

A. Integrating Casework and Protective Authority***Conceptual Framework***

There are inherent social work practice dilemmas within the field of child welfare. One of the most significant is the need to balance the dissonant and conflicting responsibilities of being both an intrusive protective authority, and an empowering and collaborative advocate.

Child welfare workers must always intervene to assure that children are protected from maltreatment by their parents or caregivers. However, whenever possible, we must simultaneously prevent the serious trauma associated with separation and placement. This is best accomplished by strengthening and enabling families to protect and nurture their children in their own homes. When we succeed, children can remain permanently with their families, and still be safe from harm.

To strengthen and empower families, the caseworker must be an agent for positive developmental change, and a professional problem solver who can educate, motivate, and support parents in their efforts to change their parenting behaviors to meet their children's needs. People will only make significant and lasting changes if they believe those changes to be both valuable and achievable. Child welfare interventions must, therefore, include strategies that promote a family's investment in the change process.

Engaging families to be collaborators in a change process is not difficult when the parents or caregivers recognize that their children are at risk of harm, and they seek help to become better parents. However, very few families served by child welfare agencies ask for help voluntarily. Most enter the system because of allegations from others that their children have been harmed, or are at risk of being harmed. A percentage of maltreating families will deny the allegations and refuse involvement in any voluntary change process. In situations where

children are at high risk of harm, and their families refuse to make the changes necessary to assure their children's safety, protecting the child will require the utilization of intrusive protective authority. Thus, child welfare workers must be invested with the responsibility and the legal authority to intervene to protect children at serious risk of harm.

Herein lies the dilemma. The caseworker must have the authority to intervene without parental consent, if this is necessary to protect children. Yet, the exercise of this authority can interfere with the development of a collaborative relationship, and the establishment of an effective change process.

The definition of a child welfare caseworker as a "helping person" who, nonetheless, has the authority and responsibility to enforce certain standards of parenting, not only creates confusion for workers regarding their role, but sends a contradictory "double message" to families. The dynamics of this dilemma are easy to understand. Most people resent intrusive authority. Characteristic emotional responses range from caution and ambivalence to anger and resistance. As such, the authority vested in the child welfare worker's position is likely to create suspicion, and increase resistance by family members.

Conversely, most people accept requests for social cooperation and collaboration. Such requests imply respect for individual autonomy and self-determination, and communicate a belief in the value of collaborative decision-making. Approaching family members from a position of collaborative advocacy generally increases their comfort with, motivation for, and involvement in change.

Most people experience emotional dissonance when the same person is viewed both as having intrusive authority over them, and as also being empathetic and supportive. This is one reason why it is so difficult for us to appreciate the goodwill of the state highway patrol officer when he wishes us a good trip and reminds us to drive safely, after having given us a speeding ticket.

Many families we serve do not trust that people in positions of authority will always act in their best interests. This is not paranoia. Even within the most healthy perspective, powerful strangers can pose a very real threat. Therefore, caseworkers' vested authority is often perceived by families as a potential threat, and implies a loss of control. Thus, protective defenses are generated that include avoidance and resistance. This natural cautiousness is heightened when family members have previously had negative experiences with persons in positions of authority. Families from minority groups, particularly, have often experienced discrimination from people in positions with prescribed authority. For these reasons, the caseworker's position of authority may interfere in attempts to engage parents in a process of positive change.

Yet, the safety of the child is paramount. When a child is at high risk of harm, and cannot be protected unless the caseworker utilizes intrusive authority to assure timely protective intervention, the caseworker must do so, regardless of the negative consequences on the casework relationship. This critical point differentiates family-centered child welfare from other social work and human service interventions, in which the client always retains the right to self-determination and autonomy. Family-centered child protective services is the balanced integration of these dual responsibilities of a protective authority and facilitating advocacy. Good practice is knowing when, and how, to utilize the appropriate intervention approach.

Comparing Models

The family-centered casework approach, and the use of prescribed authority, can be viewed as different points on a continuum of interventions. Both approaches have a common goal of protecting children from maltreatment, and both can be legitimate interventions, depending upon the circumstances. However, the underlying assumptions, methods, strategies, and potential outcomes of the two approaches are quite different.

In a protective authority model, the caseworker is essentially an enforcer. The components of this approach are as follows:

- The child welfare agency establishes standards regarding what children need for healthy development; knows what particular conditions place children at high risk of harm; and knows how parents must typically behave to meet their children's needs. Basic standards of child care are set by the community, and enforced by the agency. This provides a minimal standard of care to be met by all families.
- In each family situation, the caseworker determines the conditions that have increased risk of harm, and determines the specific changes that must occur in the family to assure protection of the children.
- The caseworker instructs family members regarding what must be done to provide safe care for their children. The case plan document is the tool that formally communicates agency expectations for family members and that directs their activities. Success is dictated by the degree to which family members comply with case plan expectations.
- The caseworker links the family to relevant services, and may directly provide assistance or direction; however, the worker's most salient role is monitoring the family's achievement of expectations, and administering sanctions for noncompliance, often by developing an alternative placement plan for the children.
- The caseworker's authority may be further strengthened by an action of the juvenile court.
- The strength of the protective authority model is that it allows workers to intervene immediately to protect children at high risk of harm, when other less intrusive methods cannot.

In the casework model, the role of the caseworker is that of an enabler. The model integrates social work and family-centered practice values. The underlying assumptions of this model are as follows:

- Family members are respected as individuals with inherent dignity, worth and value, and who have the capacity to participate as equal members in a collaborative change process. Family members retain the right to make important decisions about their own lives, including decisions about the best ways to protect their children from harm.
- Family members are viewed as unique persons within family, community, and cultural contexts, with unique experiences that have shaped their lives, and with inherent strengths and capabilities that can be mobilized to achieve productive change.

The casework method is based upon these assumptions. Its primary characteristics are:

- Casework consists of a series of well-defined steps that help family members identify and make important changes to improve their life situation and the care of their children.
- Casework requires the joint involvement of the caseworker and family members in all aspects of the change process. This includes the case assessment, case planning, problem solving, the delivery of services, and evaluating outcomes. The caseworker's role is that of expert facilitator or enabler, who assists the family in these activities.
- The caseworker provides guidance, support, encouragement, and reinforcement for efforts toward positive change, and gives constructive feedback that guides family members in trying new strategies and solutions.

- The caseworker may give advice and recommend solutions, but every effort is made to empower family members to generate their own solutions through their active participation in the development and implementation of the activities in the case plan.
- The caseworker approaches each family in a manner that is consistent with the family's cultural background and values.
- The liability of casework is that its success depends upon establishment of a collaborative relationship with family members. This usually takes time, even though a skilled worker can often engage a family sufficiently in a first contact to develop a safety plan that protects the children at home. However, casework alone is often not sufficient to protect children at high risk of harm when their parents are unable or unwilling to engage in strategies that reduce the risk to their children.

The following chart compares and contrasts the components of the casework model and the protective authority model as they are applied to child protective services, and summarizes the potential outcomes of both.

CASEWORK PRACTICE

Focus of Intervention: The family is viewed as a unit and is the primary focus of involvement and services.

Intervention Method : The family is involved in a *mutual family assessment* that includes both the contributing factors to maltreatment and inherent family strengths and resources.

Case goals and case plans are developed *with* the family. The plan is a *contract* that outlines all parties' agreed-upon roles, responsibilities, and activities.

Potential Outcomes: A family that is *involved* in the assessment of its own strengths and problems is *more likely to perceive benefit* to being involved with the caseworker and the agency.

Family members are *empowered* to act productive ways on their own behalf. This reduces resistance. The goal is *collaboration* to promote change.

Changes may be *integrated* into the family's lifestyle and sustained beyond the agency's involvement.

Casework intervention *may not be sufficient to assure protection of the child* in a high risk situation, when the family is initially resistant, or is unable or unwilling to engage in activities to protect their child.

PROTECTIVE AUTHORITY

Focus of Intervention: The child and the abusing or neglectful parent are each viewed individually as the focus of intervention.

Intervention Method: The *agency determines* the scope and nature of the family's problems, often in terms of visible problem behaviors only.

Case goals and case plans are developed *for* the family. The plan is a written set of *agency expectations* for the family.

Potential Outcomes: A family that is *not involved* in the assessment of its own strengths and problems is *not likely to perceive benefit*, nor make connections between their own behavior and the agency's expectations.

Family members are *forced* to act in ways that meet the requirements of the agency. This increases their resistance. The agency relies on the family's *fear of retaliation* to generate change.

Changes are likely to be *abandoned* if external supervision and monitoring are withdrawn, since there generally was no investment by the family to begin with.

Worker has *unilateral ability to ensure protection of the child* in a high risk situation, even when the family is initially resistant or is unable or unwilling to engage in activities to protect their child.

Application

The ideal approach to child protection is a service model that emphasizes the primary utilization of family-centered casework, without compromising the appropriate use of authority when necessary. This requires a flexible and individualized integration of strategies that can respond to changing situations, and that can be responsive to the needs and strengths of each family member.

Examples of these strategies would include:

- The caseworker initially uses the casework method to "engage the family," or establish a supportive and collaborative relationship with family members. The expectation of collaboration is clearly communicated to the family. This enables parents or caregivers to contribute to developing and implementing a safety plan to protect their children.
- Throughout the life of the case, the worker conducts activities to strengthen the casework relationship, to identify and remove barriers to family participation, and to facilitate joint planning and problem solving. The agency helps families to access and utilize the services they need to enable them to protect their children.
- The parents have the choice of working collaboratively with the caseworker to reduce the risk of harm to their children; or, by failing to do so, make it necessary for the worker to exercise unilateral authority to assure protection of the child.
- Prescribed authority is used only in those situations where the provision of family supportive services and other casework interventions cannot protect the child from harm.

- The worker may need, initially, to use the prescribed power of her position to gain entry into the home and to communicate the importance and seriousness of the situation to the family, thereby validating her presence in family members' lives. Relationship development occurs simultaneously. The caseworker's authority to enforce change may also be used as leverage to motivate family members to become involved in resolving their own problems. If family members can be engaged into a mutual problem-solving process, the first step of which is assuring immediate protection of their children, the worker may never need to exercise additional authority or unilateral mandates. Family members can be empowered to make all case decisions, so long as they identify and implement legitimate strategies that assure the safety of their children.
- When attempts to engage family members are unsuccessful, and children are determined to be at high risk of harm, the worker must use protective authority and act decisively to protect the children. However, the worker will continue to work toward engaging the family, until such time as it is determined that the parents' rights should be permanently terminated, and an alternative family is found for the child.

The following case examples illustrate and compare how a caseworker might respond to an allegation of child abuse, first utilizing a strictly protective authority approach, then a strictly social work approach, and finally, an appropriate and balanced family-centered child protection approach.

Case Example

Susan Forrester and Jon, age nine.

Susan Forrester is a divorced, 29-year-old mother who lives alone with her two children, Jon, age nine, and Wendy, age four. She supports herself and her

children through public assistance. Jon attends public school, and Wendy stays with a day care provider for three days a week, while Susan attends job training.

The school nurse called the child welfare agency to report that Jon had appeared at school with a cut and large bruise on his forehead, and the beginnings of a serious black eye. He told his teacher that he had fallen off his bike. The nurse examined Jon and identified multiple additional large bruises on his buttocks, legs, shoulders, chest, and back, some of which appeared to be almost healed. The nurse told Jon that he couldn't have gotten all those bruises from a single fall off his bike, and asked him to tell her the truth about how they happened. Jon began to cry, and said that his mom "got mad and threw the frying pan at me because she made fish, and I hate fish." He also said, "She hits me sometimes when she's mad. She says if she doesn't make me mind, I'm going to grow up just like my dad."

Worker: Pamela Protective Authority

Pamela arrived at the school within a half-hour of the referral from the school nurse. The nurse showed her Jon's bruises. Pamela concurred that the bruises appeared to have been inflicted, and she worried about their seriousness. She asked the nurse if she thought Jon was at imminent risk from the head injury. The nurse said he was showing no signs of concussion, but that he should be examined by a physician within a few hours. Pamela asked the nurse to watch Jon while she went to the Forrester home to meet with Jon's mother.

Pamela arrived at the home, unannounced. She introduced herself to Ms. Forrester, explained she was from children's services, and stated that she needed to talk with Ms. Forrester about the possibility of Jon's having been abused. Ms. Forrester immediately denied any such allegation, and expressed fury at the suggestion she was a child abuser. She demanded to know who had called in the referral. Pamela said she couldn't reveal this information; it was confidential. She described the bruise on Jon's head and the multiple bruises on Jon's body.

Pamela asked Ms. Forrester how they had happened. Ms. Forrester said Jon had fallen off his bike and hurt his head the evening before. As for the other bruises, she insisted she had never seen them, and stated they must have been inflicted at school to keep Jon in line, or they had happened on the playground. She stated she would go to the school and confront the teacher the very next day. Pamela said it was highly unlikely that the school personnel would have any reason to hit Jon, and that children don't get bruises all over their bodies from the playground. Ms. Forrester insisted that Jon hadn't been abused by anyone; she had seen abused children on television, and Jon didn't look like any of them. Besides, Jon had always bruised easily, and often fell down. If he had any bruises, it was a combination of these factors that had caused them.

She then asked the worker to leave, since there was no reason for children's services to be involved. Pamela stressed that the agency had a responsibility to be involved, since Jon had indicated that he had been hurt by his mother, more than once, and he was clearly at risk of being harmed again. Pamela said that Jon needed to go to the hospital for x-rays, and asked Ms. Forrester to accompany her. Ms. Forrester said Jon didn't need to go to any hospital, that she had never laid a hand on Jon, and that she would neither accompany Pamela, nor allow her to take Jon anywhere. Pamela then said she would call either the police or the court to get an order that would allow her to take Jon. And, if Ms. Forrester prevented her from getting medical care for Jon, she would place him in a foster home, at least temporarily. Pamela told Ms. Forrester that if she cooperated with the agency, John could likely come home again at some time in the future. Pamela said she would develop a case plan to protect Jon and to help Ms. Forrester, and that Ms. Forrester would likely have to attend parenting classes and counseling. Ms. Forrester insisted she wasn't crazy, didn't need counseling, certainly didn't need any classes, and would get an attorney and fight the agency immediately. Pamela made it clear that Ms. Forrester could do as she pleased, but if she didn't cooperate, the court would not look kindly upon reunification.

Worker: Scott Social Worker

Scott arrived at the school within a half-hour of the referral from the school nurse. The nurse showed him Jon's bruises. Scott concurred that the bruises appeared to have been inflicted, and he worried about their seriousness. He asked the nurse if she thought Jon were at imminent risk from the head injury. The nurse said Jon was showing no signs of concussion, but that he should be examined by a physician within a few hours. Scott asked the nurse to watch Jon while he went to the Forrester home to meet with Jon's mother.

Scott called Ms. Forrester from the school and asked if he could come talk with her. He explained he worked for an agency that helped parents with their children, and he had received a call, suggesting that Ms. Forrester might benefit from help in managing Jon. Ms. Forrester said she didn't need any help. Scott suggested he needed to come visit her anyway, because Jon appeared to have been hurt, and was in need of immediate medical care. Ms. Forrester reluctantly agreed, and said she could see him in a half-hour.

When Scott arrived at the home, he told Ms. Forrester his agency helped families with their children. Ms. Forrester stressed she had no problems, that her family was fine. Scott described Jon's bruises, including the bad bruise on his head, and said he needed to be seen by a doctor to make sure he didn't have a concussion. He said he had heard about the frying pan, told Ms. Forrester she must have been very angry and frustrated to have hit him, and asked Ms. Forrester to tell him about how Jon might have gotten the other bruises. Ms. Forrester angrily said she didn't know who had said anything about a frying pan, that Jon had taken a spill on his bike the night before and banged his head pretty badly. She didn't know anything about any other bruises. She said Jon had always bruised easily, and he often fell down. If he had other bruises, they were probably from roughhousing with his friends.

Scott asked Ms. Forrester to explain how she disciplined Jon. She said Jon was easy to care for, and she didn't have to discipline him often. When she did, she sent him to his room, and on occasion, spanked him once on his buttocks, through his clothes, with her hand. She then said, "You'd better not be saying I abused him!" Scott said he wasn't accusing her of anything, but understood that "children sometimes get hurt if their parents punish them a little too forcefully when they're mad. It's my job to help parents learn ways to discipline their children so they don't hurt them." Ms. Forrester said Jon was not abused; she had seen abused children on television.

Scott then said regardless of how it had happened, Jon really should be examined by a doctor. He offered to take Ms. Forrester and Jon to the emergency clinic. Ms. Forrester said that would not be necessary; she could take Jon herself when he got home from school. Scott again said he would like to go along, but Ms. Forrester stressed it wouldn't be necessary. Scott then said he would call her the next day to see what the doctor had said, and would bring some information back on parenting classes and alternative forms of discipline. He also left his phone number, explaining that he was always available to help, and he encouraged Ms. Forrester to call him if she needed him.

Worker: Carol the Child Welfare Worker

Carol arrived at the school within a half-hour of the referral from the school nurse. The nurse showed her Jon's bruises. Carol agreed that the bruises were probably inflicted, and she worried about their seriousness. She asked the nurse if she thought Jon were at imminent risk from the head injury. The nurse said Jon was showing no signs of concussion, but that he should be examined by a physician within a few hours. Carol asked the nurse to watch Jon while she went to the Forrester home to meet with Jon's mother.

Carol called Ms. Forrester from the school. Carol told Ms. Forrester she was from children's services, and that she would like to talk with Ms. Forrester about

Jon. Ms. Forrester told Carol she had nothing to say to her. Carol stressed that Jon had been hurt, and that she needed to talk with Ms. Forrester as soon as possible. Ms. Forrester reluctantly agreed. Carol told Ms. Forrester she would be there in 10 minutes.

When Carol arrived at the home, she thanked Ms. Forrester for meeting with her, asked her where she would like to talk, and followed her to the kitchen table. Carol explained that she had received a call about Jon, that he had a head injury and numerous bruises, and that he needed immediate medical attention.

Carol then asked Ms. Forrester what she knew about children's services. Ms. Forrester said she knew all about children's services, and she didn't need the agency's help. She didn't have any problems. She had seen abused children on television, and Jon had never been abused. She loved him, and took good care of him. She also knew that children's services took children away from their families and placed them in foster homes. Carol clarified that the agency never removed children from their families, unless the children could not be protected at home. Ms. Forrester said she always protected both her children, and she listed all the things she did for them. Carol said it certainly seemed she did many things for her children. Ms. Forrester said she certainly did, so Carol could leave now, since she didn't need help.

Carol said she couldn't leave just yet, because she wasn't sure how Jon had been hurt, and Carol asked if they could talk more about that. Ms. Forrester said she didn't know who called children's services, but Jon bruised his head when he fell off his bike. As far as she knew, he didn't have any other bruises. Even if he did, Jon often fell down, and he bruised easily. She said it was no big deal, so Carol could leave them alone now and go help families who really needed help.

Carol then said, "Ms. Forrester, I need you to understand the seriousness of the situation. I saw Jon at school, and he has a very serious bruise on his head, and multiple bruises all over his body. He needs medical attention immediately, and I was hoping you would accompany me to the hospital." Ms. Forrester

responded furiously, "You have no right to go sneaking around and seeing my children at their school." Carol calmly explained that sometimes children are at serious risk, and the child welfare agency must act quickly, or many children would be permanently hurt or die. Ms. Forrester said caustically that Jon wasn't about to die. Carol said, "No, but I am very concerned about his head injury and his bruises. If he has a concussion, he needs special care to prevent long-term harm." Carol then gently, but matter-of-factly, explained why multiple bruises in different stages of healing, especially on soft body parts, are generally not accidental. She again asked Mrs. Forrester to go with her to take Jon to the hospital.

Ms. Forrester jumped up from the table and yelled, "I will not have you accusing me of having hurt my child, and you're not going to take him anywhere!" Carol said calmly, "I'm not accusing you, nor am I blaming you. I'm asking you to work with me, to clear up how Jon got hurt, and to get the proper help to keep it from happening again. I think you may know how it happened. You may be afraid to tell me. I'm sure you don't yet trust me. But I want you to know I understand that parenting can be very stressful, and sometimes, children get hurt. I'm concerned about Jon, but I'm equally concerned about the rest of his family. Despite what you may have heard, children's services is here to help in any way we can, and believe me, we've helped in some pretty tough situations. But right now, we need to get Jon to the hospital."

Ms. Forrester told Carol she would take Jon herself when he got home from school. Carol said it was important that she go with them. Ms. Forrester said, "You're saying I don't have a choice. Either way, you take him." Carol said, "No, you do have a choice. Here are the options. You can go with me now. You're his mother. He'll be frightened if he has to go to the hospital alone. I'd much rather you go, too. But, I'll have to take him, with or without your permission. If you don't come along, I'll need to get an order from the court, and I'd really rather not put you, or me, through that."

Ms. Forrester said, "You're threatening me." Carol said, "No, I'm helping you understand the reality of this situation. Jon has been seriously hurt, and I will do whatever I must to assure that he is protected from harm. But, if you help me do that, and we can work together, we can probably resolve this together, too."

Ms. Forrester grudgingly sat down, looked directly at Carol and asked, "Why should I trust you?" Carol shrugged, and said, "Because I believe you when you say you work hard to give Jon good care, and I believe that he should stay with you. That's why I want to help you address this problem now. I know you've only just met me, and I understand why you might not trust me. But, let's take this one step at a time. Let's go to the school to get Jon, and to the hospital from there. We can talk more later. I really would like you to go with us." She then smiled at Ms. Forrester and said, "You know, some people say I'm a pretty nice person. I'm a parent too. You might be surprised what I can understand." Ms. Forrester looked at Carol for a very long time, and then rose from the table, saying, "I'll get my coat."

Synopsis

The three previous approaches had very different outcomes.

Pamela appropriately stressed the seriousness of Jon's situation. However, her lack of empathy for Ms. Forrester, her reference to "abuse" when discussing Jon's injuries, her accusations about how the abuse occurred, and her defensive responses to Ms. Forrester's anger only served to escalate hostility. Pamela had no choice but to exercise unilateral authority, which alienated Ms. Forrester even further.

Scott was sympathetic to Ms. Forrester, but he exerted no authority, and he abdicated his responsibility to protect Jon. While he was generally supportive and understanding, even about the possibility of serious abuse, he was powerless to assure Jon's protection. He did all he could do using persuasion, but he could

not even assure that Ms. Forrester would actually get Jon to the hospital. Therefore, Jon remained at serious risk of further harm.

Carol engaged Ms. Forrester to work collaboratively, yet made sure she understood the seriousness of the situation. Carol explained how and when she would use her authority, and she stressed her preference that Ms. Forrester work with her to resolve the problem. She communicated this in a kind, matter-of-fact manner, without accusation or blame. She did not press Ms. Forrester regarding how the abuse had occurred, nor did she mention that Jon had told her about the frying pan. There would be a more appropriate time and place for these discussions. Carol did not want Jon to be punished for disclosing the abuse. She also hoped to first develop rapport, and hoped that Ms. Forrester would eventually tell her of her own accord. They would have another opportunity to discuss it further when the hospital physician confirmed the likelihood of abuse. Carol had also reinforced what positive parenting she had observed, and she stressed that Ms. Forrester's presence would be important to Jon in a frightening situation. This supported her remaining in a primary parenting role. Carol communicated that she could understand Ms. Forrester's frustration, and that she would like to earn her trust. The message to Ms. Forrester in this early interaction was that Carol was clearly going to protect Jon, but that she preferred doing so by working collaboratively with Ms. Forrester.

If Ms. Forrester had continued to refuse assistance, despite Carol's attempts to engage her, Carol would have had no choice but to return with law enforcement support, or a court order, to assure that Jon received the necessary medical care and protection. However, Carol would have continued to actively work with Ms. Forrester, and encourage her to become involved in the planning and service delivery process.