

Ways of Working in Child Welfare: A Perspective on Practice

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Child protection social work practice is in transformation, moving toward an intervention system that increasingly values and validates the contributions and views of families, their extended network of support, and involved professionals (Burford & Hudson, 2000; HSMO, 1995; Merkel-Holguin, 2004; Turnell & Edwards, 1997). The move toward a balanced assessment that incorporates the family view, cultural context, and attention to demonstrated protective factors provides the foundation for the promotion of child safety and well-being. The available professional views and identified danger, harm, and concerns are placed alongside the family's information and views. Input is expanded through use of solution-focused skills to discover strengths, protective capacities, and existing signs of safety (Berg & Kelly 2000; Turnell & Edwards, 1999).

Goals are developed jointly with family members and relevant service providers. Social workers support service coordination by

using group process forums such as case planning conferences, allowing discussion of both family and professional views and development of a shared understanding of the details of goals.

Differential response options in child welfare practice allow for the construction of alternative pathways for agency intervention for accepted child maltreatment reports (Sawyer & Lohrbach, 2005). The available pathways are influenced by the presenting level and nature of concern regarding child safety and the availability of information for initial decision making. Reports that appear to represent low or moderate risk of harm are referred for a family assessment, with a decision made about the need for formal or informal intervention. No finding of child maltreatment is required. For families gauged to be at risk of recurrence of abuse or neglect through the assessment, services are offered and provided on a voluntary basis.

Child protection intervention strategies that support partnership-based collaborative practice within a differential response system rely on the use of family involvement strategies, solution-focused skills, integration of research-based risk and protective factors, and identification of family assets, resources, and capacities. Olmsted County, as an agency, assumes accountability for social work practice through provision of selected training opportunities, supervision, and consultation directed toward building social worker confidence and capacity within a context of support and affirmation.

The following sections represent social



worker practice descriptions of direct work with families, as well as measures taken by the agency to support partnership-based collaborative practice patterns. The narratives illustrate engagement strategies and careful query of strengths and protective capacities relative to frank discussions of concerns. Examples of the coordination are presented that include a wider network of child, family, and community resources in planning.

Practice example of family assessment and intervention

Social worker narrative

I met with family members earlier this year after a report alleging that the mother of two children was using drugs and their care was compromised. Extended family members had contacted the agency expressing concern about the single mother and the well-being of the children (ages 15 and 8) in her care. The following concerns were specifically cited in the report:

- drugs and drug paraphernalia found in the home,
- little or no food in the house,
- mother leaves the children home alone for extended periods of time, and
- the older child is providing the majority of the parenting care of the younger sibling.

As I reviewed the information, I recognized that this mother and her two children had a concerned extended family member network willing to participate in a meeting to address the drug use that was compromising the children's safety and well-being. Since the extended family called the agency, I viewed this as their request for help.

I made an initial phone call to the mother, introducing myself and briefly outlining the concerns reported to the agency. I explained

my role as the social worker responsible for completing an assessment of the reported concerns. I asked her if she would be willing to meet with me so I could hear her thoughts regarding the concerns. She agreed and came to the agency offices that afternoon, and we talked about how things were going for her. She shared that her husband's recent death had caused her to feel sad and anxious about being a single parent. She admitted to drug use as a way of coping and trying to feel better. I told her that my role was not to stop her drug use, but to ensure that her children were safe despite her drug use. She said that she wanted to stop using drugs and stated that her family supported this. She described feeling scared about losing the one thing that seemed to take away all of her uncomfortable feelings of sadness and loss. Drugs were her primary coping mechanism, and she was fearful about stopping despite her desire to do so.

I talked with her about my need to talk with the children, too. I asked her if she would be willing to meet with me along with her children. She agreed to meet and I offered to come to her house.

Social worker reflections on first meeting

- In the first phone call, I greeted the mother, introduced myself, gave clear information regarding the purpose of my call, and asked to speak with her face-to-face to listen to her thoughts and views.
- During the initial appointment with the mother, I actively listened to her and refrained from any judgment about her or her drug use.
- We talked about her desire to be drug-free and the obstacles to reaching that goal from her viewpoint.



- We set up a time to meet with her and her children together.

During the second appointment, which I scheduled within a week's time, I introduced myself to the two children and explained my role as a social worker conducting a child protection assessment. I invited the children to talk about how things were going for them. Both children expressed concern about their mother and anger about her unavailability for them. The children directly shared their feelings with their mother and their desire for her to receive drug treatment so she could get better.

Social worker reflections on second meeting

- I interviewed the children and their mother together, introducing myself and explaining my role to the children. I actively listened to the children, tuning in and gathering information on how they viewed the problem and their ideas for solutions.
- I facilitated a conversation with the children about their worry, anger, and disappointment with their mother and helped them process their feelings.
- I offered information to the children about drug use as it pertains to addiction, treatment, aftercare, and relapse.
- We brainstormed ideas for the children's safety that specifically addressed the mother's drug use and her unavailability as a parent.
- We identified supportive adults with whom the children could stay until their mother was able to support herself and the children.

I asked the mother if she would sign a

release of information and if she would be willing to meet with extended family members to develop a plan for her children. She agreed, and a family meeting was set to establish the plan. The plan included things such as what to do if drug use is suspected, what to do if drug paraphernalia is found, who would provide care for the children should the need arise, and the organization of visits with the mother should another person be caring for the children.

At a subsequent meeting within a week after the second meeting, I met with the mother, the children, and an aunt and uncle to talk about concerns and create the following consensus-based plan. The children would live with the aunt and uncle while the mother attended inpatient treatment for her drug use. The children would visit their mother while she was in treatment, and they would eventually spend weekends with her in the family home. Agreements were reached that allowed the children to signal an end to a visit if they were concerned about drug use, and their mother could opt against a visit if she was feeling overwhelmed with the treatment process. The aunt and uncle would monitor the contacts. They expressed that they would address issues and challenges as they arose, and call the agency if they required support. I offered education and information about the drug treatment process to give the family members an idea of what the mother was facing. All family members signed the safety plan, and each received a copy, along with a letter from me thanking them for their involvement.

The mother entered drug treatment, and the plan devised by the group was implemented. The children resided with their aunt and uncle, maintaining ongoing contact with all involved family members. The family's plan for intervention was working and the children remained safe and well cared for.



In closing, I later received positive feedback from two family members, who thanked me for meeting with them in the evening to create a plan. I recognized that the extended family had a lot of constructive energy organized around helping the mother and children, and I viewed my role as facilitating the planning process. I contributed by respecting the family's work hours and meeting with them after my own typical work hours. The family identified a time and place that was convenient for them. The family members stated they felt their concerns were taken seriously, and they now had a more realistic expectation of the mother regarding her drug use and treatment process. The family members expressed that they were comfortable without further agency involvement; however, should further needs or concerns arise, they would not hesitate to call the agency again for assistance and intervention.

Practice example of working with community elders within a cross-cultural context

Social worker narrative

One of my alternative response cases was with an immigrant family of 10 – two parents and eight children – who moved to Olmsted County from another state. The family came to the attention of social services due to concerns regarding their capacity to provide basic needs for their children. The moderate risk level and initial team screening process (see “Differential response in child protection: Selecting a pathway” on page 44) directed this family to Olmsted County's alternative response pathway. This family had multiple needs, including the basic needs for food, clothing, and shelter of their children. A

particular challenge was finding a home large enough to accommodate their entire family. After searching for housing within their financial means and finding nothing, the family separated and rented two different apartments. The mother, along with seven of the children, moved into a three-bedroom apartment, and the father, along with their oldest son, moved into a one-bedroom apartment. The family struggled with the separation and resulting negative impact on both their financial resources and their parenting capacity. Paying two utility, cable, telephone, and rent bills created more financial strain, and dealing with two different landlords was confusing.

A particular challenge was finding a home large enough to accommodate their entire family.

This family agreed to the need for child protective services and participated in the development of the family service plan. The parents, the two older children in the home, two older daughters who live outside the home, one son-in-law, and one of the religious community leaders were most actively involved in the planning.

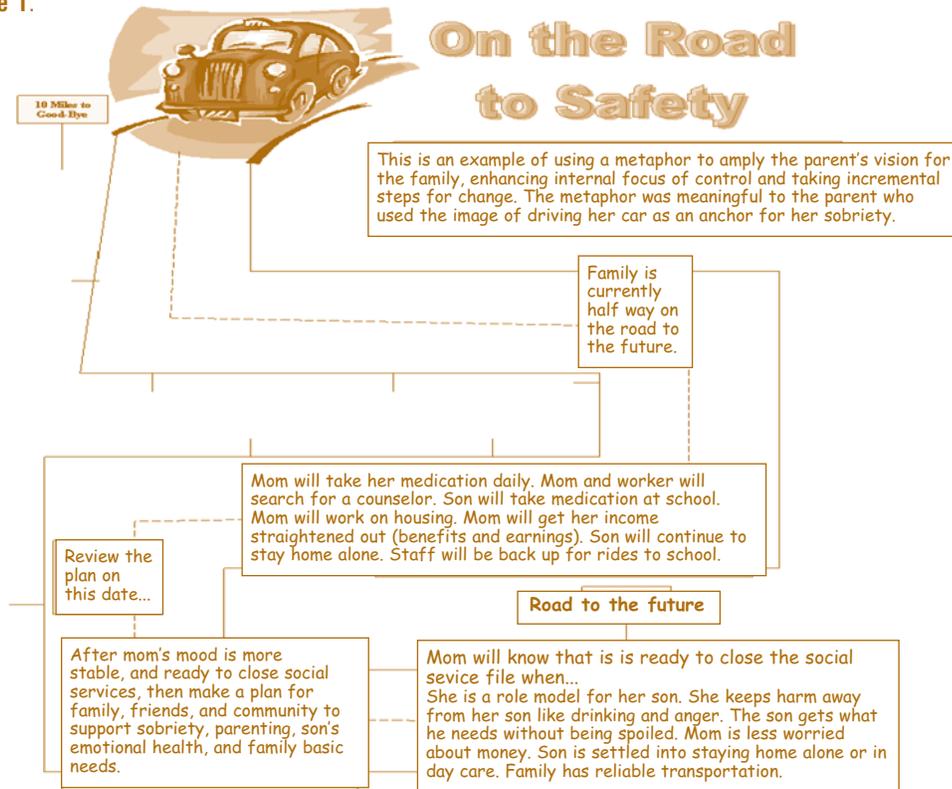
The primary goal identified by the family was the well-being of the children; housing was the second goal. I connected this family with Habitat for Humanity (a housing resource) and advocated for them. After two years on the waiting list, this family now lives together in their own five-bedroom house. At the time this article was written, the family has been in their new home for one year, and their quality of life had improved.

Social worker reflections on partnership and collaboration

Working with immigrant families that have been under oppressive regimes before arriving in the United States is challenging. The



Figure 1.



majority of these families don't trust any system or authority. My experience is that they tend to fear authority and show mistrust when working with government employees or individuals they perceive to have authority. It is easier to engage immigrant families when using alternative response methods because an assessment process and voluntary offering of services, rather than an investigation that leads to a maltreatment determination, reduces their fear and galvanizes them in creating solutions for themselves. In Olmsted County, I have found this to be particularly helpful when working with clients of the Somali culture. There is a Somali proverb that says, "dhib xow u dhacay Iama dhahee, see looga dhaqmaa ayaa la dhahaa," which can be translated as, "Don't ask how an accident happened, but ask how it can be solved." This

approach reduces the stress and the fear of the caregivers and increases their trust level.

The flexibility offered through a differential response helps immigrant family members partner with service providers and other professionals to match services to needs and explore services that may be unfamiliar to them. An example is in-home, family-based counseling, which is not part of many African cultures, and families are reluctant to use therapeutic services. When parents are informed that they are participants in the process (sitting in the driver's seat), they normally agree to participate.

Although immigrant families first prefer to use the resources within their culture, oftentimes their cultural support system has collapsed long before they arrived in the United States. In that case, it sometimes



requires partnering with community elders to reorganize support systems or help a family make crucial decisions. For example, in a different case, I worked with two parents who refused medical services for their child based on their beliefs and mistrust of the modern health system. With the permission of the parents, I asked community elders to support the family in making a decision for their sick child. After the involvement of the community elders, the parents agreed to the recommendation of the medical doctors. Their child underwent surgery, and the illness was successfully treated. The positive outcome of this case was the result of collaboration among child protective services, the family, medical personnel, and community elders.

Practice example of work engaging children

Social worker description

Quality social work visits with the family and child help determine the measurement of safety. I like to observe parent and child interaction to see the application of skills acquired, changes made, and strengths demonstrated in the service of child safety and well-being. I find it helpful to use conversation aids (Figure 1) with many children between the ages of five and 10. Sometimes I have the child update the conversation aids used in the assessment. Other times, an analogy or a metaphor is developed specific to the child/family narrative of their experiences with and perspectives on the concern, along with the positive resolution. The social worker's connection with the family supports a shared journey, providing an opportunity for understanding. The relationship supports the work toward different family-centered solutions. Other conversation aids I have found useful include the following.

- Have the child draw a picture of how things

used to be and how things are now. Then have them describe the drawings to gain a better understanding.

- Have the child color on a blank ruler to show how safe they feel now. Clearly define what is safe and not safe as the anchor endpoints for the child.
- Have the child fill out a phone list for emergencies to get a better understanding as to who is important in the child and family's life.

Practice example utilizing family involvement strategies

Social worker description

Family group and family case planning conferences have offered opportunities to bring multiple service providers and family members together to create plans that resolve child protection concerns. Families often express confusion about working with multiple systems that require certain activities from them (e.g., school attendance) and don't fully explain what they are responsible for as parents. I frequently use case planning conferences when there are challenges with children's school attendance. These case planning conferences typically can involve the parents, children, family friends, grandparents, support persons, social worker, social worker supervisor, *guardian ad litem*, attorneys, and any other people the family invites. It gives the involved parties a forum to share information and talk through available options to create solutions. Clarification, planning, and support for success are often overlooked when working with families where school attendance is a challenge.

I worked with a family whose child was marked tardy, and we regularly held case planning conferences to:



- ensure that the family and the school were operating on the same understanding of the time;
- ensure that school personnel were communicating among themselves regarding who marked the child in on time; and
- designate one person at the school for the parent to communicate with to assist with fragmentation of information.

One of the most noticeable changes was the increased communication of the parent with the school within the first week after the initial meeting. The child's attendance and tardiness improved as well. Ongoing meetings were held to make sure that the plan was working for all parties involved and to discuss overall child well-being issues that are affected by school attendance.

Summary

Participatory social work practice is based on an inquiring approach, where family members are viewed as relevant and vital in the process of building safety within their family systems. Social work practice must grow beyond the naive equations that "needs equal services" and that a case plan is a "menu of professional services." Instead, it must look much more rigorously at the desired outcomes of services to establish a wider array of practical and informal resources that can be used in response to child welfare concerns. Child protection practice is too serious to ignore the assets, resources, and capacities within family systems and communities. Social workers need the skills to effectively engage family members in working and constructive relationships. They will further benefit from training that teaches them how to make explicit their expectations, concerns, and roles while making their actions,

assessments, and authority vulnerable to family members in their cultural and community contexts.

The partnership-based, collaborative practice described in this article through a differential response child welfare system is supported by an agency culture characterized by respect for social work staff and families and a clear vision focused on outcomes of child safety and strengthening families. The culture is further developed by a practice that is aligned with research and values flexibility, creativity, a solution focus, and collaborative efforts. The agency must communicate and uphold an interest in good practice specific to a balanced assessment of ongoing needs and lessened conflict, with increased family and child participation.

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Social Worker Perspectives on Agency Support of Practices

Social work practice is supported by training that:

- focuses on child abuse literature regarding risk and protective factors specific to physical abuse, sexual abuse, and chronic neglect;
- uses formalized, research-based tools to assist with articulation of existing safety, danger, and harm;
- focuses on skill building pertaining to microskills, techniques, and strategies from solution-focused casework and strengths-based practice;
- outlines practice principles and elements specific to building constructive working relationships with families and collaboration among professionals;
- offers practice models that meaningfully involve families and are restorative in nature;
- uses a visual, diagrammatic framework as a tool that can be used with families to describe and input information as a balanced assessment of safety;
- focuses on stages of change regarding goal development with families;
- focuses on building safety in the context of denial and discrepant explanations; and
- focuses on specific considerations with domestic violence and youth in conflict.

Social work practice is supported by supervision that:

- is offered in regular group process settings with a clinical consultation focus, allowing for cross-training, transfer of learning, routine exposure of practice, and shared accountability;
- is offered in individual settings specific to professional goal development;
- is offered in a team supervisor format, allowing for increased access;
- uses a consultation framework for organizing and analyzing information in case planning development; and
- is offered in the format of reflective teams per request for processing perceived impasses.

Social work practice is supported by an agency culture that:

- considers individual social worker personality traits, differing abilities, and learning curves;

- values open-mindedness, skills in identifying what is important to families, and a willingness on the part of social worker or agency to admit mistakes, humility, and respectful responses;
- allows for thinking and exploration of solutions that lie outside the constraints of the agency/larger system and permits informed challenges to existing rules and regulations;
- is sensitive to growing pains in the development of new practice patterns;
- acknowledges the value of celebration with families through sharing a meal or convening a meeting of success at closing or specific points of accomplishment;
- requires consultants/supervisors to use formal training strategies when guiding social work staff in the development of strengths-based practice perspectives; and
- recognizes staff members' skill and contribution by believing that they have ideas and strengths that they bring to solution building and general practice.

Social work practice is further supported by:

- focus groups and think tanks convened around practice development questions and challenges;
- regular inquiry into good practice to build practice confidence and increase the body of knowledge;
- caseloads that are manageable and consistent with the delivery of a collaborative practice model;
- access to technology, technical assistance, and supplies;
- resources within the child welfare practice (e.g., family group decision making, family case planning conferences, court liaison social workers, case aids, clinical consultants, foster care and adoption social workers, quality assurance personnel)
- opportunities to develop professionally through presentations, project design, grant writing, and research projects;
- internal agency collaboration forums;
- external agency collaboration forums;
- national and international collaboration forums;
- access to research materials, journals, and books specific to child welfare practice; and
- specialized tools: structured decision making, safety tools, and danger assessment in domestic violence.

