

CHAPTER ONE

What Do Social Workers Do in Child Welfare?

In this chapter, I briefly introduce some observations about child welfare in general and describe the usual areas of practice in child welfare settings. Each will be discussed and illustrated in more detail in the chapters that follow.

The overall mission of child welfare, as described by Pecora (2008), is as follows:

The mission of child welfare is multi-faceted and includes the following tasks: (a) to respond to the needs of children reported to public child protection agencies as being abused, neglected, or at risk of child maltreatment; (b) to provide children placed in out-of-home care with developmentally appropriate services; and (c) to help children find a permanent home in the least restrictive living situation that is possible. (pp. 270–271)

CHILD WELFARE UNIT

At the core of child welfare services is the child welfare unit. Hanna (2009) noted:

Like that of many social service agencies, the organizational culture of public child welfare agencies is hierarchical in nature. At the top of the hierarchy is the state office or county administrators and at the bottom are the frontline workers. In between there may be a number of levels of middle management, depending on the state's administrative organization. (p. 83)

Hanna suggested that the formation of supervisory groups within the child welfare system is dependent on many variables. The common element is that a group of frontline workers is usually supervised by a frontline supervisor who, in turn, may be supervised by a more midlevel senior administrator. For example, frontline units that focus on foster care or protection services may each have their own supervisor, and if the agency is large enough, a group of these supervisors may, in turn, be supervised by a single administrator. As will be pointed out later in this book, the ability of the “units” to collaborate effectively is crucial for providing effective services and managing the risks involved in working with families and children at risk.

ROLE OF PUBLIC AND PRIVATE CHILD WELFARE AGENCIES

Child welfare services are organized differently in many states and Canadian provinces, ranging from state and provincial agencies with identified regions and full-time staff to county-run child welfare services; to self-contained agencies in large cities or semiprivate agencies, such as children's aid societies. Both public and private agencies usually have direct relationships with each other. For example, in Massachusetts, the Department of Social Services is organized statewide with regional and community offices focusing on child protection and foster care. However, you will often find collaborative agreements in which some aspects of the service are delegated to private agencies, through contracts with the state agency, which provides oversight of the process and case outcomes.

In those situations in which private agencies are primary, such as children's aid societies, a significant portion of the funding and oversight is provided by state or provincial agencies. Rules on how services are provided are determined through regulations and legislation. A children's aid society may have a board of directors consisting of volunteers who also provide oversight of the agency's operation, but the final say is always with the responsible region, state, province, or county agency.

GENERALIST VERSUS SPECIALIST

Variations exist in how child welfare agencies organize their practice, with some using a "generalist" or "integrated" approach in which a worker may pick up with a family early in their engagement with the agency, whether voluntary or clients who are mandated to participate by a court, and then follow the child and the family through the process of early family work, moving into foster care placement, possible reuniting of the child with the family, or the possibility of requesting a permanent placement or adoption through a family court.

Other agencies, particularly larger ones, may have specific departments that address each of these functions with social workers assigned to intake, protection, court work if needed, family support, foster care, adoption, and so on. In this structure, the family and child are transferred to the appropriate department and worker.

Over the years, I have noticed trends in one direction or another, with some agencies believing that consistency of the worker with the family or child is crucial and that a generalist approach is used to organize services. One worker may be assigned to a case and follow it through intake, ongoing family work, foster care, and so forth. It is not unusual for the agency to, at some point, decide that the complexity of the practice requires specialization with the roles delegated to a department within the agency. The hope is that teams and individual workers will communicate with each other, which may or may not be the case, as will be illustrated later in this book.

In this structure, you would have foster care or adoption workers, emergency or intake workers, court workers, and others. They would usually be organized in a "unit," with a supervisor competent in the area of specialization. In larger agencies, units may be organized into departments, with unit supervisors reporting to a manager. This system of

specialization may introduce problems. In the *Oxford Dictionary of Social Work and Social Care*, under a section dealing with fragmentation of roles and tasks, Harris and White (2013) observed the following:

There has been an increasing tendency to break down social work into a series of separate tasks, often completed by different social workers and/or teams. From a managerial perspective, functional specialization may be seen as increasing the efficiency and cost-effectiveness of the service by improving the “throughput” of work, and providing greater control over different parts of the social work process. A social worker may find it frustrating to feel that she/he is only responsible for limited aspects of the intervention. Most social work models and approaches encompass the stages of assessment, intervention, review, and evaluation, so restriction of the social worker’s involvement to one or two stages can make it difficult for social workers to see their relevance or to perceive their role in the way it has been presented in their professional education. This may have an impact on their morale and job satisfaction. (p. 218)

RESPONSE TO “FOSTER CARE DRIFT”

More recently, the impetus toward specialization may have been more evident with the passage of national, provincial, and state legislation in response to studies that documented what became known as “foster care drift.” Once children entered the foster care system, they were often “lost” and stayed in the system for many years at the same or different foster homes until they made the transition off of an agency’s caseload and on to independent living. Bartholet (1991) identified this problem and referred to “nobody’s children” as modern-day orphans. She pointed out that there is an “inherited tradition” that tended to encourage maintaining the family connection and parenting rights rather than taking adoption more seriously.

Based on the assumption that the temporary status of foster care was not good for the child and that some form of “permanency planning” was needed through adoption by the foster family or other adoptive parents, specialization became more common. Concepts such as “fast tracking” or “concurrent planning” emphasized moving quickly toward a permanent decision when it was apparent that parental rights might be terminated by a court order and the child would be available for adoption.

Pecora (2011) noted: “As they have been doing since the beginning of the child saving movement of the 19th century, child welfare practitioners still struggle with the often competing demands, of protecting children while trying to preserve families” (p. 275).

CONCURRENT PLANNING AND REUNIFICATION

This approach, at times, leads to conflicts between staff within the child welfare agency when one group of staff would begin permanency planning, “fast tracking,” while another

group of staff were working to strengthen the family with the goal of “reunification” and returning the child to his or her birth parents. This led to the phrase “concurrent planning.” In theory, once it was clear that a return to the family was out of the question, the planning for permanency was already well under way.

When communication between staff members worked well, this cut down on the long-term temporary placements and foster care drift, thus providing some sense of stability to the child or children. When it did not work well, for example, when staff of the two groups were involved in a battle of wills that I call “Who owns the client?,” with each staff group thinking they had the best solution for the child, then outcomes for the children could be less positive. I will address this issue in a later chapter, when I examine how case conferences can be an effective form of collaboration or, at times, an “illusion of work,” in which the real conversations take place after the meetings. In these situations, conflicting views are present, but they may remain under the surface of the discussion while still affecting the decision-making process.

A national movement in the United States called the Wraparound Initiative involves formally bringing related agencies together, often with the involved clients present, to come to sound decisions on how to proceed. If, directly or indirectly, the meeting turns into an argument over who has the best assessment and treatment plan, the impact of the meeting may be the opposite of the hoped-for collaboration. One worker in a workshop I presented described such a meeting: “By the end of the meeting, the only thing I wanted to wrap my hands around was the throat of the pompous and stubborn psychologist.” (This was not a recommended strategy.) Later in this book, I address alternatives to implementing such extreme measures by focusing on the skills of professional impact.

In the following sections, I briefly introduce the different roles played by child welfare social workers, with the intention to elaborate and illustrate each in chapters that follow.

INTAKE AND PROTECTION

Most child welfare agencies will have a unit of staff, with a supervisor, assigned to respond to reports of potential child abuse and neglect. A report may come from a neighbor, relative, teacher, the police, hospital nurse, another agency, or others. Reports may be received on a special 800-number telephone line set up to allow complaints to be reported anonymously. State or provincial law usually requires that an investigation be undertaken within a certain time period, with the intake or protection worker assigned to make an initial assessment of whether a child or children are at risk. If the risk is serious and immediate, children may be quickly removed from a home while the agency seeks a court order of protection.

In a threatening situation, for example, a hostile and aggressive parent with a history of abuse, child removal may be done with the assistance of a police authority while further assessment is undertaken. Follow-up investigation of the case can be conducted by the protection staff or referred to another unit if the agency operates under a specialization approach. If a child is removed and placed in a temporary or more permanent foster

placement, the case may then be referred to an ongoing worker and/or a foster care unit. In some smaller offices, especially in more rural areas, the assigned worker might follow the case to its conclusion.

FAMILY SUPPORT PRACTICE

In voluntary cases, or in some court-mandated cases, a social worker (or family support worker) may be assigned to work with the family with a goal of eventual family reunification or as a preventive measure to avoid removing the child in the first place. Intervention can occur on a number of levels. Family meetings with the parents and children may be designed to overcome communication barriers that have led to conflict. For example, the acting-out teenager may be sending a message of a family-related problem that needs to be addressed.

In another example, a single mother may be struggling to deal with her kids and her job and lacking basic parenting skills, and, as a result, she has been emotionally or physically abusive toward her daughter. In a third example, the family support worker may help the parent (or child) obtain needed third-party services, such as a homemaker or more intensive counseling or respite care—for example, a weekend off with the child cared for by a foster parent.

The central goal is to help the family stay together or reunite by finding and encouraging the strengths of all members. In those cases in which the family support worker determines that the abuse is serious enough to consider removing the child, the worker is a *mandated reporter* and is required by law to report the abuse. This is true for all workers in the agency as well as for professionals in the community (for example, teachers, doctors).

WORK WITH FOSTER CHILDREN AND FOSTER PARENTS

The foster worker in a specialized or general unit will monitor the foster placement through regularly scheduled visits with the goal of helping the family, over a period of time, to provide a supportive home to the child or children. This is an area of some role confusion for social workers because the foster parent is not a client. The foster parent is considered a “partner” in the fostering process, although this concept is sometimes in name only, with the worker and the agency not seriously taking into account the views of the foster parent. When the social worker–foster parent relationship is working well, there will be a shared decision-making process, with the foster parent’s input based on day-to-day experience with the child playing an important role. Although not a “client,” the foster parent can use the help of the foster worker in dealing with a range of issues related to fostering. For example, the foster worker can help the foster parent to manage acting-out behavior on the child’s part, to respond to the impact of the foster child on the other family members, to get the required resources from the agency, or to understand and deal with difficult birth parents during visits in the foster home, or home visits by the child to the birth family, which result in a visibly upset child on return to the foster home. The foster

parent may also play an important role in helping a foster child move into a more permanent placement by either adopting the child or helping to prepare the child to leave the foster home and begin with an adoptive family.

Work with the foster child may ebb and flow depending on the details of the placement and the age of the child. Important work can be done at different stages of the child's life cycle, such as adolescence, when questions of identity arise—for example, “Who am I?”; “Where did I come from?”; or “Who were my real parents, and why did they let me go?” Foster children sometimes have problems as teenagers in school and peer groups as they experience being different. Moving to a foster placement may mean a new school or community and loss of friends. This can be stressful for any child, but when you add on the issues associated with “being foster,” including significant losses in their lives, they take on an added dimension. New issues can emerge when a foster child approaches the age for transitioning out of care (18 in some states and provinces and 21 in others).

One particularly painful example was shared by a worker about a foster teenage girl who became pregnant and had a child of her own. The worker had worked with the foster child for years and had grown close to her. Now the foster child was also a parent, and issues of neglect and suitability for parenting were identified. The worker described poignantly the office visit when she had to literally remove the child from the teenager's arms while both were in tears.

ADOPTION PRACTICE

The practice of an adoption worker may involve preadoptive screening of potential adopting parents; identifying children whom the court has permanently removed from their birth parents and are now available for adoption; and working with birth parents who are voluntarily placing (relinquishing) their children for adoption. Finding a match and a good fit between the adoptee and the adopting parents is also part of the job. Helping the adoptive parents deal with issues raised by the adoption with the child in the home can also be included in the work; however, this last function is not implemented often enough or for a long enough postadoption period of time.

Adoption workers are often viewed by other workers as having one of the best roles in the child welfare agency. Their work is most often associated with a process that results in what Javier, Baden, Biafora, and Camacho-Gingerich (2007) referred to as a win-win-win situation for the “adoption triad”—a happy child, with some degree of permanency, as well as happy adoptive parents and a pleased birth parent who believes the child has found a good home. In chapter 5, I explore adoption work in more depth and raise many of the issues that make this process more complex and difficult for all three members of the triad.

Adoptive parent recruitment and preadoption group work with potential adoptive parents are illustrated in chapter 5. These groups are mostly designed to be educational for parents to acquaint them with the adoption process while they consider adopting or are waiting to receive a child. Agencies can offer mutual aid support groups for prospective adopting parents who may each share the same concerns about adopting rather than

having their own birth children. Fears of receiving a child born from a “bad seed” (problem birth parents) or concerns about how other extended family members will accept the addition to the family are not uncommon.

Chapter 5 provides illustrations of these groups and describe the interventions by the group leader designed to create safety for preadoptive parents to discuss these concerns and others without fear of jeopardizing their chances to receive a child. Workers may also help by visiting in the early days of the adoption and offering direct counseling as well as other supports. However, once the adoption is finalized and unless new issues are raised by the parents or the child, the direct work often ends with the child and the adoptive family, even though many issues may emerge for both, as the child moves through the stages of the life cycle. Chapter 5 also addresses those issues associated with adoption of children with special needs, the dynamics of transracial adoption, and adoption by lesbian, gay, and single-parent families.

COURT PRACTICE

Decisions related to removal of a child from a family, reunification with the family, or visiting arrangements are usually made by a family court judge. The child welfare staff will submit a written report with recommendations. In a larger and more specialized agency, specific workers may be assigned to appear before the court. The agency may also have a legal staff that works with the social worker in making court presentations. Court practice can become complicated if the recommendation to apprehend (remove) the child is contested by the parent represented by the parent’s own attorney. It is also not unusual for the judge to appoint a “guardian ad litem” who is assigned to represent the interest of the child.

Police or a district attorney (or, in Canada, a crown prosecutor) may be involved if there are criminal charges against the parent, for example, in the case of domestic or child sexual abuse. Social workers appearing in court may be given training in how to write a court report and how to testify in court. In one Canadian city, a local family court judge held a mock court hearing using hypothetical cases on a regular basis to give new workers practice in making clear and effective written and verbal court presentations.

It is important to recognize that, in the final analysis, it is the judge who decides whether the child is removed temporarily or permanently or whether reunification is the goal. In a research focus group for 12 family court judges I conducted a number of years ago in Vancouver, Canada, one judge said with emotion: “The social worker may recommend permanent removal of a child, but I’m the one who makes the decision and has to live with it.”

This chapter has provided brief descriptions of some of the typical roles played by child welfare workers. These will each be discussed and illustrated in more detail in later chapters. The next chapter introduces the IM, which guides the discussion of practice in each of the roles defined earlier.