

## **FAMILY-CENTERED CHILD WELFARE SERVICES**

### **Conceptual Framework**

Family-centered practice in child welfare can be defined as the provision of social work and auxiliary services that strengthen families, and that enable them to provide safe care for their children within their own homes, communities, and cultures.

A family-centered services model recognizes that the primary responsibility of the child welfare system is to protect children from maltreatment; and, that the best means of meeting these responsibilities is, whenever possible, to strengthen and empower families to protect and nurture their own children. This not only protects children from abuse or neglect, but also prevents the traumatic consequences of separation and out-of-home placement.

Family-centered child welfare is a social services philosophy that recognizes the interactive effects of social systems upon individual behavior. A basic premise of family-centered practice is that individuals are strongly influenced by the social systems in which they live. By social systems we mean the interrelated and defining social structures that give meaning and possibility to all our lives: our families, our kinship and fraternal systems, our communities, our societies, our cultures, and our governments. Abuse and neglect always take place within these social structures. Sometimes its primary causes are problems related specifically to individual factors, such as mental illness, mental retardation, or character disorders. Sometimes the contributing factors are breakdowns within social systems, poverty, bureaucratic stagnation, and racism. However, the family-centered services model believes that the most successful interventions to stabilize, empower, and strengthen individuals and families must involve the mobilization of these naturally occurring family, community, and cultural resources.

The composition of a family and the roles of its members must be defined by the family. Family members may be related biologically or through marriage, or, they may perceive themselves to belong together as an intimate social group as a result of a shared history of close association. Family members will typically include parent(s) or others in the primary caregiving role; minor and adult children; extended family members, such as grandparents, aunts, uncles, and

cousins; and, sometimes, close family friends, honorary aunts and uncles, and godparents. If the family assessment is to be accurate, we must understand the composition of the family, and how family members view themselves, their relationships to one another, and their roles and responsibilities within the family.

Family-centered practice enhances family autonomy. We respect and support the rights of families to retain control of their lives, to live within their values and cultures, and to make decisions about their own and their children's best-interests, provided those decisions do not place their children at risk of serious harm. Family-centered practice also presumes that families have inherent strengths and capabilities, and that most families have the capacity to grow and change when given the proper enabling and supporting interventions. Family-centered practice identifies and develops nascent strengths; enhances the potential of individual members and the family as a group; empowers families to identify and address their own needs; and helps them identify and implement constructive and relevant solutions to their problems. Family-centered child welfare asserts that properly delivered family services can strengthen most families sufficiently to enable them to care for and protect their own children.

Family-centered practice is not limited to working with families whose children are at home. When a child is placed into substitute care, we strive to involve the child's family in planning the placement, maintaining a strong relationship with the child while in placement, and developing and implementing a plan for reunification.

Family-centered practice in no way implies, however, that we preserve families at all costs. Sometimes families cannot be preserved, in spite of our best efforts, and sometimes there is no family to preserve. As the field of child welfare evolves away from a "deficit model" that historically rescued children from their maltreating families, there is a tendency to focus on family strengths almost exclusively, and to persistently avoid disruption of families, regardless of circumstances. In its extreme, this is as dangerous an approach as a purely deficit/rescue model. It is naive to assume that simply identifying and building on family strengths can sufficiently protect all children at high risk of harm. Family-centered practice is a balanced approach that weighs and considers equally a family's needs, problems, limitations, strengths, and resources, and that develops a plan that protects the child from maltreatment while empowering families to make productive change. This plan may, at times,

have to include family disruption and placement to assure protection of the child. Placement is a legitimate child welfare intervention, albeit an intervention of last resort.

Finally, when children cannot be reunited with their own families, we identify families who can provide them with a permanent home, and we utilize supportive family-centered interventions to strengthen this placement and promote its permanence.

## **DEFINING FAMILY PRESERVATION**

There is little consistency in the child welfare field in the definition of family preservation. As the field has intensified its efforts to strengthen and support families, many agencies have developed specialized family service units or programs. These generally operate on an intensive, in-home services model, wherein a service team has very frequent contact with families, and provides concentrated services for a limited time. Caseloads do not exceed three or four families. Many of these intensive, home-based services programs have been referred to as family preservation programs. As a result, many child welfare agencies believe that traditional casework units cannot provide family preservation services, since caseloads in these units are usually higher, and necessary resources are not always available. This is unfortunate, since caseworkers in traditional family services units serve most of the families in the child welfare system. Some proponents of intensive in-home service models also suggest that the entire child welfare system be reformed to utilize this model. In truth, not all families served by child welfare agencies need intensive in-home services. However, all families who need intensive, in-home services should have access to them.

The term "family preservation" more appropriately refers to an objective of child welfare interventions, rather than a particular model of service delivery. Strengthening and preserving families is a means of achieving the primary goal of protecting children. The specific interventions we use to strengthen and preserve families will differ, depending on each family's unique situation, and the type and scope of their needs.

Models of child welfare service delivery must be viewed on a continuum from least to most intrusive and intensive. Comprehensive, intensive, and more intrusive in-home services lie at one end of this continuum. The casework team is very involved in the family's daily lives. At the opposite end of the continuum

are case management and service referral, which can be considered the least intrusive, least intensive intervention. In a strict case management capacity, caseworkers help families assess their needs, and then refer them to the best service provider. At intermediate points on the service continuum are other family services, such as supportive counseling, parent education, homemaker and home management services, or group work.

In many families, less intensive services may be sufficient to protect children. For example, a family living in a car because the apartment building in which they were living was condemned may not need intensive family services to eliminate the risk to the children. Referral to subsidized housing, and assistance in getting an emergency grant for a rent payment may be sufficient to assure a safe home for the children.

The type and scope of services provided to any family should always be driven by the family's unique needs. To address these needs, a variety of supportive and developmental services should be available from the agency, and from other community providers. All child welfare workers, regardless of their responsibilities in the agency, should be able to adopt an approach to services that exemplifies the principles of family-centered practice.

## **BENEFITS OF FAMILY-CENTERED PRACTICE**

There are many benefits to a family-centered approach to practice. First, by involving families in all aspects of family assessment, case planning, and service delivery, we act on our conviction that families are capable of contributing to their own growth and can make productive changes. We also communicate our belief that most families do not intend to harm their children; and if given the opportunity to resolve their problems and develop their parenting abilities, most families can learn to properly and safely care for their children.

A family-centered approach to practice increases family members' investment in the change process. Since family members are expected to collaborate with the caseworker in all aspects of assessment, planning, and service delivery, they retain considerable control over their lives. This increases their motivation, and helps eliminate the resistance that is generated by an authoritarian or paternalistic approach to child welfare services. The caseworker's relationship with family members, and direct involvement in problem solving, also build the family's confidence and trust in the worker, which further reduces the negative effects of the worker's prescribed authority.

In a family-centered model, caseworkers usually meet with families in their own homes and communities. The worker can directly observe, assess, and better understand the complex interaction of factors that contribute to maltreatment and increase risk, and can help families more accurately identify and understand their needs, strengths, and the effects of their social system and culture on their lives. The accurate assessment of each family's unique needs and strengths is an essential prerequisite to effective and relevant service delivery.

The family-centered service model makes extensive use of indigenous resources, including local community agencies, extended family members, neighbors, family friends, and community support networks. This helps assure that services are consistent with the family's culture and values, and that services will be utilized after the child welfare agency is no longer involved. Both support the maintenance of positive changes.

In-home supportive and developmental services may stabilize even very disrupted and chaotic family situations. Providing family members with temporary respite from crisis or chaos can sometimes energize them to find more permanent solutions to their problems. Working with family members as a group can also strengthen their unity and identity as a family. The family can learn more effective coping and problem-solving skills by modeling the activities of the caseworker, and by practicing these techniques in a supportive and safe environment.

### **INTENSIVE HOME-BASED SERVICES**

Intensive home-based service programs provide immediate supportive and rehabilitative services to families whose children are at high risk of maltreatment. Intensive home-based services are designed to strengthen families, and to eliminate or mitigate the sources of risk to children, thereby preventing removal and placement of the children and its associated trauma. Intensive home-based programs frequently utilize a crisis intervention model, providing services at a point of significant stress and potential crisis in the family. This takes advantage of the greater tendency for families to accept services and participate in change, when they are in, or near, crisis [Parad & Caplan 1965].

A lead caseworker engages the family in a collaborative process of identifying immediate needs and planning relevant services. The caseworker provides

supportive, educational, and developmental services to family members. The worker may help the family improve its problem-solving skills by participating with family members to assess and solve problems; or may teach new skills by modeling them. The worker accesses services provided by other agency staff, including homemakers, parent aides, and parent advocates, as well as professionals in other service systems, such as mental health agencies, hospitals, or providers in the mental retardation/developmental disabilities system.

The service providers and the family form a collaborative and interdependent team. The activities of all the service providers are planned and coordinated by this team. Family members are thereby involved in the formal and ongoing assessment of their problems, strengths, and needs; in determining service goals and objectives; in identifying potential resources and solutions; in developing and implementing the case plan; and in evaluating outcomes and progress.

Intensive, home-based services programs must be properly structured and staffed. These programs can require considerable staff time and a commitment of resources. Advocates maintain, however, that such services are not only the best way to sustain family integrity in situations of high risk and potential crisis, but are also more cost effective than the expensive alternative of maintaining children in out-of-home placement.

## **APPLICATION**

When the diverse service needs of families and children at risk are considered, it is evident that child welfare agencies cannot directly meet all the needs of the families they serve. Comprehensive family services must be the responsibility of an organized community network of resources and agencies. In its broadest sense, the development and provision of the continuum of services needed to support child protection must be a community responsibility.

The roles and responsibilities of various community agencies and providers are as follows:

## **THE COMMUNITY-AT-LARGE**

Child protection begins with the community-at-large. Private citizens are often the first persons to suspect child maltreatment. Communities must be informed about their legally mandated responsibility to report suspected cases of child maltreatment to the child welfare agency. The community must also

understand and support the mission, goals, and responsibility of the child welfare agency. The community may also provide fiscal support through a local tax levy.

Local and state government officials can provide funding and political support to the child welfare system, and can create the expectation that other community agencies will collaborate and coordinate their services. This can be accomplished by funding collaborative programs, by generating or diverting funding to needed service areas, and by setting policies and promoting practices that improve the quality of service delivery. When executive-level agency positions are political appointments, this may also include assuring that agencies are properly staffed with competent managers.

Prominent community leaders with input into the development of public policy should be asked to serve on child welfare agency boards or advisory committees, thereby assuming an advocacy role to support the agency and its service network within the community. These leaders can promote the development of services that are needed, but not available. Local businesses and organizations can grant seed money or ongoing funding for service initiatives, or can directly contribute to service delivery by providing jobs for youth or family members, recreational programs, and other programs that benefit the community.

## **THE JUVENILE COURT AND COUNTY PROSECUTOR**

Family-centered services are, by definition, social work services. However, child protection cannot occur without the legal system. The legal system provides the child welfare agency with the authority to intervene, without parental consent, in families where children are at high risk of harm. This authority is usually formalized in legislation, and the court formally sanctions the agency's involvement on behalf of abused and neglected children. This may mean supporting protective interventions that may include removal of children from their families, temporary or permanent termination of parental rights, and assignment of custody of the children to the child protection agency.

However, while such intrusion into families may be necessary to protect children, it is also a serious and disruptive action. The legal system protects the rights of children and their families by reviewing the actions of the child welfare agency. The juvenile court reviews affidavits asserting child abuse or neglect and determines their validity. The court also formally reviews case plans and

agency activities to assure that reasonable efforts were made to prevent placement or to reunify families, thereby assuring agency compliance with federal and state legislation related to permanency and case planning. The court may also appoint attorneys to represent the family, or a guardian ad litem to represent a child's best interests in court processes.

The prosecuting attorney or a staff attorney represents the child welfare agency in juvenile court proceedings. These attorneys provide the agency with legal counsel, assistance in filing affidavits, and technical assistance in preparing cases for court. Without the proper support of the agency attorney, social workers are at a considerable disadvantage in moving cases through the juvenile court system.

## **THE MENTAL HEALTH SYSTEM**

The mental health system must play several important roles in child protection. First, mental health professionals must be able to: recognize physical and behavioral indicators of abuse and neglect; recognize when parental mental illness or emotional problems are contributing to a situation of risk for their children; and, refer these families to the child protection agency. Finally, many families and children served by child welfare agencies need mental health or family counseling services.

A well-organized mental health system will have community outreach programs that can provide crisis intervention services, short-term counseling, and longer-term rehabilitative and supportive therapy for families and children. Mental health agencies should employ therapists with expertise in dealing with family problems that contribute to, or result from, maltreatment. This may include developmental interventions or therapy for children, postplacement family support services for foster and adoptive families, post-legalization adoption services, sexual abuse treatment, and family therapy. The mental health system should also assume responsibility for placement of, and services for, emotionally disturbed and mentally ill children and adults.

## **THE EDUCATIONAL SYSTEM**

Public school teachers have contact with all children in a community. When properly trained, school personnel are often the first professionals to suspect abuse or neglect, and they must initiate a referral to the child protection

agency. Also, by collaborating with the public school system, the child protection agency can assure the provision of remedial and supportive educational services for maltreated children to promote healthy development, and to address developmental or educational delays.

## **THE HEALTH CARE SYSTEM**

The health care system includes a variety of professionals and settings, such as school nurses, emergency room personnel, hospital social workers, community-based health care clinics, public health department personnel, and visiting nurses. All medical providers should be able to recognize indicators of abuse or neglect, and should notify the child welfare agency. Medical personnel must be skilled at differentiating inflicted from accidental injury, and must understand family dynamics typical of abuse and neglect.

Medical professionals can also provide documentation of injury or other evidence to substantiate maltreatment for use in court proceedings. This is particularly important when the offender is to be prosecuted, as in sexual abuse cases.

## **LAW ENFORCEMENT**

Collaboration with law enforcement officers is necessary to protect children from maltreatment, and to protect caseworkers from harm.

In many communities, child welfare agencies have developed investigation teams of a child welfare worker and a law enforcement officer, who conduct intake assessments in situations of sexual abuse or serious physical abuse. Law enforcement gathers evidence to determine whether criminal prosecution is indicated, files criminal charges when appropriate, makes arrests, files restraining orders, and otherwise protects family members from a dangerous perpetrator. Law enforcement officers accompany caseworkers on home visits in potentially dangerous situations, and can help caseworkers remove children in emergency situations, in the absence of a court order, or from dangerous situations.

## **SPECIALIZED AGENCIES AND SERVICE SYSTEMS**

To assure that families and children receive timely, effective, and culturally-relevant services, the child welfare agency must develop linkages with a wide variety of community agencies and service providers. In addition to such formal service systems as mental health, mental retardation, and income maintenance/financial assistance, other community-based agencies should be identified to help meet the often complex service needs of maltreating families. Examples are: 1) organizations that assist a defined client group, such as minority or rural families, with legal, health, and social services;

2) community support networks such as parent groups at Head Start or preschool centers; 3) church groups or family support networks; 4) local community or neighborhood social or political groups, such as neighborhood watch or community development groups; 5) broad-based interventions offered through a "community house" agency; 6) advocacy agencies; 7) food pantries, used clothing outlets, and organizations that help find suitable housing for families; and 8) community-based drug, alcohol, and other treatment groups, such as Alcoholics Anonymous.

The child welfare agency should establish relationships with community leaders to help identify and access these community-based resources and support networks. Professionals in these agencies should be engaged to collaborate with the child welfare agency in case planning and service delivery for children with multiple service needs.