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Child Protective Services: A Guide for Caseworkers

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Child Protective Services: A Guide for Caseworkers

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Preface

Each day, the safety and well-being of children across the nation are threatened by child abuse and neglect. Intervening effectively in the lives of these children and their families does not rest with any single agency or professional group but rather is a shared community concern.

The *Child Abuse and Neglect User Manual Series* has provided guidance on child protection to hundreds of thousands of multidisciplinary professionals and concerned community members since the late 1970s. The series provides a foundation for understanding child maltreatment and the roles and responsibilities of various practitioners in its prevention, identification, investigation, assessment, and treatment. Through the years, the manuals have served as valuable resources for building knowledge, promoting effective practices, and enhancing community collaboration. It is the hope that these updated manuals continue that tradition.

Since the last update of the *User Manual Series* in the early 2000s, the changing landscape reflects increased recognition of the complexity of issues facing parents and their children, new legislation, practice innovations, and system reform efforts. Advances in research and evidence-based practice have helped shape new directions for interventions. The Office on Child Abuse and Neglect, within the Children's Bureau of the Administration for Children and Families, U.S. Department of Health and Human Services, has developed the fourth edition of this manual in the *User Manual Series* to reflect the increased knowledge base and the evolving state of practice. *Child Protective Services: A Guide for Caseworkers* provides a comprehensive view of the child welfare process. This manual examines the roles and responsibilities of child protective services (CPS) workers, who are at the center of every community's child protection efforts. It describes the laws and policies that govern child protection, the basic stages of the CPS process and the steps necessary to accomplish each stage, and the importance of supervision and worker safety and wellness.

Best practices and critical issues in casework practice are underscored throughout. The primary audience includes CPS caseworkers, supervisors, and administrators. State, tribal, and local CPS agency trainers may use the manual for pre- or inservice training of CPS caseworkers, while schools of social work may add it to class reading lists to orient students to the field of child protection. In addition, other professionals and concerned community members may consult the manual for a greater understanding of the child protection process. Another manual, *Child Protection in Families Experiencing Domestic Violence*, serves as a companion piece by looking at the CPS process through a domestic-violence lens.

Child Protective Services: A Guide for Caseworkers, Child Protection in Families Experiencing Domestic Violence, and prior versions of the entire User Manual Series, are available at https://www.childwelfare.gov/pubs/usermanuals/.

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Acknowledgment of Prior Editions

This manual is an update of two prior versions of this manual, written by Diane DePanfilis and Marsha K. Salus in 1992 and 2003. The first edition of the manual was published in 1980 as Child Protection: Providing Ongoing Services by Cynthia K. Ragan, Marsha K. Salus, and Gretchen L. Schultze.

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Chapter 1:
Purpose and Overview

This manual, *Child Protective Services: A Guide for Caseworkers*, provides the fundamental information that child protective services (CPS) professionals need to know to perform essential casework functions. This first chapter:

- Provides the context for the manual
- Defines basic terms, used in general and throughout the manual, for describing the CPS process and activities
- Lays out the sequencing of the chapters, each of which builds upon previous chapters, for ease of reference

1.1 Background

For federal fiscal year 2016, the Children's Bureau (2018) found that the United States had approximately 676,000 reported victims of child abuse and neglect, or 9.1 victims per 1,000 children in the population. To protect children from harm, CPS relies on community members to identify and report suspected cases of child maltreatment, including physical abuse, sexual abuse, neglect, and psychological maltreatment. Many professionals (including health care providers, mental health professionals, educators, and legal and court system personnel) are involved in responding to cases of child maltreatment and in providing needed services.

Because child abuse and neglect is a community concern, each community has a legal and moral obligation to promote the safety, permanency, and well-being[1] of children, which includes responding effectively to reports of child maltreatment. At the federal level, the Child and Family Services Reviews (CFSRs) monitor states to measure their effectiveness at achieving these goals. At the state, tribal, and local levels, professionals assume numerous roles and responsibilities (ranging from prevention, identification and reporting of child maltreatment to assessment, intervention, and treatment) to achieve those goals.

CPS, a division within state, tribal, and local social services, is at the center of every community's child protection efforts. CPS agencies, along with law enforcement, play a central role in receiving and investigating reports of child maltreatment. The focus of CPS agencies is to determine if a child is safe and whether there is risk of future maltreatment. They also offer services to families and children where maltreatment has occurred or is likely to occur.

[1] The focus of the CPS process is on safety. Permanency and well-being are the purview of other areas of the child welfare system and are beyond the scope of this manual.

Child and Family Services Reviews

The CFSRs enable the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, to (1) ensure conformity with federal child welfare requirements; (2) determine what is actually happening to children and families engaged in child welfare services; and (3) assist states in enhancing their capacity to help children and families achieve positive outcomes. The Children's Bureau completed the first round of the CFSRs in 2004 (after the publication of the third edition of this manual) and currently is conducting the third round. The CFSRs evaluate public child welfare systems to determine how well they achieve safety, permanency, and well-being in difficult situations of child maltreatment (U.S. Department of Health and Human Services, Children's Bureau, n.d.). They also help states develop effective Program Improvement Plans to improve child and family outcomes and to enhance collaboration with service providers. For more information on the CFSRs, visit https://www.acf.hhs.gov/cb/monitoring/child-family-services-reviews (para.1).

1.2 Terms and Definitions

Terminology not only varies throughout the field and from system to system, it also evolves as practice and protocols change. Appendix A provides a glossary of terms used throughout this and other manuals. For example, prior manuals referred to the "case plan" or "service plan." This manual uses the term "family plan." This change is to emphasize that to truly support change, the family must own the plan, not just be directed what to do by the caseworker, agency, and/or court. Another change from prior editions is referring to "service provision" now as "change strategies and interventions." This phrase more accurately captures a paradigm shift. Now the caseworker's goal focuses more on matching change strategies and interventions to family strengths and needs to achieve specific outcomes, rather than merely providing services or requiring attendance in programs that may or may not be beneficial to achieving those outcomes. The *Overview of Child Protection Process* in chapter 2, **exhibit 2.1**, also incorporates these terms. The stages of the CPS process illustrated by this flowchart also track to chapters 5–11 in this manual.

While the manual's title refers to "caseworkers," the term is used generally to refer to the various workers that provide CPS services. Therefore, at various times and during different stages of the CPS process, this manual also uses other terms, including "worker," "CPS worker," "intake worker," and "practitioner."

"Parent" in this manual most often refers to birth parents, as well as other parental-role caregivers. Other examples of caregivers who may be involved with CPS include guardians, emotional or psychological parents (e.g., fictive kin who often assume a parental role without any legal or biological relationship or responsibility to the children), foster and adoptive parents, and stepparents. The parent who is not the subject of a report of alleged maltreatment is referred to as the "nonmaltreating" or "nonoffending" parent.

The reader should note two other items:

1. The author and reviewers made every effort to use the most up-to-date research and materials. However, in some cases, the material referenced is older because the field recognizes it as the gold standard of certain definitions, terminology, or concepts and/or it is a primary source cited in a secondary source.

2. While the manual attempts to cover the various forms of child maltreatment covered by the Child Abuse Prevention and Treatment Act (described in detail in chapter 3), the trafficking of children is considered beyond its scope. For more information on that important topic, see https://www.childwelfare.gov/topics/systemwide/trafficking/pir/.

1.3 Topics Addressed in This Manual

Child Protective Services: A Guide for Caseworkers covers numerous topics essential to good CPS casework practice, including:

- Philosophical tenets, legal context, and national goals of child protection
- Core components of the helping relationship, including cultural sensitivity and competency and family engagement
- Purposes, key decisions, and practice issues for the stages of the CPS process:
  - Reporting and intake
  - Initial assessment/investigation
  - Comprehensive family assessment
  - Development of the family plan
  - Change strategies and interventions
  - Evaluation of change and family progress
  - Closure and ending of CPS involvement
- Effective documentation of actions in case records and information systems
- Strategies for casework supervision, training, consultation, and support
- Caseworker wellness and safety

Each chapter concludes with highlights of its key points for a quick summary. Appendices include a glossary, resources of information on child protection, and various casework tools.

Child abuse and neglect is a complex problem, and child protection is a challenging responsibility. While no single publication can provide all the information needed to promote effective CPS practice, explore all of the relevant issues, or reflect the multitude of policy and practice variations in place across the country, this manual provides a starting point. Its solid foundation for casework practice should be augmented through training, other professional development activities, and experience.

Please note that any programs, models, instruments, surveys, or websites discussed in this manual do not connote an endorsement by the Children's Bureau.

Targeted audiences are encouraged to read *Child Protection in Families Experiencing Domestic Violence*, a companion manual in the *User Manual Series* that builds upon the concepts discussed in this manual through a domestic violence lens. It also includes the *Overview of Child Protection Process* graphic, with the relevant chapters tracking to the flowchart.

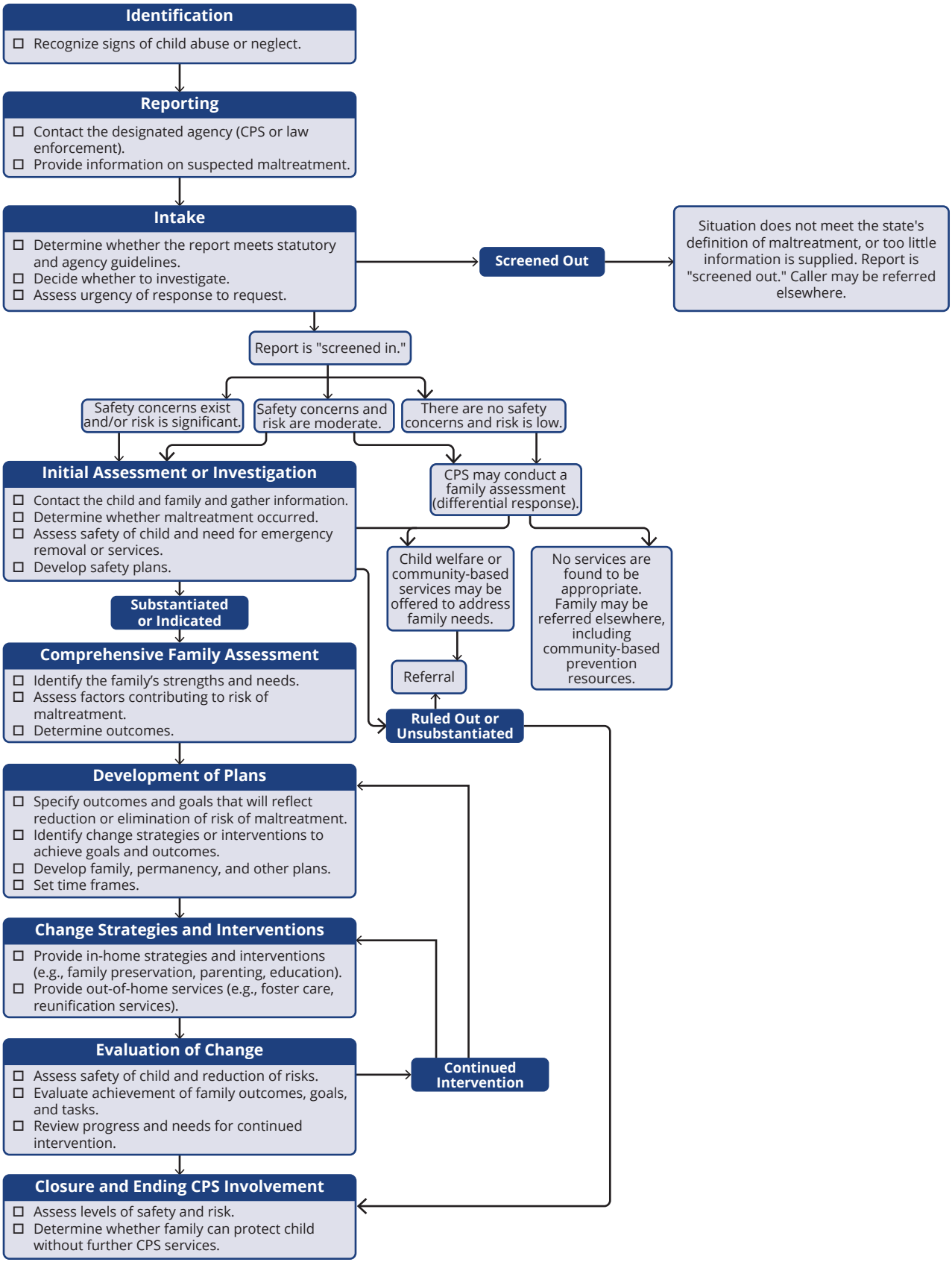
Chapter 2:
Child Protective Services Practice

Child protective services (CPS) is the central agency in each community that receives reports of suspected child maltreatment (sometimes in tandem with law enforcement). It assesses the risk to and safety of children and provides or arranges for services to achieve safe, permanent families for children who have been abused or neglected, or who are at risk of abuse or neglect. CPS also facilitates community collaborations and engages formal and informal community partners to support families and to protect children from maltreatment.

The basis for CPS stems from a concern for the care of children, which is expressed through laws established at the federal, state, and tribal levels (chapter 3). This chapter introduces CPS practice and covers the:

- National child protection goals of safety, permanency, and well-being
- Culturally competent, developmental, ecological, evidence-informed, strengths-based, and permanency-driven perspectives guiding this practice
- Child-centered, family-focused, and culturally responsive framework for practice
- Core competencies necessary for caseworkers
- Stages of CPS practice: planning, service provision, evaluation of family progress, and case closure

Exhibit 2.1
Overview of Child Protection Process



2.1 National Goals for Child Protection

The Adoption and Safe Families Act of 1997 (ASFA, P.L. 105–89) establishes three national goals for child protection:

- **Safety.** All children have the right to live in an environment free from abuse and neglect. The safety of children is the paramount concern that guides child protection efforts.
- **Permanency.** Children need a family and a permanent place to call home. A sense of continuity and connection is central to a child's healthy development. Therefore, child protection efforts focus on keeping children with their families as long as their safety can be maintained.
- **Child well-being.** Children deserve nurturing environments that promote their cognitive, psychological, and behavioral development, as well as social and emotional competence and physical health. When children are considered to be unsafe, child protection practices must consider methods for supporting families so that the well-being of children is achieved.[1]

CPS agencies are accountable for achieving outcomes of child safety, permanency, and well-being for children who come to their attention. At the federal level, the Children's Bureau, through the Child and Family Services Reviews (CFSRs) monitors states to measure their effectiveness at achieving these goals. To achieve these outcomes, caseworkers must engage families in identifying and then achieving family-level outcomes that reduce the risk of further maltreatment and ameliorate the effects of maltreatment that have occurred.[2]

2.2 Philosophical Tenets of Child Protective Services

When selecting staff to work in CPS, child welfare agencies need to align their programs and policies with, and select staff who embrace, the following philosophical tenets, which are based on the values that underlie sound child protection and community responses to child maltreatment:

A safe and permanent family is the best place for children to grow up. Every child has a right to adequate care and supervision and to be free from abuse, neglect, and exploitation. It is the responsibility of parents to see that the physical, mental, emotional, educational, and medical needs of their children are met. CPS should intervene only when parents request assistance or fail, by their acts or omissions, to meet their children's basic needs adequately, cause physical or emotional harm, or fail to keep them safe. Two frameworks for strength-based assessments of families are protective capacities and protective factors (Capacity Building Center for States (n.d.-b):

- **Protective capacities.** Caregiver characteristics directly related to child safety that help ensure the safety of the child by the caregiver responding to threats in ways that keep the child safe from harm. Building protective capacities also helps reduce the risk of maltreatment.
- **Protective factors.** Conditions or attributes of individuals, families, communities, or the larger society that reduce risk and promote healthy development and well-being of children and families, today and in the future

1 For more on ASFA, visit https://training.cfsrportal.org/section-2-understanding-child-welfare-system/2999 or read the law at https://www.gpo.gov/fdsys/pkg/PLAW-105publ89/pdf/PLAW-105publ89.pdf.

2 For more on the CFSRs, go to https://www.acf.hhs.gov/cb/monitoring/child-family-services-reviews.

Most parents want to be good parents and have the strength and capacity, when **adequately supported by family or other social supports, to care for their children and to keep them safe.** Most children are best cared for by their own family. Therefore, CPS and the community can provide essential supports to families who have maltreated their children, or who are at risk or otherwise need support, to help them develop the strengths and to build protective capacities to keep their children safe so the family may stay together.

Families who need assistance from CPS agencies are diverse in family structure, culture, race, ethnicity, religion, economic status, beliefs, values, and lifestyles. Agencies and caseworkers need to be responsive to, and demonstrably respectful of, these differences. Furthermore, caseworkers, along with their partners in other public and community-based agencies, can and should (1) build on the strengths and on the protective capacities and factors within families and communities, and (2) advocate for the families they serve to gain access to needed services. Often securing access to services and resources means helping families overcome barriers rooted in poverty or discrimination.

CPS practice should be implemented through a trauma-informed lens. When children have been victims of child maltreatment, they likely have been exposed to multiple forms of trauma. It is, therefore, essential for caseworkers to (National Child Traumatic Stress Network, 2008):

- Maximize the sense of safety for children
- Assist children in reducing overwhelming emotion and building healthy coping skills
- Conduct a comprehensive assessment of the child and family's trauma experience and impact and to coordinate services with other agencies[3]
- Help parents and children make meaning of their trauma history
- Understand and address the impact of trauma on child development and subsequent changes in the child's behavior, development, and relationships
- Support and promote positive and stable relationships
- Provide support and guidance to the child's family
- Manage professional stress

CPS efforts are most likely to succeed when families are ready and actively participate in the process. Whatever a caseworker's role, he or she should have the ability to elicit motivation for change and to develop helping alliances with family members (see chapter 4). Caseworkers need to work in ways that encourage families to participate fully in the assessment, safety planning, and development of the family plan, as well as other critical decisions in CPS intervention.

The goal is to keep children in the home when safe to do so, and the parents' participation is key. When parents cannot or will not fulfill their responsibilities to protect their children, however, CPS has the right and obligation to intervene directly on the children's behalf. Both laws and good practice maintain that interventions should be designed to help parents protect their children and should implement strategies using the least-intrusive approach possible. Caseworkers are legally required to make reasonable efforts to develop safety plans that keep children with their families, whenever possible, and to refer for court intervention and placement of children in out-of-home care only when children cannot be kept safely within their own homes.

3 Chapter 9 provides more on trauma-focused practice. Other practice guidelines can be found through the National Child Traumatic Stress Network at http://www.nctsn.org/.

When children are placed in out-of-home care because their safety cannot be assured, the agency should select a home that best meets the child's needs and develop a case plan as soon as possible. A properly chosen placement will:

- Meet children's physical, emotional, and social needs
- Strengthen and preserve children's relationships with their families
- Reflect and/or actively value a child's culture
- Minimize separation trauma

To the degree possible, children should be placed with members of their own extended families or in their home communities to maintain continuity, preserve important relationships, and support their cultural identity. In most cases, the preferred permanency goal is to reunify children with their families. All children need continuity in their lives, so if the goal is family reunification, the plan should include frequent contact and quality interactions between the child and family and other efforts to sustain the parent-child relationship while the child is in out-of-home care. Also, the agency must begin immediately (in the case of emergency placements) or continue to work with the family to mitigate the behaviors and conditions that led to the maltreatment and necessitated placement in out-of-home care in order to start working toward reunification.

To best protect a child's overall well-being, agencies must take actions to ensure that children move to permanency as quickly as possible; doing so requires thorough planning early in the life of the case. Along with developing plans to support reunification, agencies should develop concurrent plans for permanence from the time a child enters care. This early planning will prove beneficial, as caseworkers will be able to implement alternative permanency plans expeditiously, such as adoption and guardianship, if it is determined that a child cannot be safely reunited with his or her family.

The next section explains how CPS professionals put these philosophical tenets into practice by working in ways that are child centered, family focused, and culturally responsive.

2.3 Framework for Practice

Building on these philosophical tenets, child welfare professionals generally agree that a *child-centered, family-focused,* and *culturally responsive* framework for child welfare practice will promote the best outcomes for children (Child Welfare League of America, 1999). This integrative framework builds on six main perspectives, described below.

Cultural competence perspective. As the National Association of Social Workers (2015) states, practitioners should strive to consider the values, worldview, or perspectives of families and peers who may come from culturally diverse backgrounds. They can both build cross-cultural knowledge and skills and demonstrate a respect for their own cultural identities and those of others. Given the complexity of multiculturalism, it is beneficial to understand cultural competency (also known as cultural responsiveness) as a process rather than as an end product.

Cultural competence comes from developing a set of attitudes, behaviors, and policies that integrates knowledge about diverse groups of people into practices and standards to enhance the quality of services to all cultural groups being served. Basic cultural competency is achieved when organizations and practitioners:

- Accept and respect differences
- Recognize, affirm, and value the worth of individuals and communities

- Protect and preserve the dignity of each person and respond respectfully and effectively to people of all:
  - Cultures, languages, socioeconomic status, races, ethnic backgrounds, and immigration and refugee status
  - Religions and spiritual practices
  - Sexual orientation, gender, gender expression, and gender identity
  - Family status
  - Physical and mental abilities

Cultural competence should be a key component of any caseworker training. Caseworkers should then continue to engage in ongoing cultural self-assessment, expand their diversity knowledge and skills, and adapt service models to fit the unique needs and strengths of the families they serve. More information on culture and culture-related terminology (e.g., cultural sensitivity and humility) is provided in chapter 4.

Developmental perspective. Caseworkers need working knowledge of human growth and development and of family development, including the effects of trauma on development, from a life-span perspective. Planning with families and children takes into account which interventions are effective with which specific child/family problems, in which environmental settings, and at what particular developmental stages.

Ecological perspective. Child welfare professionals also need to recognize human behavior and social functioning within an environmental context. Personal, family, and environmental factors interact to influence the family. Child maltreatment is viewed as the consequence of the interplay of a complex set of risk and protective factors at the individual, family, community, and societal levels.

Evidence-informed practice perspective. Policies and practices should be based on the best available research, practice applications, and resources. An important perspective is that each family is unique. Therefore, each deserves an individualized, tailored response that considers the best options for responding based on the family and community characteristics combined with the best available evidence.

Strengths perspective. Child welfare professionals need to draw upon the strengths of children, families, and communities/environment to promote their effective functioning. Strengths-based practice involves a paradigmatic shift from a deficit approach, which emphasizes problems and pathology, to an approach that focuses on identifying and building upon family and community assets to develop a positive partnership with the family. In addition to building on the families' strengths, assessments examine the complex interplay of risks and strengths related to: (1) individual family members, (2) the family as a unit, and (3) the broader neighborhood and environment. With a clearer understanding of the multiple factors leading to child maltreatment, rather than a problem-focused approach, caseworkers also foster support and build on the resilience and potential for growth inherent in each family. Chapters 6 and 7 discuss strengths-based assessment in more detail.

Relational perspective. This embodies the tenet that all children need a family and a permanent place to call home in order to build on the sense of identity, continuity, and connectedness that is central to a child's healthy development. Child welfare service delivery should focus on safely maintaining children in their own homes and communities or, if necessary, placing them temporarily or, in some cases, permanently with other families. When approaching planning with this perspective, caseworkers incorporate goal-directed activities designed to help children

maintain or strengthen existing positive relationships and to live in safe families that offer them a sense of belonging and legal, lifetime, family ties.

2.4 Caseworker Competence

The U.S. Office of Personnel Management (OPM) defines competency as "a measurable pattern of knowledge, skill, abilities, behaviors, and other characteristics that an individual needs to perform work roles or occupational functions successfully" (n.d.-a, para.1). Developing CPS caseworker competence is an ongoing process. Child welfare agencies should begin this process with an analysis of job functions and then define competencies to guide worker selection and training.

OPM suggests developing competencies so that readers are able to identify easily what the competency is. Each competency should focus on one single, readily identifiable characteristic and should avoid unnecessary qualifiers. For example, instead of describing "considerable skill" to draw conclusions, a competency for reasoning would be described as "identifies rules, principles, or relationships that explain facts, data, or other information; analyzes information and makes correct inferences or draws accurate conclusions (OPM, n.d.-b)." Most state child welfare agencies use a competency-based framework. Rather than proposing that only one approach "fits all," **appendix D** compiles examples of CPS competencies from a number of sources.

2.5 Stages of CPS

As previously discussed, to fulfill its mission CPS, either directly or through other agencies, must provide services that are child centered, family focused, and culturally responsive to achieve safety, well-being, and permanency for children. Each child welfare agency may be organized differently based on state and tribal laws, policies, departmental structures, and geography. All programs, however, essentially implement their CPS mandates through seven stages. These stages are briefly reviewed here and then addressed in separate chapters in the manual, which correspond to the flowchart shown in **exhibit 2.1.**

2.5.1 Reporting and Intake

The Child Abuse Prevention and Treatment Act (detailed in chapter 3) specifies that CPS should develop, facilitate, and implement research-based strategies and training protocols for individuals who are mandated to report child abuse and neglect.[4] This includes educating any reporters (mandated or not) of suspected child abuse or neglect about state statutes, tribal and agency guidelines, and the roles and responsibilities of CPS. CPS is responsible for receiving and assessing those reports of suspected child maltreatment, which many jurisdictions refer to as "intake." Intake's purpose is to determine: (1) if a child is in imminent danger; (2) if the reported information meets the statutory definitions and agency guidelines for child maltreatment; and (3) the urgency with which the agency must respond to the report.

4 For the specific language of Sec. 106(a)(8) of the Act, go to https://www.acf.hhs.gov/sites/default/files/cb/capta2010.pdf, p. 18

After CPS receives a report of suspected child abuse or neglect, a worker evaluates its information (known as "screening") to determine if the alleged child victim is in imminent danger. The screener next determines if the report meets the statutory definition of and agency guidelines for child maltreatment in that jurisdiction. Sometimes the person taking the report screens it, while some agencies have others who screen the report. The decisions the screener makes determines the next steps:

- The report does not meet statutory definitions and agency guidelines and is screened out with no further action.
- The report does not meet statutory definitions and agency guidelines, but the information in the report indicates that a referral to community services may be helpful. If information reveals criminal activity that does not indicate child maltreatment, a referral to law enforcement may be appropriate.
- The report meets the statutory definitions and agency guidelines, and the information contained in the report indicates that it is appropriate for differential response ([DR], also known as alternative or multiple response and dual- or multi-track) as an alternative to a formal investigation. In states offering DR, the child welfare agency provides the response or refers the family to another agency. Chapter 6 explains DR in more detail.
- The report meets the statutory definitions and agency guidelines and is appropriate for an assessment or investigation.
- The report meets the statutory definitions and agency guidelines but a joint investigation with and/or referral to law enforcement is more appropriate due to the nature of the alleged abuse.

2.5.2 Initial Assessment/Investigation

After a report is "screened in," CPS conducts an initial assessment/investigation to determine whether:

- Child maltreatment occurred (for investigations)
- The child is in immediate or imminent danger (that is, not safe) and, if so, giving the supports or interventions that will immediately provide for the child's protection while minimizing further harm by: (1) keeping the child within the family home or with family members (e.g., kinship care or guardianship), if safe and possible, or (2) otherwise placing the child in nonfamily, out-of-home care
- The behaviors and circumstances that led to the alleged maltreatment are present
- There is a risk of future maltreatment and the level of that risk
- The family is in need of services, supports, and/or resources to address the behaviors that led to the safety threats and risk factors (for most assessments/investigations)
- Continuing services are needed to address any effects of child maltreatment and to reduce the risk of maltreatment occurring
- There are protective factors and capacities that will need development or enhancement to reduce the likelihood of future maltreatment

The terms *assessment* and investigation are used interchangeably in many states and territories, but they are not synonymous. *Investigation* encompasses the efforts of the CPS agency to determine if abuse or neglect has occurred. *Assessment* goes beyond this concept to evaluate a child's safety and risk and to determine whether and what strategies or interventions are needed to ameliorate or prevent child abuse and neglect (Child Welfare League of America, 1999). Initial assessment and investigation purposes and protocols, along with variations if a jurisdiction uses DR or alternative response, are described in chapter 6.

Referred to above and described in more detail in both chapters 5 and 6, DR is an increasingly common model for how CPS agencies address reports of child maltreatment. Agencies that use DR seek to be less adversarial than traditional CPS by separating incoming referrals into two (or more) tracks (U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, 2016).

2.5.3 Family Assessment

If a report has been "screened in" after a child's immediate safety has been secured, and it has been determined that there is risk of harm, the next step is to conduct a more comprehensive family assessment, which varies by state, tribe, and agency. During this step, the caseworker and/or community-based, preventive-services provider engage family members in a process to understand their strengths and needs. In particular, they work with the family to:

- Identify family strengths and caregiver protective capacities that can provide a foundation for change
- Recognize and begin to plan to address factors placing the children at risk
- Determine action steps toward targeted outcomes (e.g., building or strengthening a family's support network) to strengthen the family's capacity to protect their children
- Help children cope with the effects of maltreatment

Because child maltreatment is the result of interacting risk and protective factors, using an ecological developmental framework for this assessment is appropriate. Some CPS and community providers use a protective factor framework to guide understanding of families and to target outcomes for intervention (Center for the Study of Social Policy, n.d.). Chapter 7 explains the process, protocols, instruments, and decisions pertinent to family assessment.

2.5.4 Planning

To achieve the programmatic outcomes of child welfare (safety, permanency, and well-being), intervention should be planned and purposeful. These outcomes are achieved through three main types of plans:

Safety plan, which is developed whenever it is determined that there are threats to a child's safety in order to identify and manage those threats.

Family plan (also called a family service or case plan), which is developed for all cases (both out-of-home and in-home) to set forth goals and targeted outcomes. It describes how the agency (which may entail different caseworkers throughout the life of the case), family, and community partners (if applicable) will work toward these outcomes and goals.

Permanency plan, which identifies primary and concurrent forms of permanency, addressing both how reunification can be achieved (primary) and how legal permanency with a specific, alternate caregiver will be achieved if reunification efforts fail (concurrent). Both goals are pursued "concurrently." with full knowledge of all case participants.

All three plans should be developed collaboratively among the caseworker, family, community professionals, and families' informal supports who will provide services to the family. Approaches for fully engaging families in planning and examples of each type of plan are described in chapter 8.

2.5.5 Change Strategies and Interventions[5]

After a child's immediate safety has been secured and a more comprehensive family assessment reveals a need for ongoing services, the caseworker develops and implements the family plan to tie change

5 Also referred to as service provision in prior manuals and in numerous jurisdictions

strategies and interventions to outcomes. It is the agency and/or community partner's role (depending on whether or how ongoing

services may be privatized) to arrange for, provide, and/or coordinate the delivery of these change strategies and interventions to families involved with child welfare. Both chapter 9 and **appendix H** describe an array of strategies and interventions that have been shown to be effective or promising in addressing different needs of families.

2.5.6 Evaluating Change

Assessment is an ongoing process that begins at the first contact with the family and continues throughout the life of the case. It should incorporate reports from and communication with other service providers. When evaluating family progress, caseworkers focus on:

- Level of child maltreatment risk and whether safety of the child has been achieved.
- Changes in the behaviors and conditions that led to the need for intervention (i.e., reduction of risk factors and promotion of protective factors and caregiver protective capacities)
- Level of achievement:
  - Of family-level outcomes
  - Of goals and tasks in the family plan
  - To reduce the effects of maltreatment on the child and other family members

Methods for measuring change over time and evaluating progress are outlined in chapter 10.

2.5.7 Closure and Ending CPS Involvement

The process of closing a case, which entails ending the relationship between the CPS agency and the family, involves a mutual review of the level of risk and of progress made in the beginning, middle, and end of the helping relationship. Optimally, change strategies and interventions end when families have achieved their goals and the risk of maltreatment has been sufficiently reduced or mitigated.

Some cases are closed because the family discontinues services and the agency does not have a sufficient basis to determine that the risk of future maltreatment warrants intervention. When this happens, the caseworker should carefully document what risks may still be present or likely to reoccur so that this information is available should the family be referred again to the agency.

At the time of closure, workers should involve families in a discussion about what has changed over time and what goals they may still want or need to address on their own. When needs are still apparent that extend beyond the scope of the CPS system, every effort should be made to help families identify and receive services tailored to address their specific needs through community resources, supports, and programs. The process of ending a family's involvement with CPS is described in chapter 11.

This chapter provided the context and overview of CPS practice. The next chapter describes the laws and policies that guide it.

Chapter Highlights

- The national goals for child protection include child safety, permanency, and well-being.
- Philosophical tenets are based on the values that underlie sound child protection and community responses to child abuse and neglect. When selecting staff to work in this field, it is essential that caseworkers embrace these important philosophical principles.

- A *child-centered*, *family-focused*, and *culturally responsive* framework for child protective practice will promote the best outcomes for children.
- Six important perspectives guide the CPS practice framework: (1) cultural competence, (2) developmental, (3) ecological, (4) evidence informed, (5) strengths based, and (6) permanency driven.
- Core CPS competencies are measurable patterns of knowledge, skills, abilities, behaviors, and other characteristics that a caseworker needs to successfully implement CPS roles.
- The seven stages of the CPS process are: reporting and intake; initial assessment/ investigation; family assessment; planning; change strategies and interventions; evaluation of change; and case closure.

Chapter 3:
Legal Context of CPS Intervention

Child welfare policy and practice are grounded in the premise that parents are in the best position to nurture, protect, and care for the needs of their children. Although most parents are capable of meeting these needs, the states and tribes have the authority to intervene in the parent-child relationship if parents are unable or fail to protect their children from preventable and significant harm. The basis for government's intervention in child maltreatment is grounded in the concept of *parens patriae*, a legal term that asserts that government has a role in protecting the interests of children and in intervening when parents fail to provide proper care to and keep their children safe. The purpose of this chapter is to:

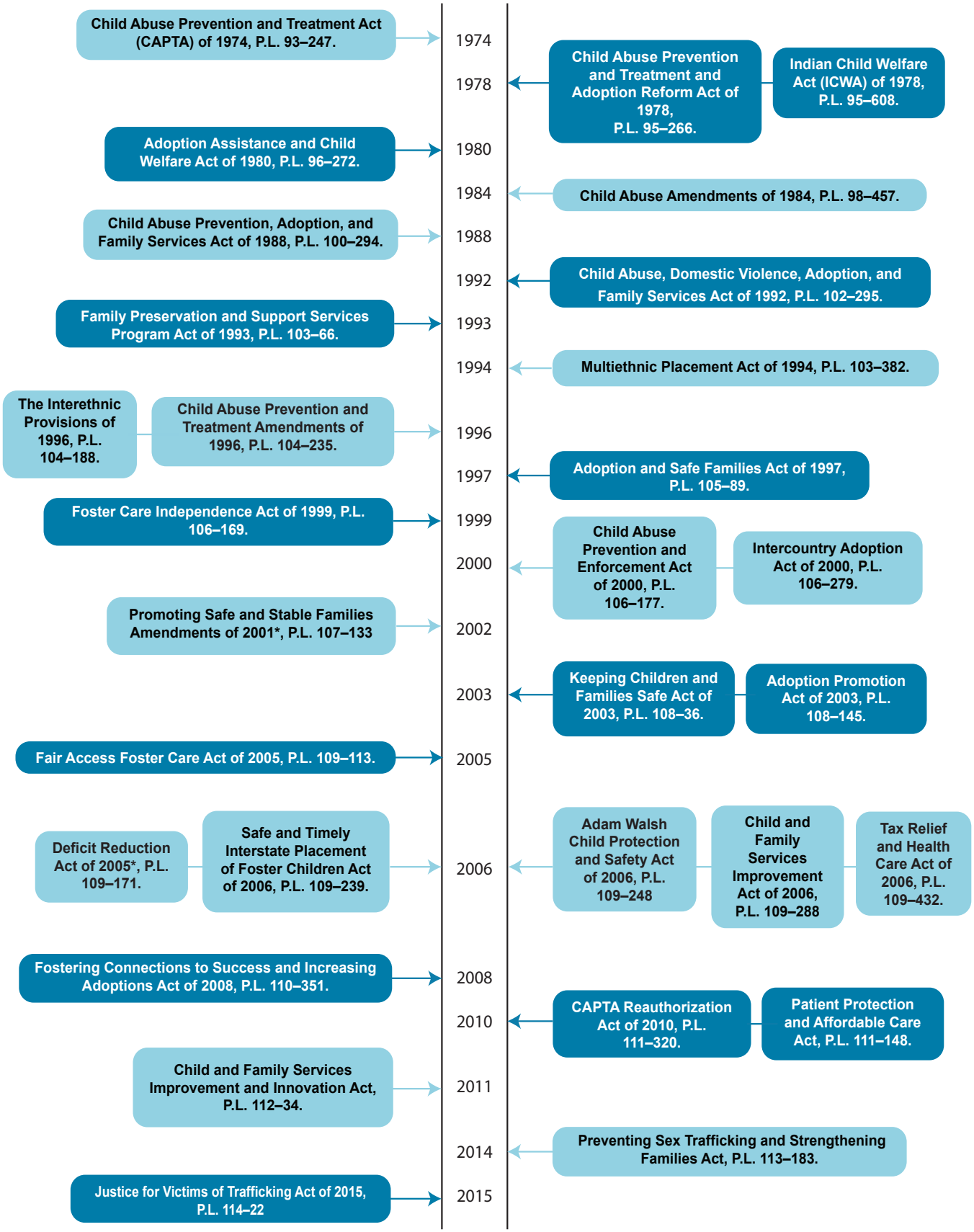
- Review the federal role in addressing child maltreatment,
- Discuss the basis for state and tribal intervention in family lives, highlighting state child maltreatment reporting statutes and describing the functions of the courts
- Explain the circumstances under which the government has the legal authority to intervene at the federal, state, and tribal levels
- Define child abuse and neglect

3.1 Federal Role[1]

The primary responsibility for child welfare services rests with the states, each of which has its own legal and administrative structures and programs that address the needs of children and families. However, states must comply with specific federal requirements and guidelines in order to be eligible for federal funding under certain programs (Child Welfare Information Gateway, 2016a). **Exhibit 3.1** provides an overview and timeline for federal child welfare legislation. A synopsis of the legislation relevant for caseworkers follows and is highlighted in **exhibit 3.2.**

[1] Portions of this chapter were adapted from Child Welfare Information Gateway. (2016). *Major federal legislation concerned with child protection, child welfare, and adoption*. Retrieved from https://www.childwelfare.gov/pubPDFs/majorfedlegis.pdf#page=2&view=

Exhibit 3.1 Major Federal Legislation Timeline



3.1.1 The Children's Bureau

The First White House Conference on Children in 1909 marked the first, formal federal statement on the rights of children. Federal programs designed to support child welfare services and to direct federal aid to families date from 1935, with the passage of the Social Security Act (SSA). Because state-supervised and -administered programs were already in place, the child welfare policy of the SSA layered federal funds over existing state-level foundations. These child welfare programs, therefore, were new only to the extent that they established a uniform framework for administration (Dobelstein, 1996; Goldman & Salus, 2003).

However, a landmark historical event was the creation of the U.S. Children's Bureau in 1912.[2] The role of the Children's Bureau has evolved over the years from its founding emphasis on infant mortality, dependent children, and child labor to today's focus on child abuse and neglect prevention, along with outcomes of safety, permanency and well-being of children. Housed in the U.S. Department of Health and Human Services, Administration for Children and Families, the Children's Bureau leads the Child and Family Services Reviews (CFSRs).[3] The CFSRs enable the Children's Bureau to (U.S. Department of Health and Human Services [HHS], Administration for Children and Families [ACF], Children's Bureau, n.d.-a):

- Ensure conformity with federal child welfare requirements
- Determine what actually is happening to children and families as they are engaged in child welfare services
- Assist states and tribes in enhancing their capacity to help children and families achieve positive outcomes in safety, permanency, and well-being

The first round of the CFSRs was completed in 2004 (after the first edition of this manual), and the third round is in progress at the time this manual is being written.

3.1.2 Child Abuse Prevention and Treatment Act (P.L. 93–247)

Despite the long-standing interest of the federal government on the welfare of children, it was not until 1974, when the Child Abuse Prevention and Treatment Act (CAPTA) was signed into law, that a specific federal leadership role related to the protection of children began. CAPTA was established to ensure that victimized children are identified and reported to appropriate authorities. The law (Myers, 2011b):

- Provides minimum standards for definitions and reports of child maltreatment
- Authorizes federal funds to improve the state response to physical abuse, neglect, and sexual abuse
- Focuses attention on improved investigation and reporting
- Provides funds for training, regional multidisciplinary centers focused on child abuse and neglect, demonstration projects, and research

The scope of CAPTA has been expanded and reauthorized numerous times since it was enacted. Certain provisions of the act were amended recently by the Justice for Victims of Trafficking Act of 2015 (P.L. 114–22) and the Comprehensive Addiction and Recovery Act of 2016 (P.L. 114–198).[4]

Appendix E details the provisions of CAPTA. Additionally, a copy of CAPTA, as amended, can be retrieved from the Children's Bureau web site at https://www.acf.hhs.gov/sites/default/files/cb/capta2016.pdf

2 For a comprehensive story of the Children's Bureau over its first 100 years, visit https://cb100.acf.hhs.gov/Cb_ebrochure

3 To learn more about the CFSRs, go to https://www.acf.hhs.gov/cb/monitoring/child-family-services-reviews

4 See https://www.childwelfare.gov/pubPDFs/about.pdf.

3.1.3 Indian Child Welfare Act of 1978 (P.L. 95–608)

The Indian Child Welfare Act (ICWA) governs intervention by non-Indian authorities in the custody of Indian children. Its purpose is "... to protect the best interest of Indian children and to promote the stability and security of Indian tribes and families by the establishment of minimum federal standards for the removal of Indian children and placement of such children in homes which will reflect the unique values of Indian culture ... ." (25 U.S.C. §1902). ICWA provides guidance to states regarding the handling of child maltreatment and adoption cases involving American Indian and Alaska Native (AI/AN) children and sets minimum standards for the handling of these cases (U.S. Department of the Interior, Bureau of Indian Affairs, n.d.).

When a child is brought into custody, or when a case is assigned, the caseworker must determine in each case if the child is or may be a member of a tribe. If there may be AI/AN heritage but the tribal affiliation is not known, a Notice of Involuntary Child Custody Proceeding Involving and Indian Child should be sent to the Bureau of Indian Affairs (BIA). This alone does not fulfill ICWA notice requirements. Once the tribal affiliation is known, notification to the tribe should be sent whenever a dependency proceeding commences.

It is important to understand that improper, inadequate, or poorly documented ICWA inquiry and notice can lead to reversals in cases and/or undermine the permanency needs of children. The BIA provides guidelines for implementing ICWA at https://www.bia.gov/sites/bia.gov/files/assets/bia/ois/pdf/idc2-056831.pdf.

3.1.4 Additional Recent and Selected Federal Legislation Relevant to Child Protection

Besides CAPTA, other federal legislation serves to provide guidance to state, tribal, and local authorities related to the prevention and treatment of child abuse and neglect. A snapshot of key federal legislation is provided in **exhibit 3.2.** The Children's Bureau also issues program and policy guidance on legislation at https://www.acf.hhs.gov/cb/laws-policies/policy-program-issuances.

Exhibit 3.2 Additional Recent and Selected Federal Legislation Relevant to Child Protection
(Child Welfare Information Gateway, 2016a)

Legislation	Brief Summary of Purpose
P.L. 96–272 Adoption Assistance and Child Welfare Act of 1980	Establishes a program of adoption assistance; strengthens the program of foster care assistance for needy and dependent children; and improve the child welfare, social services, and Aid to Families With Dependent Children programs (now called Temporary Assistance for Needy Families).
P.L. 103–382 Multi-Ethnic Placement Act of 1994	Prohibits states from delaying or denying adoption and foster care placements on the basis of race or ethnicity.
P.L. 105–89 Adoption and Safe Families Act of 1997	Promotes the adoption of children in foster care; reauthorizes the Family Preservation and Support Services Program and renames it the Safe and Stable Families Program; extends categories of services to include time-limited reunification services and adoption promotion and support services; and ensures safety for abused and neglected children by requiring a new emphasis on the safety of the child at the federal and state levels.
P.L. 106–177 Child Abuse Prevention and Enforcement Act of 2000	Reduces the incidence of child abuse and neglect; authorizes states' use of federal law enforcement funds to improve the criminal justice system in order to provide timely, accurate, and complete criminal history record information to child welfare agencies, organizations, and programs engaged in the assessment of activities related to the protection of children, including protection against child sexual abuse, and the placement of children in foster care.
P.L. 107–133 Promoting Safe and Stable Families (PSSF) Amendments of 2001	Extends and amends the PSSF program, provides new authority to support programs for mentoring children of incarcerated parents, and amends the Foster Care Independent Living program under Title IV-E to provide for education and training vouchers for youth aging out of foster care.
P.L. 109–288 Child and Family Services Improvement Act of 2006	Amends part B of Title IV to reauthorize the PSSF program and for other purposes; authorizes grants for regional partnership/substance use disorder grants; specifies funds for states to support caseworker visits with children in foster care.

Legislation	Brief Summary of Purpose
P.L. 109–248 Adam Walsh Child Protection and Safety Act of 2006	Protects children from sexual exploitation and violent crime; prevents child abuse and child pornography, with an emphasis on comprehensive strategies across federal, state, tribal, and local communities to prevent sex offenders' access to children and to promote internet safety; and honors the memory of Adam Walsh and other child crime victims.
P.L. 110–351 Fostering Connections to Success and Increasing Adoptions Act of 2008	Amends parts B and E of Title IV to connect and support relative caregivers, improve outcomes for children in foster care, provide for tribal foster care and adoption access to title IV-E funds, improve incentives for adoption, and for other purposes.
P.L. 112–34 Child and Family Services Improvement and Innovation Act of 2011	Amends part B of Title IV of the SSA to extend the Child and Family Services Program and for other purposes, including requiring that each state plan for oversight and coordination of health care services for any child in foster care (to include monitoring and treatment of emotional trauma associated with a child's maltreatment).
P.L. 113–183 Preventing Sex Trafficking and Strengthening Families Act of 2014	Amends the SSA with provisions to prevent and address sex trafficking of children in foster care, develop a reasonable and prudent parent standard to allow a child in foster care to participate in age-appropriate activities, extend and improve adoption incentives, and for other purposes.
P.L. 114–22 Justice for Victims of Trafficking Act of 2015	Provides justice for the victims of trafficking through grants to states for child abuse investigation and prosecution programs, services for victims of child pornography, and domestic child human trafficking deterrence programs; authorizes specialized training programs for law enforcement officers, first responders, health care and child welfare officials, juvenile justice personnel, prosecutors, and judicial personnel to identify victims and acts of child human trafficking and to facilitate the rescue of victims.
P. L. 114–198 Comprehensive Addiction and Recovery Act of 2016 (CARA)	Helps states address the effects of substance use disorders on infants, children, and families; requires the HHS Secretary to maintain and disseminate information about the CAPTA state plan and the best practices related to safe-care plans for infants born and identified as being affected by substance use disorder, withdrawal symptoms, or fetal alcohol spectrum disorder.

3.2 Basis for State and Tribal Intervention

To receive CAPTA funds, states must comply with CAPTA's minimum definitions of child abuse and neglect. However, in general states have flexibility in how to respond and what services to provide. All states have enacted child maltreatment laws, which play a significant role in reporting and intervening in cases of child abuse and neglect. To enforce these laws, civil courts sometimes must intervene in the lives of families when parents are unable or unwilling to provide for the safety and well-being of their children. Additionally, the criminal justice system may be involved when parents commit acts or egregious omissions that constitute crimes.

3.2.1 State Reporting Statutes

The parent-child legal relationship is defined in state statutes. These statutes (1) define who is considered a "parent" (birth or adoptive parent) or other caregiver, and (2) indicate that the law imposes rights, privileges, duties, and obligations on this relationship. The states' intervention into family life is often triggered by a report of child maltreatment by a voluntary or mandated reporter, as defined by state law under the CAPTA requirements.

Through mandated reporting statutes, the state requires certain individuals to make a report of suspected child abuse or neglect when they suspect child maltreatment. Termed "mandated reporters," individuals are often defined by profession (e.g., health care and education), and laws usually carry penalties for these professionals if they suspect child abuse or neglect but fail to make a report. State reporting statutes also define the acts or omissions considered abuse or neglect in each state. Reports of suspected maltreatment, as required under such laws, activate the child protection process. While they may differ from jurisdiction to jurisdiction, all states, tribes, and U.S. territories have enacted statues requiring that the maltreatment of children be reported to a designated agency or official. The statutes provide the definitions and state/tribal policies and procedures that guide the conditions for intervention.

Many states and territories also have enacted Infant Safe Haven laws to provide safe places for parents to relinquish newborn infants. Typically, these laws address authorization for certain entities (e.g., hospitals, fire stations, law enforcement) to receive the infant, immunity for those designated providers, legal protection from prosecution for the parents, and the impact on parental rights. The provider is then required to notify the local child welfare department that an infant has been relinquished. Summaries of laws in each state and territory related to these issues can be found at https://www.childwelfare.gov/pubPDFs/safehaven.pdf.

The Child Welfare Information Gateway, supported by the Children's Bureau, maintains information about all state laws in its *State Statutes Series* at https://www.childwelfare.gov/topics/systemwide/laws-policies/permanency/ and https://www.childwelfare.gov/topics/systemwide/laws-policies/state/.

For those specifically on mandatory reporting, see https://www.childwelfare.gov/topics/systemwide/laws-policies/can/reporting/.

3.2.2 Civil Court Intervention

Family, juvenile, and tribal courts have the authority to make decisions about what happens to a child after he or she has been identified as needing the court's protection. CPS initiates the courts' involvement by the filing of a petition containing the allegations of abuse or neglect. The primary purpose of these courts is to protect the child and to otherwise intervene in the lives of families in a manner that promotes the best interest of the child and his or her safety. The court is responsible for making the final determination about whether a child should to be removed from the home, where a child is to be placed, or if parental rights are to be terminated.

Most families involved with CPS do not need to be referred to court. However, court intervention is needed when maltreatment is serious, it is unsafe to leave the maltreated child in the home, or when children are at risk because their parents are unable or unwilling to cooperate with voluntary intervention (Myers, 2011a). Judges and attorneys must fully understand how to arrive at appropriate child safety decisions and to recognize the importance of targeting and tailoring safety services to the unique circumstances of each child and family (Roe Lund & Renne, 2009).

Juvenile and family court judges receive specialized training and technical assistance through the National Council of Juvenile and Family Court Judges (http://www.ncjfcj.org/our-work). Judges and other legal staff also receive specialized training from the American Bar Association's Center on Children and the Law (https://www.americanbar.org/groups/child_law.html). The user manual, *Working With the Courts in Child Protection*, is available at https://www.childwelfare.gov/pubs/usermanuals/courts/.

3.3 Child Maltreatment Definitions

To prevent or respond to child abuse and neglect effectively, there needs to be a common understanding of the definitions of those actions and omissions that constitute child maltreatment. CAPTA (described earlier) provides minimum standards for defining maltreatment that states must incorporate in statutory definitions to receive federal CAPTA funds. Under CAPTA, child abuse and neglect means, at a minimum:

> Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm (HHS, ACF, Children's Bureau, n.d.-b).

State and tribal child abuse reporting laws identify the types of behaviors or omissions and their consequences that are reportable in each jurisdiction. There are four common types of maltreatment:

- Physical abuse
- Sexual abuse
- Psychological or emotional maltreatment
- Neglect

While CAPTA provides definitions for sexual abuse and the special cases related to withholding or failing to provide medically indicated treatment, it does not provide specific definitions for the other types of maltreatment. The next sections provide general definitions, and **exhibit 5.2** in chapter 5 details numerous possible signs of child abuse and neglect.

3.3.1 Child Physical Abuse

Physical abuse is usually defined as an inflicted (versus accidental) act that results in a significant physical injury or the risk of such injury. It can include striking, kicking, burning, or biting the child, or any action that results in a physical impairment of the child (Child Welfare Information Gateway, 2016b).

3.3.2 Child Sexual Abuse

Sexual abuse involves any sexual activity with a child below the legal age of consent, which varies by state, but typically ranges from 14 to 18 years of age (Berliner, 2011). CAPTA defines sexual abuse as (HHS, ACF, Children's Bureau, n.d.-b):

- [T]he employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct
- [T]he rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children

In response to increased awareness of the sex trafficking of minors in the United States, the Justice for Victims of Trafficking Act of 2015 amended the federal definition of child abuse by adding the following special rule (Child Welfare Information Gateway, 2016b; HHS, ACF, Children's Bureau, n.d.-b):

- A child shall be considered a victim of "child abuse and neglect" and of "sexual abuse" if the child is identified, by a state or local agency employee of the state or locality involved, as being a victim of sex trafficking (as defined in §103(10) of the Trafficking Victims Protection Act of 2000 [22 U.S.C. §7102]) or a victim of severe forms of trafficking in persons (described in §103(9)(A)).

3.3.3 Psychological or Emotional Maltreatment

Psychological or emotional maltreatment consists of psychological abuse or neglect, which can occur by itself or in association with physical abuse, sexual abuse, or neglect (Hart et al., 2011). Specific types of this type of maltreatment include (Hart & Brassard, 1991, 2001):

- **Spurning:** verbal and nonverbal caregiver acts that reject and degrade a child
- **Terrorizing:** caregiver behavior that threatens or is likely to physically hurt, kill, abandon, or place the child or child's loved ones/objects in recognizably dangerous situations
- **Isolating:** caregiver acts that consistently deny the child opportunities to meet needs for interacting/communicating with peers or adults inside or outside the home
- **Exploiting/corrupting:** caregiver acts that encourage the child to develop inappropriate behaviors (e.g., self-destructive, antisocial, criminal, deviant, or other maladaptive behaviors)
- **Denying emotional responsiveness:** caregiver acts that ignore the child's attempts and needs to interact (e.g., failing to express affection, caring, and love for the child) and showing no emotion in interactions with the child

3.3.4 Neglect

Child neglect, the most common form of child maltreatment (HHS, ACF, Children's Bureau, 2017), is frequently defined as the failure of a parent or other person with responsibility for the child to provide needed food, clothing, shelter, medical care, or supervision to the degree that the child's health, safety, and well-being are threatened with harm (Child Welfare Information Gateway, 2016b). Some of these needs have also been classified under the definition of psychological maltreatment (above).

In addition to physical neglect, there is mental health, medical, and educational neglect. These are caregiver acts that ignore, refuse to allow, or fail to provide the necessary treatment for the mental health, medical, and educational problems or needs for the child (Hart & Brassard, 1991, 2001).

CAPTA defines medical neglect as the "withholding of medically indicated treatment" as (U.S. HHS, ACF, Children's Bureau, n.d.-b):

> "[T]he failure to respond to the infant's life-threatening conditions by providing treatment…which, in the treating physician's reasonable medical judgment, will be most likely to be effective in ameliorating or correcting all such conditions."

The term "withholding of medically indicated treatment" does not include the failure to provide treatment (other than appropriate nutrition, hydration, and medication) to an infant when, in the treating physician's reasonable medical judgment:

> A. The infant is chronically and irreversibly comatose;
> B. The provision of such treatment would:
> i. merely prolong dying;
> ii. not be effective in ameliorating or correcting all of the infant's life-threatening conditions; or
> iii. otherwise be futile in terms of the survival of the infant;
> C. The provision of such treatment would be virtually futile in terms of the survival of the infant, and the treatment itself under such circumstances would be inhumane.

This chapter provided the legal context and policies that guide the CPS process and definitions of child abuse and neglect. Before examining the first stage in the CPS process (chapter 5), the next chapter discusses how to navigate all the stages successfully through engaging and working with families and children.

Chapter Highlights

- The basis for the government's intervention in child maltreatment is grounded in the concept of parens patriae, a legal term that asserts that government has a role in protecting the interests of children and intervening when parents fail to provide prober care.
- The Children's Bureau was established in 1912, and the Office on Child Abuse and Neglect within the Children's Bureau is charged with leading the federal role related to preventing and responding to child maltreatment.
- The intent of the Child Abuse Prevention and Treatment Act (CAPTA), enacted in 1974, was to improve the state response to child maltreatment and to improve reporting and investigation of child maltreatment.
- CAPTA has been reauthorized and amended on numerous occasions, with the most recent reauthorization occurring in 2010 and amendment in 2016.
- Numerous other federal laws focus on child abuse and neglect and address how state and tribal child welfare systems should intervene to prevent and respond to child maltreatment.
- When a child is brought into custody or when a case is assigned, the caseworker must determine in each case if the child is or may be a member of a tribe. Once the tribal affiliation is known, the tribe must be notified.

- The primary basis for state intervention stems from state reporting statutes, which issue mandates to report based on definitions of child abuse and neglect that are partially developed by standards set forth in CAPTA.
- CPS agencies rely on courts to protect children when voluntary intervention is insufficient to keep children safe.
- There are four types of child maltreatment: physical abuse, sexual abuse, neglect, and psychological or emotional maltreatment.

Chapter 4:
Engaging and Working With Children and Families

The prior chapters provided the context for the CPS process, the definitions of child abuse and neglect, and CPS's legal authority. The next chapters lay out the stages of the CPS process. This chapter discusses how engaging families and children is integral to that process. To engage families effectively and to complete each stage successfully, interpersonal helping skills are key. Recognizing the diversity and differences of each family, and doing so with cultural sensitivity, is a key component of those skills. This chapter:

- Begins with a discussion of culture, disproportionality, and disparity in child welfare
- Emphasizes the importance of striving to implement culturally competent practice
- Describes the core conditions of helping relationships: respect, empathy, genuineness, self-responsibility, and bias toward action as a solution-focused activity
- Reviews skills for building rapport and engaging all family members
- Discusses the use of authority in CPS

4.1 Engaging Diversity and Difference With Cultural Sensitivity

While the skills in this chapter focus on engaging and working with all children and families involved in child welfare, additional attention has been placed on recognizing the culture of each family because many are of various racial, religious, sexual orientation, and ethnic backgrounds. Listed below are several important definitions for guiding this discussion:

- **Culture** "is a learned worldview or paradigm shared by a population or group and transmitted socially that influences values, beliefs, customs, and behaviors and is reflected in the language, dress, food, materials, and social institutions of a group" (Burchum, 2012, p. 7).
- **Cultural sensitivity** is "the ability to recognize, understand, and react appropriately to behaviors of persons who belong to a cultural or ethnic group that differs substantially from one's own" (Cournoyer, 2017, p. 214).
- **Cultural competence** (also known as cultural responsiveness) "is the awareness, knowledge, understanding, sensitivity, and skill needed to conduct and complete professional activities effectively with people of diverse cultural backgrounds and ethnic affiliations" (Cournoyer, 2017, p.214).

However, cultural competence is "never ending and ever expanding" (Burchum, 2012, p.14) and is a journey that develops with each new person one meets.

- **Cultural humility** is the humble and respectful attitude toward those of other cultures, which pushes one to challenge his or her own cultural biases, realize that he or she cannot possibly know everything about other cultures, and approach learning about other cultures as a goal and a process. This enables a system, agency, or provider to work effectively in cross-cultural situations with awareness of and respect for the diverse experiences, customs, and preferences of individuals and groups (Gonzalez, 2018, para.4, California Department of Social Services & California Department of Health Care Services, n.d., p. 2).
- **Disproportionality** refers to the under- or overrepresentation of families of color out of proportion to their representation in the general population of the United States. Its causes are complex and may reflect bias or other conditions beyond the stated facts or circumstances (California Department of Social Services & California Department of Health Care Services, n.d., p. 2).
- **Inclusive cultural empathy** involves accepting and valuing those who belong to different cultural groups, learning about others' cultures, and engaging others in ways that convey respect for their cultural affiliations (Pedersen, Crethar, & Carlson, 2008).

With increasing racial and ethnic diversity in our nation (Jones & Bullock, 2012), it is important to approach all families that come to the attention of child welfare with openness and cultural humility. Research has established that children and families of color are disproportionally represented in the child welfare system, starting with referrals alleging child maltreatment. In some jurisdictions, data indicate continued disproportionality in other parts of the CPS process as well (e.g., investigations, placement decisions) (McCarthy, 2011). Research has further confirmed that children of color have experienced disparity in the child welfare system, i.e., they have experienced unequal treatment and outcomes compared to their white counterparts (Hill, 2006). The research of over more than 10 years highlights the complexity of this situation (Fluke, Jones Harden, Jenkins, & Ruehrdanz, 2010) and why caseworkers need to develop the skills to engage diversity and differences with cultural sensitivity.[1]

Working with American Indian/ Alaska Native (AI/AN) Families (U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, Tribal Youth Training and Technical Assistance Center, 2017, para.5).

When working with AI/AN families, it is important for caseworkers to be aware of the various kinds of trauma that have affected Indian Country and to be culturally sensitive to their impact:

- **Cultural trauma** is an attack on the fabric of a society that affects the essence of the community and its members.
- **Historical trauma** is a cumulative exposure of traumatic events that affect an individual and continues to affect subsequent generations.
- **Intergenerational trauma** occurs when trauma is not resolved, subsequently is internalized, and is passed from one generation to the next.

Chapter 9 addresses trauma in more detail.

1 For resources on the complexity of this issue and how child welfare systems are addressing it, go to The Alliance for Racial Equity in Child Welfare web site at: https://www.cssp.org/reform/child-welfare/alliance-for-race-equity

The diversity of children and families illustrates the cultural richness of the world. Caseworkers have a responsibility to recognize and value the diversity of the families they serve and to understand cultural competency as a process rather than an end product (Walters & Asbill, 2013). This chapter examines how these concepts specifically apply to casework. The next section reviews some of the other essential ingredients for all helping relationships.

4.2 Core Conditions of Helping Relationships

Developing a "helping relationship" with the family is critical to facilitating change in the conditions or patterns of behavior that contribute to the risk of maltreatment and of lack of safety of the child. Experience demonstrates that successful intervention and treatment depend heavily on the quality of the caseworker's relationship with the family (van Zyl, Barbee, Cunningham, Antle, Christensen, & Boamah, 2014).

Developing helping alliances with families experiencing or at risk for child maltreatment is challenging. Families may have a history of difficulties in forming and sustaining mutually supportive, interpersonal relationships and may not have had positive relationships with formal systems (DePanfilis, 2000a). They may initially distrust CPS based on negative community perceptions of CPS involvement. Whether one's role is interviewing family members as part of the initial assessment/investigation (chapter 6) or determining what must change to reduce the risk of maltreatment and to determine outcomes for risk reduction (chapter 7), the quality of the caseworker's work is directly dependent on his or her ability to develop a collaborative relationship with the family (DePanfilis, 2000a).

This relationship begins with the very first contact with the family and continues to develop with ongoing caseworker and family interaction. By definition, relationships have a strong emotional component. Good relationships do not just happen; they must be built. The caseworker-family relationship does not result from a caseworker's charismatic personality or a mystical connection between people. Instead, it is a product of (1) the caseworker's commitment to helping the child and family, (2) his or her ability to relate effectively to them on an interpersonal level, and (3) the family's willingness to be open and risk "relating" to the caseworker. Obviously, caseworkers cannot control the family's behavior, but they can control their own. Caseworkers' behavior toward families can significantly increase the chances that a positive relationship will develop. The following classic quotation illustrates the importance of the relationship with families involuntarily involved with child welfare:

> *The relationship between the caseworker and client provides the foundation for all interactions and intervention. The more positive the relationship between the caseworker and the client, the more likely the client is to disclose and explore difficult and personal problems, as well as listen to and act on change efforts or advice offered by the caseworker* (Ivanoff, Blythe, & Tripodi, 1994, p. 19).

Rogers (1957) initially introduced three core conditions, which are essential to the helping relationship: empathy, respect, and genuineness. Numerous others have integrated these conditions with other key features of effective, helping alliances. For example, Egan (2006) suggests that:

- Respect is the foundation value
- Empathy is the value that orients helpers in their dialogues with families

- Genuineness is the "what you see is what you get" professional value
- Self-responsibility is at the heart of family empowerment and energizes the entire helping process
- A bias toward action is the value that underscores the centrality of constructive change in lives of clients

Other qualities demonstrated to influence the effectiveness of helpers are personal warmth, acceptance, affirmation, sincerity, and encouragement (Duncan, Miller, Wampold, & Hubble, 2010). A caseworker's ability to communicate and model core conditions and values opens the door to building a relationship with children and families that is characterized by cooperation. The goal is to develop cooperative working relationships in which the family's increased sense of trust, security, and safety (along with decreased tension, threat, and anxiety) leads to honest conversations about its life and circumstances, and, eventually, to acceptance of the need to change those circumstances that threaten the safety of the children. In a sense, this is going back to the basics of good social work practice. Brief summaries about how these qualities influence the helping relationship and the process of working with children and families follow.

4.2.1 Respect

Respect refers to the caseworker's communication of acceptance, caring, and concern for the child and family. It involves valuing the individual family members as people, separate from any evaluation of their behavior or thoughts. All human beings need to feel accepted and respected; it is especially important for abused and neglected children and their families to feel accepted and respected by their caseworker. This helps lead to a balanced assessment, which views families beyond the reasons they enter the child welfare system and focuses also on their demonstrated strengths and protective capacities. If respect is to make a difference, it cannot remain just an attitude—it must be communicated by approaching family members with a true interest in getting to know them and their circumstances.

4.2.2 Empathy

Empathy is the ability to perceive and communicate with sensitivity the feelings and experiences of another person by being an active responder rather than a passive listener. It is a process of attempting to experience another person's world and then communicating an understanding of, and compassion for, the other's experience. Accurate empathy involves skillful, reflective listening, which amplifies the family's own experience and meaning without imposing one's own interpretation of a client's situation (Miller & Rollnick, 2012). As described earlier, cultural empathy involves accepting and valuing those who belong to different cultural groups.

Empathy builds trust and openness and helps to establish rapport between the children and family and the caseworker. Caseworkers can demonstrate empathy by:

- Paying attention to verbal and nonverbal cues
- Using reflective listening (i.e., listening and then summarizing what is heard) to communicate an understanding of the children and family's message and feelings
- Showing a desire to understand from the client's point of view
- Listening more than talking

4.2.3 Genuineness

Genuineness refers to caseworkers being themselves. This means simply that caseworkers are congruent in what they say and do, nondefensive, and spontaneous. They must have a clear knowledge and acceptance of the agency's authority, procedures, and policies and of the professional role both in its meaning to the caseworker and its meaning to clients. Genuineness means integrating who one is and one's role in the agency with acceptance of families and commitment to their welfare. When this occurs, what caseworkers say is then congruent with their agency's values and principles.

Genuineness does not mean articulating all of one's thoughts with families. In fact, this could be harmful both to the families and to the caseworker-family relationship. For example, if a caseworker is feeling shock, horror, or anger over what a parent "did to the child," expressing these feelings to the parent would not be a productive exchange. This would likely alienate parents or cause them to be angry, defensive, or resistant. Rather, caseworkers need to be aware of their feelings and, at the same time, respond to the family in a professional, respectful manner that opens, rather than closes, communication. However, even in the respectful sharing of information, the caseworker is responsible for sharing the agency's concerns related to child maltreatment.

Genuineness contributes to the helping relationship by reducing the emotional distance between the caseworker and family and by helping the family to identify with the caseworker as fellow human being. Caseworkers can demonstrate genuineness by:

- Being aware of diversity "blind spots" and taking special care to be sensitive to differences, as well as asking questions rather than making assumptions
- Being themselves and not taking on a role or acting contrary to how they believe or feel
- Making sure that their nonverbal and verbal responses match
- Demonstrating being "present" by using nonverbal behaviors, such as eye contact (though this may be a sign of disrespect in some cultures), smiles, sitting forward in the chair, and turning cell phones to mute
- Avoiding defensiveness
- Providing a transparent overview about the CPS process, which includes a clear explanation of the allegations that resulted in the family's involvement with child welfare

4.2.4 Self-Responsibility

This value conveys the attitude that family members own the responsibility and have the potential for change. Therefore, the caseworker's role is to empower individuals to identify, develop, and use resources that will support strengthening factors that will increase safety of the children (Egan, 2006). It also is the caseworker's responsibility to identify and leverage resources to support the family.

To fully embrace this approach, caseworkers need to begin with the premise that families can change if they choose. This also requires avoiding seeing families as victims and, instead, to help them discover the strengths, protective capacities, formal and informal supports, and resources that can be used to resolve the child protection concerns.

For families to own the change process, caseworkers must engage them in order to help them understand the choices they have and to help them interpret, on their own, the consequences if they choose not to change.

Another way to shift the ownership of the change process is to support family members by breaking actions into small steps to increase the likelihood that change will be possible. Another important ingredient, discussed in more detail in chapter 8, is to promote willingness, confidence, and capacity. Child protection casework should "generate plans on which families can act" (Turnell & Edwards, 1999, p.79).

4.2.5 A Bias Toward Action as a Solution-Focused Value

This core condition relates to an empowerment-based perspective: When families are supported to become effective agents in both the helping process and their daily lives, they build the capacity to manage future problems even when caseworkers are no longer in their lives. The caseworker's job is to help families see the difference between discretionary and nondiscretionary change (Egan, 2006), especially when the court is involved. While they may not have a choice to work with caseworkers, families do, however, have a choice in how they work with them.

4.3 Building Rapport and Engaging Families

The core conditions discussed earlier are prerequisites before attempting to engage families as partners. Engaging families at all stages of the CPS process begins with first developing rapport or connections with family members in a way that helps them focus on the changes needed to help keep their children safe. **Exhibit 4.1** provides examples of techniques for developing rapport.

Exhibit 4.1 Techniques for Building Rapport
(Berg & Kelly, 2000)

- Approach the family with an open mind.
- Find out what is important to the family. For example, do not press the issue of staying sober as the priority if that is not important to the family, but do explain that staying sober will speed up a court's decision to return their children to them if the children are placed out of the home.
- Use mirroring. Take note of words the family uses and try to incorporate them when talking.
- Listen to the family's explanation of the situation without correcting or arguing (i.e., elicit its point of view of concerns and desire for assistance and convey an understanding of that view).
- Ask what the family's goals are.
- Ask open-ended (i.e., not answered by yes or no) questions rather than issuing threats or commands.
- Clarify expectations and purposes. Clearly explain the CPS process and the caseworker's role in working with the family toward solutions.
- Give the family a sense of control (e.g., involve the family in scheduling appointments, ask families how they would like to be addressed, include them in planning, etc.).
- Clarify commitment and obligations. When families and caseworkers agree on the time, place, and purpose of contacts, each person is able depend on the predictability of the other's behavior, attitude, and involvement.
- Acknowledge difficult feelings and encourage open and honest discussion of feelings.
- Be consistent and persistent, and follow through.
- Promote participatory decision-making for meeting needs and solving problems.

It should be noted that these are only some key techniques for building rapport. There are many other methods that will help build rapport with family members and lead to family engagement. Strategies that work with one family may not work with another. The caseworker should consult with his or her supervisor when experiencing challenges in engaging a family and should explore training opportunities offered by the agency.

4.3.1 Meaningful Family Engagement

"Family engagement is a family-centered, strength-based approach to establishing and maintaining relationships with families and accomplishing change together" (Child Welfare Information Gateway, 2017, p. 3; McCarthy, 2012). Meaningful family engagement means seeing families as essential resources and partners, not only in their case but also throughout the child welfare system (Bossard, Braxton, & Conway, 2014). Although there have been marked improvements, engaging families remains a challenge in public child welfare agencies, particularly with certain groups who are likely to be experiencing additional adversities (e.g., fathers, incarcerated parents, substance-affected families). The complexity of family circumstances, in particular the emotions of anger, guilt, shame, and trauma that often accompany a family's experience and perceptions of child welfare involvement, can greatly impede efforts toward engagement (Gopalan et al., 2011).

Much of what has been written in this chapter sets the stage for successful family engagement. Remembering the importance of culture, particularly considering how accepting professional help might be perceived, is important. The core conditions for helping relationships and the strategies for building rapport all lead to opportunities for truly empowering families to consider the possibility that a partnership with the caseworker will be possible. **Exhibit 4.2** lists practice strategies adapted from a synthesis of family engagement literature.

Exhibit 4.2 Practice Strategies for Family Engagement (Child Welfare Information Gateway, 2017)

- "Tune-in" to the likely experiences, emotions, and circumstances of family members, even before meeting them. Using preparatory empathy goes a long way in approaching the first contact.
- Honor the cultural, racial, ethnic, religious, and spiritual backgrounds of children, youth, and families and respect differences in sexual orientation.
- Support family members to understand the reasons for agency involvement, incorporating their view into all assessments.
- Be consistent, reliable, respectful, and honest with families.
- Support and value families.
- Ensure constant two-way communication and collaboration with family members.
- Value and validate the participatory role of families in planning and making decisions for themselves and their children.
- Provide timely resources, services, and interventions that are relevant and helpful.
- Invite and encourage families to participate in meetings and conferences where planning for their children's needs takes place.
- Consider the benefit of parent-partners to support the engagement process.

4.3.2 Engaging Fathers

Traditionally, caseworkers have focused on working with mothers and children, whether fathers are present in the household or living in a different home (sometimes referred to as "nonresident" fathers). However, successful family engagement, and the strategies outlined in this chapter, apply to all parental figures.

Children with absent or uninvolved fathers are at higher risk for a number of adverse outcomes, including substance use disorder and failure to complete high school (Coakley, 2013). Conversely, although the reasons are unclear, more than one study has found that fathers' involvement positively affects child outcomes for children in foster care, including a higher likelihood of children being reunified with their mother (D'Andrade, 2017; Malm & Zielewski, 2009; Coakley, 2008).

These findings demonstrate the value of investing time in early outreach and ongoing engagement of fathers. In working with families caseworkers should remember that, like mothers, fathers, whether resident or nonresident:

- May be experiencing challenges that affect their parenting and could improve with supportive services; this may include issues that present safety concerns to the mother, child, or both, that must be factored into planning for safety
- May have had negative experiences with government systems that make them wary of caseworkers
- Are important sources of financial, moral, emotional, and behavioral support for their children
- Have extended family members who often are another source of support for children

Resources on the Role of and Engaging Fathers

National Responsible Fatherhood Clearinghouse at www.fatherhood.gov

National Fatherhood Initiative at www.fatherhood.org

National Institute on Fatherhood and Domestic Violence (an initiative of Futures Without Violence) at https://www.futureswithoutviolence.org/organizational-leadership-training/national-institute-on-fatherhood-domestic-violence/

Child Welfare Information Gateway at https://www.childwelfare.gov/topics/preventing/promoting/fatherhood/ and https://www.childwelfare.gov/topics/famcentered/engaging/fathers/

National Center for Child Welfare Excellence – Fatherhood [hyperlinked resources] http://www.nccwe.org/BPR/hot-topics/Fatherhood.html

What About the Dads? Child Welfare Agencies' Efforts to Identify, Locate, and Involve Nonresident Fathers - Research Summary at https://aspe.hhs.gov/what-about-dads-child-welfare-agencies%E2%80%99-efforts-identify-locate-and-involve-nonresident-fathers-research-summary

4.4 Use of Authority in Child Protective Services

CPS is an expression of a community's concern for the welfare of a segment of its citizens. CPS services are provided because the community recognizes that children have rights and that parents have obligations and responsibilities. The authority to provide these services is vested in the CPS agency and staff through laws and policies, and competent CPS practice involves using this authority effectively and judiciously. The use of CPS authority has special relevance at the initial assessment/investigation stage of the casework process (chapter 6) but is applicable at all other stages as well. In fact, effective use of authority is an essential ingredient in establishing helping relationships with all involuntary clients.

Authority, whatever its source, can impede or enable the development of a trusting relationship between the caseworker and the family. The constructive and positive use of authority provides the child and family with a feeling of confidence that the caseworker not only knows what he or she is doing and is secure in that position but also intends the best for the child, parents, family and society (Anderson, 1988).

4.4.1 Managing Ambivalence and Resistance

A family's involvement with child welfare is often involuntarily, i.e., they receive services but do not actively seek them. Typically, they may be thought to be resistant, but often it is their ambivalence. (Resistance refers to behaviors that interfere with making progress toward desired changes, and ambivalence is a subset of resistance where there are movements both toward and away from change [Engle & Arkowitz, 2006].) **Exhibit 4.3** provides some general guidelines for engaging involuntary families.

Exhibit 4.3 Guidelines for Engaging Involuntary Families (Ivanoff, Blythe, & Tripodi, 1994; Rooney, 2000)

- Be clear, honest, and direct while maintaining a nondefensive stance.
- Acknowledge the involuntary nature of the arrangement and explain the CPS process, i.e., what the caseworker does, what the family does, timeframes, etc.
- Contact families in a manner that is courteous and respectful, and assess strengths as well as risks.
- Elicit the parents' and children's concerns and wishes for assistance and convey understanding of their viewpoints, including reservations about the CPS involvement.
- Reduce the children and family's opposition to being contacted by clarifying available choices, even when those are constrained, by emphasizing freedoms still available and by avoiding labeling.
- Earn the respect of the children and families (and gain psychological influence) by being a good listener who strives to understand their point of view.
- Establish feasible, small steps to help build in early success in order to recognize family efforts and progress.
- Acknowledge difficult feelings, and encourage open and honest discussion of feelings.
- Reframe the family's situation, with consideration to how certain behaviors impact the safety and well-being of the children. This is particularly useful when the children and family are making arguments that deny a problem or risk; it acknowledges their statements but offers new meaning or interpretation for them.

4.4.2 Using Core Strategies to Explore Ambivalence

Strengths-based engagement is successful when a caseworker strategically approaches family members to listen actively to their view of the reason why CPS is involved. One approach, motivational interviewing, a method to support families that may be ambivalent or hesitant about support from the child welfare system, has been shown to help engage clients and to enhance their motivation to use and complete services (Child Welfare Information Gateway, 2017c; Sterrett, Jones, Zalot & Shook, 2010; Damashek, Doughty, Ware, & Silovsky, 2011). Based on the principles of motivational interviewing (Miller & Rollnick, 2012), there are four core strategies to help guide families to explore their ambivalence and to express reasons for change, particularly in the early stages of meeting family members. An abbreviation for these techniques is OARS (**O**pen-ended questions, **A**ffirmations, **R**eflections, **S**ummary), described below.

Open-ended questions. As described earlier, the primary, initial goal is to develop a connection with family members and to establish an atmosphere of acceptance and trust. This means that children and their parents should do most of the talking, with the caseworker listening carefully and encouraging expression while also providing enough information about CPS and the process. A key technique is to ask good, open-ended questions, such as:

- *What do you know about the reason why I'm here today?*
- *What would you like me to tell you about working with CPS?*
- *What is a typical day like in your family?*
- *What worries you the most about this situation?*
- *What are some ways that you take time out for yourself?*
- *What do you love most about being a parent?*
- *What are some of the challenges you have with being a parent?*

Affirmations. The authentic acknowledgment of strengths goes a long way toward family members hearing that they are cared about as human beings. All families have strengths and recognizing them helps to build confidence and reduce defensiveness. Strengths should be offered naturally and in context, e.g., from a lead-in that connects to something the family member discussed. Once those strengths have been emphasized, they also become a tool in developing the helping relationship, for example:

- *I appreciate how hard it must have been for you to open the door today. You took a big step!*
- *In spite of all of the stresses and strains you have experienced, it's amazing that you have been able to keep the family together through thick and thin! [Followed by an open-ended question, for example: How have you done that?]*
- *I've noticed how your eyes light up when you talk about little Sam. He obviously brings you a lot of joy.*
- *The twins seem like quite a handful; I'm impressed at how patient you are in your response to them.*
- *It's not easy being a parent, but the way you describe how you organize each day is remarkable! [Followed by an open-ended question, for example: How did you come up with this system of yours? Followed by another affirmation: It seems like it really works for your family!]*

Reflections. Actively listening is clearly not a passive action. The crucial element in this process is reflective listening, i.e., how the caseworker responds to what the family says. The hardest part is stopping the temptation to give advice and, instead, to listen to family members consider options for solving the problem themselves. To do this well, it takes practice and should not be artificial. Each caseworker can develop his or her technique

True reflections should use the family's own words. It is also important to think about the tone of the reflections, so they do not become questions. The voice tone of a question goes up at the end, while the tone of reflective-listening statements should usually turn down at the end. For example, instead of "You are angry with your boyfriend for leaving the children alone?", a reflective statement would be "You are angry with your boyfriend for leaving the children alone."

To offer reflective listening, caseworkers need to first train themselves to think reflectively. There is usually more than one possibility of meaning when listening to what others say. In particular, emotion words, such as sad or stressed, have different meanings to different people. To think reflectively means that one hears a statement, one considers what it could mean and then chooses the most likely meaning. It may not be correct, but by offering the reflection, it helps "check out" that the family member's perspective has been understood accurately. Reflections sometimes include the word "you" in them but not always, for example:

- *It sounds like …*
- *So, you feel …*
- *You're wondering …*
- *You're feeling uncomfortable …*
- *You are worried that …*
- *You are afraid the court won't ever return your children.*

Summary. This technique is used throughout a conversation but is often especially used at the end when summarizing what was discussed as a lead-in to what will come next. Summarizing periodically throughout a conversation also helps to show that one has been listening carefully, to confirm meaning, and to open the door to moving on to discuss another issue. Linking summaries can also be helpful to express a family's ambivalence. This could be the beginning of helping family members see possible discrepancies in how they have described certain situations. Examples include:

- *Here's what I've heard so far …*
- *We have covered a lot of ground today. First you said …. And then we talked about how complicated things are with …*
- *Let me see if I understand. From the way you described your day to day, parenting gives you a lot of joy but is also stressful.*

4.5 Culturally Competent CPS Intervention

As suggested at the beginning of this chapter, cultural competency is a process rather than an end product. As Rivera-Rodriguez (2014) writes, "The development of a culturally competent practice in the child welfare system needs to be a proactive decision supported by management and staff at all levels. This is not a skill that will be acquired in a series of monthly workshops but rather an ongoing effort that requires the intentional, continuous expansion of cultural knowledge, skills, and resources" (p.89).

The culturally competent practice model, developed by Lum (1999) and updated by Fong (2001), fits well with the CPS role. It includes four components for the caseworker:

1. **Cultural awareness:** understanding and identification of critical cultural values important to the family members' system and to themselves.
2. **Knowledge acquisition:** understanding of how these cultural values function as strengths in the family's system.

3. **Skill development:** ability to match services that support the identified cultural values and then incorporate them in the appropriate intervention.
4. **Inductive learning:** continued quest to seek solutions, which includes finding culturally relevant interventions instead of forcing a match to intervention frameworks developed for other ethnic groups.

In considering the best process to build cultural competence, it is important to return to the research about racial disproportionality and disparity in the child welfare system cited at the beginning of this chapter. One of the propositions about the factors that contribute to this picture posits that the disproportionate representation of minority children in the child welfare system is a result of differential treatment by race (Fluke et al., 2010). This view suggests that there is racial bias and discrimination both outside the child welfare system (e.g., by those who choose to report or not report suspected instances of the child maltreatment) and within the child welfare system (e.g., CPS staff unconsciously view families and make decisions differently for minority children and families).

With the myriad factors that determine how CPS caseworkers and supervisors make decisions, it would be inappropriate to suggest that bias alone has resulted in disproportionality and disparity in child welfare systems. On the other hand, most CPS staff recognize that there is wide variation in how individuals within systems view the same situations. For example, when referrals come back on the same families a second or third time, one may wonder what went wrong with a previous caseworker's decision-making. Everyone is human and, therefore, should attempt to avoid cognitive bias (i.e., "a systematic error in thinking that affects the decisions and judgments that people make" [Cherry, 2017, p.1]).

Sometimes how an event is remembered may be biased. It is easy to see how when assessing or working with multiple families at a time, a caseworker's memory of what was said or not said during a specific encounter is flawed, especially if documenting the information after numerous other contacts. The following include some tendencies of cognitive bias (to be avoided through the help of peers and supervisors):

- **Ambiguity effect:** to avoid options for which missing information makes the probability seem unknown (Baron, 2007).
- **Anchoring:** to rely too heavily (or anchor) on one piece of information when making decisions. Typically, this is a piece of information gathered very early in the analysis process (Zhang, Lewis, Pellon, & Coleman, 2007).
- **Availability:** to overestimate the likelihood of events with greater "availability" in memory. For example, if one experienced, investigated, or heard about a similar event recently, one is likely to assign similar causes to the current case. This is particularly true for unusual or emotionally charged situations (Schwarz et al., 1991).
- **Bandwagon effect:** to believe things because others believe them (Coleman, 2003).
- **Confirmation bias:** to search for, interpret, focus on, and remember information in a way that confirms one's preconceptions. People are put off by information that makes them feel uncomfortable or insecure about their views and like to categorize (Oswald & Grosjean, 2004).
- **Hindsight bias:** to see past events as predictable at the time the events happened (Pohl, 2004).
- **Outcome bias:** to judge a decision by its eventual outcome instead of based on the quality of the decision at the time it was made (Gino, Moore, & Bazerman, 2009).

The prior chapters provided the legal and definitional context for the CPS process, and this chapter discussed how engaging the families and children is integral to that process. The next chapters now lay out the various stages of the CPS process.

Chapter Highlights

- With increasing racial and ethnic diversity in the United States, caseworkers should continue to strive to approach our culturally diverse clients with openness.
- Cultural competency is a process rather than an end product. Caseworkers should actively work toward building their competency to work with people of diverse cultural backgrounds and ethnic affiliations.
- The primary core conditions for building helping relationships are respect, empathy, and genuineness. Other core conditions include: self-responsibility, a bias toward action, personal warmth, acceptance, affirmation, sincerity, and encouragement.
- Building rapport and making connections with family members is the first step to working toward a helping alliance with family members.
- Meaningful family engagement is a family-centered, strength-based approach to establishing and maintaining relationships with families and accomplishing change together.
- In CPS, the constructive and positive use of authority involves stating one's purpose and function clearly at all times, supporting and challenging clients, and expressing feelings.
- Core strategies for exploring ambivalence include the use of OARS: **O**pen-ended questions, **A**ffirmations, **R**eflections, and **S**ummarizing.
- In the complex, busy practice of CPS, it is very important to avoid cognitive biases, i.e., the systematic errors in thinking that affects the decisions and judgments that people make.