questions are "no," workers may have no choice but to terminate services. This decision should be made only after workers have thoroughly discussed the family situation with other professionals, including their supervisor and possibly an attorney. Workers must alert the other professionals who have participated in service planning and delivery (for example, the child's teacher) and, in rare cases, the complainant about the case disposition. Workers should request that the professionals report any future concerns about the family to CPS.

When the answer to either of the two basic reassessment questions is "yes," workers have three possible courses of action:

- Workers may explore other appropriate service alternatives or approaches with the family. For example, is the family willing to seek help from a family therapist, with CPS involvement continuing on a monitoring basis?
- Workers may explain to the family that, due to the continued concern about the children, court action is warranted. However, the family may prevent court involvement by "contracting" with the CPS worker. This form of contracting is called contingency contracting; the process is similar to that for service contracts/agreements. However the contingency contract clearly stipulates what will occur if the contract terms are met (for example, the worker will recommend that the case be closed); and what will occur if they are not met (for example, court action).
- If the family refuses both of these possible courses, the CPS worker must initiate court action on the child's behalf. For more detailed information regarding how to initiate court action, the reader is referred to another manual in this series, entitled Child Protection: The Role of the Court.

## Reassessment Decision

There are a number of decisions which may be made upon completion of the reassessment process:

- continue with an extension of the same service plan
- amend the service plan
- monitor the case
- implement a contingency contact
- initiate court action
- terminate services (See Chapter VIII).

## CASE RECORDING

The family's case record serves multiple purposes. It serves to document worker and agency accountability; it transmits information from one worker to another; it provides information that may be necessary for court intervention; and it serves as a tool in the reassessment process. For detailed information on recordkeeping and case record guidelines, the reader should refer to another manual in this series entitled, Child Protective Services: A Guide for Workers.

For a case record to be of value in the reassessment process, it should document:

- initial and subsequent goals and objectives
- each family member's strengths and needs
  - tasks assigned to the worker, the family, and any other service providers
  - services selected to meet the family's needs
  - strategies used to implement the services
  - barriers (client, worker, service provider, and community) that interfered with completion of assigned tasks and effective service provision
- services needed by the family which are unavailable or inaccessible.



These areas should be presented in measurable terms. For example, it is not possible for a CPS worker to measure improvement in a parent's self esteem. However, it is possible to document that the parent is, for example, better groomed, participating in constructive social activities, and demonstrating positive interaction with his/her children and spouse. The same rule applies to the workers' description of their tasks delineated in the service plan.

Professional jargon and workers' personal opinions and judgments should be avoided in the case record. Workers should not record anything about family members that they would not feel comfortable showing to them.

Thus, if the case record includes the suggested documentation, workers have the means to assess families' progress and to direct their future service delivery.

## CASE STAFFING/SUPERVISION

### Use of Peers

Staffing a CPS case is another tool that can be of value to workers in reassessing service plans. If possible, each CPS case should be formally staffed at the point when the initial service plan is developed and every six months thereafter. The advantages of case staffings are numerous, including:

- receiving peer support and direction in service planning
- sharing the responsibility of decisionmaking (especially when the worker is considering a plan of foster family care or the return of a child to his or her biological parents)
- crystalizing the dynamics of the family's situation
- capitalizing upon other participants' knowledge of community services
- tapping into other participants' professional knowledge and skills
- developing joint intervention strategies
- promoting increased worker self-awareness in areas that may be impeding the helping process.

A specific time limit for each case staffing should be set, preferably no longer than an hour. Case staffings should begin with the workers' presentation of specific questions that they want answered; this provides focus for the meeting. In addition, workers should briefly describe the family composition, the assessment of individual family members, and intervention strategies that they have already implemented. The format for reassessing service plans included in the first section of this chapter also can be used to guide the case staffing process.

### Staffing Participants

There are additional times when workers may decide that they need to staff a case or seek supervision from peers. The child's safety may be in serious question; the family may be in crisis or have emergency needs; the worker may be considering court action or termination of services; and/or services may require better coordination. In addition, there may be times when workers just need to have peers listen to their feelings about a particular case. It is important for CPS workers to remember that no one person has all the expertise necessary for resolving a complicated CPS case. It is the responsibility of the worker to seek assistance from relevant professionals or paraprofessionals who may be willing to participate in the CPS process.

Workers should always "listen" to themselves. If the worker is unsure about how to proceed on a case or if he or she feels unusually anxious, confused, angry, or depressed, the family is probably feeling the same way. Seeking help from peers at these times is not an indication of lack of worker competence; rather, it is an indication of strength.

Staffing participants may include: the service providers involved with the family, co-workers, the worker's supervisor, and others who have the potential to assist the worker and/or family (within and outside the agency). If the family has not signed a release of information, the worker must alter identifiable family information during the presentation.

### Use of Supervisor

The relationship established between worker and supervisor is as important in the reassessment process as the relationship between worker and family. Supervisors are responsible for supporting and facilitating the worker's efforts in the direct provision of services to children and families. This includes administrative, educational, and supportive functions. The worker's responsibility

is to make good use of the supervisor's skills in these areas so that, in turn, the family may receive more effective services.

As with case staffings, CPS workers must know and be able to communicate what they need from their supervisors. A supervisor can provide the same opportunities for support and professional growth as peer staffings. In addition, a supervisor can be a direct resource to a family during the worker's absence. Thus, it is important that the worker keep the supervisor "posted" about any unexpected family developments. There should be weekly supervisor-worker meetings. This will assist in the continual reassessment process.

When meeting with their supervisors, workers should share their knowledge about the case and delineate specific areas with which they want assistance. From a broader perspective, the worker should also seek assistance from the supervisor in setting caseload priorities--that is, which families can benefit most from intensive and direct services. This process helps to relieve the overwhelming stress of a CPS caseload; it is as important as individual case reassessment. For more detailed information on supervision, the reader is referred to another manual in this series, entitled Supervising Child Protective Workers.

In summary, the case staffing, peer supervision, and supervisory processes are all tools available to the worker to assist in the reassessment of family and worker progress. There may be situations, however, when workers remain unclear about how to proceed with a family. Workers should then make use of the skills and support of specialized consultants, friends, or anyone else who has the potential to provide the assistance needed to be more effective with the family. Just as with families, workers' most valuable resources may be located within their own social and professional networks.

#### MULTIDISCIPLINARY CASE CONSULTATION TEAMS

The use of a multidisciplinary case consultation team is yet another tool for reassessing the service plan. The team provides an opportunity for various professionals to combine their skills and expertise; to share in decisionmaking responsibilities; and to provide workers with the emotional support, specific recommendations often needed to continue providing ongoing services, and the opportunity to plug into other community services. In addition, participating on a team usually results in members recognizing that child maltreatment is a community problem; sometimes team

members are willing to provide direct services to families or assist in the referral of families to their respective agencies.

The membership of multidisciplinary teams may include, but should not be limited to: CPS workers, physicians, mental health practitioners, nurses, educators, attorneys, law enforcement officers, psychologists, and homemakers. In addition, team membership should be flexible enough to accommodate the needs of specific families; thus it is important to include professionals knowledgeable about different cultures. It may be most productive to vary representation on the team by enlisting the assistance of only those disciplines that have the expertise necessary to address a specific family's needs. In essence, the team becomes a "resource bank."

Deciding which cases may benefit most from multidisciplinary input is often difficult. Some communities believe that all CPS families should be evaluated by the multidisciplinary team. However, due to the high number of CPS cases in most communities, this is not feasible.

Thus, it is usually most productive for CPS workers, along with other team members, to establish case priority criteria. For example, the following criteria may be considered:

- Is it questionable whether the child can remain safely in his or her own home?
- Is a permanent plan of foster care or adoption under consideration?
- Is the child's return to his or her own home under consideration?
- Are the dynamics of the case and/or treatment needs unclear or extremely complex?
- Are numerous community resources and treatment services involved, requiring reassessment of their usefulness and/or coordination?
- Is court action under consideration?
- Can specific problems or needs be addressed/met by team members (for example, the child's physical and/or emotional developmental status)?
- Is the family resistant to CPS intervention, thus necessitating innovative approaches to gaining access?

- Is the current service plan failing to improve family functioning?
- Is termination of services under consideration?

If the multidisciplinary team is to be used with maximum effectiveness, the CPS worker involved with a case that is being brought before the team must coordinate the case presentation. First, the worker must ensure that all pertinent information from both the CPS case record and the records of other service providers is available. Second, the worker must strongly urge all service providers involved with the family to attend the team meeting. Third, the worker must ensure that all materials are presented effectively. Formal presentations should be concise (five minutes maximum) and prepared in advance; they should concentrate on pertinent findings, current problems, recommendations, and available treatment resources.

The following suggested staffing format may be modified when it is not appropriate for a specific case:

- reason for referral to team
- allegation of initial CPS report and investigative findings
- summary of worker and other professionals' assessment of family
- current situation:
  - positive changes in family members and the family's situation
  - existing problems
- service approach strategies--what has worked and what has not
- worker's current recommendations for meeting the family's and individual member's needs and for alleviating family problems.

<sup>1</sup> B. D. Schmitt, C. A. Grosz and C. A. Carroll. "The Child Protection Team: A Problem-Oriented Approach." In: Child Abuse and Neglect. The Family and the Community (R. E. Helfer and C. H. Kempe, Eds.). Cambridge, Massachusetts: Ballinger Publishing Co., 1976, p. 105.

Exhibit VII following this page provides a format for organizing information that should be presented to the team. This form may be completed by the worker prior to the meeting and distributed to all team members.

Finally, the multidisciplinary case consultation team, in addition to its value in individual case reassessment and service planning, is in a position to help CPS workers identify and promote the development of needed but unavailable community resources for children and families.

# EXHIBIT VII

## SAMPLE REFERRAL FORM TO MULTIDISCIPLINARY CASE CONSULTATION TEAM

Date Completed \_\_\_\_\_  
Date Staffed \_\_\_\_\_  
Worker \_\_\_\_\_

### Family Composition:

Father (substitute) \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_  
Mother (substitute) \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_  
Child(ren) \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_

### School Information:

Child	School Address	Grades
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Present Marital Status: (check one)

Legally Married _____	Divorced _____
Consensual Union _____	Single Parent _____
Separated _____	Unknown _____

### Severity Index: (Check all that apply)

Abuse	Neglect
_____ Death	_____ Death
_____ Severely Injured	_____ Severely Neglected
_____ Moderately Injured	_____ Moderately Neglected
_____ Mildly Injured	_____ Mildly Neglected
_____ Emotional Abuse	_____ Emotional Neglect
_____ Potential Abuse	_____ Failure to Thrive
	_____ Potential Neglect

# EXHIBIT VII (Cont.)

## SAMPLE REFERRAL FORM TO MULTIDISCIPLINARY CASE CONSULTATION TEAM

### Date and Reason for Referral to CPS:

### Investigative Findings:

### Reason(s) for Referral to Multidisciplinary Teams:

### Family Assessment (Strengths and Needs):

### Current Service Plan:

### Other Agency Involvement:

Name	Address	Worker
_____	_____	_____
_____	_____	_____

### Team Comments/Recommendations:



## VI FOSTER CARE SERVICES

The continuity of relationships which children typically experience in their permanent homes is crucial if they are to develop into emotionally stable adults. There are times, however, when children must be removed from their permanent homes and provided with some type of alternative placement. As a result, an estimated 450,000 children in the U.S. receive alternate care annually in the foster care system.

There is currently a growing concern among professionals in the child welfare field that children are placed in foster care too easily, often without careful consideration of less drastic intervention alternatives, and remain in foster care too long, sometimes indefinitely. Foster care can be an appropriate placement alternative if there is proper planning and if it continues for a limited time. Because of agency expectations, legal requirements, and the traditional role of foster parents, the foster care system does not permit the kind of commitment needed by children over the long term. Thus, problems arise when short term foster care placements are extended indefinitely so that they become substitutes for permanent placements.

### PERMANENCY PLANNING

Permanency planning involves clarifying the intent of foster care placement and continuing to plan toward a permanent home for the child, even while he or she is in temporary care.<sup>2</sup> Permanency planning can take place at any point while the child is in foster care, but there are a number of advantages to starting the planning process when the child is just entering foster care:

<sup>1</sup> K. J. Wiltse. "Decision making needs in foster care." Children Today, 5(6), November/December 1976, p. 2.

<sup>2</sup> Research Institute for Human Services. Permanent Planning for Children in Foster Care: A Handbook for Social Workers. U.S. Department of Health, Education and Welfare; Office of Human Development Services, 1977, p. 1.

<sup>3</sup> Ibid., pp. 4-5.

- Early planning ensures a permanent home for the child at the earliest possible point.

- Early planning gives the permanent plan a greater chance of success because:

- A treatment plan initiated immediately after placement facilitates visits between the child and the biological parents and provides the best opportunity for the child to return home.
- Immediately after placement, the parents and CPS or foster care worker can more easily identify and agree on factors necessitating the child's removal. In addition, the parents are usually still motivated to have the child returned.
- It is easier to find parents who have deserted the child.
- The child and foster parent have not yet developed a relationship and thus are more willing to cooperate with a permanent placement, whether it be restoration of the family or adoption.
- If the restoration plan is not successful, the inability of parents to respond to treatment is documented and will facilitate placing the child for adoption.
- If foster placement is successful and foster parents wish to adopt the child, an early adoption is preferable to having the child remain in indefinite foster care status.

If the permanent planning process is to begin when the child first enters foster care, the CPS or foster care worker is likely to be responsible for initiating the process. Workers have various functions in connection with permanency planning. First, the worker must initiate permanency planning activities and ensure continuation of these activities until the child is placed in a

<sup>1</sup> Research Institute for Human Services, op. cit., p. 6.

permanent home. The activities involved in this process are very similar to those in case planning and implementing the plan. They involve initiating and monitoring all case activities, making referrals as needed, arranging visitation for the biological parents, and initiating further court action, if necessary. Second, as with orchestrating or monitoring services, the worker must coordinate all service activities in connection with the permanent plan, such as ensuring that parents have access to all needed services, either directly or through referral agencies. Third, the worker must act as an advocate for the child, keeping all activities focused on the child's need for permanence. The worker may be the only professional involved in the case whose primary concern is the child's needs. Fourth, the worker must accept responsibility for making difficult decisions and exercising professional judgment. Although the worker does not have to make these decisions alone, he or she does have to ensure that the decisions made take into account all available information.

Decisions should be made in conjunction with other professionals who have knowledge of the case. Shared decisionmaking is important because:

- Permanency planning decisions are often difficult.
- Shared decisions help to guarantee that the best plan will be implemented.
- The responsibility for the consequences of serious decisions is divided and not on the shoulders of any one professional.
- The possibility of error is decreased.

Professionals who may bring a helpful perspective to permanency planning decisions include: other CPS or foster care workers, homemakers, school or court personnel who have had prior contact with the family; physicians and nurses; psychologists and/or psychiatrists; neurologists; and lawyers.

#### Foster Care Plans

The foster care plan should be a supplement to the treatment/services plan; it describes services to be provided for the parents

<sup>1</sup> Research Institute for Human Services, op. cit., p. 7.

and child during the period when the child is in foster care. It specifies goals which must be reached in order for the child to be returned to the parents, and provides alternative permanent plans for the child in the event that the goal of restoration cannot be accomplished. The foster care plan should focus on the needs of both child and parents.

To ensure that the child will not remain indefinitely in foster care, the goals to be reached by the parents before restoration must be specific and time-limited. As in the development of the service plan discussed in Chapter II, the worker should establish a general time limit for the entire treatment program (for example, one year) and then specific time limits within which parents must accomplish each short term goal. Goals should be specific enough so that it is clear to both the worker and the parents exactly what is expected of the parents and whether their goals have been reached. However, goals should be flexible enough that they can be changed in the event that the status of parents and/or child changes. By the end of the time period designated for the entire treatment program, the worker should either restore the child to the parents or develop a new permanent plan for him or her. This course is based on detailed records of all events, conversations, and correspondence.

The worker must fulfill various functions to ensure the parents' continued involvement in the treatment program, including: modifying short term goals in response to reasonable requests of the parents; making an effort to maintain frequent agency contact with the parents; providing reasonable support to the family; using all available community resources to meet the needs of the parents; following up on all appointments.

#### Written Agreements

As discussed in a previous section, a written agreement between the family members and the agency is an effective method for providing a clear description of the tasks of all parties involved in the plan. Sometimes it is beneficial to engage the foster parents in the contracting process, too. For detailed information on written agreements/contracts, readers are referred to Chapter II.

<sup>1</sup> Research Institute for Human Services, op. cit., p. 45.

## Visitation

Arrangements for visitation of parents with children in foster care should be part of the foster care plan. Visitation is important in order to continue and improve the parent-child relationship, to facilitate restoration of the child to the family, and to prevent over-possessiveness by the foster parents.

If visitation is to be effective for improving the parent-child relationship, it should be relatively frequent, perhaps once a week. Visitation may occur more frequently as restoration approaches; however, care should be taken to preserve the child's sense of security by avoiding sudden or too-frequent changes.

Although desirable, it may be awkward for both the biological parents and the foster parents if visits occur in the foster home. It is preferable to have visits take place either in the home of the natural parents where the atmosphere is more relaxed or, in some cases, in the agency office. In the latter case, however, the environment may be too sterile.

Occasionally, the worker may perceive that visitation is disruptive for the child, causing such reactions as nightmares. If it is believed that visitation should be curtailed on this basis, a psychologist or psychiatrist should be consulted to document the effects of visitation on the child and to participate in a decision regarding restrictions on visitation. Both frequency and duration of visits should be limited to a level tolerable by the child. Visits may need to occur in a supervised setting, for example in the agency office, and the parents' conduct and conversation may need to be specifically structured. In such cases, parents should be warned that a violation of conduct guidelines will result in termination of the visit.

Although the agency has the authority to regulate visitation, in the event of a disagreement between the agency and the parent regarding visitation, the parent has the right to petition the court for a review of the visitation schedule. The agency also has the right to petition the court, if the worker can present evidence that the court's order of visitation is resulting in profound disturbance to the child.

## WHO PROVIDES THE SERVICES?

Responsibility for arranging for and providing services for children in foster care and their families varies across states

and jurisdictions. In some areas, the entire case will be turned over to a foster care worker who will then be responsible for services for the child and the parents. Sometimes the CPS worker will continue to work with and arrange for services for the parents, while a foster care worker will arrange for services for the child. Occasionally, the CPS worker may continue to have responsibility for all services to the family, even while the child is in foster care. Coordination of services is important in all of these situations, but is especially so when the CPS worker and foster care worker share responsibility for services.

## Coordination of Foster Care Services

To ensure maximum effectiveness in provision of services, CPS workers and foster care workers should participate in regular meetings. During these meetings, they should discuss any anticipated changes in the foster care plan or visitation schedule. They should discuss the specific services being provided, to ascertain that they are working toward the same goals. In addition to meeting regularly, CPS and foster care workers should share any information relevant to their cases and should read each other's case record to keep apprised of all developments in the case. If either the CPS or foster care worker is having a staffing or consultation which will affect the family as a whole, both workers involved with the family should attend.

## ASSESSING PROGRESS

In order to determine whether the child should be returned to the home, the worker must assess with the parents their progress in meeting short and long term goals. Some of the activities already performed by the worker, such as the evaluation of the success of the written agreement and the documentation of activities related to the case, facilitate the assessment of the parents' progress. In addition to these activities, the worker should make frequent and consistent reviews of developments in the case, similar to those described in relation to the service plan. In addition, workers must be helped to deal with their own attitudes, values, and feelings about returning the child to his or her family. On the one hand, the worker's expectations of the parents may be too high--higher than those for intact CPS families. On the other hand, the worker may prematurely urge the child's return home, not recognizing that the parents and/or the child are not yet ready for restoration, or that the parents and child could be better served by a plan of adoption.

## VII

### USE OF THE JUVENILE COURT

Involvement of the juvenile court in CPS cases is one possible intervention in the total therapeutic process. The ultimate goal of the juvenile court and child protective services is the same; that is, to preserve the unity of the family wherever possible and to ensure the care, protection and development of children. Children should be separated from their parents only when necessary for the child's welfare.

The court's authority can assist CPS workers in making critical decisions and can help parents recognize community expectations regarding child care. For some parents, the experience may result in the determination that they are not able to meet the minimum needs of their children. For others, the court experience may result in the initiation or acceptance of help with the problems contributing to child abuse and neglect.

#### COURT INVOLVEMENT IN CASES OF CHILD MALTREATMENT

Once the adjudicatory hearing has been held and the court has determined that the allegations in the petition did occur and that the maltreatment of the child falls within the state's statutory definition of child abuse and neglect, a dispositional hearing will be held. The primary purpose of the dispositional hearing is to determine what courses of action are necessary to ensure that the child is protected.

CPS workers' tasks in relation to the dispositional hearing include:

- providing pertinent information about the family to the court, in the form of written and/or verbal reports
- developing, and presenting for the court's consideration, service recommendations for the child and parents
- sharing these recommendations with the child and parents prior to the hearing.

<sup>1</sup> Standards for Child Protective Service. New York: Child Welfare League of America, 1973, pp. 44-46.

- preparing the child and parents for the court process in general, and for likely dispositions
- working with the family to carry out the court's dispositional orders.

(These tasks are discussed in detail later in this Chapter.)

During the dispositional hearing, the court may make one or more of the following dispositions:

- order that a range of evaluation, treatment, and social services be provided for the child and parents
- order that protective supervision be provided; that is, the child is permitted to remain in his or her own home while the CPS agency monitors the child's situation and provides direct services and/or refers the family to other community agencies for services
- order that the child be placed temporarily outside his or her own home
- order that parental rights be terminated and that the child be placed in an adoptive home or other permanent setting.

In addition, there may be cases where the court decides to retain legal custody of a child although the child continues to live with his or her own parents--that is, the parents have physical custody. This type of disposition may be made when a child is initially returned home from a foster care placement, for example. The purpose of this disposition is, again, to help ensure that the child is protected. In these situations, if the parents fail to adequately care for their child, the court can remove the child from the parents immediately.

The court's involvement in cases of child maltreatment continues beyond the dispositional hearing. Through review hearings at regular intervals, the court oversees service delivery and the progress of the child and family. If the court determines during the review process that the family is not making progress, it may issue a more restrictive order. If, on the other hand, the family



has made progress to the point where the child's safety is no longer in question, the court may terminate its involvement.

### Preparing for Dispositional and Review Hearing

CPS workers' legal knowledge, skill in providing testimony in court, and access to legal counsel can have a critical impact on the court's decisions about a case. Thus, each CPS worker should have basic knowledge about: juvenile court processes and procedures (for example, rules of evidence), the law under which the court operates, the legal rights of parents and children, the definitions of legal terms, and how to provide testimony in court.

Court hearings almost always create anxiety for workers; this anxiety may interfere with workers' preparation of the family for the court process and may impede the provision of clear and appropriate information and recommendations for the court. Thus, workers must identify possible causes for their anxiety about court hearings and, if necessary, request assistance in dealing with this anxiety from a supervisor or other workers. Possible causes for anxiety related to court hearings include:

- discomfort with the authority that underlies the CPS process
- fear that the worker's weaknesses will be exposed during the hearing
- fear that the family will not longer "like" the worker, as a result of the court's decision
- confusion about how to balance the rights and rules of the child with those of the parents
- guilt about not having enough for the family
- fear of having inadequate information for appropriate testimony

<sup>1</sup>For more detailed information on these topics, readers are referred to another manual in this series, entitled Child Protection: The Role of the Courts.

- concern that the judge will make the "wrong" decision
- concern about losing control of the case
- a desire to have no further responsibility for the case.

Workers must also be aware of their own attitudes, biases, and values concerning child rearing and family life and determine whether these are interfering with the development of case recommendations.

Once underlying feelings are identified and explored, workers are better equipped to focus their efforts on preparing a case for court. Court preparation is facilitated if workers have continually assessed the family's strengths, weaknesses, needs, and progress toward treatment goals and have formulated recommendations based on their assessments. The court will not necessarily agree with workers' recommendations; however, workers can feel confident that they have, to the best of their ability, provided the court with the information needed to make an appropriate disposition. If workers, on the other hand, fail to supply the court with sufficient and accurate information, they are lessening the possibility of an appropriate disposition.

Materials which should be presented to the court at both dispositional and review hearings include:

- An assessment of the child's psychological and developmental status, including physical, emotional, educational, and social aspects. A determination of the child's status can be made through worker observations and interviews, as well as through developmental and/or psychological evaluations and interdisciplinary consultation.
- An assessment of the parent's personality, strengths, problems and needs as determined through worker observation, interviews, service planning and implementation, through appropriate psychological or psychiatric evaluations, and through interdisciplinary consultation.

- An evaluation of the parent-child relationship, family interactions, and the family's current situation.
- A concise presentation of the worker's intervention approaches, the direct services offered or provided to the family, and the outcome of these approaches and services.
- The family's opinion(s) about various possible case dispositions.
- If placement of the child is considered, a discussion of placement alternatives and recommendations and the rationale for placement, based on the child's unique capacities, needs, and interests.

Workers should then integrate this information with specific case recommendations, thus providing the court with a basis for their recommendations. In addition, workers should avoid the use of professional jargon in their reports to the court, and state the facts of the case in definable and behavioral terms.

Perhaps the best measure for workers to use in evaluating their reports to the court is to ask "Am I comfortable sharing the report with the family?" If the answer is "yes," it shows that workers have been honest and direct with the family throughout the case. Also, despite differing opinions between workers and family members about case progress and specific case recommendations, it reflects that the workers have fulfilled their professional responsibility to the child, to the parents, and to the court.

#### WORKING WITH AN ATTORNEY

In preparing a case for court, workers should make use of the state's attorney prior to filing a petition and then throughout the entire court process. The attorney can assist workers in organizing and documenting the information necessary to successfully support case recommendations. In addition, since workers will be called as witnesses at the dispositional and review hearings, the attorney can help them prepare for both direct and cross-examination. The state's attorney should evaluate the workers' testimony for possible flaws and inconsistencies in order to help prepare for cross-examination.

CPS workers often confer with the guardian ad litem (the child's attorney) and the parents' attorney. Although these conferences will most often occur prior to the adjudicatory hearing when all parties are attempting to work toward resolution without having a full fact-finding hearing, they may also occur prior to the dispositional or review hearings. In these situations, workers should rely on the expertise of the state's attorney.

#### PREPARING THE FAMILY FOR COURT

In order to make the court experience as constructive as possible for the family, CPS workers must take a number of successive steps which help to prepare family members for the court process.

First, workers must have basic knowledge about the legal system and be able to convey this knowledge to the family. For example, workers should make parents aware of their rights, including the right to be represented by legal counsel, to testify on their own and their children's behalf, and to appeal the court's dispositional decision.

Second, workers should assist family members in dealing with their feelings about the court action and the worker's role in the court action. (This step is facilitated greatly by workers' capacity to first deal with their own feelings about the court action.) Workers can help parents and children to identify, explore, and cope with feeling such as: hostility and anger; fear of being punished; fear of family separation; guilt over being responsible for the break up of the family; depression; helplessness and powerlessness; resignation and despair; and sometimes even relief. Workers can help family members begin to identify such feelings by asking them what the court experience means to them. Family members may express their own feelings and/or what they believe other family members are feeling. Workers also should allow family members to express their hostility and anger toward them for "causing all the trouble."

Third, workers should assess with the family: the progress that has been made toward the accomplishment of treatment goals; the strengths, needs, and problems of individual family members; and the usefulness of services provided thus far.

<sup>1</sup> Standards for Child Protective Service, op. cit., p. 52.

Fourth, workers should explain to families the possible outcomes of the upcoming dispositional or review hearing, encouraging family members to discuss their concerns and preferences. The worker must be careful not to give any false reassurances about the outcome.

Finally, workers should discuss with the family the recommendations they plan to make to the court. Family members should be encouraged to identify and discuss their feelings about those recommendations.

Even when a family has not been cooperative, workers should keep the parents informed of each step of the court process through personal interviews or by letter.

The child's involvement in the preparation process must be emphasized. It is the responsibility of workers to discuss with children what is being planned for them (especially if placement is being considered) and to elicit children's feelings and reactions to the plan and to the forthcoming court action. If not emotionally harmful for the child, this discussion should take place in the presence of the parents. In addition, children should be informed that the court may hold a private interview with them during the course of the proceeding or ask them to testify.

#### IMPLEMENTING COURT ORDERS

Although court orders indicate the basic direction in which worker and family must proceed, they do not spell out intermediate steps to be taken. CPS workers are responsible for initiating implementation of the order immediately after the dispositional hearing, and usually for determining steps which must be taken to implement the order.

It is important to note that, even though the worker disagrees with the court's disposition, the order must be complied with. The primary concern is the child's welfare, and court involvement was initiated to protect the child; thus the court's authority must prevail. If the CPS agency determines that the court's decision warrants an appeal to a higher court, legal counsel should be obtained.

In carrying out the court's order, the worker should first clarify with the parents their perceptions of the hearing and their understanding of the case disposition. They should also provide the parents with needed emotional support. (The same process holds true for children who were present at the hearing.) If the parents are in strong disagreement with the case disposition, workers

should advise them of their right to appeal. However, workers must emphasize the importance of establishing a working relationship in the interim period.

The intermediate steps to be taken in carrying out the court's order are dependent, of course, on the nature of the order, the family's willingness to accept the order, and the worker's skills in implementing the steps. The following examples, however, summarize the case direction possibilities:

- If the court has ordered a range of treatment services in order to protect the child, the worker must assist families in identifying and using these services.
- If the court has ordered protective supervision in order to protect the child, workers and families must first decide how they can best work together toward this goal. At this point, some families are most amenable to the establishment of a contingency contract. The contingency contract provides an opportunity for both workers and parents to have their respective responsibilities clarified and their respective tasks delineated. In addition, the contract provides workers with a means of explicitly spelling out repercussions (for example, placement of the child) if parents fail to meet their responsibilities and complete their tasks. In addition, the contingency contract can serve as a tool for evaluating family progress as well as for making later recommendations to the court.
- If the court has ordered temporary placement in order to protect the child, the worker's first task is to involve the child and the parents in the placement process. Whenever possible, the parents, child, and worker should discuss the reasons for the court's decision and the placement plans together. The parents should also be encouraged to take as extensive a role in the placement as possible, unless this role has been limited by the court. The parents and the child must understand exactly what objectives must be achieved before the child can be returned

home. Again, a contingency contract with the parents may be advantageous. The contract should spell out: objectives, responsibilities, tasks, time limits, and recommendations which will be made to the court if the terms of the contract are met or not met.

#### TERMINATING PARENTAL RIGHTS

Due to increasing concerns about children who are left adrift in foster care and others who are left in chronically abusive or neglectful home situations, the process of termination of parental rights warrants emphasis. Ideally, CPS and foster care workers should use permanent planning strategies for a child whenever there is a chance that a child's parents will not be able to adequately care for the child. Permanent planning for children in foster care provides a systematic process for either returning children home or freeing them for an adoptive or other permanent placement.<sup>1</sup>

#### Involvement of the Juvenile Court in Terminating Parental Rights

In many states, the juvenile court has the authority to sever all legal ties binding a child and parent, thus freeing the child for adoption. Procedures for terminating parental rights vary among jurisdictions. Most states provide for a separate termination proceeding, for example, but some states allow for termination during the dispositional hearing.

The standard of proof required for a termination of parental rights proceeding also varies from state to state, although it is usually "preponderance of the evidence" or may be "beyond a reasonable doubt." The Indian Child Welfare Act of November 8, 1978 (P.L. 95-608) stipulates that the standard of proof required to terminate parental rights in a hearing involving an Indian family is beyond a reasonable doubt. (For detailed information regarding standard of proof, readers are referred to another manual in this series, entitled Child Protection: The Role of the Courts.)

State statutes also vary with regard to the grounds they specify for termination of parental rights. However, these grounds generally fall into three broad categories:

<sup>1</sup> Permanent Planning in Foster Care: Resources for Training and a Guide for Program Planners. Portland, Oregon: Regional Research Institute for Human Services, 1978.

- Parental absence/desertion: when the parents have been absent for an extended time period and their present location is unknown; or when the parents see the child only sporadically.
- Parental condition: when the parents have diagnosable, incapacitating disabilities which prevent them from caring for the child.
- Parental conduct: when parental behavior is consistently detrimental to the child, and the parents are unable or unwilling to provide minimum sufficient care for the child.

It is important to note that termination of parental rights does not occur on the basis of a decision that the children would be "better off" with someone else; only when one or more of the state's specific grounds for termination of parental rights is proven can these rights be terminated.

#### Worker and Family Involvement in Terminating Parental Rights

Due to the variations in state law regarding termination of parental rights, it is imperative that CPS and foster care workers learn about their own state's procedures, standard of proof, and grounds for termination of parental rights. With this knowledge workers should be better equipped to make case decisions and, as indicated, prepare the parents and child for subsequent legal processes.

The therapeutic processes involved in preparing the family for these legal proceedings and the processes involved in worker preparation are basically the same as those previously discussed for review hearings. However, termination of parental rights usually evokes even stronger feelings within all parties involved in the case.

Thus, it is extremely important that workers seek assistance in analyzing their own feelings, and examine these feelings with respect to the actual facts of the case. For example, most parents express love for their children and desire for their children to remain with them. However, the parents' behaviors toward their children are the real indicators of their capacity to provide love and care. Thus, workers must assess parental behaviors. The information gained from such an assessment can assist workers in making the professional commitment necessary to initiate termination proceedings and, at the



provide the basis for a termination petition to the court. In addition, the assessment may result in substantiation of facts (such as parental absence, condition, or conduct) necessary for the workers' later testimony at the termination hearing.

Just as with preparation for any court hearing, workers must share their case recommendations with families and help prepare family members for the court experience. If the parents are unwilling to discuss the matter, it still remains the workers' responsibility to notify them (by letter) of each step in the legal process and of their legal rights.

Where possible, it is preferable to arrange for termination of parental rights with parental consent, often called voluntary relinquishment. Relinquishment is more humane, less time consuming, and less expensive than involuntary termination of parental rights. More important, voluntary relinquishment offers parents the opportunity to act responsibly toward their children. By giving parents support in acknowledging their limitations, workers also give them the opportunity to take an active role in providing their children with a placement that can better meet their needs. However, it is very important to ensure that the parents understand exactly what relinquishment means: that they are surrendering completely and finally all legal right to their child. Procedures for relinquishment also vary from state to state; these procedures may simply involve completing relinquishment forms, although in some states parents can relinquish only in court. Regardless of the procedure, it is important that parents confer with an attorney prior to relinquishing their parental rights.

Because of the emphasis placed on the parents during the termination or voluntary relinquishment processes, the child's need to be involved as fully as possible in the planning process can be overlooked. Workers must ensure, either directly through collaboration with the foster family, or through referral to a mental health practitioner, that children understand how they are going to be affected and are permitted to express their feelings. Even young children are sensitive to change and should be assisted directly in working through the feelings associated with separation and loss.

Workers should also be able to recognize when it may not be in the child's best interests to have parental ties severed. For example, termination may be detrimental because of:

- the strong emotional bond children have with their parents

# CONTINUED

## 1 OF 2

- the identification older children (over ten years of age) have established with their parents.

Although termination of parental rights may still be preferred, it may not be necessary when:

- the child has a permanent home with relatives or foster parents who, for financial, or other reasons, cannot proceed with adoption
- the child's physical, emotional, or mental disabilities necessitate long-term placement in a residential treatment center or other institutional setting.

## VIII

### TERMINATION OF SERVICES AND FOLLOW-UP

After reassessing the family's strengths and weaknesses and the success of the service plan, CPS workers in conjunction with their supervisor and other service providers, if appropriate, must determine whether it is advisable to terminate services to the family. It is partially because CPS workers do not know when and how to terminate cases that CPS caseloads are so high.

The decision to terminate services is a difficult one. On the one hand, the worker must be careful to avoid termination before the family has received sufficient services or maintained a level of stability. This may occur in the following situations: the agency specifies maximum time limits on cases; the family is so resistant that the CPS agency takes the case to court and the court rules that the case should be closed; the family appears to be functioning at an acceptable level while receiving services but cannot function without those services.

On the other hand, the CPS worker must avoid retaining all cases indefinitely. This may occur in the following situations: where the CPS worker is overburdened and has no time to see the family and make a termination decision; the worker has not developed a service plan with specific, time-limited goals and objectives and thus has no way of assessing the parents' progress; the worker's expectations for the parents are unrealistically high, resulting in failure to terminate until the parents meet the worker's standards of "good" child rearing.

#### TERMINATION

The decision to terminate services should only be made after consideration of a number of factors, including:

- review of events, correspondence, and conversations included in the record
- reassessment of the service plan
- review of other service providers' assessments of the family, as appropriate
- discussions with the family
- consultation with the worker's supervisor.

The CPS worker's detailed case record should clearly state the problems which prompted the initial CPS intervention and the activities in the case throughout the period of CPS involvement. Thus, the worker should consider the nature of family problems and the extent of the parents' concern, cooperation, and efforts to alleviate those problems when considering termination.

Evaluation of the success of the service plan is another important consideration for termination. If the plan includes specific and time-limited goals and objectives, the worker should have sufficient information to evaluate the parents' progress toward achieving these goals and objectives.

Other service providers who have been working with the family can provide the CPS worker with assessments of the family's or family member's progress in their service area. In addition they can assist in determining whether the family is functioning adequately enough so that services can be terminated.

The CPS worker should discuss the possibility of termination of services with the family and gauge their reaction. The degree of confidence expressed by the family may influence the worker's decision regarding termination. In addition the family should be able to verbalize the progress they have made and to feel comfortable with their new behaviors.

#### Guidelines for Termination

Presence of the indicators<sup>1</sup> listed in the exhibit on the following page may demonstrate that termination is appropriate, although not all indicators will be pertinent for each case. The worker can determine which indicators are applicable to a particular family through consideration of the case record, service plan, other service providers' assessments, and discussions with the family.

#### Procedures for Termination

Once the decision is made to terminate services to a family, there are some general procedures which the CPS worker should follow. The worker should gradually decrease his or her contact with the family. The client should be encouraged to use other support systems and should be gradually weaned away from dependence on the

<sup>1</sup> H. C. Kempe and R. E. Helfer. Helping the Battered Child and His Family. New York: Lippincott, 1972, p. 72.

EXHIBIT VIII  
GUIDELINES FOR TERMINATION OF  
CHILD PROTECTIVE SERVICES

- The parents are aware of their own needs and have demonstrated both a willingness and ability to use others in time of need.
- The parents are able to recognize their own feelings, communicate them effectively, and are sensitive to the feelings of others.
- The parents perceive and are able to verbalize changes that they have made in themselves.
- The parents have a support network available at all times.
- The parents are developing outside interests.
- The parents have an improved self-image.
- The parents recognize when their spouse needs help and try to meet the spouse's needs.
- The parents have close enough contact with at least one person who can recognize a crisis in the family and intervene to remedy the situation.
- The parents' immediate crises, such as housing, illness, and unemployment, have been resolved.
- Obstacles to the parents' getting help are minimal; for example, they have a working telephone and transportation.
- The parents have realistic expectations of the child and the child is capable of meeting their expectations.
- The parents enjoy the child.
- The parents see the child as an individual.
- The parents are aware of alternative methods of disciplining the child.

CPS worker. The worker should discuss the family's progress with them in terms of the specific goals and objectives they have achieved during treatment.

In addition, the worker should ensure that parents are aware of resources from which they can receive help and support as needed in the future.

FOLLOW-UP

It is advisable to conduct some follow-up activities with families after services are terminated. Follow-up may be the responsibility of either the CPS worker or another professional who has been the primary service provider. Follow-up should consist of contacting the family once or twice within the first few months after termination to ascertain whether the situation remains stable or whether the family needs assistance. Upon termination, the family should be encouraged to contact the CPS worker at any time if assistance is needed.

Follow-up, if effectively performed, has a number of advantages. It helps prevent recidivism, keeps communication lines open between the CPS worker and the parents, and demonstrates the worker's concern for the family. Thus, it can be a cost-effective means of preventing child abuse and neglect.



## IX

### ENSURING EFFECTIVE SERVICE PROVISION

Effective CPS service provision requires a merger of the worker's feelings, values, knowledge, and skills. The CPS worker's task is to keep this merger focused on the strengths and needs of the family, accepting primary responsibility for coordination of services, case direction, and eventual termination of services. However, CPS workers quickly learn that they cannot meet families' needs alone. They are dependent upon the strengths and resources of the family and the community. Thus, each case usually requires several family-worker-service provider partnerships.

#### DEALING WITH ONESELF/FEELINGS

Providing services to families experiencing abuse and neglect problems is particularly difficult because of the feelings this work elicits. These feelings, if not recognized, examined and dealt with, may adversely affect the relationship with the family and hinder necessary decisionmaking.

The following are typical feelings which may inhibit effective service provision:

- Anxiety About Decisionmaking. Providing child protective services often involves making decisions which affect others' lives. What if the worker decides that the child can remain with his or her parents safely, and then the child is reinjured? What if it is necessary to initiate court action to protect the child in a family with whom a therapeutic relationship has been established? Decisions such as these are difficult for any person to make alone.
- Anxiety About Physical Harm. Anxiety about physical harm is not uncommon in CPS work; but, if present, it can interfere with effective client care. Sometimes, the worker's fears

<sup>1</sup> Some of this material was adapted from an article by S. Copans, H. Krell, J. Grundy, J. Rogan, and F. Field. "The stresses of treating child abuse." Children Today, January-February 1979.

are warranted and appropriate protective action should be taken. Sometimes, however, fears of physical harm have no basis in fact.

- Denial and Inhibition of Anger. Work with abusive and neglecting families is often fraught with frustrations. Clients may sometimes miss appointments, may not follow through with the tasks delineated in the treatment contract, or may continually deny that they have a problem. Because of the difficulties inherent in working with CPS clients, workers will probably be angry with some of their clients. The problem is that many workers, for whatever reason, deny their anger.
- Ambivalent Feelings Toward Clients. Workers often have ambivalent feelings about clients, particularly with child protective clients. A worker may genuinely care about a neglecting mother, but when the mother yells at the worker for ten minutes merely because the worker suggests an alternate solution to a problem, the worker may be angry with the mother as well.
- Feeling Totally Responsible for Families. Workers often feel that they alone are responsible for what happens to families in their caseloads. CPS workers frequently believe that they are at fault if a child in their caseload is injured. They believe that they must have misjudged the situation, or that they did not have enough contact with the family. In some cases, workers may have in fact misjudged a situation or other resources may not have responded to needs of the family.
- Feelings of Incompetence. CPS workers, regardless of how skilled, will at one time or another in their CPS careers feel incompetent. Feeling incompetent is virtually impossible to avoid, because of the difficulties inherent in CPS work and because of the lack of support systems in CPS units.
- Becoming Over-Involved with a Family and Losing Objectivity. Sometimes being a therapeutic

agent to abused or neglected children or their parents results in the worker's loss of objectivity about the situation. For example, a worker may have developed a warm, caring relationship with a parent and may lose sight of the reason he or she is there--to protect the child.

- Need to Be in Control. Most workers at some time feel a need to control the situation with clients or to control the clients themselves. Some workers insist on a certain degree of motivation in the parents before they will work with a family.
- Feelings of Being Victimized. Workers will sometimes blame failures and frustrations on "families who are unmotivated," on "other service providers who will not cooperate or do not understand the problems of providing child protective services," or on "a bureaucratic system which has lost sight of quality service provision." As a result, workers often feel hopeless about the system and/or about their clients. This hopelessness prevents them from advocating for change in the system and in their clients.

Regardless of how carefully staff are selected and how competent workers are, these feelings will still occur. Workers must be trained and supported in recognizing, examining, and discussing these feelings. If support systems are developed within CPS units, these feelings can be dealt with openly, and an improvement in the quality of services will result.

In addition to support systems within the CPS units, workers must have supports in their personal lives. Providing ongoing services to CPS clients is emotionally taxing; without adequate outside support the continual crises, demands made on CPS workers, frustrations resulting from lack of client progress, and the continual stress in meeting other people's needs, will result in worker burnout.

#### ATTITUDES AND VALUES

Effective service provision requires that workers acknowledge their own strengths, needs and values. In addition to examining feelings,

there must also be an opportunity for CPS workers to examine their own biases about family differences, cultural differences, differing service approaches, and service preferences. Further, there must be opportunities for joint training or informal meetings with other professionals to explore and reduce misconceptions about each other and each other's services.

#### PROFESSIONAL KNOWLEDGE

CPS workers will not be effective unless they have a firm knowledge base and the opportunity to expand their knowledge. If workers are provided with adequate preservice training and subsequent inservice training, the service provision processes of family assessment, service planning, and service implementation are much more likely to be successful.

Workers must also keep informed about the services of other community agencies, including any changes in key contact persons, referral criteria and procedures, and/or types of services offered. Professional knowledge also includes an appreciation of the expertise and skills of other disciplines, and knowing when and how to make use of their services.

#### PROFESSIONAL SKILLS

Workers' skills reflect their personal characteristics, values, and knowledge. Skills particularly important for ensuring effective service provision include the ability to:

- establish relationships with families and with service providers
- assess family strengths and needs and establish service priorities
- engage the family and the service provider in the problem-solving process
- reduce family resistance and/or other barriers to service utilization
- use professional authority comfortably
- provide regular direction and support for the family and other service providers

- establish small steps with the family and service provider toward the accomplishment of case goals and objectives
- seek assistance from peers, supervisors, and other professionals when unsure about how to proceed on a case
- follow through on commitments (for example, regular appointments) to the family and service providers
- communicate service limitations and/or changes in service planning.

In summary, providing direct services and orchestrating and monitoring services can be as multidimensional as families' needs. Each phase of the process--assessment, planning, developing the therapeutic relationship, education, referral, advocacy, facilitation, partnership, and, at times, mediation--requires that CPS workers be accountable to themselves, to the family, and to other service provider(s).

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