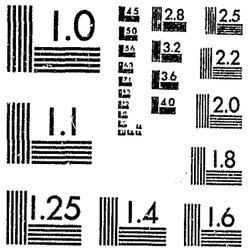


CHILD PROTECTIVE SERVICES
ORIENTATION

CONTINUING EDUCATION

STATE DEPARTMENT OF PUBLIC WELFARE

OCTOBER 1976

ACKNOWLEDGMENT

It would not be possible for Curriculum Development Staff to acknowledge each individual who contributed to the development of the orientation material. Nevertheless, we do wish to express special appreciation to Carole Bowdry, Lita Ortiz and Barbara Payne, Educational Directors, from whose teaching notes we have borrowed extensively. We would also like to thank Frances Berry, Paula Everett and Beulah Love, Supervisors, for their review and criticism of the material.

YOUR NAIL-IT-DOWN BOOK

PURPOSE

This HOW-TO book has been prepared for you by the Continuing Education Bureau, Division of Curriculum Development, and by Educational Media Production.

It has been checked for accuracy and effectiveness by representatives of SOCIAL SERVICES.

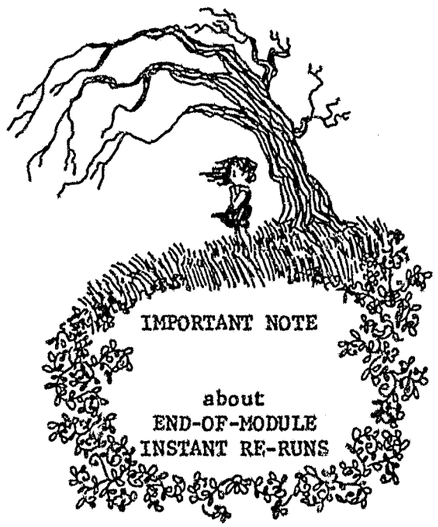
It has one purpose: to help you remember what you learn in your orientation course on

CHILD PROTECTIVE SERVICES

or to help you in the job you're already doing.

It is your personal possession; write in it; make it your own.

Use it as a companion volume to your Social Services Manual.



Don't panic.

The "play it again, Sam" or "once over lightly" questions at the end of each module are not tests.

They are really review tools for your own use.

They are designed to help you check yourself on the material you've just finished in the HOW-TO-BOOK.

The answer to any question in the instant re-run is in the module it accompanies.

YOU DO NOT NEED TO WRITE ANYTHING.

YOU ARE NOT BEING GRADED ON THE INSTANT RE-RUNS.

AS A PROTECTIVE SERVICE
CASEWORKER

"..Your role is an aggressive one, but your aggression is directed -- <u>not against people</u> -- <u>but against their troubles</u>!"

- Supervisor

"..You should be aware that you will not greatly change the world. <u>If you save the life of one child or move a family a little way toward greater self-respect</u>, your job has been worthwhile..."

- Supervisor

State of Texas
Department of Public Welfare

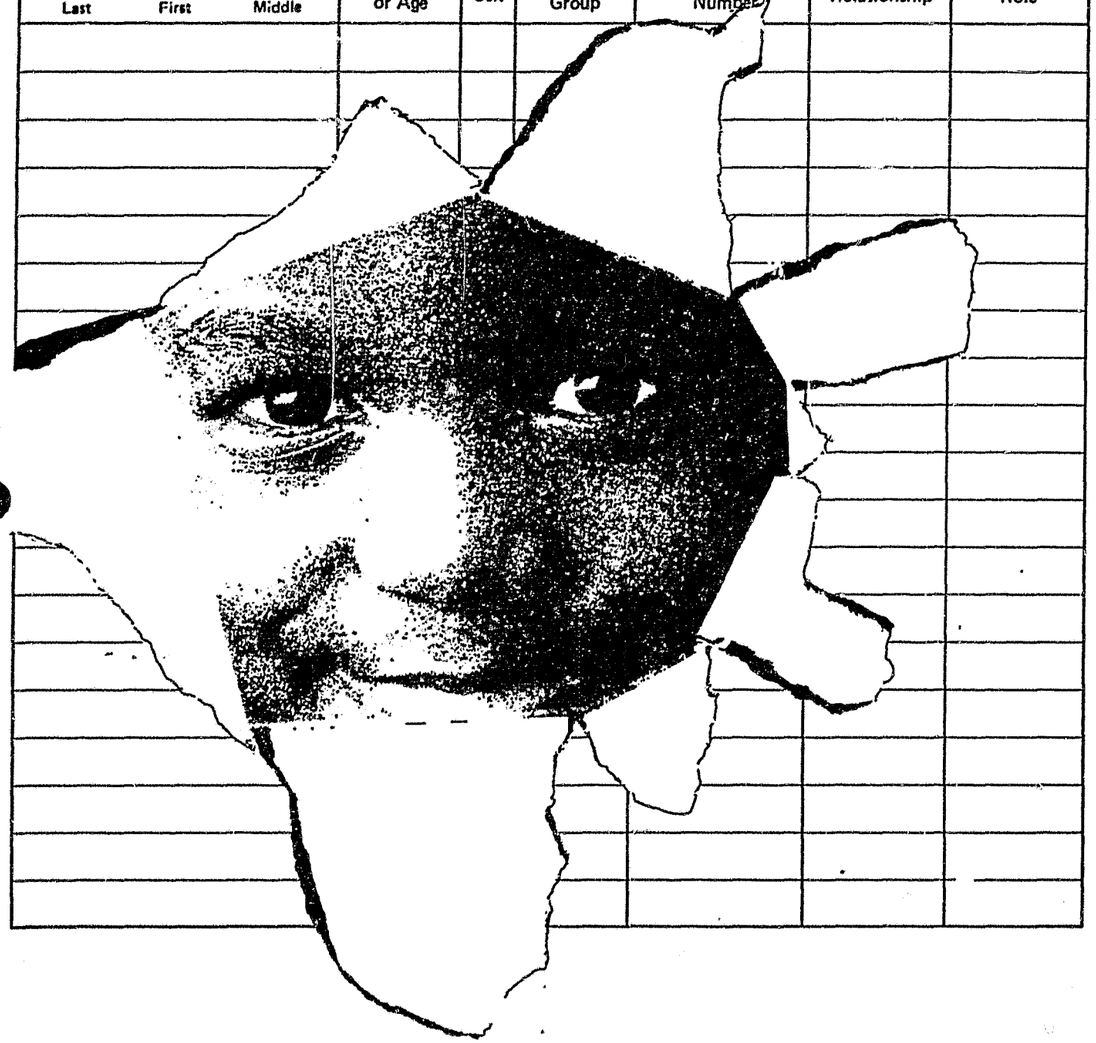
Form 206
January 1974

INTAKE REPORT CHILDREN AND PROTECTIVE SERVICES

Worker _____
Date Reported to DPW _____

I. Child and Family Information

Name Last	First	Middle	Birth Date or Age	Sex	Ethnic Group	Social Security Number	Relationship	Role



Behind every form there's a face!

the UGLY subject

Nobody likes to talk about it.

Not the person who does it.

Nor the person who sees it.

Nor the person who hears about it.

Sometimes least of all the person who suffers from it.

THE SUBJECT IS MISTREATMENT OF CHILDREN .. THROUGH ABUSE, NEGLECT .. EXPLOITATION OR ABANDONMENT.

It is an ugly topic.

Anyone asked if he (or she) could inflict or permit it would probably answer, "No!"

But the sad fact is that in almost every Texas town, almost every calendar day some youngster is being carelessly or deliberately deprived of his right to health and happiness .. to normal growth and fulfillment .. thru abuse, neglect, exploitation or abandonment.

Doctors sometimes know this. So do schools and policemen. Or neighbors. Or friends. Or grandparents.

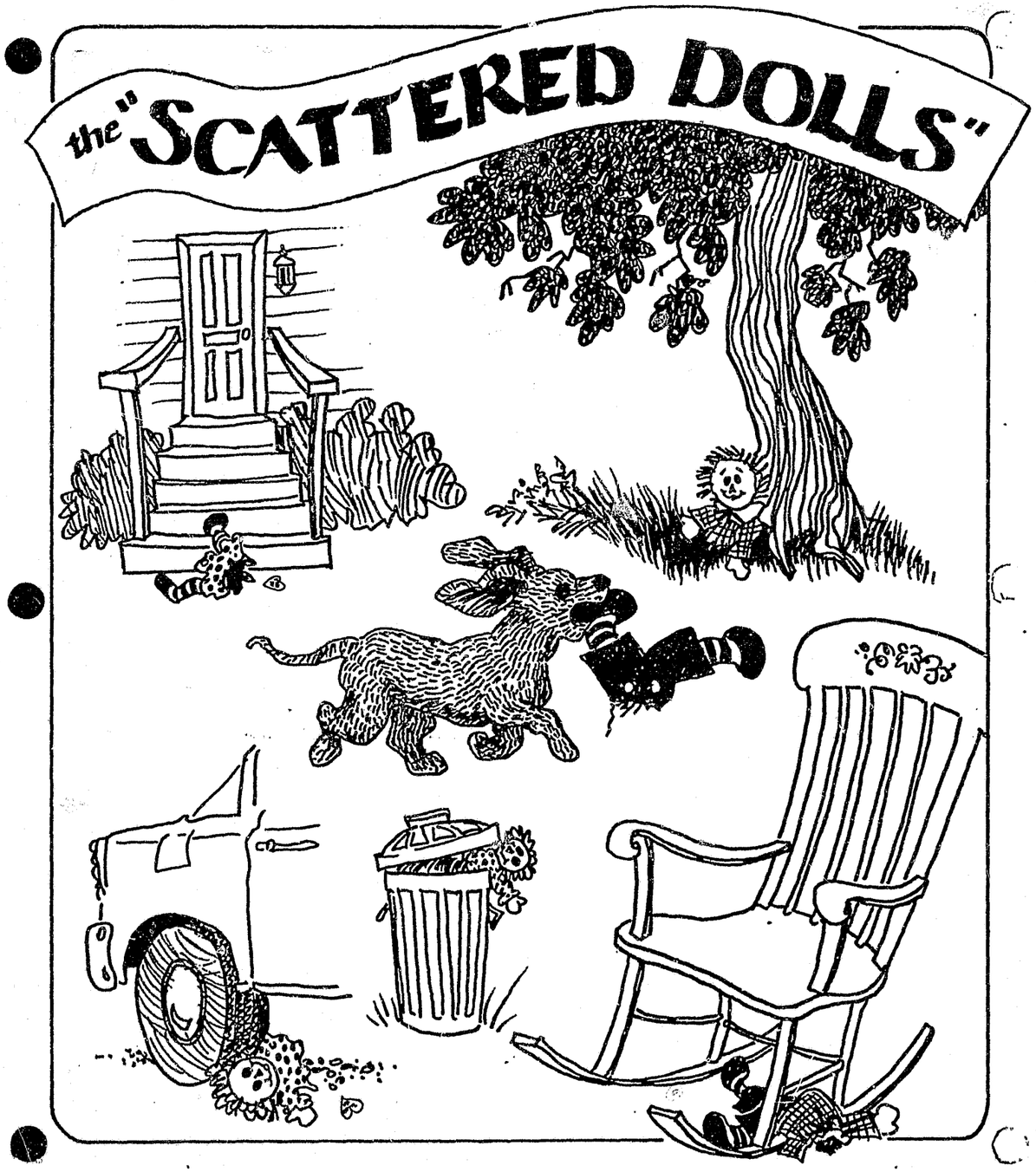
But often they don't know what to do. Or they can't believe what they're seeing or hearing. Or they're afraid some of the ugliness may be turned on them.

So they shut their eyes and their ears, close their doors and their windows, turn up the television and the radio, think about something else.

WELL, DPW FEELS IT'S HIGH TIME ALL TEXAS BROUGHT THE "UGLY SUBJECT" OUT IN THE OPEN.

DPW wants its workers and their communities to face the problem of mistreatment of children head on, to admit that it exists in dismaying measure, and to take every possible step to deal with it.

In PROTECTIVE SERVICES programs, DPW works for the welfare of both youngsters and grown-ups, because the MISTREATED CHILD of today may well become the MALADJUSTED ADULT of tomorrow!



Your Goal:

to

Make Them Whole

TABLE OF CONTENTS

OVERVIEW of PROTECTIVE SERVICES

Current Situation in Children's Protective Services in Texas

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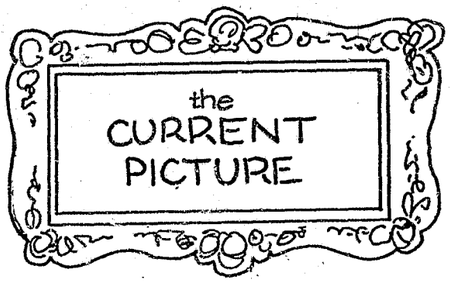
Vocabulary of Protective Services

Professional Standards/Organizations

Format of Orientation

MODULE SS6-1



As a Protective Services Worker, you need to know the present situation in CHILDREN'S PROTECTIVE SERVICES in Texas.

DEPARTMENT OF PUBLIC WELFARE RESPONSIBILITY

In nearly all Texas communities, the primary .. and frequently the only .. resource for children in need of protection is DPW.

Complaints that a child in the community is neglected, exploited, abused or abandoned are channeled to the Department for direct action on behalf of the child.

Possible channels are police, medical facilities, schools, miscellaneous informants.

Pilot Project:

DPW feels that .. to open discussion of and action on the UGLY SUBJECT .. its PROTECTIVE SERVICES TO CHILDREN need more visibility in Texas communities.

A community which knows more about protective services will use those services more. Example: in Beaumont, a joint community-information project of Police and Welfare Departments brought a significant increase in protective services referrals.

For that reason the Department embarked on a pilot project in Austin, Nacogdoches and Beaumont regions to give special orientation in protective services to new workers. The campaign was then extended statewide in the fall of 1974.

WE MUST PROTECT THE CHILDREN OF TEXAS. In many instances they cannot protect themselves.

NATIONWIDE INTEREST IN PROTECTIVE SERVICES

Throughout this century concern for the protection of children has increased in the United States.

Two specific evidences of such concern were the first White House Conference on Children and Youth, in 1909, and the establishment of the Children's Bureau (as a part of the Department of Labor) in 1912.

Early efforts centered around:

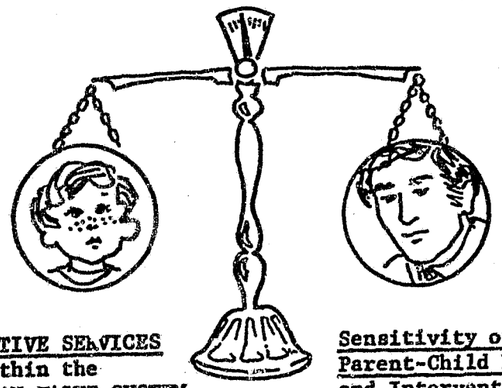
1. improving child labor legislation
2. decreasing infant mortality
3. establishing juvenile courts

By mid-century later concerns extended to:

1. regulating and setting standards for child-care facilities
2. developing foster home programs
3. meeting special needs of handicapped children

Progress in the 1960's and 1970's included:

1. extensive work in area of child abuse
2. medical and social research around "battered child" syndrome
3. encouragement of state legislation for reporting of child abuse by physicians and other medical personnel (with freedom from fear of lawsuits)
4. nationwide interest in child abuse registries. Many have been computerized, as has the Texas registry (Child Abuse and Neglect Report and Inquiry System - CANRIS)
5. increase in literature on child abuse
6. reform of juvenile court system
7. legislation requiring legal representation of juveniles charged with law breaking
8. legal representation for minors (where court action involved changes in legal relationship of parent child)
9. legislation to more clearly define rights of illegitimate child and unmarried parent (especially unmarried father)
10. push for establishment of centralized, computerized child abuse registries



PROTECTIVE SERVICES
within the
AMERICAN VALUE SYSTEM

Sensitivity of the Parent-Child Relationship and Intervention of the State

ROMAN LAW

Roman law contained origins of laws of western European societies (hence ours).

Father had life and death power over children during their minority.

- could kill child
- could make decision at child's birth whether child would be accepted or killed
- could sell the child

State's interest extended only to parentless child and decision on guardianship.

- Male child could be adopted by citizen desiring an heir
- Male and female children could be placed with foster families
- Parentless child was left to make way or was sold into slavery.

Children were defined as lesser beings with no inherent rights of citizenship.

MIDDLE AGES

The child continued as legal property of parents.

The Church might rear an orphan as its servant or sell him into serfdom.

LATER CENTURES

Seventeenth Century

- Medical interest turned to the child, viewing him/her as different from adult in physical needs.

Nineteenth Century

- Child was viewed as having emotional and developmental needs different from adults.
- New York Society for Prevention of Cruelty to Children was formed (1875).

As the result of the landmark MARY ANN CASE - in which an abused child was brought into court under laws dealing with prevention of cruelty to animals:

- .. laws were passed protecting children from neglect and abuse.
- .. agencies (largely private organizations) acted as child advocates.

Twentieth Century

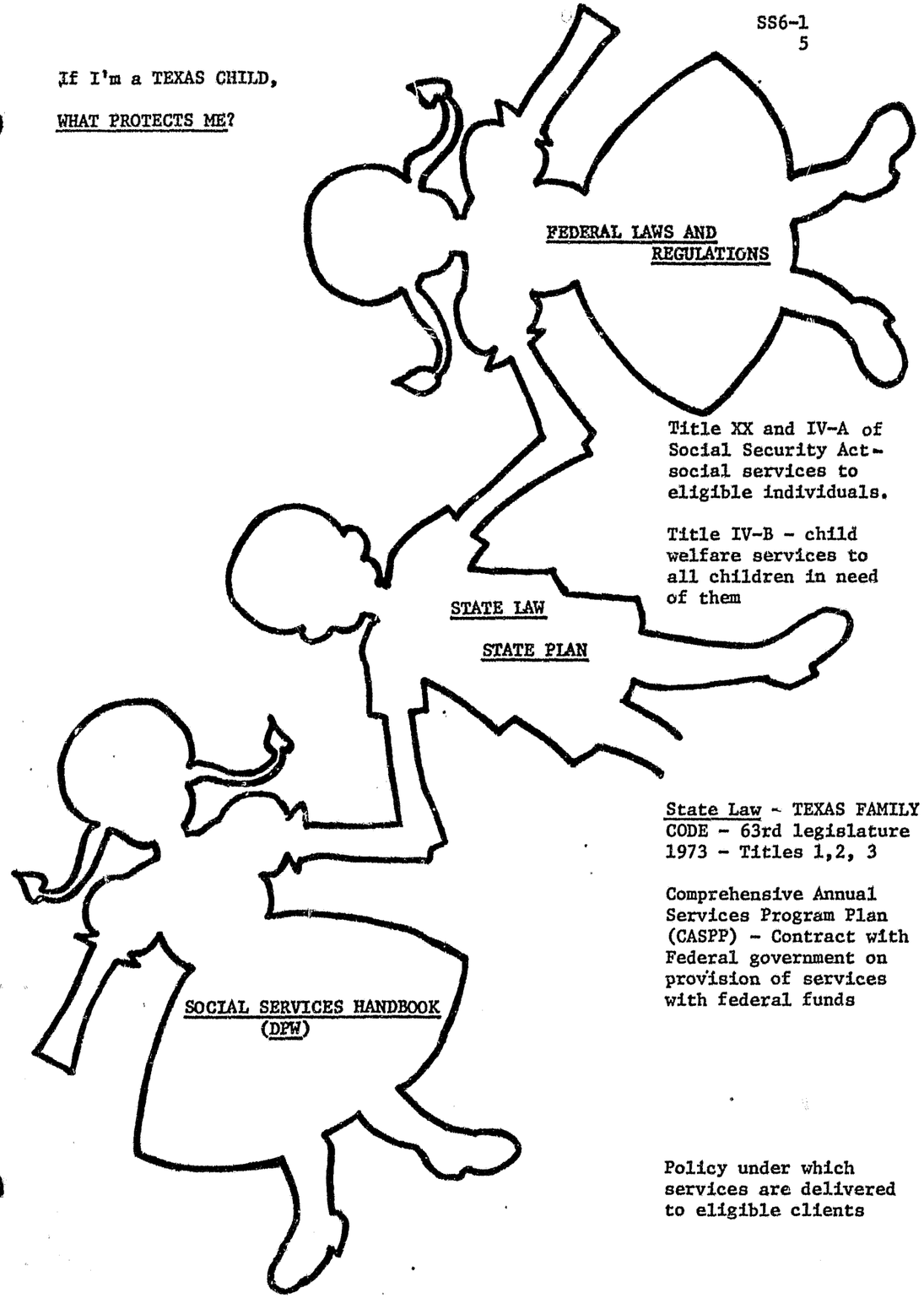
- Extensive federal social legislation was passed in the 1930's, giving more responsibility to public agencies.

CHANGES IN PHILOSOPHY

Inviolability of Home	-	strong Constitutional commitment
Rights of the Individual	-	children under guidance and control of parents as long as "best interests" are served
Conflicts of Rights	-	parent-child-society
	-	protective worker caught conflict
	-	challenge to achieve best interests with least harm to any participant

If I'm a TEXAS CHILD,

WHAT PROTECTS ME?



Title XX and IV-A of Social Security Act - social services to eligible individuals.

Title IV-B - child welfare services to all children in need of them

State Law - TEXAS FAMILY CODE - 63rd legislature 1973 - Titles 1,2, 3

Comprehensive Annual Services Program Plan (CASPP) - Contract with Federal government on provision of services with federal funds

Policy under which services are delivered to eligible clients

NOTES

LEGAL BASE OF PROTECTIVE SERVICES IN TEXAS

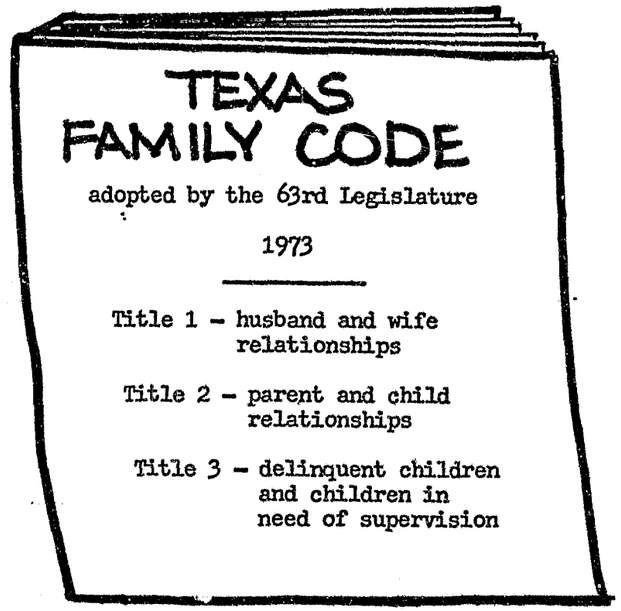
State Law

You function under laws and regulations specifically related to children.

These occur on both state and federal levels and within constitutional guarantee of:

- individual protection against any tyranny of the state
- equal protection before the law

State law regarding protection of children is largely encompassed within the



In addition to provisions regarding protective services with the CODE,

TEXAS REVISED CIVIL STATUTES ANNOTATED
Article 695c. Sub. Sec. 17-A

charges the Department with providing foster family care under rules and regulations of the Department, as well as empowering the Department to accept and expand funds to provide foster care.

THE TEXAS FAMILY CODE

Investigation

The Code designates one of three:

State Department of Public Welfare
Any agency designated by the Court to be responsible for the protection of children

as the agent to investigate all reports of child abuse or neglect and certain violations of the school attendance laws as well as child-run-away referrals.

The Department may be appointed "managing conservator" (guardian) of a child whose relationship to his parents has been legally limited or terminated.

Adoption

The Code provides for the legal adoption of children. It spells out:

procedure for termination of parental rights
consent to adoption by parents or managing conservator
adoption of the child by new parents

Notification

An important new requirement under the Code is the notification of the alleged father of an illegitimate child when a hearing is being held on a petition to terminate the parent-child relationship.

This procedure assures the alleged father and all legal parents of due process and equal treatment under the law. It also assures the child of his right to have both parents involved in decisions regarding his best interests.

Federal Laws and Regulations

A large amount of federal funds spent by Texas in the provision of CHILD PROTECTIVE SERVICES is appropriated under the Social Security Act.

Federal regulations, therefore, govern the expenditure of these funds. The regulations relate to three titles:

XX
IV-A - provide for social services to eligible individuals. Child protection is a social service and is available to any child in need of protection.

IV-B - provides for child welfare services to all children in need of them.

Among them, the three titles mandate quality protective services for all Texas children.

Emphasis is given to:

1. planned services which are periodically reviewed and evaluated
2. services to keep the child within his own family
3. quality child placement services when he must be removed from his home

Comprehensive Annual Services Program Plan

Under Federal regulations, each state must have a plan for social services.

This plan constitutes a contract with the federal government. It allows accountability to:

1. the funding body
2. recipients of the services

Thus taxpayers know that funds are used for the purpose for which they were appropriated.

And recipients of services are guaranteed equal treatment and accessibility.

The Social Services Handbook

The handbook is a DPW tool. It sets forth policy and procedures for delivery of services to eligible clients.

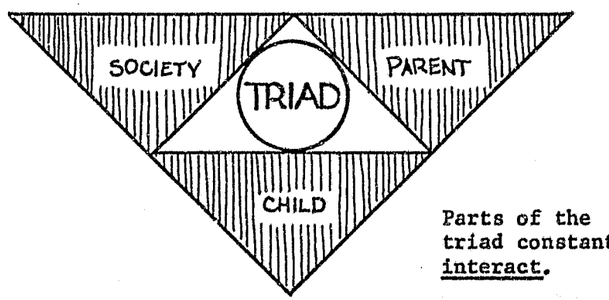
Purpose: to provide a clear contract with funding bodies and with clients.

The handbook (or manual) does two important things:

1. It spells out conditions of service delivery.
2. It contains criteria for monitoring and evaluating that delivery.

RIGHTS OF CHILD - RIGHTS AND RESPONSIBILITIES OF * PARENT AND SOCIETY

All Social Services for Children are based on certain assumptions about the relationship of a

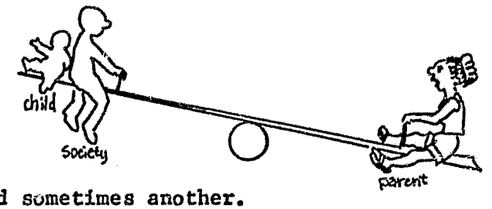


Parts of the triad constantly interact.

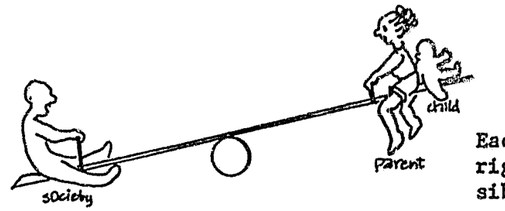
Balance shifts.

*Costin, Lela B. Child Welfare Policies and Practices pp. 5-9

In influencing the behavior and welfare of the child, sometimes one part weighs more heavily ....



.. and sometimes another.



Each has certain rights and responsibilities.

RIGHTS OF CHILDREN

A child has needs and rights.

NEEDS	RIGHTS
Certain forms of care so (s)he can thrive physically and emotionally - can move gradually toward adult role in society. We can identify needs by our knowledge of the physical, psychological and social development of children. Needs are not necessarily assured by rights.	These stem from his/her status: dependent, immature individual who requires care, protection and guidance if (s)he is to survive and flourish. Rights are legal definitions. Law has created certain disabilities and privileges of minority: a. to protect child against consequence of own lack of judgment b. to prevent his/her acting where he does not have maturity to act advisedly

RIGHTS AND RESPONSIBILITIES OF PARENTS

The likelihood that a child will receive protecting and growth-producing forms of care from his parents depends upon the:

1. psychological capacities of his parents
2. socioeconomic and sociological conditions which affect the parents' ability to care for the child
3. the kinds of support and aids which society provides to help parents meet their duties

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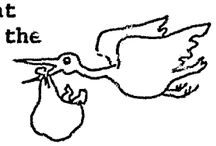
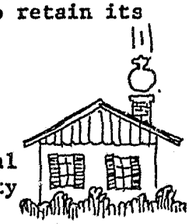
In our society the primary right and responsibility to care for the child rests with the parents.



Parents have the right of guardianship because of the fact that the child was born to them.

A wide range in quality and kind of care is tolerated; differences are accepted and valued as part of "our way of life"; and the family is able to retain its privacy and independence as long as:

1. care takes place in the child's own home, and
2. care does not fall below a minimal standard demanded by the community



Parents' responsibilities include:

+ financial support
+ provisions of physical care

  keeping child safe
  medical care (health needs)
  educational care
  range of other parental duties, such as giving guidance and supervision to child and adolescent

What does this mean to you as a Child Protective Services worker?

These facts have broad implications for practice. You must be able to see the

+++++++ POSITIVES +++++++

in a child's life.

Do not judge solely by what you think is ideal or by your own prejudices and biases.

Interpret this concept to the community. Stand firmly by your convictions when this is necessary.

RIGHTS AND RESPONSIBILITIES OF SOCIETY

Society has a dual responsibility

- to promote the welfare of children
- to maintain order in our way of life

Therefore, through government, it can exercise authority to act in ways to benefit children.

<u>As a regulatory function, the State has the power to set up</u>:

- laws on compulsory school attendance
- medical laws (Doctors must apply silver nitrate to children's eyes.)
- protective laws (prohibition of sale of alcohol or tobacco to minors)
- regulations applying to licensing of care for children outside the home

<u>The State has the right and responsibility to act in behalf of children</u>:

- by intervening in the parent-child relationship and in the life of a particular family
- by using its powers to require a better level of care or treatment for a particular child
- by removing a child from his own home when necessary

The State can legislate for the development of various child welfare services:

- States can receive federal money to aid in the development of their own plans of social services to children and their families.

- States have power to adopt statutes which provide for the development and financing of a range of social services on behalf of children, such as:

    * training schools
    * foster care
    * state homes
    * services to families in their own homes

PROTECTIVE SERVICES DELIVERY SYSTEM

As required by law, protective services are available to all minors (children under 18 who have never married and have not had their minority disabilities removed by law) living in the state.

Support of local communities

This is a vital aspect of any successful protective service program.

Some communities provide:

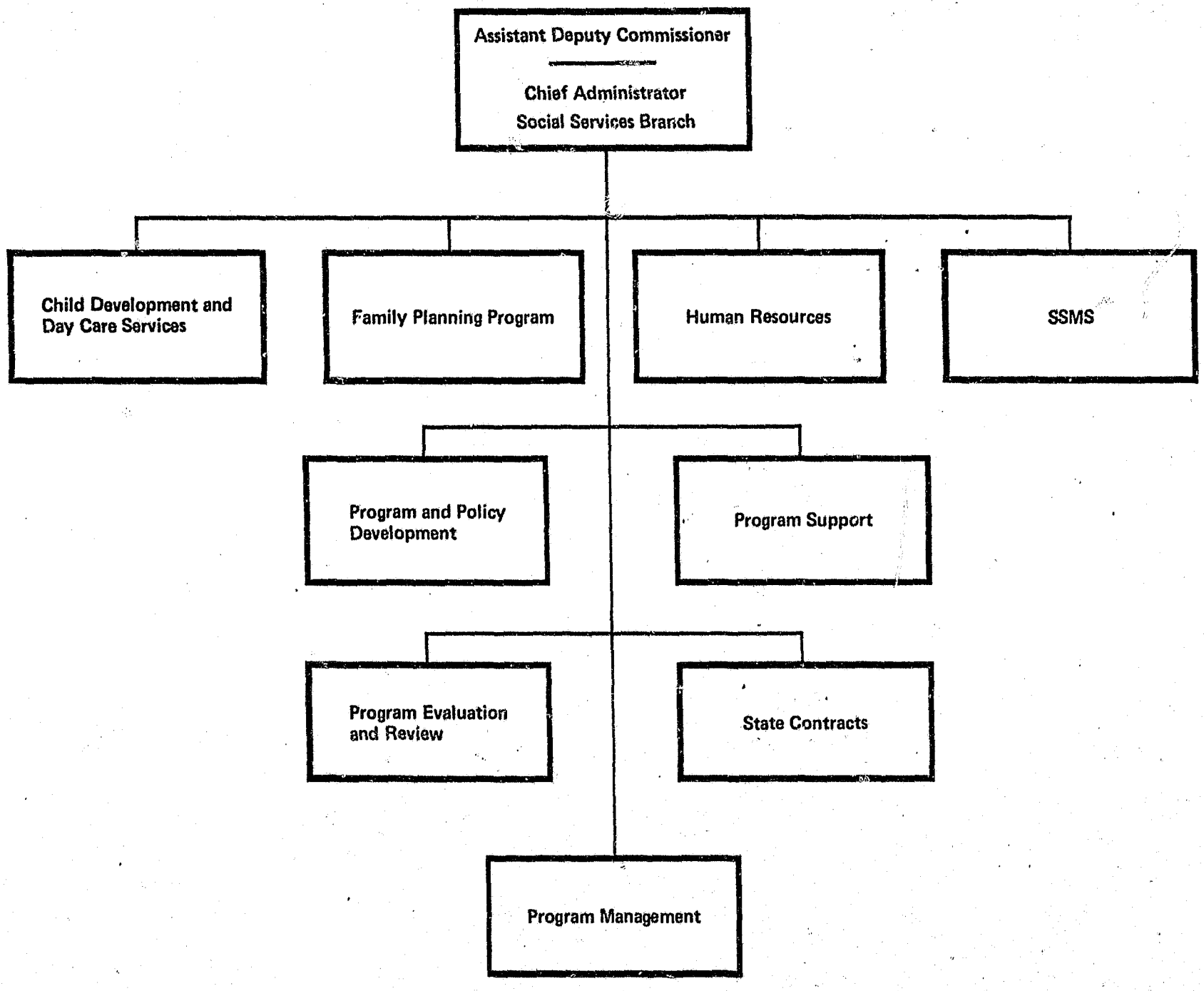
- local child welfare boards
- volunteer services
- social work libraries

On the State Level

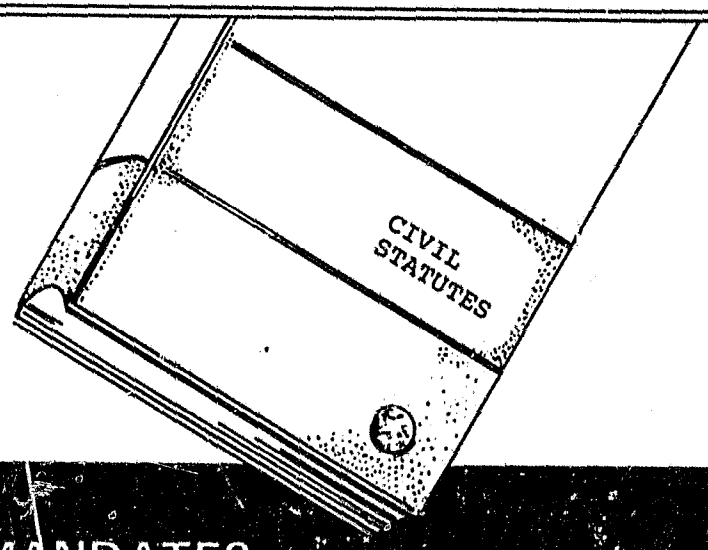
The Social Services Branch is responsible for planning and developing programs and policy in protective services.

It is also responsible for monitoring and evaluating service delivery.

See the chart on page 15 which pictures the organization of the Social Services Branch.


Assistant Deputy Commissioner
Chief Administrator
Social Services Branch
Child Development and Day Care Services
Family Planning Program
Human Resources
SSMS
Program and Policy Development
Program Support
Program Evaluation and Review
State Contracts
Program Management

TEXAS REVISED CIVIL STATUTES ANNOTATED
(ART. 695c, SUB. SEC. 17-A)



MANDATES

- CHARGES DPW TO PROVIDE FOSTER CARE
- AUTHORIZES DPW TO ACCEPT FUNDS FOR FOSTER CARE
- AUTHORIZES DPW TO EXPEND FUNDS FOR FOSTER CARE

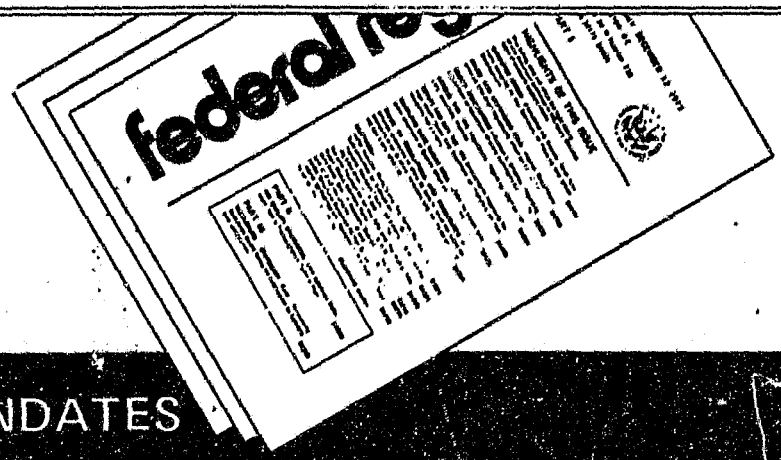
CODE OF FEDERAL REGULATIONS
(FOLLOWING SOCIAL SECURITY TITLE XX)

PROVIDES FOR

- PROTECTIVE SERVICES TO ALL CHILDREN NEEDING PROTECTION
- DIRECT SOCIAL SERVICES TO ELIGIBLE FAMILIES WITH CHILDREN
- PURCHASED SOCIAL SERVICES TO ELIGIBLE FAMILIES WITH CHILDREN

CODE OF FEDERAL REGULATIONS

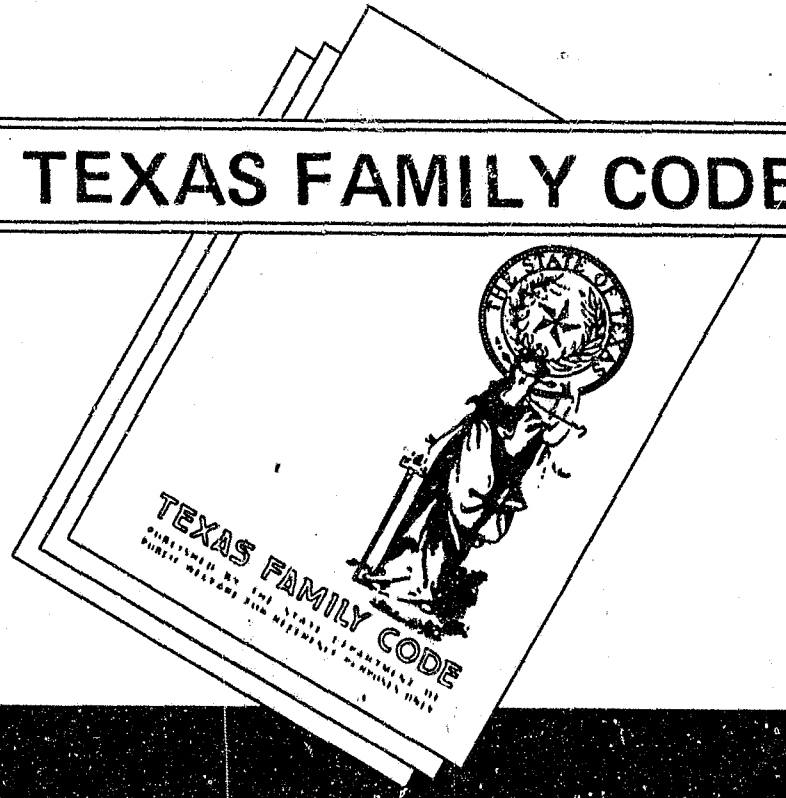
(FOLLOWING SOCIAL SECURITY TITLE IV-B)



MANDATES

- ASSESSMENT OF COMMUNITY NEED
- PROTECTIVE SERVICES TO CHILDREN IN OWN HOME
- PROVISION OF FOSTER CARE
  SERVICE PLAN
- PROTECTIVE SERVICES GIVEN ON BASIS OF NEED FOR PROTECTION
- PROTECTIVE SERVICES NOT LIMITED TO AFDC CHILDREN

TEXAS FAMILY CODE



- FIXES DPW RESPONSIBILITY FOR PROTECTION OF ALL CHILDREN
- ALLOWS FOR PROTECTIVE PLACEMENT OF CHILD
- ALLOWS TERMINATION OF PARENT–CHILD RELATIONSHIP
- ALLOWS FOR ADOPTION OF CHILD

On the Regional Level

The Regional Administrator and Program Directors are responsible for the implementation and management of protective service delivery within state policy (which is directed by state and federal laws and regulations).

Service is delivered to individual clients by the supervisory units, consisting of:

- supervisors
- workers
- technicians
- aides
- clerical staff

In large communities, units may be highly specialized:

- adoption unit
- foster care unit
- intake unit
- etc.

In rural areas protective services may be delivered by a worker who is also assigned AFDC families and SSI recipients in need of social services.

Certain social services for eligible children in need of protection may be purchased through:

- contracts with other state agencies and organizations

- provider agreements with individuals for day care for children
  special care for the mentally retarded
  in-home care for children of WIN recipients etc.

Purchased services are available under Title XX of the Social Security Act. Therefore, children receiving them must be determined eligible according to regulations and policy spelled out in the Social Services Handbook.

PROFESSIONAL STANDARDS AND ORGANIZATIONS

Budget committees and accountability systems have impact on POLICY and REGULATIONS.

However, state and federal policy on child protection is firmly based on standards and practice models developed by professional organizations:

Child Welfare League of America
The American Humane Association
The National Association of Social Work

Policy is also influenced by work of private service organizations such as:

The Family Service Association
Children's Aid Society

Resource literature (for standards and practice) for these groups stems from research in human behavior:

psychoanalytic theory - in its more modern forms as presented by Erik Erikson, Anna Freud, Selma Fraiberg, etc.

developmental and cognitive theory - especially Jean Piaget and Maria Montessori

Your attention is directed to:

CHILD WELFARE LEAGUE OF AMERICA

Standards for Child Protective Services

You should become familiar with these CWLA standards as part of your professional competence.

They have been incorporated into Department policy within the legal limitations of our services.

The League stresses:

work with individual parents
work with communities

The League has developed standards for all areas of child care and for services to unmarried parents.

You should also be familiar with the work of:

THE AMERICAN HUMANE ASSOCIATION

Directed by Dr. Vincent De Francis (who with part of his staff participated in the pilot presentation of this program), this association has pioneered in the areas of CHILD ABUSE and CHILD NEGLECT.

It has developed a large body of readable literature which can be adapted to practice. The AHA literature is contained in pamphlets (20-30 pages). It is a handy reference for special concerns.

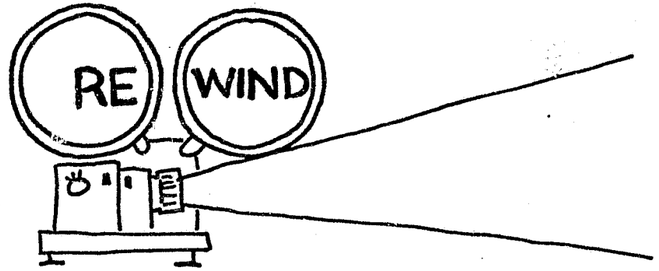
A third name for your mental bulletin board is:

THE NATIONAL ASSOCIATION OF SOCIAL WORKERS

This groups sets standards for professional practice and professional conduct.

These are subscribed to by most social work organizations.

The standards are reflected in both service delivery policy and personnel policy.



1. In most Texas communities, what is the primary resource for children in need of protection?
2. What are the usual channels for complaints that a child is neglected, exploited, abused or abandoned?
3. In the early 1900's what were two evidences of concern for the protection of children?
4. What progress in this area was made in the 1960's?
5. What is the meaning of CANRIS?
6. Under Roman law what was the attitude toward the child?
7. Was there any attitude improvement in the Middle Ages? .. in the 17th century?
8. What was the famous 19th century case which prompted protective legislation?
9. What important changes have taken place in basic philosophy about children, parents and society?
10. What federal laws, state laws, plans, regulations and policies protect Texas Children?
11. When was the Texas Family Code adopted? What areas are covered by its three titles?
12. What three organizations does the Code designate as agents to investigate all reports of child abuse and neglect, school attendance law violations and child-run-away referrals?
13. What is a new requirement under the Code with reference to fathers of illegitimate children?
14. What two important functions does the Social Services Handbook fulfill?
15. On what three-way relationship are assumptions for all social services for children based?

NOTES

16. What is the difference between the needs of children and the rights of children?

17. On what three factors does the likelihood that a child will receive protecting and growth-producing forms of care depend?

18. In our society on whom does the primary right to and responsibility for the care of the child depend.

19. Two care factors determine whether a family can retain its privacy and independence. What are they?

20. What two main facets should parents' responsibilities cover?

21. What are the dual responsibilities of Society?

22. As a regulatory function, what powers does the State have?

23. What rights and responsibilities does the State have to act in behalf of children?

24. How can the State legislate for development of various child welfare services?

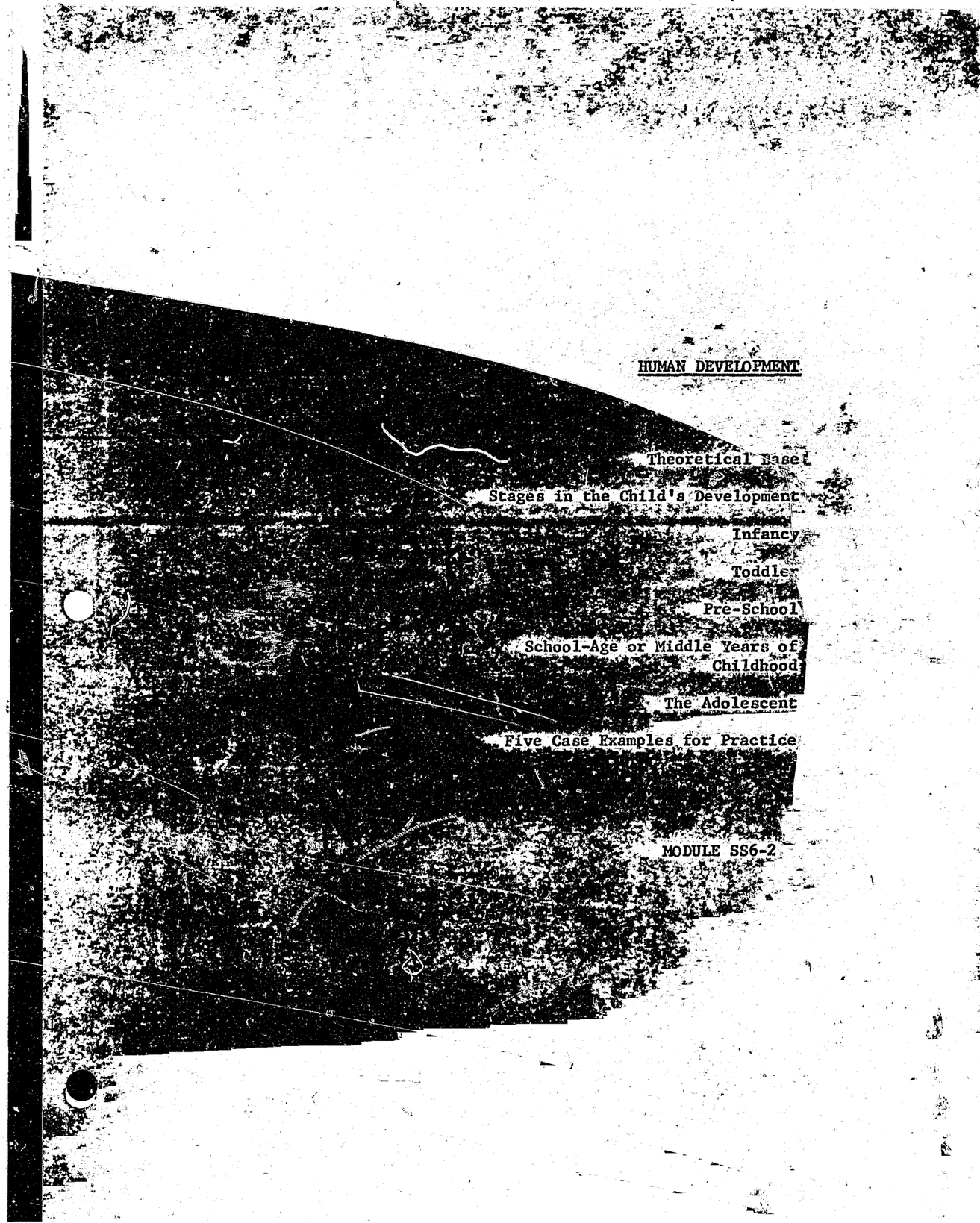
25. What is the local community's contribution to the Protective Services Delivery System?

26. On the State level, which unit is responsible for planning and developing programs and policy in protective services?

27. What is the organizational plan on the Regional level?

28. Must children receiving purchased services be determined eligible?

29. Name three national organizations concerned with child protection.

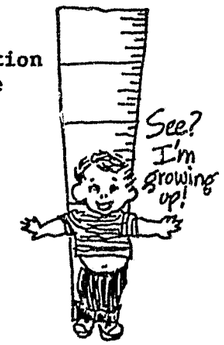


NOTES

HUMAN DEVELOPMENT

THEORETICAL BASE

There are, as you know, many concepts of how children develop and progress.



As one that is practical for application in CHILD PROTECTIVE SERVICES, we have selected that of

ERIK ERIKSON
psycholanalyst

His model focuses on the interaction between the young human and his environment.

Erikson's theories are psychosocial in origin. They deal with:

- biological changes
- interpersonal relationships
- social and personal adaptations

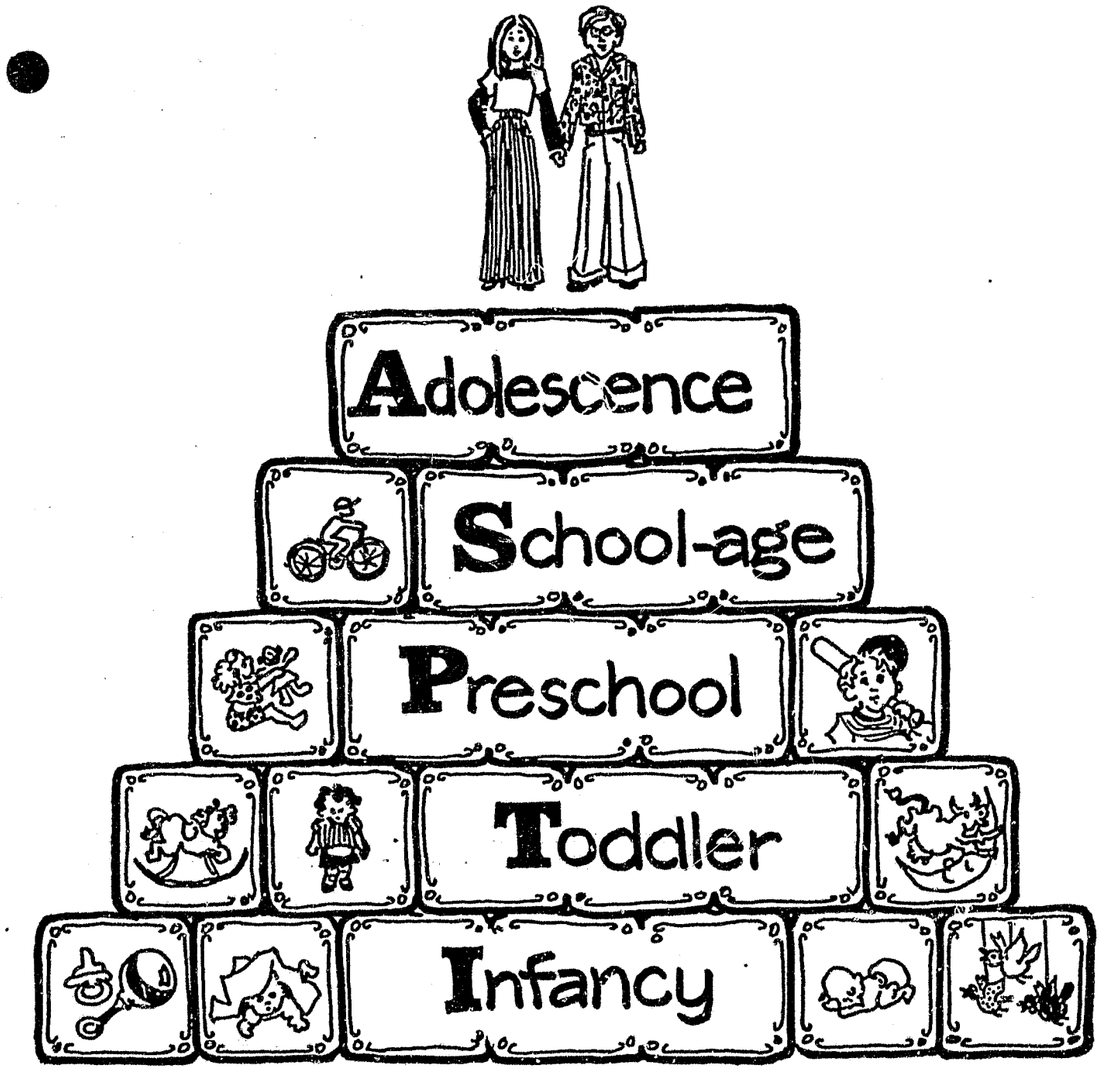
Compatible with Erikson's concepts are standards for child protection and child care developed by:

Child Welfare League of America
The U.S. Department of Health, Education and Welfare
Head Start
Texas Department of Public Welfare

Here are some names you should learn to recognize:

Anna Freud	Eleanor Pavenstedt
Jean Piaget	Bruno Bettleheim
Barbel Inhelder	Uri Bronfenbenner
John Bowlby	Noam Chomsky
Selma Fraiberg	Maria Montessori

These are influential theorists and practitioners who have contributed to standards for services to children. Regarding developmental needs and where relationships with caretakers and environment are concerned, these authorities are mutually reinforcing.



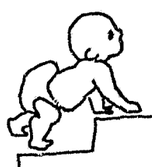
DEVELOPMENTAL NEEDS

STAGES IN THE CHILD'S DEVELOPMENT

You could figure out for yourself that children need different kinds of care at different stages of growth.

What you may not know is this SUPER-IMPORTANT fact:

If a child fails to receive the basic care needed at any level, he/she must "make up" the loss at another level or his/her development remains permanently retarded.



This is true of all facets of development:

physical
emotional
intellectual

Each developmental stage builds on the preceding one.

Most theorists and practitioners group DEVELOPMENTAL STAGES into five levels, which relate pretty closely to the ones shown on the opposite page:

= Infancy - birth - 2 years

= Toddler - 2-4 years

= Pre-School - 4-6 years

= School Age or Middle Years of Childhood - 6-12 years

= Adolescence - 12 years - adulthood

These groupings (with further subdivisions) have been basic in the development of child care standards.

INFANCY

Survival Needs (Custodial Needs)

The infant's survival needs must be met by another, far more mature individual.

Survival or protective measures:

- infant must be fed
- infant must have water, milk
- infant must be kept clean
- infant must be given a quiet place for rest
- infant must be allowed room for physical activity appropriate to development
- infant must be given medical attention

are spoken to in all child care standards. Restriction of any of these survival needs constitutes severe neglect and, if purposeful, constitutes abuse.

Developmental Needs

In these additional needs quality becomes important. Erikson says that infancy is the stage in which the human learns "basic trust" or "mistrust."

Essential is sensitive response of parent-to-baby as a pleasing individual.

Food and loving must not only meet the infant's needs; they must be given in response to his "requests." Neglecting and abusing parents may stuff the baby with food at times and offer excesses of kissing and hugging; but the parents are meeting their own needs, which stem from feelings of worthlessness and loneliness.

According to Erikson, the child's sense of identity begins with the mother's response to him - within the framework of their cultural life style.

Child Action - Mother Response

In this developmental stage, two concepts are extremely vital:

- reciprocity: mutual dependence, action, influence
- mutuality: sharing of sentiments, intimacy

The child must learn that his actions are important in bringing about desired results.

How needs are met in infancy can have far-reaching effects on the individual's concept of his self-worth and his capacity for motivation.

Knowledge that the relationship with the mother, or caretaker, is mutually satisfying is essential to the development of trust.

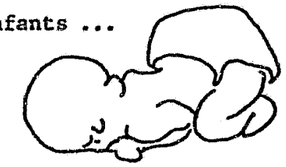
Cues from the parent that the infant is a satisfying person are given in the form of cuddling, rocking, gentle physical handling in daily care, smiles, verbalization, etc.

Requirements for Competent Parents of an Infant

Such parents should be:

* free of too many outside demands such as the care of too many other young children
* free of excessive personal concerns which take attention too far from the infant's cues or requests
* knowledgeable about the infant's health and safety needs
* free of mental and physical health problems which lessen vitality, patience and ability to make crisis decisions

Knowing this about infants ...



how would you handle the case of MICHAEL J. ?

MICHAEL J. is a 4-month old white infant.

His parents have been separated since he was 2 weeks old. His mother has left Michael in the care of various individuals, often for days at a time. Two weeks ago she abandoned him at a babysitter's home.

In the Shelter Michael has experienced feeding difficulties. He cries frequently but refuses to take more than 1½ ounces of milk at a time. He seems generally unhappy in that he is often fretful.

One staff member states Michael is spoiled because he demands being held so often.

Suggested Reading on CHILD DEVELOPMENT

Association for Childhood Education International. A Lap to Sit On .. and Much More. (Reprints from Childhood Education) 96 pages.

Bronfenbrenner, Urie. Two Worlds of Childhood - U.S. and U.S.S.R. Russell Sage Foundation, New York. 1970. 166 pages.

Children's Bureau. A Healthy Personality for Your Child. Reprinted 1963. 23 pages.

Cohen, Donald J., Ronald Parker, Malcolm Host, and Catharine Richards. Serving School Age Children. DHEW Publication No. OCD 72-34. 1972. 64 pages.

Day Care and Child Development Council of America, Inc. The Woman Question in Child Care. (A position paper) DCCDCA. 1972. 424 pages.

Erikson, Erik H. Childhood and Society. W.W. Norton and Company, Inc., New York. 1963.

Fraiberg, Selma. The Magic Years. Charles Scribner's Sons, New York. 1949. 302 pages.

Granato, Sam and Elizabeth Krone. Serving Children with Special Needs. DHEW - OCD, 1972. 57 pages.

Huntington, Dorothy S., Sally Provence, and Ronald Parker. Serving Infants. DHEW - OCD, 1971. 72 pages.

Lichtenberg, Philip and Dolores G. Norton. Cognitive and Mental Development in the First Five Years of Life. National Institute of Mental Health, 5600 Fishers Lane, Rockville, Maryland, 20852. Reprinted in 1971. 99 pages.

Murphy, Lois B., and Ethel M. Leeper. The Ways Children Learn. U.S. Department of HEW, Office of Child Development, Bureau of Head Start. 1970. 16 pages.

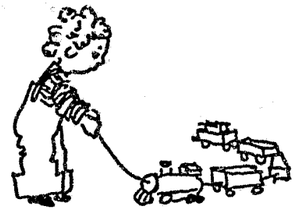
Pavenstedt, Eleanore, et. al. The Drifters. Little, Brown and Co., 1967. 335 pages.

Sale, June and Yolanda Torres. I'm Not Just a Babysitter. U.S. Department of HEW, (grant #OCD-CB-10), July 1971. 192 pages.

Stone, Joseph L. and Joseph Church. Childhood and Adolescence. Random House, New York. 1968. 561 pages.

NOTES

TODDLER



Survival Needs

- same basic care as infant
- same attention to health
- even more attention to safety (because toddler is mobile)

Lack of watchful protection by a mature individual or lack of attention to health and nutrition constitutes neglect.

Deliberate withholding constitutes abuse.

Developmental Needs

During the second year the child:

- learns to walk, climb, run
- gains control over his body (struggle exemplified in toilet training)
- learns from exploratory behavior (free cognitive development)
- develops language and becomes able to label, categorize and organize knowledge
- learns to use information in problem solving

Characteristics of This Period

- rapid gains in muscular maturation. The child gains mastery of legs, feet, hands, fingers, tongue, sphincters, etc.
- increase in verbalization. Language becomes more sophisticated.
- practice in decision making. The child swings from snuggling to pushing away .. from hoarding a treasured object to throwing it out the car window.
- continual conflict between wanting to be "big" and wanting to be a "baby"
- conflict between demonstrations of love and goodwill and hateful self-insistence

Requirements for Competent Parents of a Toddler

Such parents should have:

* the characteristics listed for competent parents of an infant

* knowledge (implemented in practice) of which decisions are appropriate for a toddler to make and which are inappropriate

  Erikson says that shame and doubt develop from failure to establish self-control and from parental overcontrol.

* ability to help child gradually assume independence while setting reasonable limits

* a sense of dignity and personal independence

  The parents can see themselves as loving but separate beings from the child.

* capability of promoting socialization of the child into personal and cultural values

Knowing all this about toddlers, how would you handle the case of BARBARA C.?

> BARBARA C. is a 2-year old girl who has been in foster care approximately four months. Lately her foster mother, Mrs. L., has been concerned about Barbara's behavior.
>
> Barbara has hit the foster infant in the home on several occasions; at other times she will hug the baby.
>
> Barbara is difficult to toilet-train. She will sit on the potty for long periods of time, only to soil herself when she gets up.

PRE-SCHOOL

General Characteristics

- Growth rate levels off
- Linguistic skills expand and elaborate
- Child attempts to create replicas of the world around him

- Child engages in dramatic play
- Child learns of the dangers of the world; fears of his own vulnerability increase
- Child is interested in roles (family, work, profession, sex, leadership)

Developmental Categories

Erikson sees this as the period critical to establishment of "initiative" as opposed to "guilt."

The psychoanalytical "oedipal state" is contained within these years.

The child is:

- more "himself" .. more loving, more relaxed, brighter in judgment
- able to make comparisons
- interested and untiringly curious about differences in size and kind in general .. and in sexual and age differences in particular
- interested in association with others his age
- ready (as Erikson says) "..for the infantile politics of nursery school, street corner and barnyard..."

Children of this age group enjoy and profit from good child care centers. They need other children of their own age level in carefully supervised groups, with the opportunity to deal with toys, tools, materials. These are years of fantasy play and imaginary companions.

NOTES

Successful Parenting of the Pre-Schooler

Parents of this age child should:

* give continued attention to health and safety needs
* have continued ability to know what decision-making is appropriate and what is inappropriate for the child's age
* have ability to give affection freely but without infantilizing (cooing, baby talk, excessive carrying) or intruding on child (using child to meet own needs created by loneliness, insecurity, fear, anger)
* have ability to protect child from aggression of other children

and his own impulses but free him for companionship with peers
* encourage curiosity and problem-solving

Knowing this about pre-schoolers, how would you handle the case of JOHNNY M.?

JOHNNY M. is a 4½-year-old boy.

While he has always been a "mama's boy," he is becoming even more demanding of her time and attention. Mrs. M. reports that Johnny sleeps with her and her husband as he has terrible nightmares when he is put in his own bed.

Mr. M. is extremely rough with Johnny, saying that he is a sissy. Mr. and Mrs. M. quarrel frequently about the boy, and Mrs. M. is afraid her marriage is breaking up.

NOTES

SCHOOL-AGE OR MIDDLE YEARS OF CHILDHOOD

Developmental Characteristics

This is the elementary school age, Erikson notes that in all cultures children of this age are given some kind of instruction.

This developmental level has made the child highly favorable to formal learning. He enjoys making things; he cooperates with adults and other children on projects; he is obsessed with organization and ritual. All of these traits contribute to a positive sense of industry, of being successful and creative.

The danger at this stage is the possibility of the child's estrangement from himself and from his creative tasks, according to Erikson. The child may acquire a sense of "inferiority" from:

- failure to resolve preceding developmental conflicts between initiative and guilt
- failure (earlier yet) to resolve conflicts between autonomy and shame/doubt

If the child is unable to be himself, he becomes insecure and fearful.

Developmental characteristics include:

- relative tranquillity between the turmoil (furious energy and curiosity) of pre-school years and the turmoil of adolescence. (This is "latency" period .. sexual quiescence between the oedipus complex and adolescence.)
- cardinal importance of being associated with age mates (the gang)
- literalism of thought
- need for ritualism (everything done in exactly the right order)
- need to plan and construct
- imitation of roles of admired adults (teacher, cop, life-guard, paper-boy, teen-age friend)
- expanding literacy, vocabulary
- sensitivity to society (race, status, background, economic class, deviance)

Social Impact on Development

Wider society (beyond the family) becomes increasingly important and significant to development.

People other than parents have tremendous impact on personality development. Teachers' opinions and reactions to the child are extremely important.

The school age child soon learns if

color of skin, religion, origin of name, parents' background, parents' employment, Parents' income, parents

are factors that determine his worth.

Parenting of the School-Age Child

During this period, care and direction of the child are consistently shared with others.

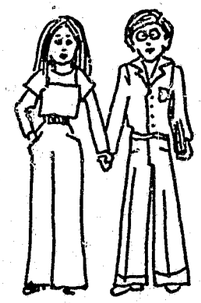
Conflicts arise if parental value systems and behavior differ widely from teachers, scoutmasters, coaches and parents of classroom age-mates.

Ideally the parent of the school-age should have:

- appropriate knowledge about, concern for and time to give attention to the child's health and safety needs
- time to spend (if requested by child) on planning and construction projects
- an interest in the community and people of the community; involvement in the community; a store of knowledge about the world and people
- satisfaction in job and family; freedom from severe physical and mental health problems
- a sound sense of humor and an ability to laugh at self as well as others
- warm ties with extended family and friends

Knowing this about school-age children, how would you handle the case of LINDA M.?

> LINDA M. is a 9-year-old girl.
>
> Since entering school Linda has never been a good student, but the fourth grade has been extremely difficult for her. This year she has started truanting for the first time.
>
> Linda is not involved in any after-school activities. Her mother has her look after her younger brothers and sisters so Mrs. M. can run errands or visit her own mother, who is ill.



THE ADOLESCENT

Erikson's "Fifth Stage of Man"

He describes the adolescent as being in a state of "moratorium": a psychosocial state between childhood and adulthood.

The adolescent struggles between capitulation to the standards of conduct imposed on him by others and ritualized by him ... and the needs to develop his own personal standards.

The adolescent also struggles from time to time with conflicts of the earlier developmental stages. Unless he has been largely successful in dealing with these conflicts in his previous development, his chances of dealing with the conflicts most characteristic of adolescence (identity vs. role confusion) are slight.

Physical Changes of Adolescence (Teenage)

- Maximum growth age has been reached.

  In the average child this occurs in the two years preceding adolescence. Puberty is the apex of the growth rate curve; thereafter the rate of increase slows down.

  The "average" child's height increases about 25%, and his weight doubles. Maturation varies greatly among individuals, and the variation often creates feelings of embarrassment about "being different."

- Sexual maturity occurs; secondary sex characteristics develop.

  In boys, shoulders broaden; in girls, the pelvis enlarges.

- The body changes unevenly.

  Asynchrony (split growth) often makes arms, legs, noses and chins out of proportion to head and trunk.

- The skin becomes coarser and oily, often producing acne.

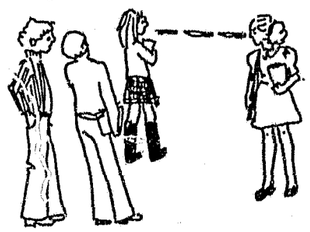
  Perspiration is stronger in odor and becomes a source of embarrassment to many adolescents.

Some Primary Concerns of Adolescence

Erikson sees "role confusion" as related to the adolescent's concerns and fears about his sexual identity and his occupational identity.

The adolescent develops self-awareness, often expressed in extreme self-consciousness. There is great concern about how he appears in the eyes of others.

There is constant need to check up on oneself in relationship to peers.



Some Characteristics of Adolescence

- interest and fears about jobs and employment

  economic necessities for spending
  traps to chain him in unsatisfying circumstances

- need to be seen as a desirable sexual partner by members of opposite sex .. and as sexually mature by members of both sexes

- need to define identity apart from support and authority of parents

- anti-intellectualism (which views adolescent and young adult society as "wave of the future")

- struggle in the double bind of wanting and hating parental and societal control

- push to demand adult privileges but reluctance (and inability through lack of experience) to accept adult responsibilities

- tendency to espouse authoritarian ideologies

- highly developed use of rationalization for own behavior

- tendency to move into cliques more homogeneous and more clearly defined by social strata

- never-ending search (often desperate) for popularity and conformity to peer standards. Need of constant reassurance that he is "o.k.".

Useful Recognitions for the Parent of the Adolescent

- that adolescent must break family ties and can become an adult only through experience

- that "generational conflict" is often simply the reciprocal discharge of frustration

- that ambiguity is a fact of adolescence (The child wants and rejects parental authority and control in all areas ... the "Why didn't you make me? ... You never let me!" game

- that the parent, himself, would at times like to return to the relative freedom of adolescence and resents the demands made on him by the child who enjoys adolescent privileges but is not able to accept adult responsibility

(MORE)

Useful Recognitions (cont'd)

- that adolescent may have physical appearance of adult but (because of limited experience) is not able to share parent perspectives
- that adolescents will be adults in a world which will differ radically from the parents' adult world

- that adolescents resent the parent who gives the double message of offering adulthood on one hand while taking it away with the other
- that adolescents (like all children) are impressed by what parents do, not by what they say

Knowing these things about adolescents, how would you approach the case of MARY L.?

MARY L. is a 16-year-old adolescent in foster care.

She has resided in the same foster home for eight years.

Lately Mary and her foster mother, Mrs. J., have been having a number of conflicts about Mary's choice of friends, her wanting to date, and her taking little responsibility for her household duties.

1. On what interaction is Erikson's developmental model focused?
2. What four organizations have developed standards for child protection and child care which are compatible with Erikson's concepts?
3. Who are some of the influential theorists and practitioners who have contributed to standards for services to children?
4. Which are the five developmental stages most commonly used in the consideration of standards for child care?
5. What happens if children fail to receive the basic care needed at any level?
6. What are the survival needs of an infant?
7. What are his developmental needs?
8. For an infant, what two concepts are important in child action-mother response interaction?
9. What are four requirements for the competent parent of an infant?
10. How do a toddler's survival needs compare to those of an infant?
11. What are the developmental needs of a toddler?
12. Name several characteristics of this period which indicate growth and development.
13. What are some characteristics of the competent parent of a toddler?
14. What are the general characteristics of the pre-school child?

NOTES

(ONCE OVER LIGHTLY CONTINERJ)

15. Developmentally, how is the pre-school child characterized?

16. What does successful "parenting" of a pre-schooler include?

17. What are the developmental characteristics of the school-age child?

18. What is the major danger of this stage?

19. What impact does wider "society" have on development of the school-age child?

20. Ideally what assets should the parents of a school-age child possess?

21. What does Erikson mean when he describes the adolescent as being in a state of "moratorium"?

22. What physical changes take place in adolescence?

23. What are some of the primary concerns of adolescence?

24. What basic characteristics do most adolescents share?

25. What are some useful recognitions for the parents of adolescents?

CHILD NEGLECT

DEFINITION

"Neglect" is defined by the Department as "depriving a child of living conditions which provide the minimally needed physical and emotional requirements for life, growth and development."

The phrase "child neglect" may be considered in two separate ways:

CHILD NEGLECT

- values regarding the way children should be cared for
- use in a court of law

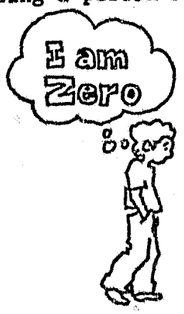
Community standards of child care may affect the interpretation.

Social work definitions of neglect are influenced by the ethics and values of the profession, neglect legislation, and community norms of child care.

Proposed definition of child neglect:

Physical neglect is a lack of attention to the physical needs of a child and a failure to use available resources to meet those needs.

Emotional neglect is a lack of attention to the emotional and social needs of a child to such an extent that he is not able to conceptualize himself as being a person of worth, dignity and value.



What is the difference between neglect and abuse?

Neglect can be viewed in terms of "acts of omission." Its passive elements can be contrasted with the more active character of abuse.

Types of Neglect

- physical: food, shelter, clothing, cleanliness
- medical
- educational
- lack of supervision
- lack of parental guidance
- abandonment (as most extreme form)
- community neglect

Neglect may be of one type but usually consists of several types occurring at the same time.

CHARACTERISTICS OF NEGLECT

Components of Adequate Child Care

Children have the right to:

+ an adequate, balanced diet to promote optimum growth and development
+ a sufficient level of personal hygiene to promote health and self-esteem
+ housing and housekeeping standards that are adequate to protect them from the elements and to provide basic safety from hazards and disease
+ medical services for the prevention, diagnosis and treatment of disease
+ education
+ social and moral guidance from their parents
+ a continuing relationship with their parents
+ sufficient stability in their environment to enable them to formulate a sense of identity in relation to self, family and community

Factors Which Infringe Upon These Rights

Community neglect may result from:

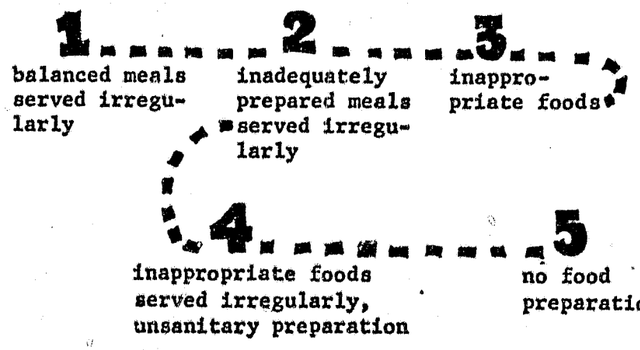
- economic deprivation of individuals and groups because of lack of employment resources, inadequate wages, or inadequate income maintenance programs for those people who are unable to work
- lack of vital health and social welfare services to support family life
- failure to improve conditions which adversely affect children
- failure to enact legislation to protect children
- prejudice against minority groups
- apathy toward resolving conditions which promote family breakdown, poverty, violence and a degradation of human existence

Family neglect may result from:

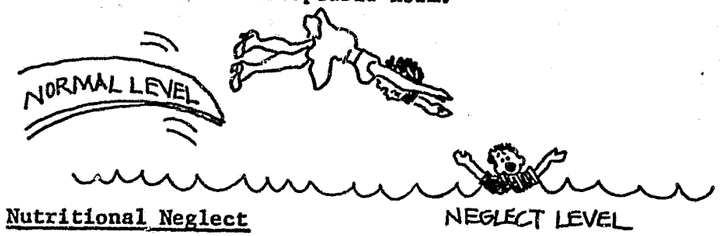
- mental illness
- mental retardation
- antisocial personalities
- ignorance
- lack of resources
- alcoholism
- family stress
- other reasons

Neglect can be viewed as a continuum of child care practices, ranging from less than desirable to totally unacceptable.

Example: NUTRITION



Obviously you will need to determine the family's present level of functioning so you can estimate the degree of its deviation from the acceptable norm.



Nutritional Neglect

The range of nutritional neglect may vary from mild to severe, as indicated on the continuum.

Adequate diet includes food selected from the "Basic Seven" or in accordance with special dietary needs. These foods should be supplied on a regular basis with proper preparation.

IMPORTANT: You should be able to tell whether children are improperly fed because of economic reasons, such as no food (or inadequate food) and no money to purchase it.

If the resource is provided and parents utilize it, neglect does not exist.

What should you look for as clues to malnourishment?

- extremely thin extremities with bloated belly
- pale, pasty appearance
- lack of muscle tone; soft, bloated fat

What are inappropriate foods?

- potato chips and soft drinks fed consistently as substitutes for balanced meals
- milk alone for an older infant, et cetera

What are improperly prepared foods?

- foods prepared in an unsanitary manner (unwashed cooking vessels, food unrefrigerated and uncovered, etc.)
- lumpy, chewy foods for infants without teeth, et cetera

If food is deliberately withheld, this action may constitute abuse rather than neglect. However, lack of feeding may result from:

- a severely depressed mother who is so immobilized she cannot remember to feed her children or cannot gather sufficient energy to do so

- older children's taking food away from younger ones in severely disorganized households

What should you do if a child appears severely malnourished and you suspect starvation or failure to thrive (marasmus)?

Answer: You must see that the child receives a physical examination to determine the possibility of:

- organic disfunction
- actual withholding of food
- failure to thrive

Neglect of Personal Hygiene

While all children get dirty, the neglected child seems never to get clean! Overt signs include:

- dirty and ragged clothing
- hair matted and tangled
- diaper rash
- bad odor to child
- scaly, dry skin
- inappropriate clothing (thin dress, barefooted in winter)
- infested with lice
- impetigo from lack of cleanliness

Neglect of Medical Care

The range can vary from failure to obtain normal well-baby care (such as immunizations) to failure to get medical attention for a mortally ill child.

When a child is in need of medical attention and his parents refuse to obtain it because of their religious beliefs,

you must bring the child to the attention of the court.

Indications that child is in need of medical attention include:

- high fever
- diarrhea persisting more than 12-24 hours (especially severe diarrhea in infants)
- severe inflammation of tissues (red streaks, etc.)
- failure to thrive
- obvious infection
- chronic conditions, such as chronic cough

What about the failure-to-thrive child (victim of marasmus)?

Dorland's Illustrated Medical Dictionary defines marasmus as: "Progressive wasting and emaciation, especially in infants when there is no obvious or ascertainable cause."

Failure-to-thrive syndrome is usually associated with a lack of mothering. The infant never has a chance to form a close relationship with a mother figure. As a result, infant depression sets in. There is accompanying weight loss.

The f.t.t. child frequently presents a history of feeding problems (spits up often, etc.)

Diagnosis of true f.t.t. syndrome is most accurately made when the youngster is hospitalized and begins to gain weight.

IMPORTANT: Before you make a social diagnosis of f.t.t., you must obtain a medical opinion to rule out other conditions producing the same symptoms.

Educational Neglect

This is defined as "parental activity which prevents or discourages school activity."

It is distinguished from truanting, which is an active behavior choice on the part of the child.

The Texas Family Code - Sub Section 15.02 (1973) cites the following as one basis for termination of the parent-child relationship: repeated violations of the compulsory school attendance law.

A finer degree of educational neglect might include:

- failure to encourage or active discouragement of those activities which promote intellectual growth, development and enhancement

- failure to provide intellecutally stimulating activity or equipment

Emotional Neglect

You'll recall that this means lack of attention to emotional and social needs of a child to the extent that he is not able to conceptualize himself as being a person of worth, dignity and value.

The child is ignored; little interest is taken in him.

This area of neglect can include moral and social guidance (the lack of it). For example, the child can be exposed to degrading situations such as parental alcoholism, promiscuity, anti-social behaviors, etc.

The child is exposed to situations which can lead to personality disorders and psychopathy:

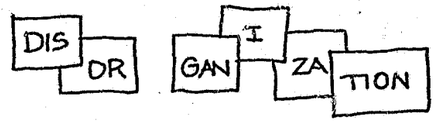
- absence of mature and consistent parental love
- chronicity of abnormal experience
- inconsistency in upbringing
- aggression in the home

- pathologic sexual experiences
- broken homes, illegitimacy, etc. (so no concept of family life and continuity of identification develops)
- lack of opportunity for forming an attachment to a mother figure
- emotional deprivation
- changes from one mother figure to another

CHARACTERISTICS OF NEGLECTING PARENTS

There are fewer commonalities in neglect than in abuse. However, certain patterns emerge.

According to Dr. Alexander Zaphiris, Professor, Denver School of Social Work, the chief characteristics of neglecting parents are



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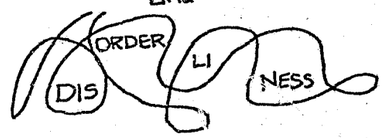


Because the neglecting parent cannot adequately assess priorities, DISORDER and DISORGANIZATION begin to affect all areas of his/her life. He/she has become overwhelmed by chaos and is unable to find a place to begin problem solving.

- o His needs become "now" directed; he is unable to delay gratification of them.
- o He tends to be action oriented and concrete in his thinking.
- o Goals, values and standards embraced by society at large seem absent from the neglecting parent's life.
- o He displays a distinct lack of consistent behavior and evidence of inner controls.
- o Emotional detachment is evident. Violence is prevalent but it is based on a shallow quality of emotional feelings.
- o Indifference toward the children is most common.
- o There is no consistent role fulfillment.
- o Routine is conspicuous by its absence.
- o No one takes responsibility, makes decisions or imposes controls. Neglecting families are <u>acted upon</u>, not acting.
- o Response to problems is frequently denial, escape or passive acceptance of the consequences.

CHARACTERISTICS OF NEGLECTING FAMILIES (continued)

- Problems other than child neglect usually abound in these families. Some of these are:

mental illness	criminal behavior resulting in frequent arrests and incarceration
mental retardation	
narcotics addiction	
alcoholism	
financial problems	
marital instability	juvenile delinquency
sexual promiscuity	physical problems, etc.
out-of-wedlock pregnancy	

ANOMIC THEORY

Let's look at the "anomic theory" as a means of understanding the reasons for child neglect.

This is a theory based on the word ANOMIE.

"Anomie" is defined as a state of 'normlessness' created by the breaking apart of goals and norms for reaching these goals.

Anomie has been spoken of as "a social vacuum" marked by the absence of social norms or values.

Merton's essay, Social Structure and Anomie[1] introduced the concept that some social structures exert a definite pressure upon certain persons in the society to engage in non-conforming rather than conforming conduct.

When we think alone these lines, we find two structures involved:

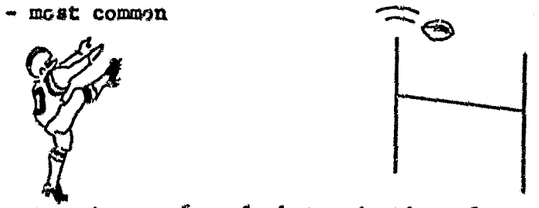
Goal structure - which culturally defines goals for members of society

Social structure - which provides, regulates, defines and controls the means for attaining these goals

(1)
Merton, Robert - Social Theory and Social Structure; The Free Press, Glencoe, Illinois, 1957

There are several kinds of adaptations which an individual might make to goals and means as set forth by society.

Conformity - most common

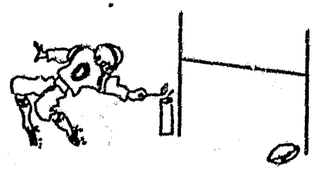


Innovation - acceptance of goals but rejection of institutionalized means. (This adaptation is often used to explain delinquency.)

Ritualism - relinquishment of goals but tendency to cling to means (careful but aimless performance of role)

Retreatism - abandonment of both goals and means

Rebellion - active effort to change goals and means



Approaches to Anomie

The neglecting parent exhibits the pattern of abandoning societal goals and means .. the sense of normlessness .. as outlined in the concept of anomie and social adaptations.

Although he may perceive that the goals for parenthood as set forth by society are worthwhile, his passivity and perception of himself as being unable to meet the goals lead to the abandonment of them.

He may give lip service to the desirability of the goal but, having no resources for attaining the goals, demonstrate by his behavior his abandonment and rejection of them.

What are some of the manifestations of this phenomena as they appear in child welfare case records?

- the father who states he wants his children returned to him, makes plans toward that return, but never follows through on carrying out the plan
- the mother who consistently abandons her young
- the parents who fail to use community resources in behalf of their children
- the parents who are isolated from relatives, have no friends, and move from place to place
- the woman who moves from place to place, job to job, and man to man, offering to her children nothing but indifference

PROPOSED METHODOLOGY FOR TREATMENT OF CHILD NEGLECT

In working with the neglecting parents

THE AIM OF TREATMENT

is

to provide them with:

specific objectives of child-care

methods of reaching those objectives

Extremely Important: Because the neglecting parents tends to be very concrete in his thinking, you must spell out explicitly child care methods that need correction.

On the following page is a proposed treatment model for working with neglect.

The "goals and means" approach is designed to overcome the anomic character of neglecting families by plugging them in to acceptable child care practices and by helping them to discover and learn means of meeting societal goals.

The purpose of making objectives specific and concrete is to move the client out of his indifference and passivity. Do not confuse the client with abstractions.

Proposed Treatment Model

As a part of recognizing the family situation, define the conditions constituting neglect.

Examine each area of children's needs, such as nutrition, personal hygiene, medical care, emotional stimulation, etc.

Define specific behaviors of the parents in meeting (or not meeting) these needs.

Example: Personal hygiene: "The children are extremely dirty. Their clothes are torn and dirty. They are infested with lice."

Operationally define what behaviors constitute acceptable child care practices. This constitutes the objective to be reached.

These behaviors must be specific regarding each area of child care practices that is unacceptable.

They must be realistic: minimal standards of acceptability versus ideal.

Example: Personal hygiene: "The children must be bathed at least every other day. Their clothes must be washed when they become soiled. Clothing must be mended. The children must be seen in the clinic for lice infestation. Medicine to kill the lice must be bought. Medicine must be used as directed by doctor or nurse."

Point out to the client what is expected of him/her (specific acceptable practices) and how his/her present care deviates from this standard.

When possible, you and client identify priorities and set objectives.

Identify obstacles to achieving the objective. Obstacles may be concrete or psychological.

Example: "Family lacks transportation to the clinic for treatment." "Mother is ill and cannot bathe the younger children."

Identify methods for obstacle removal. Decide who will do what by when.

Example: "Mother will get her sister to take family to clinic by date. If sister cannot transport, mother is to call you."

"You (worker) will try to get homemaker service. In the meantime, father and older children will bathe the younger children."

"Mother has been referred to Mental Health Clinic. Father is to take her for appointments and see that she takes her medication. Children are to be placed temporarily in foster care."

Periodically, throughout the casework process, you and client evaluate the outcome and degree of objective accomplishment. Make your evaluation in terms of:

- what has been accomplished
- what is being accomplished
- what still needs to be accomplished
- what new objectives have been added
- what objectives have been discarded

Using this approach, you can more accurately measure motivation.

Continual failure to meet realistic objectives may mean that:

- the approach is wrong, or
- the client does not see the objective as desirable

If there is failure, confrontation is directed toward failure to work toward an attainable objective rather than toward the client as being a poor parent.

If there is success, praise it .. often lavishly.

SOME THOUGHTS ON WORKING WITH NEGLECTING PARENTS

Always remember that neglect is as damaging and can be as lethal as abuse.

Children can die or be permanently damaged from what is not done for them as much as from what is done to them.

The lack of involvement and passivity toward the child on the part of the parent can be devastating to the child.

Never feel that nothing can be done about removing children from neglect situations.

Look closely at those conditions which are hazardous to the child's well-being.

Carefully document those conditions. Record specifically.

You need good common sense about how children should be cared for.

Frequently workers feel that they are imposing their own values on families. They begin to mutter about "cultural differences."

All children require certain basic care and are entitled to it. When parents fail to provide this care, the state has the responsibility to see that the child gets such care.

A vast discrepancy between acceptable care and the care the child receives consitutes neglect .. not cultural differences.

This is not to deny the existence of cultural differences.

Although neglect is more prevalent among poor families, poverty and neglect are not the same thing.

Examples: Money is spent on beans and cornbread shared by all ... versus

Money is spent on beer for parents while kids go hungry.

(more)

Poverty versus neglect - examples (cont'd)

Children have small amount of well-worn clothing which is clean and mended .. versus

Children are dressed in ragged, dirty clothing.

House is shabby and cluttered .. versus
Housekeeping standards are so low that health is endangered.

Work with neglecting parents is tedious; movement is slow.

Progress is made in small steps, with regression often occurring. You have to "nit-pick," suggesting specific things to do and how to do them.

You must make frequent contact. You must have the proverbial patience of Job!

Because the family usually presents multiple problems, you have to help establish priorities and determine a place to start.

Often you feel overwhelmed, but if you feel that way, consider how the client must be feeling.

Say, "Mrs. Jones, can you sweep the floor today and wash the dishes tomorrow?" rather than, "Mrs. Jones, you have to improve your housekeeping."

Identify the most pressing problems in the situation; then take the "crisis intervention" approach of taking hold and telling the client where to start.

You must never get lost in the global concept of "Even if she does neglect them, this mother loves her children."

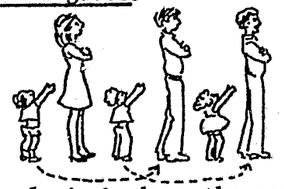
If a client knows what specific things must be done to keep or regain the children, his/her failure to do those things may reveal ambivalence toward the parental role or incapacity to fullfill it.

If parents consistently fail to fulfill their parental roles, with help and resources provided it is probably best to remove the children and make permanent plans for them.

Note: This does not refer to the family which has periodic crises but manages to function most of the time. It does not refer to the family with care standards which deviate from acceptability in moderate degrees.

It does refer to the family where child care is unacceptable to the degree that the children are doomed from birth to an existence which provides neither confort nor solace in any relationship.

Neglect begets neglect.



Unless the cycle is broken, the neglected child becomes the neglecting parent. A child who has never been valued finds it nearly impossible to value another human being.

The neglected child has a much greater chance to become socially deviant.

The progression often goes from dependency to delinquency to adult criminal behavior. Biographies of persons committing crimes such as murder, robbery, muggings, etc., usually reveal pathological childhoods and family backgrounds.

While the number of children and families we can help represents only the tip of the iceberg ...

WE ARE OBLIGATED TO HELP THEM!

The ultimate responsibility belongs to society; it must provide a new ordering of priorities WITH HUMAN BEINGS AND THEIR WELFARE AT THE TOP OF THE LIST.

1. What is the definition of "neglect" as it is understood by DPW?
2. What kinds of lack of attention come under physical neglect? What kinds under emotional neglect?
3. How does "neglect" relate to "abuse"?
4. What other kinds of neglect are there besides physical and emotional?
5. Name five "rights" of children.
6. From what factors may community neglect result?
7. What are some of the causes of neglect in families?
8. What are some examples of nutritional neglect?
9. What is considered an "adequate diet"?
10. What are some physical characteristics of the malnourished child?
11. If a child appears severely malnourished, what step should you take?
12. What is marasmus? How does it relate to child neglect?
13. What are some overt signs of neglect of personal hygiene?
14. What are some indications of neglect of medical care?
15. If a child is in need of medical attention, and parents refuse to obtain it because of religious beliefs, what should you do?
16. With regard to educational neglect, what does the Texas Family Code cite as one basis for termination of the parent-child relationship?
17. Name some emotional-neglect situations which can cause personality disorders in a child.

PLAY IT AGAIN SAM - Continued

18. What are two of the chief characteristics of neglecting parents, according to Zaphiris?

19. Name other characteristics of these parents.

20. What problems other than child neglect usually abound in these families?

21. What is "anomie"? How does the anomic theory help you understand the cause of child neglect?

22. What are three common ways of adapting to goals and means as set forth by society?

23. What are some specific examples of anomie as seen in child welfare case records?

24. Discuss the seven steps in the proposed treatment model for working with neglect.

25. What are some of the important thoughts given on working with neglecting parents?

the

SOPHIE ASTOR CASE

Appendix
to
Module SS6-3

Sophie (Martin) Astor

(Case example: AFDC, Protective Services)

Mrs. Sophie Astor, a widow, rents her two room apartment at 431 Bailey, Austin, 78700. She has no personal telephone and did not wish to give an alternate number where she could be contacted. Mrs. Astor, who is Negro, has received AFDC since 1969 when her husband, Merton L. Astor, was sent to prison. The present grant is $184.00. Mr. Astor died in prison in 1971. Mrs. Astor has nine children by her husband (six still living at home; two are married and one is in an institution for delinquent girls) and two by Mr. George Williams, 2570 Argonne Street. Mr. Williams, who is unmarried, has acknowledged paternity of the two youngest children and he pays $20.00 weekly for their support out of his $97.00 weekly take-home pay as a janitor. The children's birth certificates list him as their father.

Living in the home are:

	Birth Date	Education	PA Number
Sophie M. Astor	03-12-32	11th grade	2-631120-01
Henry M. Astor	07-12-50	9th grade	4 -203056-01
Hellen B. Astor	08-20-60	6th grade	2-631120-02
Ella M. Astor	04-23-62	4th grade	2-631120-03
Forrest R. Astor	10-19-64	2nd grade	2-631120-04
Edgar R. Astor	01-11-66	1st grade	2-631120-05
Dorothy M. Astor	04-17-70	NA	2-631120-06
Emma S. Williams	05-13-72	NA	
Clara E. Williams	07-10-73	NA	

In the past, Mrs. Astor worked occasionally in small neighborhood bars and cafes but has not worked at all for about five years. She is not interested in employment at this time. Working out of her home would be difficult as she has three pre-school children, one with a serious medical problem.

Situation at point of referral for protective services by the financial services worker (12-10-73):

John Aronson, AFDC worker, referred this family for protective services after making a home visit and finding the three pre-schoolers in the care of 11 year old Ella during school hours. The small apartment was unheated on a very cold day; both gas and electricity had been turned off for several days. The living quarters were dirty and sparsely furnished. (There were two beds, a crib and a couch to accommodate nine persons.) The small children looked ill. Mr. Aronson was particularly concerned about the five month old infant.

12-10-73 to 12-13-73 (Intake):

CANRIS revealed no previous incidents.

Mary E. Bryant, intake worker, made an immediate visit to the home and met Mr. Aronson there; the mother had returned in the meantime, saying she has "just been to the market." Mrs. Astor seemed vague about her circumstances and kept insisting that the children were under regular medical care. She would stare into space and attempt

to get the 11 year old daughter to respond to the worker. She ignored the pre-schoolers, who were crying and trying to get her attention. Her older daughter, Jeanna Long, came in during the interview and, while Mrs. Long was protective of her mother and expressed strong hostility toward the "the Welfare", she did get her mother to agree that she desperately needed help with reinstating utility services and, perhaps, with the children's health problems. Mrs. Long agreed to take her mother and Clara to the doctor the following day.

The intake worker agreed to see what could be done about the utilities. Mrs. Astor denied that she ever left the children unsupervised. She felt that Ella was mature enough to care for the preschoolers. She explained that Ella was not in school because she has a cold.

The intake worker was able to get a church group to arrange for Mrs. Astor's utilities to be turned on and to assist her, if necessary, in utility payments for the next three months. The group also wanted to provide food, toys and a Christmas tree.

On 12-11-73, Mrs. Jeanna Long called to say that Clara has been seen by a pediatrician and was hospitalized. Her condition was very poor. Mrs. Bryant informed her that a children's protective worker would contact Mrs. Astor in the next few days.

On-going protective services:

On the 12-13-73, the case was assigned to William I. Morgan, protective services worker, who made a home visit. Mrs. Astor had just come from the hospital with her daughter, Mrs. Long. Clara was doing a little better. Mrs. Astor talked a little more freely. She appreciated the help the church was giving her and was glad that the children would have some Christmas. Mrs. Astor said that her only problem was too little money to care for such a large family. She has to spend a great deal of time "scrounging" for free food and clothes. Mr. Williams helps as much as he can, but he also has to give money to his parents who care for a retarded twenty-five year old sister. Mrs. Astor, who is very thin, says that she feels tired all the time and can't get up to get the children off to school. She has no alarm clock. According to Mrs. Astor, Hellen usually gets to school on time but she won't bother with the younger children. Ella is the only one who helps her. Forrest and Edgar "run the streets, won't mind and are always in trouble with the police and the neighbors." Mrs. Astor indicated that she did not have any friends who would help her with the children and with transportation.

Mrs. Jeanna Long works as a maid for two families and was only able to help out with Clara because one of the families was out of town. Mrs. Long has five young children of her own.

Henry Astor, the twenty-two year old retarded son, is unemployed. He has an SSI grant of $140.00. He is supposed to be living with an older married brother, Merton Astor, but stays most nights at his mother's house. Mrs. Astor doesn't know where he eats his meals. Henry and the younger children "just ignore each other." Henry sleeps on the single bed. Mrs. Astor sleeps with Ella, Dorothy, and Emma. Hellen sleeps on the couch and Forrest and Edgar sleep on a dirty pile of blankets on the floor. Clara has a small, rickety crib.

On 12-31-73, the police contacted the night emergency worker, Dave Evans, to say that Dorothy and Emma were left alone. Mr. Evans located Mrs. Long who agreed to stay with the girls. Mrs. Astor phoned Mr. Evans the next day to say that she was at a family party and Hellen was babysitting. Hellen had left for only a few minutes and that was when the police came.

On 1-3-74, 1-4-74 and 1-8-74, Mr. Morgan made visits, finding no one at home. He could not locate Mrs. Long.

On 1-9-74, Clara's doctor called to say no one had been to see the child for five days, and hospital personnel were very concerned. Clara has sickle cell anemia and is very ill. The doctor is also worried about Dorothy and Emma. The mother did not keep these girls' appointments.

The worker contacted Mr. George Williams after work. Mr. Williams assured the worker that he and his mother visited Clara every evening. He is aware of the child's condition and feels that it is due to Mrs. Astor's neglect. He and Mrs. Astor quarreled about the children. His mother would like to care for the Williams girls. Mr. Williams stated that Mrs. Astor has taken her family to Houston to visit with her sister. She says she might move to Houston. Mr. Williams agreed to talk with the doctor about Clara and Emma. He has known Mrs. Astor since she was in elementary school (Mr. Williams is 62). He would like to marry her but can't take financial responsibility for the Astor children. He doesn't get along with Henry either.

The worker discussed the possibility of court action with Mr. Williams. Mr. Williams felt that this would be very hard on Mrs. Astor but that it might "straighten her out." He confided that she did drink too much, was a poor housekeeper and ignored the children. This assessment also entered into Mr. Williams' reluctance to marry her. He agreed to get Mrs. Astor's address in Houston.

On 1-12-74, Mr. Williams called to say that he had gone to Houston to bring Mrs. Astor home. He wanted to settle things about Clara and Emma. He agreed to bring Mrs. Astor into the office the following day.

On 1-13-74, Mr. Williams and Mrs. Astor kept the appointment. Mrs. Astor became very angry and defensive toward both the worker and Mr. Williams. Her only interest was in going to Houston where "the Welfare" wouldn't find her. She finally agreed to take Emma and Dorothy to the doctor if Mr. Williams would go with her.

On 1-20-74, Mr. Williams called to say that they had just come from the doctor who had prescribed medicine for respiratory infections and skin rashes for both girls. The doctor needs to have further tests done on the girls.

On 1-25-74, Mr. Williams called to say that he had to break the appointment at the doctor's office because Mrs. Astor and the children were not at home when he went by to pick them up. Mrs. Astor has not been by to see Clara since she returned from Houston. She has been drinking heavily and he had to get her out of jail a few days previously because she had been drinking.

On 1-26-74, the police called the night emergency worker. Forrest and Edgar had been found on the Congress Avenue bridge at 2:30 a.m. When they were taken home there was no one in the apartment, although all lights were on and the gas heater was burning. The emergency worker arranged for the children to be placed in a foster home.

On 1-27-74, Mrs. Astor and Mrs. Long were in the office. They wanted the boys returned. The worker agreed, with Mrs. Long's assurances that she would oversee their supervision. The worker told Mrs. Astor that the Department was going to file for conservatorship of the children in order to assure the necessary supervision and medical care. The children could be left with their family if supervision and medical care were provided.

2-5-74: The court awarded managing Conservatorship to the Department. The children were to remain with the mother but could be placed in substitute care if she could not attend to their needs.

CHILD ABUSE

Definition of Child Abuse

Roles of the Professions

etermining Child Abuse

Theoretical se of Child Abuse Causation

Abusive Parents sychosocial Patterns o Behavio

Theoretical Base o Treatment of Abusive Parents

Practical A licat ons o Treatmen

Home r Awa ? emporarily or Forever

Qualities Needed in the Worker

MODULE SS -4

CHILD ABUSE

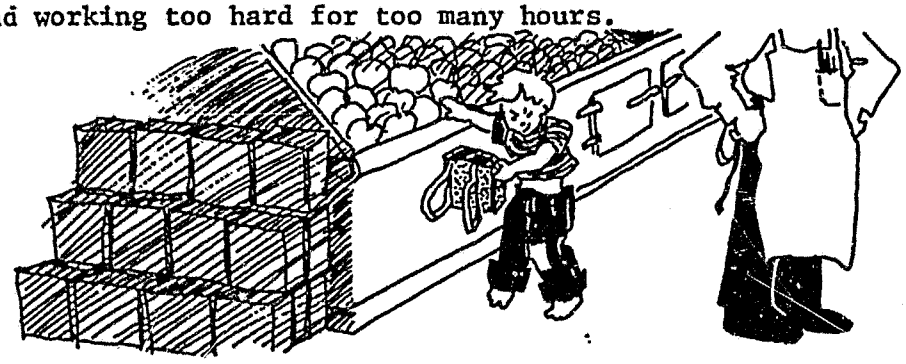
DEFINITION OF CHILD ABUSE

The Department defines abuse as non-accidental infliction or threat of infliction of physical injury or emotional or mental damage to a child by a person responsible for the child's health or welfare.

Abuse can also involve withholding needed care from the child.

Sexual abuse of a child exists when any sexually oriented act or practice by a person responsible for the child threatens or harms the child's physical, emotional or social development.

Exploitation of a child exists when the child is forced or unduly encouraged to participate in activities detrimental to his well-being, such as begging, stealing, exposure to immoral or degrading circumstances, inappropriate role responsibilities, and working too hard for too many hours.



ROLES OF THE PROFESSIONS

Medicine

- Physical - diagnosis and treatment of physical symptoms (Child abuse has definite physical injury characteristics, e.g., the "Battered Child Syndrome.")

- Psychiatric - diagnosis and treatment of emotional illness (using psychotherapy and chemotherapy)

Psychology

- Personality testing - (to determine developmental stage of child; possible emotional abuse; mental illness/retardation)

- Psychotherapy

Law Enforcement - Police

- Determining whether a crime under penal law has been committed
- Identifying who committed the crime
- Enforcing the criminal aspects of the law
- Being used in some instances to help with investigation of the abuse (a crime under the civil law)

Judicial System

- Juvenile Court (Civil case)
  - ·Hearing evidence - to determine whether civil law has been broken, how child's best interests can be served and how he/she can best be protected
  - ·Deciding conservatorship
  - ·Providing vehicle for therapy with the family (if indicated)
- Grand jury - determining whether evidence presented is sufficient to indict a suspect for a criminal act
- Criminal Court (Criminal case)
  - ·Hearing evidence - to determine beyond a reasonable doubt whether a person committed a crime
  - ·Delivering verdict
  - ·Sentencing
- Attorneys
  - ·District or County Attorney - represents the State and the protective service practitioner
  - ·Parents' attorney - sees that parents' rights and interests are represented
  - ·Child's attorney (ad litem)* - sees that child's rights and interests are represented
    - *court-appointed attorney or guardian in a specific court hearing

  - ·Other intervenors (relatives, friends, etc.)

Social Work

- Clinical Practitioner

  Psychosocial treatment of parents and child
  Environmental manipulation
  Determination (as member of a clinical team) of factors underlying abuse or suspected abuse

- Protective Service Practitioner

  Child protection - first duty
  Investigation of suspected abuse or neglect (civil law)
  Psychosocial treatment of parents and child
  Attempt at determination of social factors underlying abuse
  Bringing of child to attention of Juvenile Court when necessary
  Recommendation of treatment plan to Juvenile Court when requested
  Placing of child outside home if indicated
  Holding of conservatorship of child if indicated

  Note: Under a conservatorship, the Agency assumes the role of parent, with all the supervisory rights and responsibilities.

  Functioning in an involuntary setting
  Responsibility for decision making

DETERMINING CHILD ABUSE

Points to Explore

- Chronicity (regularity of happening) vs. isolation of incident

  skeletal x-ray series

  records from other agencies or individuals

  = police - If they refer, call to find out all information. Obtain records. Investigating officer is often good source. Leave message for home call if officer is on late shift.

  = hospital - Call Medical Records or Social Services to find out each time child was seen in the emergency room and for what reasons; find how often admitted to hospital and why. Obtain records.

= school
= day care center
= family doctor or clinic
= parents
= community social agencies
= child
= relatives
= neighbors
= friends, etc.

If source refuses to talk, try to get a release from parents or talk logically with the source. Keep your cool! If the information is crucial to protecting the child, information can be easily obtained if you have a court order.

- Timing of incident or incidents

• changes in family constellation (immediate family and extended family)

= new baby
= new husband
= new wife
= new boyfriend
= someone leaving home/someone coming back
= death of close relative

All additions and deletions of family members are important. These may constitute a crisis.

• changes in family circumstances

= financial changes
= pregnancy and childbirth
= illness
= moving to a new community

Change is accompanied by anxiety (whether the change is pleasant or unpleasant).

• changes in the child himself

= developmental stages - can possibly be one of the most dangerous reasons for child abuse
= physical change
= emotional/mental change

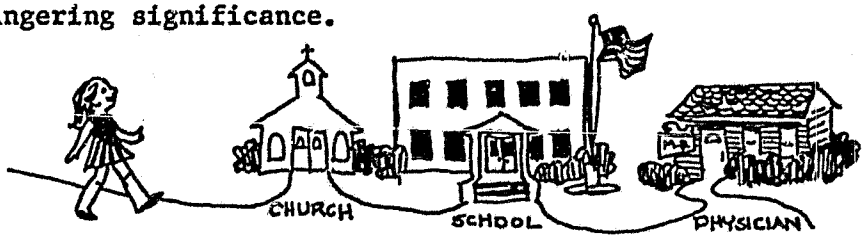
- Family characteristics

• social isolation (no telephone, etc.)
• marital conflict or mutual emotional non-support
• one-parent family with many children
• alcoholism/addiction/barbiturate usage
• insufficient income to meet minimum needs
• personality problems
• mental retardation/illness
• insensitivity to feelings and needs of each other, particularly to the children

Age of the Child

Be particularly cautious when the abused child is under two years of age.

Remember that older children can get away more easily and usually have more social contact. Consequently minor abuse can be more easily determined and may not have such life-endangering significance.



Abuse may be conjunctive with developmental stages, e.g.:

- Infant

  - crying major cause of abuse
  - feeding problems second most common reason
  - post partum (immediately after birth) depression of mother - post partum reaction of mother to child's appearance, to birth injury or baby's prolonged stay in hospital after birth
  - dependency characteristic of an infant.. increasing depression or reaction of mother
  - Parents' disappointment/anger at child out of unrealistic expectations for infant and inappropriate disciplining of child
  - anything less than almost constant, attentive and loving supervision by parents, resulting in abuse to an infant

- Toddler (1½ - 3)

  - wetting and soiling in most instances
  - temper tantrums, misbehavior of various kinds
  - self-assertion of child and child's perception of his ability to control - resulting power struggle between child and caretaker
  - lack of necessary supervision by parent may result in harm to adventuresome toddler

- 4-12 Year Old

  - misbehaviour of child
  - overreaction of parent
  - locking out of the house/in the house

- Adolescent

  •parent-child conflict characteristic of this period
  •manipulation by adolescent to goad parent to abuse
  •sexual overtones: stripping child for beating, etc.; or overt sexual abuse: incest, fondling, etc.

Types of Injuries

Pictures (preferably in color, of the abused child and any detrimental circumstances) should be taken in case the worker initiates court proceedings to protect the child.

- Beating with hands and fists (most frequent method)

  •external injuries

  = poorly outlined bruises with swelling, usually about the fact, head, neck and trunk...and covering more than one part of the body

  = swollen mouth, blackened eyes

  = if close to bony structures or teeth, lacerations or abrasions

  •internal injuries

  = subdural hemorrhage
  = cerebral and brain contusions
  = liver lacerations, spleen and mesentery (intestinal) lacerations
  = fractures

- Beating with a weapon (frequently noted: scars and same weapon patterns)

  •usually a "readily-at-hand" one: plastic toys, hairbrushes, etc.

  •characteristic patterns of weapons:

  = coiled lamp cord, rope, extension cord, iron cord - welt with dark, red-purple discolorations

  = stick - one or both borders often seen on the bruise

  = belts - width of the strap

  = belt-buckle - cuts and abrasions, often in the shape of the buckle

- Hurling and throwing objects at baby

  •usually "at hand" object
  •happens when parent loses control
  •often seen as one sharply outlined bruise
  •can cause fractures

- Throwing, jerking or flinging child

  •into beds or bassinets
  •into walls, doors, etc.
  •onto floor
  •can cause bruises, fractures, lacerations, sprains where the child landed.

- Burning

  •scalding by immersing child in hot water

  = often when child has wet or soiled pants to "teach him a lesson"
  = may be accident to extent parent did not test water temperature

  = resulting thermal burns (easily recognized by physician)

  = burns usually on lower trunk and lower extremities

  •scalding by pouring hot liquid on child

  = need to determine whether deliberate or accidental. Children can pull pots and pans off the stove, bump into mother when she is carrying hot liquids, etc.

  = clues: location of burns - parent-child relationship

  •burning with cigarettes, lighters, matches

  = possible attempt by parent to teach child to stay away from hot objects. While this method is certain questionable, it may not (in isolation and if very minor) constitute child abuse.

  = location and number of burns important. One cigarette burn on hand or foot is very different from many on body. Frequently scars from old, infected insect bites resemble cigarette burns scars, so seek medical opinion. If burns are lo-

cated on breasts or genitals, this is obviously extremely pathological behavior. Consider removal and conservatorship of the child right away.

·burning child on stoves, heaters, etc.

= usually shows pattern of the object.

= sometimes burn allegedly accidental. If so, compare height, weight and pattern of object with location of burn on child's body; consider child's physical ability and dexterity, other siblings in the home, etc. Consider whether lack of parental supervision is part of the problem.

Example: Could the aggressive four-year-old in the family have pushed the two-year-old onto the open heater? If so, were children being supervised adequately?

- Biting

·teeth marks indicated on skin

·Determine if bite mark is child or adult-sized. (Some parents try to teach their children to refrain from biting by biting back.)

·number and location of bites significant

- Kicking

·many of same elements as beating with hands
·can result from loss of control in parent
·injuries similar to those of beatings

- Exotic forms of abuse

·stabbing
·hanging
·pepper ingestion
·poisoning
·others
·tying child up

Note: If abuse is exotic in type and seems to reflect a direct murderous intent toward the child (as in event of stabbing, hanging, etc.) get that child out of the home and do not return him till parents have really changed!

Exotic abuse usually reflects homicidal and/or extremely pathological behavior. Its deliberateness and the urge to destroy (which is usually present) make it a highly dangerous form.

The method of injury frequently indicates the degree of pathology in the abuser.

= It can reflect loss of control
= It may point out how quickly control was regained.
= It can reflect deliberate torture.

- Severe neglect with abuse

If severe neglect (such as malnutrition, starvation, excessive diaper rash, extreme emotional abuse, lack of supervision, confinement, exposure, etc.) accompanies abuse, this child is always in extreme danger.

He will likely be killed if he is not removed immediately and kept in protective care until parents have really changed.

Parents' Explanations of Injuries and Their Validity

Always be careful in talking with parents about their explanations of injuries. The parents are usually extremely frightened and anxious; they may already have experienced a severe "grilling".

Please listen sympathetically, with interest, with acceptance, and with support.

Usually your first step is to state what you know of the child's injuries. You then ask the parents if they can tell you what happened.

If the explanation is vague or incongruent (not agreeing with circumstances), you may need to probe gently; but probe. Don't use a hacksaw. Enlist the natural concern the parents may have.

If you have any suspicions about the story, check it out with collaterals.

- Broad categories of explanations

  accurate ones
  bold ones
  incongruent ones
  vague ones
  denials

- Accurate ones

  Occasionally accidents happen to the children of "good" parents, and when the community is "abuse-conscious", the family may be referred to Child Welfare.

  The accounting by these parents is usually exquisitely detailed about what happened to the child, what other members of the family were doing, etc. If the family was having dinner, you'll probably be told what they were eating. You'll hear who picked up the child, how hard he cried. You'll have the feeling that the parents are reliving the incident and that you can see it through their eyes. It's as though they hurt with the child.

  Children cry when they get hurt. A "good" parent is going to check when the child cries.

  If the accident happened at a babysitter's home, the parent is going to try to find out what happened and relay it to the doctor, hospital, etc. Abusive or negligent parents will usually do less "digging".

- Bold ones

  Some abusive parents give totally accurate accounts of what happened.

  Some may feel genuinely guilty and remorseful and truly want help to be better parents.

  The passive partner may "tell on" the aggressive partner in order to avoid real or imagined punishment, to enlist the worker's alliance, or because of a genuine sense of guilt.

CONTINUED

1 OF 4

The anxious parent who defends himself by being defiant may give an accurate accounting. The effect is usually quite immature, like a child's saying "Okay, I did it. Now what are you going to do?"

The parent who sees nothing wrong with his actions toward the child frequently recounts the incident with a genuine sense of outrage that anyone should question his behavior.

If parents can tell what really happened, you usually find it easier to work with them.

If the recounting parent is outraged that anyone should question his treatment of a "monster" who "deserved all he got and more," chances toward rehabilitation may be quite slim, or progress may be slow and ultimately limited.

- Incongruent ones

The parents' account of what happened does not fit with the child's injuries.

For various reasons, workers frequently play into unrealistic stories parents construct. Medical personnel can usually determine whether the injury could have happened the way the parents said. If you have any doubts, check with the physician; but don't depend on him to tell you the injury is abuse. He may think "People don't do things like that!"

Listen for incongruities regarding:

= acts of child inconsistent with his physical, intellectual and emotional development

= illogical explanations

= attempts to tie injury to a pre-existing real or imagined illness. You need a <u>medical</u> opinion before you buy the story. This explanation is often used by guilt-ridden middle-class families.

- Vague ones

Often parents offer virtually no explanation for their child's injuries, or the explanation is so hazy that it might as well not be offered. Reasons for such behavior include:

anxiety and fear for self and child

actual psychosis or mental retardation; parent is so disoriented that he/she cannot relate to the incident or recount it.

- Deniers

These accept no personal responsibility. They often blame others and use accidents as reason.

<u>Child's "Explanation" of His Injuries</u> - what he can tell or show - what his behavior tells you

His/her explanation is often extremely accurate; however, note consistency of explanations. Does he parrot what the parents say?

Young children who have little verbal ability will sometimes withdraw from the abusive person or from all adults. Note and evaluate the child's response to the parent.

Children usually feel guilty about their injuries. They may see physical punishment as being deserved because of actual misbehavior or poor self-concept.

If the child is fairly comfortable with you, you may be able to question him/her about specific marks. Can he show you how it happened? Be careful not to lead him/her. Don't force him to tell you if he doesn't want to.

Children <u>normally</u> cry when they get hurt - except for those who have been repeatedly abused. Does he respond to pain when being examined? Does he sit with a stare of "frozen watchfulness"?

Always remember that children have only one set of parents and may grow protective if the parents receive an external threat.

Relatives' Explanations

Interviewing relatives in an abuse situation is extremely delicate, but very important in assessing the child's total situation. If relatives are angry, e.g.:

- paternal grandmother when parents are separated and children live with mother
- maternal grandmother who has many conflicts with her daughter

They may exaggerate the situation.

Relatives may be protective:

- to keep the child within the family
- to deny that their family has severe problems
- because of fear of a "sick" individual's retaliation

Relatives may not really know what is going on.

Child's Siblings' Explanations

Such explanations may be accurate. On the other hand, young children:

- often do not recognize the differences between beating and spanking
- may forget a sibling's severe fall, auto accident, etc.
- often parrot and report what they hear rather than what they know
- sometimes "gang up" on parents and bear out each other's stories in order to punish. (Watch out for this especially in the cases of adolescents.)
- may be scared or guilty due to real or distorted involvement in the abuse

If child abuse is indicated and siblings are interviewed, be prepared to protect them.

THEORETICAL BASE OF CHILD ABUSE CAUSATION

In the book, Helping the Battered Child and His Family,* Kempe and Helfer indicate that, for child abuse to occur, three elements must be present:

- the potential to abuse
- the child
- the crisis

*Kempe, Henry C., and Helfer, Ray E. - Helping the Battered Child and His Family, J.B. Lippincott Company, Philadelphia, Pennsylvania, 1972

The Potential to Abuse

This is acquired over the years and is made up of at least four factors:

- How were the parents, themselves, reared? Did they receive the "mothering imprint"?
- Have they become very isolated individuals who cannot trust or use others?
- Do they have a spouse who is so passive he or she cannot give?
- Do they have very unrealistic expectations of their child (or children)?

The Child

Usually the child is not just any child, but a very special child .. one who:

- is seen differently be his parents
- fails to respond in an expected manner
- really is different (e.g., retarded, hyperactive, too bright, has a birth defect, etc.)

Often, however, the normal child is "seen" as bad, willful, stubborn, demanding, spoiled or slow.

The Crisis

The "crisis" is the event or series of events which sets the abusive act in motion. Such a crisis may be major or minor. It is not the cause but the precipitating factor.

ABUSIVE PARENTS: PSYCHOSOCIAL PATTERN OF BEHAVIOR

General Characteristics

Abusive parents present a wide spread of emotional disorders. There is no simple diagnosis.

They expect and demand a great deal from their children. Their expectations are:

- great
- premature (beyond the capability of the child to comprehend what is wanted and to respond appropriately)
- unrealistic

The parents often behave like frightened, unloved children; as a result, they expect their children to provide comfort and love.

The abusive parent may perceive the child as a rival for the other parent's affection and so behave as an angry child.

In abusive parents there is general disregard of the child's needs, feelings, abilities and helplessness; there is little respect for the child as a person. The abusive parent talks of what he wants and needs and doesn't have and of how to gratify himself. He talks of what he thinks his child wants and needs and pays little attention to what the child says or indicates he wants and needs.

Background and Life History

The abusive parents often had poor parenting, and physical or emotional abuse was present in many of their backgrounds.

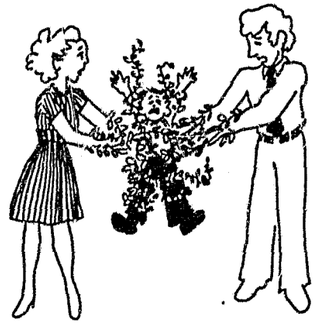
Their parents tended to make many demands on them and set impossibly high standards; furthermore, as children, the abusive parents had little or no nurturing and no chance for the formation of basic trust.

As children, the abusive parents were expected to gratify their parents' needs; if they failed, they were punished, criticized or abused.

Their own needs were never recognized or gratified or were inadequately met.

Psychological Characteristics

- dependency - Inasmuch as their needs have never been adequately met, they seem to hang at the stage of developing basic trust.
- low self-esteem
- vulnerability to criticism, rejection, disinterest and abandonment
- lack of basic cushion of feeling loved and valuable, which is necessary to carry them through periods of stress
- constant needs of reassurance
- tendency to be extremely clinging and demanding



Because of previous hurts from rejection, they may behave in an outrageous manner toward you, the worker, to trigger your rejection and re-enforce their feelings that no one can be trusted.

Patterns of Isolation

The abusive parent is isolated from the community, has few friends and, in times of stress, has no one to whom to turn. Many do not have telephones or have an unlisted telephone number.

Marital relationships tend to be based on a clinging dependency and afford little real satisfaction. They characteristically stay together in an unhappy marital relationship or have had repeated unhappy marriages (often to the same person). The parents' intercommunication and ability to perceive and deal with each other are so limited that the child may be their only link.

The parents have usually found hurt and rejection when they have turned to others for help. Consequently, their expectations are that they will be used, attacked and accused.

THEORETICAL BASE OF TREATMENT OF ABUSIVE PARENTS

Goal

Kempe and Helfer* state: "..A reasonable goal of therapy (is) that at least 75 per cent of the children reported as a result of state reporting laws to have been non-accidentally injured by their parents or guardians should be residing safely in their homes within one year after the report of abuse has been made ..."

* C. Henry Kempe, M.D., and Ray E. Helfer, M.D., editors, Helping the Battered Child and His Family, J.B. Lippincott Company, 1972, p. "xii"

If, during this year, the home cannot be made safe enough to keep the child free from repeated physical injury, parental rights may have to be severed.

Degree of Involvement Continuum

0	1+	2+	3+	4+
No involvement, child home	Little meaningful intervention, child home	Child and parents separated	Home made safe, child home	Psychiatric problem resolved home safe, child home

Treatment Model

Treatment is based on the dynamics of the abusive parent: dependency - poor self-image - lack of nurturing relationships - inability to find help, comfort or joy in the environment - inability to give (having never received).

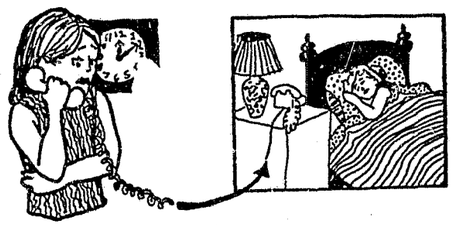
Treatment Person: Kempe & Helfer have used the term "worker" generically to refer to a role, which may be filled by the protective services caseworker, volunteer, therapist, lay therapist, etc., to use these approaches:

- Essentially the worker serves as a role model of "mothering." This mothering is directed toward the parent instead of the child.
- The worker nurtures and supports the parent in order to meet unmet dependency needs, improve self-esteem and provide an experience of being cared for and valued.
- The worker or those working with him must be readily accessible to the parent at all times.
- The worker, like all "good mothers", sets limits on harmful behavior.
- The worker is attuned to the initial signs of growth in the parent and encourages them gently. These signs may include:
  - + exposing self-indicated beginnings of trust
  - + giving to you (This giving usually happens before the parent can give to the child. Gift may be intangible or concrete.)
  - + indicating feeling of "finding a friend" - beginning of ability to find comfort and joy in the environment
  - + beginning to respond to the child's and/or the family's needs. (Examples are usually told you in a shy, tentative fashion and a bid for approval.)
- As growth progresses, the worker provides a resource for learning new ways of relating to adults.

PRACTICAL APPLICATIONS OF TREATMENT

- Keep your interviews parent-centered
  - Focus on parent needs.
  - Listen.
  - In TA terms, stroke the Not O.K. Child.
  - Relate to their anxiety.
- Be honest. Keep the parents informed of what you are doing and what is happening.
- Be available.
  - If parents drop in, see them immediately, even if you can simply tell them you'll be with them later.

- Let them know they can reach you .. or someone .. at any hour they need you. This is absolutely essential if the child is in the home.



- Make home visits frequently.

- Make contact with parents from one to three times per week: perhaps once personally, then two phone calls. Your purpose is to focus interest in them. You are not checking on the child.

- Listen for subtleties when parents admit what happened to the child. Workers often miss the subtle admission of parental guilt.

- Don't become so identified with the child that you act judgmentally toward the parents.

- Don't become so identified with the parents that you deny or minimize what happened to the child.

COMMUNITY INVOLVEMENT

No one can work with child abuse alone - and do any good with it, according to Kempe and Helfer. Involve all those people in the community who work with the child or family - their doctor or clinic, the school, relatives, psychological or psychiatric treatment sources, the complainant, public health resources, recreational groups, their church, their neighbors, etc.

Child abuse is a community matter - protective services to the child includes seeking and using community resources.

HOME OR AWAY - TEMPORARILY OR FOREVER?

The questions always arise as to when to leave a child at home and work with the parents; when to remove him; when to return him; and when to keep him away permanently. There are no simple answers to such a complex problem. We all live in anxiety that we may leave a child in a home to be killed or that we may remove a child in mild abusive situations and cause more trauma to him by separation from his family and home.

An experienced worker-trainer has offered some valuable guidelines. She says they are not foolproof but have been helpful to her. She suggests you may want to add some of your own.

- Decision to leave the child in the home and work with the parents

  •Have the parents recognized the problem?

  This is not implying that it is the worker's role to extract a confession. Helping a person with a problem he has refused to recognize is very difficult. As a general rule, the more open the parent is about recognizing the need for help, the safer the child is. This recognition comes at varying stages for different individuals and seems to correlate directly with ability to trust and with pattern of isolation.

  Furthermore, there is need to "recognize" the problem in the ways the parents do, so long as such focus incorporates safety for the child.

  •Have the parents demonstrated both a willingness and ability to use help?

  •Are the parents able to recognize the child's needs (not only at a superficial level but also at a deeper, more meaningful one)?

  •Was the abuse primarily a one-time-loss-of-control incident which is not likely to recur; or was it in response to misbehavior of the child who truly deserved some form of punishment? Was it a chronic way of relating to the child?

  •How old is the child? What is needed to be a good parent to him?

  •Is the family relatively free of other crises?

  •Is there someone who can help them in a crisis?

  .Do the parents give support to each other and get some satisfactions from their relationship?

. Does each recognize when the other is under stress and can he/she take over?

. Are they beginning to find some life and enjoyment outside the home?

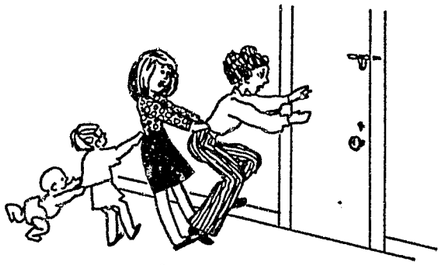
. Is the child able to "give" to his parents? What satisfactions do the parents find in the child?

. Are the parents' expectations of the child realistic?

. Is help readily available to the family on a 24-hour basis?

. Are you, as a protective services worker, committed enough to this family and able (within your other job responsibilities) to be available to them when they need you?

. Can you tolerate the extreme dependency and/or hostility with which they confront you?



. Can you give to them without expecting them to give back in return?

. Can you accept them with their problems and not need to deny or minimize the problems?

  Can you use supervision and peer support to help you with this?

. Is your caseload small enough for you to be able to have frequent contacts with the family?

. Are you willing to stay with the case and avoid closing it too quickly?

. If you can't be the therapy person as well as protect the child, do court work, do agency paper work, etc., do you have community or agency resources of homemakers, lay therapists, parent self-help groups, relatives, neighbors, etc.?

If your answers are generally positive, the child can probably remain at home.

- Decision to return the child home

This decision involves the same tools of evaluation as (keeping the child at home and adds a few other considerations.

. Has the parent ever been able to recognize the problem? If not, be careful.

  = He may have been subject to rather rigorous questioning and have become too fearful to talk about what really happened.

  = He may have made subtle admissions which you (or another worker) missed and failed to probe.

  = He may have had so many workers that it has been extremely difficult for him to develop trust and attach himself in a therapeutic alliance.

  = He may be still denying the existence of a problem.

. How has the child changed? Is his present stage of development less likely to provoke abusive behavior from his parents? Is it likely to provoke more abuse or different kinds?

. Have the parents developed better impulse controls? Do they have more support from family and community?

. Is the family situation free (or more free) from crisis? If a major change is impending in the family, you should probably wait a little longer before returning the child.

If your evaluation is generally positive, the child will likely be safe.

However, when you return the child, keep the case open .. with frequent contact from six months to a year. Premature closure or lack of contact often results in further abuse.

- Decision to remove the child

Generally, remove a child when your answers to the questions (which you asked yourself) about keeping the child at home or returning him are mostly negative.

<u>Always remove an abused child if the parent requests it.</u>

<u>Always remove the child if abuse and neglect are both present and either is extreme.</u>

Remove the child if the parents have demonstrated an inability to use help and if the abuse is continuing (or you can prove it is likely to recur).

Keep the child out if you perceive a subtle message that the parents are not ready or do not want the child back. This message may be sent even though the parents are saying they want him returned.

Remove the child until parents show the ability to find ways of getting more satisfaction in their lives and don't need to turn to the child so strongly.

Consider permanent removal of the child if the parents are so disturbed, psychotic, retarded or severely sociopathic that they are unable to care for the child within a reasonable length of time.

Managing conservatorship in the Department should always be considered when abuse had indicated a direct murderous intent (stabbing, etc.)

QUALITIES NEEDED IN THE WORKER WHO WORKS WITH ABUSIVE PARENTS

Theoretical Knowledge

- psychodynamics of abusive parents
- child development
- treatment methods

This knowledge can be obtained through:

- the literature
- educational opportunities
- supervision

Common Sense

Practical Applications of Theory

- through experience
- through supervision
- through case study - applying theoretical knowledge when studying cases

Self-Awareness

This is one of the most essential elements and cannot be minimized. You must have:

- a recognition of your feelings about child abuse, abused children, abusive parents - anger? sadness? fear? indifference? disbelief? horror?

- an awareness of those feelings at gut level rather than intellectually - how does it feel, not how you can talk about it feeling

- a knowledge about with whom you are identifying: abused child or child abuser. If identification is recognized, it can be more effectively dealt with; failure to acknowledge identification may lead to denial or a judgmental attitude. It may lead to leaving the child in a dangerous setting or premature removal from the home.

- a knowledge of the level of dependency, hostility, or rejection which you can tolerate while you maintain your equilibrium and not retaliate toward the parents.

- an acceptance .. of the situation, the child and the parents. This does not mean approval. It means that you do not deny or minimize strengths or weaknesses.

- the ability to be firm without being judgmental or rigid

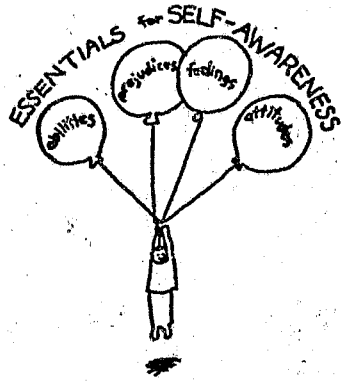
- sensitivity and warmth, with the ability to reach out

- sufficient satisfactions in your environment to be able to give to the client without becoming depleted

- relatively few personal stresses

- a controlled caseload - one which gives you enough time for frequent contact and one which has balance in regard to amount of dependency of clients and one for which there are sufficient community/agency resources to provide the needed services

- the ability to make an objective assessment of what is going on with the family and with yourself - and to provide the family and yourself with the support, resources, etc., to get the job done.



1. How does the Department define abuse?
2. How is abuse usually corroborated?
3. When does exploitation of a child exist?
4. Which professions are likely to be associated with child abuse? What roles do these professions play?
5. Name three main points to explore in determining child abuse?
6. What are some of the ways to determine chronicity of injury?
7. What relationship does timing have to incidents of abuse?
8. What are some characteristics of the families in which abuse is likely to occur?
9. What is the relationship of abuse to developmental stages?
10. What are the general types of injuries inflicted on the abused child?
11. What are the special implications of exotic forms of abuse?
12. If severe neglect accompanies abuse, what conclusion should you draw about danger to the child?
13. What attitude should you take when talking with parents about their explanations of injuries?
14. What are the broad categories of explanations?
15. How do you recognize the stories of "good parents" whose children have been accidentally injured?
16. How do bold abusive parents react?
17. How do you recognize an incongruent explanation?

(INSTANT REPLAY - continued)

18. What may be the reasons for vague explanations?
19. What lies behind parents' denial of obvious abuse.
20. How do you react to the child's own explanation of injuries?
21. Can you trust a sibling's explanation?
22. For child abuse to occur, what three elements (according to Kempe and Helfer) must be present?
23. What factors contribute to the potential to abuse?
24. Which child is most likely to be abused?
25. What part does the "crisis" play in an abuse situation?
26. Discuss the psychosocial pattern of behavior of abusive parents as to general characteristics, background and life history, psychological characteristics, and patterns of isolation.
27. What is a reasonable goal of therapy in a large percentage of child abuse cases?
28. On what dynamics of the abusive parent is treatment based?
29. What are some of the important approaches to treatment which can help you as a protective services worker?
30. What are some of the practical applications of treatment?
31. When you are trying to decide whether or not to leave an abused child in his/her home, what are some of your guidelines?
32. What guidelines can be used when you're determining whether to return a child to his/her home?
33. Under what circumstances should you consider permanent removal of the child?
34. What theoretical knowledge do you need to work effectively with abusive parents?
35. How do you learn practical applications of theory?
36. How important is self-awareness?
37. What is crucial about "identification"?

The

MICHELLE MARIE PERRIN CASE

Appendix
to
Module SS6-4

TRANSFER SUMMARY

The case of Michelle Marie Perrin (PERRIN), 5 months old white female, was referred on 11-2-70 by the Playtime Nursery, after bruises were found on her buttocks. Several months ago, Michelle had a bruise on her face; after that she had scratches on her stomach. The nursery workers spoke to Mrs. Perrin about the situation and she admitted she had inflicted the bruises but stated she didn't "want to talk about it." The nursery workers warned her that if bruises were found in the future, they would report it to Child Welfare. After an absence of 3 weeks from the nursery, Michelle again showed up with bruises on her buttocks and the report was made. It was the feeling of nursery workers that Michelle had been sent out of town to keep the bruises from being discovered, as they showed up only faintly. Mrs. Perrin works as an EEG technician for Dr. Overton and stated she is seeing a psychiatrist about her problem.

Mr. Perrin was visited at home on 11-9-70. He is a bearded young man who is majoring in Psychology at UTA and working at White Electric Co. He was hostile and resented the involvement of Child Welfare. He threatened to sue this agency and the nursery for "5 billion dollars", claiming that "pressure" by this agency exacerbated his wife's problem. He admonished this worker to "under no circumstances" contact his wife's employer and asked that further contacts by this agency be made through Dr. Jason Montgomery, his wife's psychiatrist.

Mrs. Perrin came to the office for an interview on 11-15-70, after stating she was "too busy" to do so, and only after I said in that case I would have to visit her at her work. She is an extremely angry, hostile, immature young woman who refused to cooperate in any way with this agency. A few days after the interview she removed Michelle from the Playtime Nursery and it is not known whether she placed the child in another nursery or hired someone to come into the home to care for her.

I talked with Dr. Strong, the child's pediatrician who was unaware of the abuse, but found in her records a note that Michelle had a circular bruise on her wrist several months ago. If Mrs. Perrin should learn of our contact with Dr. Strong, I'm sure she would seek another pediatrician. Dr. Strong is treating Michelle for a suspected allergy, but after our conversation she is of the opinion that Michell's "allergy" may be an emotional reaction to the mother, especially in view of the fact that the nursery noticed none of the symptoms reported by the parents at home, such as nasal congestion and irritability. Michelle is reported by the nursery to be an unusually quiet baby, which may be a result of the mother's idea of "not spoiling her" by holding her. The nursery also suspected that Mrs. Perrin gave Michelle sedative medicine before bringing her to the nursery.

I talked by phone with Dr. Montgomery, the psychiatrist, who verified that Mrs. Perrin keeps her appointments; but he was very guarded and non-committal, stating only that Mrs. Perrin is "very immature."

The case is being transferred with the hope that the new nursery where Michelle is being taken can be located so they can report any further abuse. The parents are extremely difficult to work with, Mrs. Perrin in particular. It is suggested that if there is further abuse, the idea of removing Michelle from the home be considered.

Sue Case 11-23-70

NARRATIVE

Perrin, Michelle
Protective Service
Case

1-15-71

Telephone call from Mr. Perrin in response to my appointment letter of 1-12-71. Mr. Perrin stated that he would start classes Mondsy and would have no time to talk with me. He emphasized that I was not to come to his home while his wife was there. I explained to Mr. Perrin that it was my intention to cause as little stress to his family as possible, but that I was obligated to follow up on the referral that we received and work with this family for a period of time. It was also my plan to direct my contacts to him because I feel that the psychiatric therapy that Mrs. Perrin is receiving might be jeopardized by intrusion on my part.

He reiterated that he had no time to see me and I kept insisting that it was necessary. Finally he said that he would give me one hour on Tuesday morning between 8:00 - 9:00 if I would give him a written guarantee that we would get out of the case, and that if I did not he would sue me (the Department) for "2 billion dollars" because the laws are too rigid and that our interference is neither needed or wanted. I told him that we would not be able to get out of the case at this time.

Mr. Perrin said that they had had Michelle in three nurseries and now she was being taken care of by a private babysitter. He said that the babysitter was not under welfare (licensed) and would not allow our Department to come in, undress and "manhandle" her. He would not tell me the sitter's name.

This father said that he had understood that after the primary investigation we would leave his family alone. After about 30 minutes of telephone conversation, he agreed to meet with me, but he would not agree that I could see Michelle. He expressed concern that if I stayed in the case I would eventually "remove the baby".

Mr. Perrin said that his wife has changed pediatricians because she thought that Dr. Strong had probably been contacted; he said that if we contacted the doctor or babysitter, he felt sure that she would move Michelle again.

Mr. Perrin and I talked for almost an hour. He was threatened, hostile and very verbal. He repeated 4 or 5 times the threat of taking legal action against me if I continue attempts to intrude on the privacy of his family. Each time he then said that this was not against me but against the "rigid laws that had to be changed."

Mr. Perrin stated that he feels that his wife is making good progress in accepting the child and dealing with her feelings. He surprised me by saying "you said that you don't understand my wife"; I said, "I didn't say that, Mr. Perrin; I don't even know your wife." This was interesting because it was not related or even close to any of our conversation.

Perrin, Michelle.
Protective Service Case

NARRATIVE

I feel that this family will be very difficult to work with. Mr. Perrin said that he would not cooperate with us any further, and I feel that he will probably stick with this. In addition to this, the more threatened Mrs. Perrin feels, the greater the chances are of further abuse.

(Mrs.) Daisy Spring 1-18-71

1-19-71

Home visit to discuss the situation and try to work out a plan of future contacts with the Perrin family.

Mr. Perrin was less hostile and more willing to rationally discuss his hesitancy to cooperate with our agency.

He is taking 15 hours at UTA to finish undergraduate work in psychology. He is working at a psychiatric clinic in connection with his classes and all night at IBM several nights a week. I explained that I quite understood his lack of time and will let him initiate contacts with me, preferably every two weeks at this time. He did agree to try to work this out.

The main point that we have not yet agreed upon is seeing the baby. Mr. Perrin feels that his wife will not accept any supervision of Michelle. I suggested the possibility that Mrs. Perrin arrange for my visits to the babysitter's home, and in this way feel that she will have a part in the plan. Mr. Perrin did not feel that she would accept this.

I explained that we will have to remain in the case and will have to see the baby. We would like to work out an arrangement that will be acceptable to all concerned, but if we cannot, we will take the case to court and let the judge decide.

Mr. Perrin and I discussed alerting the psychiatrist, Dr. Montgomery, to the fact that our agency will be involved with the family for a period of time. Mr. Perrin said that he would call Dr. Montgomery today to see if he can help Mrs. Perrin accept our supervision. Mr. Perrin also gave permission for me to contact the doctor if I felt it necessary.

Mr. Perrin would not give me the name of the pediatrician, saying that he is a family friend and he does not want him contacted. The feeling is that if we talked with him, Michelle would be taken to another doctor.

Mrs. Holmes is the babysitter, but Mr. Perrin does not know her address. He did say that he knew how to get to her house but at this point did not want to tell me.

Perrin, Michelle.
Protective Service Case

NARRATIVE

We seemed at this point in our conversation to have reached an impasse. Mr. Perrin said that I was pushing him into a corner. I told him that I was trying very hard to work with him - he said that he understands this.

Mr. Perrin will contact Dr. Montgomery and call me on Wednesday, January 20. I believe that he will make an effort to cooperate with us. This is a difficult thing because he feels that his wife will be upset by our contacts to the point that another crisis may occur. I pointed out that our contacts are necessary for the safety of his wife as well as the baby. Dr. Montgomery, hopefully, will be able to work with Mrs. Perrin to help her accept our being in the case.

(Mrs.) Daisy Spring 1-19-71

1-20-71

Telephone call from Michael Perrin to tell me that he would be unable to cooperate further with our agency. He talked with Dr. Montgomery (psychiatrist) about the situation. Dr. Montgomery said that he would call the pediatrician and then call me to assure me that the situation is "stable" and that we are not needed. I told Mr. Perrin that I will be glad to talk with Dr. Montgomery but, as I have explained, we have had three referrals and we have no choice but to remain in the case. We would like to work out a plan with the parents, but if this is not possible, we will have to put the case before a judge and ask the court to make a decision.

(Mrs.) Daisy Spring 1-20-71

2-2-71

Case transferred to Ida Klein

2-5-71 - Telephone call to Dr. Montgomery

Dr. Montgomery stated that he was continuing seeing Mrs. Perrin once weekly for psychotherapy. He described Mrs. Perrin as an immature young woman who had difficulty tolerating her infant's dependency in light of the poor mothering she herself had received. He feels that Mr. Perrin is supportive to his wife and that the marital relationship is basically a good one. Dr. Montgomery has spoken with the pediatrician, Dr. Walter Jones, who feels that the child is receiving quite good care presently. Dr. Montgomery stated that he did not believe the child is in danger. He realized the agency's position in the matter and volunteered to prepare the family for my contact.

2-10-71 - Telephone Call with Mr. Perrin

Mr. Perrin called after he and his wife had spoken with Dr. Montgomery. He was fairly pleasant but a great deal of hostility was present. He was agreeable to an evening appointment at his home and agreed to consult with his wife regarding time. He stated that they would agree to one interview only and wanted to contract with me on these terms. I told him that I could not do this in honesty since we did not know each other, but we could discuss future plans at the interview. He said that his request was somewhat unrealistic and he was agreeable to explore further.

2-17-71 - Telephone Call

Mr. Perrin called requesting an interview for the evening. When this was not possible, an interview was scheduled for the following night.

2-18-71 - Home Visit

Present were Mr. and Mrs. Perrin, Michelle and myself. The apartment is tastefully furnished and reflects the many interests of the family.

Mrs. Perrin is a small, dark young woman who (while not really pretty) is quite attractive. She exhibited a great deal of tension and seemed to be battling to control her rage at my presence. Mr. Perrin was studiedly polite and affected an attitude of detachment and calm. The baby is a pretty, out-going youngster who is rather precocious in her development.

I stated my purpose in coming and commented how impressed I was with the steps they had taken in entering therapy to resolve the problem. I commented that I realized how difficult it was for them to accept my coming to their home. They began to express their negative feelings about the agency's interference and their reactions to previous workers. I commented how anxious and threatened most people felt about a Child Welfare Agency becoming involved with their family. They picked up on this

and discussed their fears of what would happen to them and their child. Mr. Perrin felt that he had become more anxious as the process had continued and nothing was revealed about the agency's plans, since he had not realized the case would continue. He felt that continued contacts were so upsetting that they interfered with the progress the family was making.

I commented that I was certainly impressed with people who recognized their problems and sought help for them the way Mrs. Perrin had done. She looked more tense and was swallowing rapidly. I said that she looked upset and wondered if I had said something which bothered her. She exclaimed that she was tired of people patting her on the head and telling her she was a good girl. I said that I was sorry that my comments were upsetting and I could certainly see how they could make her angry. She said that she needed treatment and she went and that was all there was to it. I probed that she seemed to have a number of feelings about therapy. She said she had always felt there might be something wrong with her but she had tried to be just an average person. Then when Michelle was born she knew that something was wrong with her. I commented that certain things are hard for people to do and it sounded as if it had been hard for her to learn to be a parent. She began talking about the problems she experienced in caring for the baby, mainly how upset she became when the baby cried. I asked if she felt helpless. She sighed and said that was exactly it. She didn't know what to do and people seemed to think there was something wrong when it upset her. I asked if she had found a way to handle it. She smiled a little sadly and said that she used to whip her but that it didn't work; so now when she feels she become upset with the baby, she puts her to bed and closes the door. She asked if I thought that was bad. I smiled and said I thought most parents did that from time to time. I asked if it helped to talk to someone when she got upset. She said she had tried talking to friends but ended up feeling foolish and found if she got involved in some activity it helped her more. I said that it sounded like her friends didn't quite understand her feelings. She agreed this was so, adding she often found it hard to talk with people. She laughed softly and said she couldn't imagine how she was talking to a welfare worker now. I smiled and said that I was glad she was able to.

We talked further about the different stages of the child's development and problems they presented as well as pleasures. She sees that toilet training may be particularly frustrating.

She left to put the baby to bed, and Mr. Perrin began telling me about his experiences working with children at the clinic. He is working on a behavior modification approach. I told him that I was quite interested in learning more and wondered if he could recommend some reading material. He brought several books out and make a number of recommendations.

Mrs. Perrin returned. Mr. Perrin then asked if they could find out how we would proceed. I told him that I intended to close the case as I felt they were giving good care to the baby; she did not exhibit any of the characteristics of an abused child; and that they were using available resources to solve their problem. I told them that if we could be helpful in any way in the future to please call us. Mrs. Perrin asked me about our need to see the child. I explained that children needed to be seen to de-

termine the child's physical and emotional condition, and related an anecdote of a child who was said to be abused, was not seen by the worker, and was later killed by his mother. She shuddered and said "Oh, my God." I commented that her own baby seemed very much at ease. She smiled and nodded. Both expressed their feelings that it had been hard for them to be parents and that the agency's intervention had been very threatening to them. Mrs. Perrin said she still felt frustrated at times but things were getting better.

Upon leaving I once again thanked them for letting me come to their home. Mr. Perrin smiled and said he didn't realize he had a choice. I said that they could have chosen not to talk or to be uncooperative once I was there, but they hadn't done this. They smiled and nodded. As I walked out Mrs. Perrin took my hand, smiled warmly, and said, "Thank you for coming."

Assessment:

The Perrins are a bright, middle-class young couple. Mrs. Perrin's relationship to her mother has made it difficult for her to tolerate her child's dependency needs. In her frustration she whipped the baby. She has sought professional help and is able to reveal her feelings of guilt and inadequacy if she feels accepted by the therapist. Michelle appears very well cared for presently. She is a precocious child, and exhibits rather advanced motor development. She does not appear to be in danger in my estimation; the psychiatrist and pediatrician have expressed this opinion, also. While there is little doubt that supportive casework could be helpful to the family, she does have a therapist at the present time, and they are not willing to accept further services. They are aware that their case is being closed and would only be re-opened if another referral were made.

Case is closed.

Ida Klein P.W. Worker III
2-16-71 rb

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INTAKE IN PROTECTIVE SERVICES

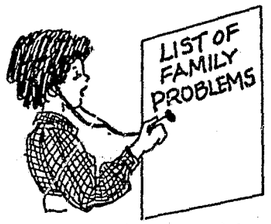
DEFINITION

Intake is designated as the request or referral for protective services and the initial contacts with a family when a referral or request for protective services is made.

Intake encompasses:

- evaluating the situation to determine whether protective service is appropriate
- evaluating the situation to determine its severity
- identiiying areas of service appropriate to relieving the problem
- setting the contract between agency and client
- determining the most appropriate action

Intake requires a high level of diagnostic skills



and a capacity for decision-making.

It also requires + an equisite degree of sensitivity
+ a firm conviction that most parents want to be good parents
+ a belief that the best way to help children is to help their parents

However,

IF THE FAMILY CANNOT PROTECT THE CHILD ....
THE DEPARTMENT MUST !

REQUEST FOR SERVICES

A request for protective services may come from a wide variety of sources. The agency is obligated by law to respond to all such requests to determine if protective service intervention is warranted.

Sources of Requests

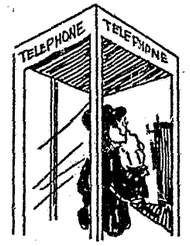
Some sources of requests are:

- law enforcement officer
- schools
- hospitals and medical personnel
- other agencies
- intra-agency (financial worker, etc.)
- child-caring institutions
- relatives
- other interested individuals
- parents
- child, himself

Written Reports

Most agencies and institutions will make a written report, either initially or as a follow-up to a verbal report.

Even when reports are anonymous, an evaluation of the child's situation is necessary.



INFORMATION NEEDED IN THE REFERRAL

If possible, you should arrange an interview with the person making a referral (referrant or complainant).* However, requests for information are frequently made by phone.

FORM 2202-A

Form 2202-A is designed to guide you in collecting required information. All information gathered should be recorded on this form and in case dictation.

You will need information about the child and his family. You will also need information about the referrant.

* Referrant and Complainant are used synonymously

Information About the Child and His Family

Such information should include such facts as:

- family names - sex of each
- ages - preferably birthdate, if known
- relationships
- household members
- address and phone number
- parents' employment
- nature of the referral (why the family is being referred for protective services)
- nature of the child(ren)'s condition or injuries
- specific facts, dates and descriptions of condition of child(ren)
- how long the situation has been going on
- if the situation has worsened or remained relatively constant
- whether or not a specific incident has precipitated that referral
- any efforts made to resolve the situation and their results
- other agencies involved with the family
- parents' explanations of conditions or injuries (if referrant knows)
- names and addresses of relatives or other interested individuals
- family's knowledge of referral being made
- information about "suspected" perpetrator

FACTS ..... not rumors

FACTS ..... not opinions

Information About the Referrant

Information about the referrant should include such facts as:

- name
- address and phone number
- relationship to family
- source of knowledge
- motivation in making the referral
- what she/he hopes can be accomplished
- expectations of services to family

Confidentiality and Immunity

The referrant can remain anonymous.

Frequently individuals are fearful that the agency will reveal to the family their identity as the person referring the family to protective services.

While confidentiality is to be maintained, the referrant may need to appear in court at a later date so he should be asked to give his name, etc.

You can be helpful in supporting the referrant in his responsible actions and his concern for the child(ren); you can assure him that his identity will not be divulged unless his testimony is crucial to court action.

Be sure to inform him of the immunity provided him in the Texas Family Code.

PROCEDURE WHEN REFERRAL IS MADE

Assess Appropriateness of Referral

You must make sure that the situation is a proper referral to protective services. Determine if protective services is the appropriate resource. If not, refer your informant to another resource.

Utilize CANRIS (CHILD ABUSE AND NEGLECT REPORT AND INQUIRY SYSTEM)

Use the CANRIS system for report of all referrals of abuse and/or neglect.

Make a computer inquiry of any previous referrals. (The system is known as Soundex.) Search local records for previous referrals.

Investigate Alleged Abuse and/or Neglect

Check on alleged abuse and/or neglect of the referred child (as priorities for protecting the child indicate) by:

- interviews with family/caretakers
- interviews with child
- interviews with collaterals
- observations of child, family, living conditions, etc., from several standpoints
  - . physical
  - . emotional
  - . interactional

Check for abuse and/or neglect of all other children in the house.

Document the Investigation

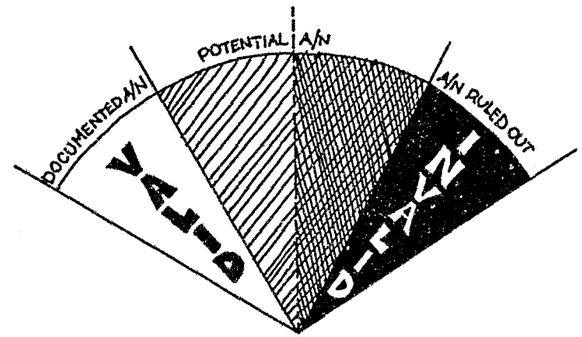
Record on Form 2202-A; dictate in the case narrative; file police or doctor reports, pictures, etc. (See modules 3 and 4.)

A written report of the investigation may be requested by the local law enforcement office.

Validate or Invalidate Abuse and/or Neglect

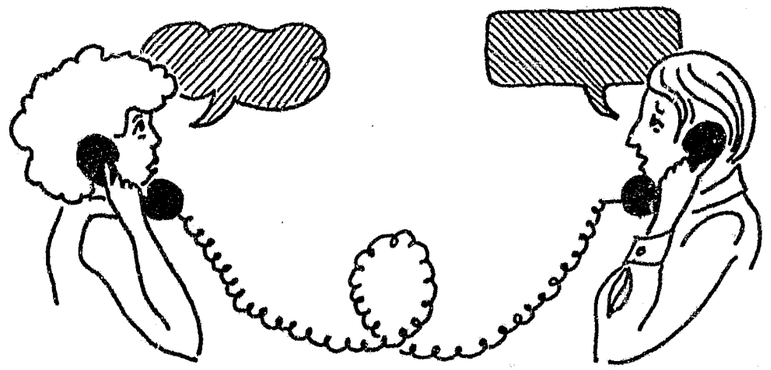
Evaluate all information gathered and:

- consider the case a valid protective service case if abuse and/or neglect of the child(ren) in the home has been documented
- consider the case invalid if abuse or neglect of the child(ren) has been clearly ruled out
- consider that "shades of gray" exist if you cannot substantiate or clearly rule out abuse .. or if potential rather than actual abuse or neglect is found



Update CANRIS. Interpret results of the investigation to the parent, child old enough to understand and the complainant if a professional person working with the family.

Complainants who are friends and neighbors are informed that DPW is investigating the report and whether DPW will continue work with the family.



Determine Appropriate Action

If abuse and/or neglect was suspected or validated, or if the potential for abuse or neglect was identified, you have several appropriate action alternatives.

- If actual, suspected or potential abuse and/or neglect is detrimentally affecting the children and protective intervention is needed, continue the case for ongoing services.

- In rare cases, the abuse and/or neglect may have stopped during the investigation.

  Example: The child may have been placed permanently with a relative who would protect him; parents may have obtained care for a sick child, etc.

  Although abuse and/or neglect in such a case was validated or suspected or potential existed, on-going intervention is not needed, because the child is safe.

- If the local court requests, a report of the investigation and its findings will be made to the court, so the court can direct that a petition be filed to protect the child if necessary. If you and your supervisor feel court action is required, you can initiate it by filing a petition.

If abuse and/or neglect was invalidated, or if the family has moved and can't be found, close the case.

Record on Form 2202-A the action taken.

INITIAL INTERVIEW WITH THE FAMILY

Inasmuch as the vast majority of referrals to protective services originate from the community rather than from the family, itself, this material will be directed toward initial interview with community-referred and/or involuntary clients.

Concept of Authority

You should understand the concept of authority as presented in this model.

- The authority to see that parents fulfill their parental roles and the authority to help them do so is vested in the agency designated to provide protective services to children.

- The agency has the authorization of society to help; it also has the responsibility for helping. The agency has the authority of professional expertise in child protection.

- The affirmative use of such authority has four essentials:

  . Approach must be purposeful, related to a definite problem in the situation.

  . Approach should be open-minded. You should be ready to hear and really understand the family's point of view.

  . Approach should be made with genuine confidence in the ultimate potential of each human being and a respect for human dignity.

  . Approach should be persistent. We must go often enough; stay long enough; go despite rebuffs, discourtesy, frank hostility and nonchalant denial of need or wish to use service.

While the protective service caseworker's role is in aggressive one, aggression is directed not against people, but against their troubles (problems or behavior).

The Interview

The initial contact with the family may be planned or unannounced; your approach depends upon the nature of the referral and the danger to the client.

Except in certain circumstances, home visits are preferable to office interviews.

- Severe situations such as abuse, abandonment, extreme neglect, etc., are handled by unannounced visits (to where the child is) on a priority basis.

- Milder situations may lend themselves to planning contact with the family by letter, telephone call, etc.

- Case involving conflict between parents and their adolescent youngster (where child is runaway, etc.) can often be best handled initially in the office. There the environment is more controlled; there is less room for the family to "get away" from each other, from the caseworker, etc.

Procedure

Introduce yourself to the client, showing your identification and giving your name and the name of your agency. The client must have a clear understanding of who you are.

Tell the client your understanding of the purpose for contacting him.

- Tell the client the nature of the complaint or referral. (You may couch your statement in such phrases as, "We have received a referral that your children are left alone during the day while you work. ")

- Come to the point as soon as possible.

You must be constantly aware that contact with a protective services agency is usually extremely anxiety-provoking for the client. He may act on his anxiety

in a number of ways, such as indicating:

- overt anger and hostility
- withdrawal, depression and passivity
- denial of the existence of problems
- blame of others

You may often find it helpful to cut through the presenting feeling to get to the more basic feeling of anxiety about your presence and the meaning of it to him and his family. In this way, you are not so likely to respond with your own hostility, fearfulness or punitiveness. If your effort to reflect the client's feelings is not helpful, get on to the nature of the problem itself.

If the client perceives your interest in and concern for him as a "feeling" person, worthy of respect, he finds it much easier to trust you and discuss the problems his family has been having. So listen:

- intelligently
- open-mindedly
- emphatically
- actively

Often the client will get hung-up on the point of "who referred him and his family" or on the actions of the hospital personnel, etc., at the time of the referral.

- You do not reveal the source of the referral when neighbors, relatives, friends, etc., have referred; however, most clients know. It is best not to confirm or deny the client's guesses but get on to the nature of the problem.

  Example: If the client says that he knows Mrs. Jones down the street did this "..because she's always causing trouble for him and his kids..", your response can be, "What <u>has</u> been happening? Can you tell me about that?"

  Often an opening like this is an excellent opportunity for the client to begin exploring some of the dimensions of his problem and (to some degree) acknowledging its existence.

- If the client has had a difficult time at the hospital, etc., you need to encourage him to tell what happened there. If he has been treated as if he were a monster and if you are the first one to respond sympathetically to him, your reactions may form the basis of a therapeutic relationship.

Keep the interview focused. Its structure may be loose, but the main problem should be kept as the center of attention; however, secondary problems relating to it are allowed to come up.

In other words, center your interview on the issues which prompted the referral but discuss the factors which the client mentions which have bearing on the main problem.

Often a worker feels that if he deals with the problem directly, he will provoke hostility. Quite true. But no one can change a situation unless he identifies what needs to be changed.

In the initial interview you must be very observant. In your observation,

- be specific
- be factual
- be objective
- be descriptive

Observations of physical surroundings should include such facts as:

- What is the neighborhood like? Houses? Clean? Crowded?
- Does the client's home differ from others in the neighborhood? If so, how?
- What housekeeping standards are maintained? (Recognize the range of acceptable standards.)
- Does the house smell bad? What does it smell like?
- Are there adequate furnishings, such as enough beds and a place to prepare food? How many beds? Details of the food preparation area?

Observations of the children should give answers to such questions as:

- What is child's physical condition? Is there dirt? Diaper rash? Are there bruises, welts? How many? Where on body? Color? Shape?
- Is child's development congruent with chronological age?
- How does child relate to other family members? Is he afraid? Does he cling?
- How does he relate to you? Is he friendly? Angry?

- What emotional affect does the child present? Does he smile? Cringe? Show no reaction?
- What behavior does the child present? Give examples.
- What is the physical description of the child? Coloration? Size? Shape?

Observations of family members should indicate:

- physical characteristics - coloration, size, shape
- intellectual functioning estimate (State on what you base this statement.)
- relationship to spouse and children
- emotional affect
- behavioral characteristics
- health condition (State on what you base this decision.)

You should be alert to parents' statements regarding behavior of child which are not consistent with observations you have made.

Examples: extremely malnourished and ill child (who "was fine yesterday")

unkempt, ill-clad children with very well-groomed mother

vague explanations or inconsistent explanations of a child's injuries

When you are deciding whether the situation is one warranting protective service intervention, consider the content of the referral, the parents' view of the problem and your own observations. (See modules 3 and 4 for more specific information.)

When intervention is needed, you begin to set the contract with the client.

- What do you see that needs to be changed?
- What would the client like to change?
- What needs to be done first?
- What will you and the client each take responsibility for doing?
- How will you each go about what you're to do?
- What do you want to accomplish? (clear statement) By when?

Success for the client must be built into the contract; as each facet is accomplished, you must make note of it with your client.

Objectives must be realistic and desirable.

You should, at the initial interview, establish time for the next contact.

You should make clear what you expect of your client and what your client can expect of you and the agency. Use specific terms.

Possible exeptions:

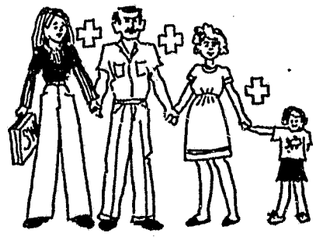
- if the child is in extreme danger and you plan to get a court order to remove the child immediately
- if there is a probability that the family will run with the child

If you find that protective service intervention is not warranted, tell your client that no further action will be taken.

Courtesy demands that you thank the client for his cooperation; you may offer the agency's services in the future if the client should need them.

Here's a quick, brief summary of your approach in an initial interview with parents:

- Tell the client who you are, why you came and what you see needs to be done.
- Ask the client his view of the problem and what he wishes to be done.
- Determine with the client the objectives, their priorities and the role each of you will take in problem-solving.
- Contract with the client on what will be done, by whom and by what time.
- Show respect for the client by being open, direct and honest.
- Feel with the client.
- Begin to help client find a way to a better life.



INITIAL INTERVIEW WITH THE CHILD

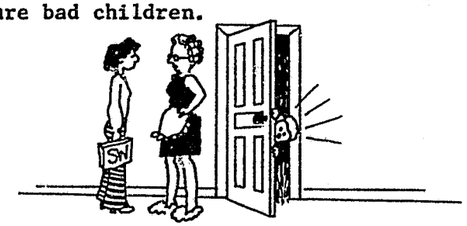
This material will be directed to interviewing a child away from the presence of his parents and usually outside his own home.

He may have been referred to the agency by the court, been brought in by the police, come asking help for himself, or he may be at the school, the hospital, etc.

If the child is being interviewed for the first time in his own home with parents present, he will be part of a family interview. Even after that, if abuse or neglect is thought to exist, you should interview the child separate from his family.

If he is away from his own home, you must find out what he believes to be the reason.

Many children believe that the reason they are being singled out is that they are bad children.



Tell the child what you understand as the reason for your being there, but be careful not to imply that the parents or the child are bad.

Ask the child about any evident abuse or neglect. (see module 4 for greater elaboration) You may need to help the child with his feelings of disloyalty or "telling on" his parents. You should help him know that the placement (if that occurs) is not solely the result of what he said.

If the child goes directly into an emergency placement

you tell him what it will be like, what will happen there. If you know, tell him how long he will be there. Preplacement visits (even if they involve just a ride around the block) must be used.

Tell the child that you and the child will be seeing his parents.

Ask the child if he has questions and answer them if you can. Assist the child to recognize that some questions don't have "right now" answers. The child may not be able to "ask" questions; often, however, you can infer from the child's behavior what questions he may have. So you can respond to unspoken questions or generalize as to how children often feel in such a situation. In working with children, you must develop sensitivity to non-verbal communication. Learn to read facial expressions and body posture.

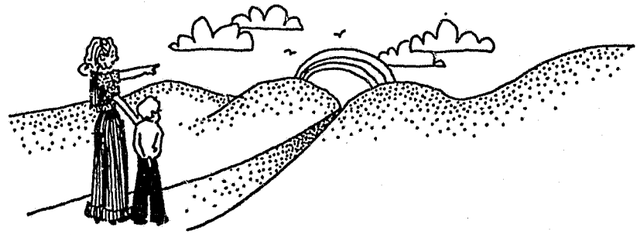
You do not tear down the child's hopes, nor do you build false ones.

You must relate to the child's feelings of separation.

- A little child may need to be held and cuddled.

- An older child may be battling to control his tears for fear he will be thought babyish. A few words such as, "A lot of kids are scared or unhappy when they come here for the first time. Are you feeling that way?" may bring on tears, but they let the child know that his grown-up understands what he's going through.

Older children frequently feel a sense of shame that their family has broken down, that their parents are mentally ill, or what have you. You do not falsely reassure the child; you accept the reality of the situation with him. You must convey your firm conviction that the child is worthwhile and your belief that the future can hold good things.



No matter whether the child is in placement or in his own home, let the child know your expectations of him and what he can expect of you. You always follow through!

COLLATERAL INTERVIEWS

Collaterals may include the complainant, school, relatives, family doctor, police, neighbor, etc.

You should interview collaterals for more information to determine validity, safety of the home, etc.

If persons with such direct knowledge are needed to testify in court, you should ask the collateral if he will testify. You should also prepare him on how to testify.

Your interview with collaterals should focus on their knowledge of the family and its child care.

Get specific information and dates which indicate direct knowledge of incidents.

If the collateral was told of the incident by someone else, he does not have direct knowledge. You need to find the reporting person's name and address if court testimony is necessary.

Your questions should be as open-ended as possible; you should avoid telling the collateral the information already known.

Relatives are often either protective or angry at the family. You need to discern the relatives' attitude to make the most accurate evaluation of a situation.

SUMMARY

- Referrals come from a variety of sources; the agency is obligated by law to accept, report and evaluate all referrals.

- A case may be validated and continued for service or a case may be invalidated for service. Even if the case is invalidated, brief service (such as making an appropriate referral to another agency) may be given.

- The disposition of the case is based on referral information, client's view of the problem, worker's observations and the danger to the child.

- Immediate court action to remove the child from extremely hazardous situations may often be warranted at the intake level.

- The casework approach is aggressive and firm but with a constant conviction that children can best be helped by helping parents.

Updating CANRIS

Form 2202-A must be corrected, changed and updated at the conclusion of the investigation of abuse and/or neglect.

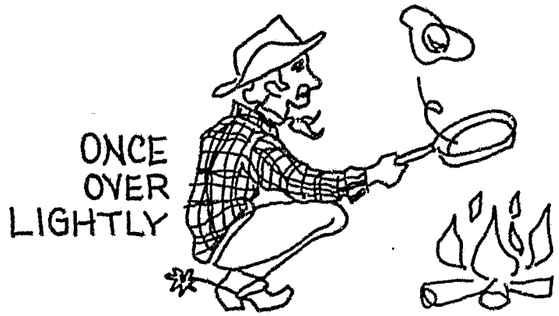
Very important: The CANRIS computer file must reflect the current situation

- at conclusion of the investigation
- when final legal action has been taken

Dictation

All case plans with the family, the basis for the record being open, the possible preparation for court and for placement, etc., must be recorded in case dictation.

NOTES



1. What is the definiton of INTAKE? What areas does it include? What skills are necessary for an intake worker?
2. What attitude is essential for a protective services worker?
3. What are some of the sources of requests for protective services?
4. Which form is designed for written reports from agencies and institutions in a potential protective services situation?
5. Is any attention paid to anonymous reports?
6. What information is needed from the referrant or complainant? Which form is used to guide you in collecting required information? What two general kinds of information do you need?
7. Can the identity of a referrant always be kept secret?
8. What steps do you take to assess appropriateness of referral to protective services?
9. What system do you use for reporting all referrals of neglect and/or abuse and making inquiry on previous referrals?
10. How do you investigate alleged abuse and/or neglect?
11. When and why do you validate and invalidate the alleged abuse/neglect?
12. In what ways do you update Form 206?
13. At what point do you initiate court action?
14. From where do the majority of referrals originate?
15. Whom do you tell whether you validate or invalidate the abuse/neglect?

(ONCE OVER LIGHTLY - continued)

16. What concept of authority underlies the Department's protective services approach?

17. What are the four essentials of the affirmative use of this authority?

18. Should the initial contact with the family be planned or unannounced? On what factors do you base your decision?

19. Review the steps in a family interview: your introduction, your conveying your understanding of the purpose of the contact, your handling of the client's anxiety, your listening, your handling of the question as to "who referred?", your focusing the interview, your observations of children and family, your awareness of incongruities, etc.

20. When intervention is needed and you begin to set the contract with your client, what areas do you consider?

21. If the child is in extreme danger and you plan to get a court order to remove him immediately, or if you feel the family may run with the child, are you as frank about your plans?

22. Do you tell your client when no further action will be taken?

23. How does a child usually come in contact with the agency?

24. What are the important areas to cover in an interview with the child alone?

25. How do you handle a collateral interview? Should you tell a collateral the information you already have?

26. How can children best be helped?

27. Which form must be corrected and updated at conclusion of your investigation?

28. When should you do case dictation?

PHILOSOPHICAL BASE

The primary responsibility of Protective Services is child protection.

A child is referred to the Court

- when attempts to help the family have been unsuccessful and the child needs to be removed from the home for his protection

- when conditions are so hazardous for the child that he is in need of immediate protection

- when it is necessary for a child to enter substitute care through this agency (There can still be voluntary placements, such as in the case where the mother is hospitalized and there is no one to care for the children.)

- when a child is surrendered for adoption through this agency

No child should be removed from his home without supervisory approval.

THE COURT SYSTEM

The Court system is based on the principle of advocacy. Each party to a lawsuit is advocating his position.

When the parties to the suit are in disagreement as to what the outcome should be, they become adversaries.

The action to terminate a parent-child relationship is a civil suit, changing managing conservatorship from one party to the suit over to another party.

THE COURT

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THE COURT IN CHILD PROTECTION

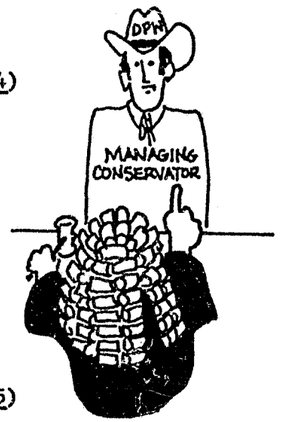
LEGAL BASE

- Texas Family Code (chapters 17 and 34)

  allows for the Department's removal of a child through court order, to protect the child from further abuse or neglect.

- Texas Family Code (chapter 14)

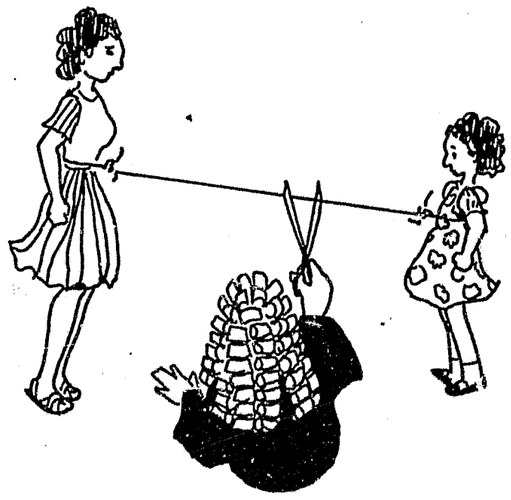
  allows the court to appoint the Department as managing conservator of a child when such a procedure is in the best interest of the child.



- Texas Family Code (chapter 15)

  allows for termination of the parent-child relationship by court order to serve the best interest of the child.

Upon termination of the parent-child relationship, the court must appoint a managing conservator.



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When the parties to the suit are in disagreement as to what the outcome should be, they become adversaries.

The action to terminate a parent-child relationship is a civil suit, changing managing conservatorship from one party to the suit over to another party.

Parents of the children mentioned in the suit may take any one of several positions; they may

- agree with the agency's position
- disagree but not contest
- contest in court

If parents or guardians contest court action, and the disagreement between them and the agency cannot be reconciled, at that point the two parties become adversaries in the legal sense.

Legal Representation

In contested matters, each party to the suit is represented by an attorney.

- District Attorney (or County Attorney) represents the state and, by extention, the agency.

- Ad Litem Attorney is an attorney appointed by the Court to see that the child's best interests are served; he may agree or disagree with the plan for the child's care presented by the agency and/or parents.

- Respondent's Attorney is legal representative of parent(s), guardian, etc. He/she responds to the petition brought by the agency and represents the parent(s)' or guardian's rights and interests.

Each side has the right to bring witnesses, hear testimony and cross-examine.

While most parent-child relationship cases are heard by a judge, a jury may be requested.

After hearing the evidence presented, the Court rules on the merits of the case and decides about the disposition of the child.

Each party has the right to file an appeal through the Court of Civil Appeals if the party is not satisfied with the decision.

THE PROCESS IN COURT ACTION CONCERNING THE PARENT-CHILD RELATIONSHIP

Report

A report may be prepared, setting forth the facts regarding the child's circumstances. At the option of the Court, this report may not be prepared until a court hearing is held. (See Court report.)

Petition

From these facts a petition is prepared, alleging specific facts in the case. The petition is filed and entered on the court docket for hearing of evidence.

Copy of Petition

The parents are served with a copy of the petition and cited to appear before the Court. (Parents are cited by publication if their address is unknown and they cannot be located by "diligent search".)

Supplementary Report

If additional facts which have bearing on the case are learned; if circumstances change, etc., you may find it necessary to prepare a supplementary report to the Court.

Day of Hearing

On the day of the hearing, you must be present and prepared to give testimony.

Court Decorum

At all times the Court expects and demands dignity. The Court still has a "dress code."

You address the judge as "Your Honor" or "Judge _____".

You must answer all questions asked.

You may give opinions if the Court grants permission.

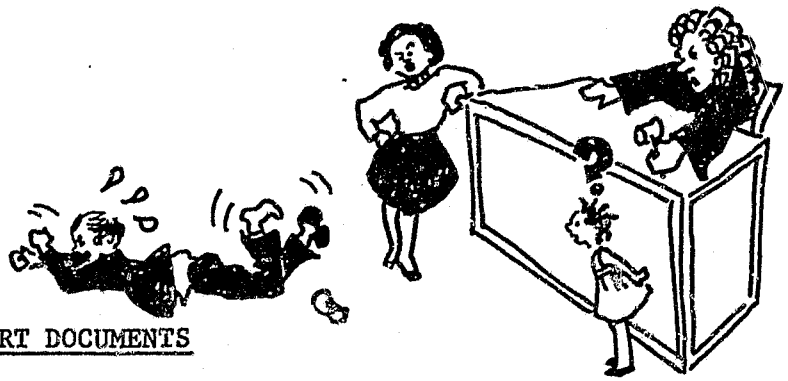
Never volunteer testimony.

If you do not understand a question, say so.

If an attorney raises an objection to a question, hold your testimony until the objection is sustained or overruled by the judge.

Inasmuch as the parents' attorney is their advocate, he may attempt to discredit your testimony. Maintain your decorum and "cool".

No matter how the court rules, it is your responsibility to maintain your professionalism and your dignity.



COURT DOCUMENTS

Petition

A petition is a legal document alleging the specific facts and issues of the case. It formally notifies the Court and parents of the allegations regarding the child's circumstances. The petition is the basic building block in the legal process. Once it is filed, it must be heard or dismissed.

Emergency Order Pending Hearing

This order is used when a child must be removed immediately from an extremely hazardous situation. When a child is removed from his home and this type of order is obtained, a hearing on the merits of the case must be held within 10 days of its issuance or the order automatically expires.

Order After Hearing

After assessing the merits of the case, the Court may grant managing conservatorship. While managing conservatorship is given to the agency, the child may remain in his own home or be placed in a relative's home, in foster care, or in institutional placement.

Final Decree

This is an order or judgment giving full managing conservatorship to the agency, with or without termination of parent-child relationship.

Note: If a child is to be placed in adoption:

- The agency must have full managing conservatorship.
- The parent-child relationship must be terminated.
- The agency must have been given the right to release the child in adoption.

Full managing conservatorship can never be dismissed. It can be transferred.

It remains in effect until a child is 18, with the following exceptions:

- when the child marries
- if the child is adjudicated delinquent and his conservatorship placed with the Chief Probation Officer of the County Juvenile Probation Department or with Texas Youth Council
- when the child is adopted and the adoption is consummated
- if the child petitions the court for removal of his minority status, and his petition is granted
- when a child dies

Writ of Attachment

This is a court order authorizing law enforcement officers or those acting in that capacity to remove a child from his home. A writ of attachment may be issued when managing conservatorship has been given to the agency.

Miscellaneous Orders

The Court has wide discretion in the orders it deems necessary for the maximum protection of children. It may order child support, visitation, medical or psychiatric examinations, etc.

Motion

A motion is similar in function to a petition. Basically it is a plea to the court for further orders in the case.

PREPARING A CASE FOR COURT

When the decision has been made that a situation is so severe that it warrants legal intervention, you must prepare a factual, accurate presentation of the specifics regarding the child's circumstances. You must identify for yourself the nature of the problem which constitutes the child's detrimental treatment: abuse, neglect, exploitation, abandonment.

The facts set forth to the court are to establish the existence of the problem. These facts must be specific regarding date, nature of incident, etc.

Meeting with D.A. or County Attorney

A large part of the time spent in preparing a case for court is used in meeting with the County or District Attorney (prior to the court hearing) to discuss the case, evidence, witnesses, case planning, etc.; the worker has responsibility for providing information needed by the attorney to prepare the case and to present it in court.

Court Report

This information is then presented to the Court to enable the Court to make a decision based on the merits of the case.

The vehicle or presentation is usually referred to as the Social Case History or Court Report.

Information Needed in Court Report

The Court may specifically say what it wants in a court report. Basically, you will usually need the following:

- full names of all children named in the petition
- birthdates of all children
- verification of names and birthdates
- sex of children
- race of children
- number of referrals or incidents regarding abuse, neglect, exploitation, etc. If CANRIS inquiry reveals prior referrals, these can be included.

Give:

- . date
- . reason for referral
- . source of referral (General rather than specific identification is preferred)

- family composition

- marital status, including previous marriages of parents or parent substitutes

- economic situation
- employment
- living conditions
- psychological/social information if pertinent
- whereabouts of parents out of the home

- relatives (If these are a resource or if they have direct bearing on the case, give essentially the same kind of information as given on the parents.)

- physical description of the children
- behavioral description of the children
- location of the children
- school reports
- medical, psychological or psychiatric information if pertinent
- an evaluation or assessment of family functioning

- an account of what efforts have been made to work with the family and the family's response

- a recommendation to the Court about conservatorship; the worker's plan for working with the family and child to return the child home unless termination of the parent-child relationship is being recommended; child support, visitation, etc.

- any other pertinent information that can enable the Court to make a decision.

Style of Report

The style is formal. It is factual and objective in nature; if opinions are presented, they are couched in a way that identifies them as opinions.

Witnesses

You will find it extremely helpful to prepare a list of witnesses who can and will testify to child abuse or neglect. Included in the list should be any person who has direct knowledge of the situation: his name, address, telephone number, and information about which he can testify. (Witnesses need to be prepared and willing to testify.)

Other Kinds of Reports for the Court

You may submit as evidence written reports of witness testimony; these may be affidavits which have been notarized or sworn depositions. However, a witness testifying to the content of the report is greatly preferable.

Medical reports to substantiate child abuse are usually included at the time a motion is filed to remove a child from his home on a temporary order pending hearing. If such reports have not been filed or if fuller reports have been received later, these should be made available for court case planning. Pictures may be presented if allowed by the court.

Diligent Search for Missing Parent

If you do not know the whereabouts of a parent, you must make and document a diligent search.

Some methods used in making a diligent search are:

- checking with relatives
- checking with friends
- sending a registered letter to last known place of residence
- checking with last known employer
- checking with Social Security, VA, etc.
- checking with DPW financial records
- checking with law enforcement officials
- checking the telephone directory

Documentation of diligent search is accomplished by recording in detail all activities to locate the missing parent or parents.

While a diligent search or citation by publication may suffice in obtaining conservatorship, the strongest court order is when the parents are cited and appear in court.

WORK WITH FAMILIES WHEN COURT ACTION IS TAKEN

A family must understand the reasons for court action. Such understanding is necessary not only from a legal standpoint, but for casework reasons as well.

Petitions in parent-child relationship suits are usually rather strongly worded and may provoke hostility on the part of the parents. Therefore, it is most helpful for you to sit down with the parents and go over the petition with them. Explain the allegations and remain firm about the need for changes in their methods of child care. At the same time, convey a concern for the parents and a willingness to help them make changes.

The duration of temporary managing conservatorship can be used as a structure for setting a time frame for changes which need to be made. When the family does make needed changes, your support is freely given before the judge and with the family.

The family may be angry at court action and perceive you as a punitive person. You must convey acceptance of their feelings of anger, frustration and anxiety as well as a genuine desire to help.

You should explain to the family what court procedure will be like, expecially if the family has no legal representation. You should encourage the family as strongly as possible to obtain such representation. Refer them to Legal Aid, if it is available and needed. If the parents have an attorney, you should be available to him; however, in this relationship you should be guided by Department legal counsel.

If the child is old enough to understand, you must explain to him what is happening to him and his family; tell him what being in the agency's managing-conservatorship means to him. Encourage the child's at litem attorney to talk with the child.

Inasmuch as appearing before the Court is an anxiety-provoking situation, you can help the family by interviewing the members briefly after the hearing. Discuss what the decision means to them, future plans, etc. The interview can be supportive in tone, letting the parents know your concern for them and your plan to continue working with them unless the parent-child relationship has been terminated.

You should also see the child after the hearing to talk with him about the court's decision and his feelings with regard to it.

When termination of parent-child relationship (either temporarily or permanently) is necessary, you should still treat the parents in such a manner that their feelings of worth and dignity are not destroyed. Because of individual circumstances, it may not be appropriate for work with the parents to continue after their parental rights are permanently severed. However, it is always appropriate for you to convey to them that they are still human beings worthy of respect.

RULES OF EVIDENCE

Some evidence is relevant and admissible. Other evidence (such as "hearsay") is not admissible.

Circumstantial Evidence

This is evidence of collateral fact from which the existence or non-existence of the fact-at-issue may be inferred (as a probable consequence).

Example: Your conclusion of the fact that a man was on a drunken spree when you visited his home and found him asleep, breathing heavily, with his head on a table on which stood an empty whiskey bottle and an empty glass which smelled of whiskey.

Hearsay Evidence

This type of evidence is not admissible in court.

Example: A witness attempts to give evidence which is not based on his own knowledge and personal observation but on what someone has told him.

Direct Evidence

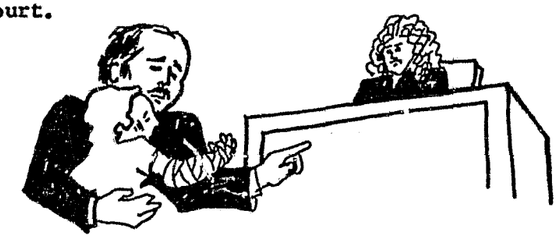
This is evidence presented by a witness which is his own knowledge of what he saw and the conversation he had with the client or persons.

Direct evidence is one of the most common and best types of evidence.

You, as a worker, can be a witness about what you have observed.

Real Evidence

The object about which the witness is testifying is presented in court.



Examples: The battered child (or pictures if allowed by the court) may be shown to the judge in court.

A baseball bat with which the child has been beaten would be real evidence. So would a picture of the beaten child.

Testing of Evidence

There are two ways in which evidence is tested in court:

- All evidence is subject to the oath taken in court.
- A test may be made by cross-examination in court.

If you are in court and are testifying about a conversation with a neighbor, the evidence will be permitted if the neighbor is in court to be cross-examined.

A psychological or psychiatric report about a child is hearsay and is unlikely to be permitted. Such a report is not subject to cross-examination. The report may be admitted if the psychologist accompanies it for questioning. Courts may vary in allowing admission, but a report is never as good as testimony.

All medical charts or records that are maintained as a matter of routine can be brought to court and are permitted because they are routine for that agency. Generally a competent person from the hospital, physician's office or medical facility must accompany the records to be questioned about them.

Official records of the Department are permitted because they are a matter of routine for this agency. Special reports are not permitted because they are not a matter of routine with the agency.

School records (routine) are generally acceptable when someone accompanies them to respond to questions.

In preparing for a hearing, you should make sure that witnesses can be depended upon to tell the same story they told initially. Witnesses must be able to explain what they have seen which would constitute neglect/abuse of the children. Witnesses must be carefully prepared for this experience as it can be very frightening to them.

KINDS OF QUESTIONS FREQUENTLY ASKED OF THE WORKER IN COURT

- State your name, address and occupation.

  Answer fully: "I am a Department of Public Welfare Worker [redacted]."

  Do not say: "I am a PWWI with DPW."

- In the course of your employment, did you have occasion to become acquainted and familiar with the child, _____?

- Please state to the court the circumstances under which this child was first brought to your attention.

- When was this child born?
- Where has this child been since birth?
- Is the child in good physical and mental health at this time?

- Who is the mother of this child?

- Who is the father of this child and what, if anything, is known of the father?

- Was this child born in wedlock?

- Has your agency received any renumeration or goods of value for the support and maintenance of this child since he has been in your agency's care?

- I now show you an endorsement that is attached to the petition that was filed in this matter that is cause no. F. _____, styled Ex Parte _____, in the 150th District Court of Bexar County, Texas, which endorsement was signed by the mother of this child.

  Were you present when _____ (mother) signed her name to this endorsement?

  Did she have the import of the endorsement explained to her?

  Did she fully understand such explanation at the time she executed the endorsement?

  Did you explain to her the result of a termination of the parent-child relationship?

  Did she further state that this baby was born out of wedlock?

  Where did this explanation take place?

- Are you as the representative of _____ in a position to state that the agency is willing to assume the care and custody and control of this child should the parent-child relationship be terminated by the Court?

- Will your agency so assume the managing conservatorship of this child?

<u>CONDITIONS UNDER WHICH PARENT-CHILD RELATIONSHIP MAY BE TERMINATED</u>

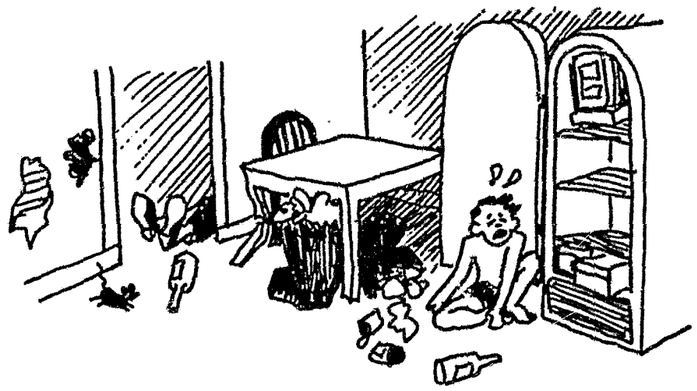
Texas law sets conditions under which such relationship may be terminated. These include when the parent has

- voluntarily left the child alone or in the possession of another not the parent and expressed an intent not to return, or

- voluntarily left the child alone or in the possession of another not the parent without expressing an intent to return and without providing for the adequate support of the child and has remained away for a period of at least three months, or

- knowingly placed or allowed the child to remain in conditions or surroundings which endanger his physical or emotional well-being, or

- engaged in conduct or knowingly placed the child with persons who engaged in conduct which endangers the physical or emotional well-being of the child, or



- failed to support the child in accordance with his ability during a period of one year ending within six months of the filing of the petition, or

- abandoned the child without identifying the child or furnishing means of identification (in cases in which the child's identity cannot be ascertained by the exercise of reasonable diligence), or

- refused to submit to a reasonable and lawful order of a court under Section 34.05 of the Family Code (relating to an investigation of child abuse), or

- been the major cause of

  . the child's repeated violations of the compulsory school attendance laws, or

  . the child's absence from home (without the consent of his parents or guardian) for a substantial length of time or without the intent to return, or

- executed before or after the suit is filed an unrevoked or irrevocable affidavit of relinquishment of parental rights. TEX. FAM. CODE 15.02

1. Which four chapters of the Texas Family Code form the legal base for the Court's intervention in child protection?

2. What is the primary responsibility of Protective Services?

3. When is a child referred to the Court?

4. On what principle is the Court system based? When do parties in the suit become adversaries? What is a civil suit?

5. Whom does the District Attorney or County Attorney represent? Whom, the Ad Litem Attorney? Whom, the Respondent's Attorney?

6. Are parent-child relationship cases heard by a judge or a jury?

7. Through which court may an appeal be filed?

8. When is a report to the Court prepared? What is a petition? Who receives a copy of the petition?

9. How are parents cited if their address is unknown and they cannot be located by "diligent search"?

10. When should a supplementary report be prepared?

11. What atmosphere prevails in court? How does this affect the dress code? How do you address the judge? May you give opinions?

12. If an attorney raises an objection to a question, how does this affect your testimony?

13. When is an emergency order pending hearing used?

14. When such an order is issued, how soon must a hearing be held?

15. Is a child always placed in substitute care when DPW is "managing conservator"?

16. When managing conservatorship is given to the agency, where may the child go?

17. What is a writ of attachment?

18. What miscellaneous orders may the Court issue?

19. What is a motion? When is it used?

20. What do you call the vehicle for presenting facts about the child's circumstances to the Court?

21. What information is needed in a court report? In what style is the report written?

22. What information should you include in your list of witnesses?

23. How important is it that you identify for yourself the nature of the problem which constitutes the child's dependency?

24. When are medical reports to substantiate child abuse usually included?

25. What are some of the methods used in making a "diligent search" for a missing parent?

26. Must these methods be documented?

27. What are some of the approaches you must consider in working with families which have been referred for court action?

28. Name four kinds of evidence? Which of these are admissible in court?

29. What are the two ways in which evidence is tested in court?

30. Are reports of conversations permitted as evidence? Psychological or psychiatric reports? Medical charts or records? Official records of the Department? School records?

31. What precaution should you take about witnesses in preparing for a hearing?

32. What kinds of questions are frequently asked of workers in court?

33. Under what conditions may the parent-child relationship be terminated?

The

JERRY WAYNE NEWCOMBE CASE

Appendix
to
Module SS6-7

SOCIAL CASE HISTORY
In the Juvenile Court of Dallas County, Texas

NAME Jerry Wayne Newcombe BIRTHDATE 9-22-69 *

SEX: Male RACE: Anglo

NAME Dawn Renee Randle BIRTHDATE 8-4-71 *

SEX: Female RACE: Anglo

NAME Timothy Todd Randle BIRTHDATE 9-16-72 *

SEX: Male RACE: Anglo

VERIFIED BY: Bureau of Vital Statistics

DICTATED BY: Ima Keene Kaseworker

DATE DICTATED: 11-18-72

I. REFERRALS

FIRST
REFERRAL
6/8/70

On marginal date Jerry Wayne Newcombe was brought to the Children's Emergency Shelter by the Dallas Police Department. The child had been left at a babysitter's by his father; when no one came for him after two days, the sitter called the police. The child's mother came to the Shelter and explained that she had been out of town and had left Jerry Wayne with his father. She did not know where her husband was and anticipated filing for divorce. The child was released to his mother.

SECOND
REFERRAL
10/28/72

On marginal date Miss Jones, Public Health Nurse, called to refer the above-named children. Miss Jones stated that Timothy Todd Randle was malnourished, weighing 5 lbs. 9 ozs. Miss Jones stated that the infant was not held for feedings and that the older children kept taking his bottle away from him. She said that the house and the children were filthy and that the parents seemed totally disinterested in the children.

A home visit was made. The intake worker observed the Randle home to be littered with newspapers, empty cans, and food scraps. Jerry Wayne

* Verification attached

and Dawn Renee were eating scraps from the dirty dishes on the kitchen table. Timothy was lying in his crib on a stained and wet sheet. All three children were extremely dirty.

Mrs. Randle said that she had been ill since Timothy was born. Her husband had not been working regularly (since he is a construction worker and there had been a great deal of rainy weather). Mrs. Randle said that all her children had been tiny when they were young infants and she was not concerned that Timothy had lost weight.

THIRD
REFERRAL
11/14/72

On marginal date the above-named children were brought to the Shelter by the Dallas Police Department. The parents had been arrested for disturbing the peace. They had left the children in their car on the parking lot of the Green Lantern Lounge. Mr. Randle accused Mrs. Randle of "running around" with a customer in the tavern and pulled a knife, according to the police report. The tavern owner called the police who took the parents to jail and the children to the Shelter.

Timothy and Dawn had severe diaper rash; Timothy was suffering from malnutrition and a mild case of pneumonia; and Jerry Wayne was observed to have fading bruises on his buttocks and thighs, according to the physician at Children's Medical Center who examined them. All three children were very dirty, were dressed in thin cotton clothing without coats, and were barefoot.

II. THE FAMILY

NATURAL
MOTHER

Mrs. Sherry Ann Randle is 23 years old. She is the oldest of six children born to Mr. and Mrs. Elmer Austin. Mrs. Randle completed the tenth grade, when she dropped out to be married.

Mrs. Randle's first marriage was to George Scott who was killed in a motorcycle accident. No children were born to this union.

Mrs. Randle's second marriage was to Jerry Edwin Newcombe, the father of Jerry Wayne. This marriage ended in divorce in October, 1970. (Verified, Dallas County, File #7760, Vol. 903, p. 1150)

Mrs. Randle married her present husband, Clyde Arthur Randle, in February, 1971. Dawn Renee and Timothy Todd Randle are the children born to this marriage.

Mrs. Randle has worked as a cocktail waitress and "go-go dancer" at various times, but is currently unemployed.

Mrs. Randle has had difficulty caring for her home and children. She has not followed through on clinic appointments for the children even though Timothy Todd was suffering from malnutrition. She complains of fatigue

and poor physical health but has not sought medical attention for herself.

Her marital situation has been deteriorating since shortly before Timothy was born, according to Mrs. Randle. She says that Mr. Randle has been involved with other women, going to nightclubs and not giving her any money for food for the children.

NATURAL
FATHER

Jerry Edwin Newcombe is 26 years old. He was brought up in a children's institution in Indiana, according to Mrs. Randle. He worked as a fence installer, service station attendant, and furniture mover during the two years of their marriage. Mr. Newcombe's last known whereabouts was Boulder, Colorado, where he was employed as a short order cook in November, 1969. Mrs. Randle believed that he had been convicted of armed robbery and was serving a sentence in Colorado; however, the Colorado Penal System has no record of him. His current whereabouts remain unknown.

Mr. Newcombe has never paid child support for his son, Jerry Wayne.

NATURAL
FATHER

Clyde Arthur Randle is the father of Dawn Renee and Timothy Todd Randle. He is the youngest of three children born to Carson and Irma Lee Randle. Mr. Randle's family were farmers in Hearne, Texas, prior to his father's death in 1968.

Mr. Randle is 28 years old and completed the 8th grade. His employment has always been in construction or farming. He is presently employed by Slate and Shingle Roofing Company, earning $2.20 per hour.

Prior to his marriage to Mrs. Randle, Mr. Randle was incarcerated in Huntsville State Penitentiary for rape and aggravated assault.

Mr. Randle spends very little time with the children as he feels that child care is a woman's responsibility. He has stated that he wants his children but that Jerry Wayne should be "put in a home." He says that the child has "never learned to mind" and that physical punishment is the only way to control him.

Mr. Randle appears to be a rather impulsive person who is quite concerned with his own needs. He has said that he works hard for his pay and should be able to spend his money on himself.

The parents' marital stituation is relatively unstable. They quarrel frequently, have become physically violent with each other, and have separated briefly.

LIVING
SITUATION

Mr. and Mrs. Randle live in a second-floor, three room apartment in a lower socio-economic area. The Randles' apartment is quite dirty. Newspapers, tin cans, food scraps and other debris litter the floor. Dawn Renee and Jerry Wayne sleep on the sofa as there is no bed for them. The stench is overpowering from stale urine and several sacks of garbage. The children have been observed eating stale food scraps from the dirty dishes piled on the kitchen table.

III. THE CHILDREN

Jerry Wayne Newcombe, born 9-22-69, is a thin, blond-haired little boy. Although his speech is difficult to understand, Jerry is quite out-going. He is somewhat indiscriminate in his relationships with adults, welcoming his mother or a total stranger by climbing into their laps, giggling uncontrollably. Jerry is not toilet-trained and does not know how to use a spoon or fork. He cries easily and flinches visibly when he hears loud noises. In the Shelter, he is quite competitive for food with the other children and is prone to over-eating.

Dawn Renee Randle, born 8-4-71, is a pale, thin little girl who seems quite withdrawn. Dawn seldom cries, and, like her older brother, tends to over-eat.

Dawn has infected diaper rash and has been experiencing some discomfort from this.

Timothy Todd Randle, born 9-16-72, weighed 6 lbs. 9 ozs. at birth. At the time of his admission to the Shelter on 11-14-72, Timothy weighed 6 lbs. 1 oz. The child was suffering from pneumonia as well as malnutrition. He was clad in a thin cotton gown and a dirty diaper at the time of his admission and was suffering from an extremely severe diaper rash.

IV. EVALUATION

The Randles have been unable to meet minimal standards of child care. Their home is filthy; the children are malnourished. The marital relationship has been unstable in the past; the Randles have separated several times and have been physically violent with each other.

Mr. Randle has stated that he thinks his step-son, Jerry Newcombe, should be "put in a home".

The Randles are unable at the present time to maintain adequate child care.

V. RECOMMENDATION

I respectfully recommend to the Honorable Court that Jerry Wayne Newcombe, born 9/22/69; Dawn Renee Randle, born 8/4/71; and Timothy Todd Randle, born 9/16/72, be placed in the temporary managing conservatorship of the Director of the Dallas County Child Welfare Unit for placement in foster care, with possessory conservatorship granted to the parents for reasonable visitation.

Respectfully submitted.

Ima Keene Kaseworker
Public Welfare Worker I

Watta Soupa Vizor
Public Welfare Worker I

Verification of Birth

JERRY WAYNE NEWCOMBE

DATE:	9-22-69	File # 307
CITY:	Texarkana	Vol. # 23
COUNTY:	Bowie	Page # 75
STATE:	Texas	

DAWN RENEE RANDLE

DATE:	8-4-71	File # 15603
CITY:	Dallas	Vol. # 300
COUNTY:	Dallas	Page # 120
STATE:	Texas	

TIMOTHY TODD RANDLE

DATE:	9-16-72	File # 18370
CITY:	Dallas	Vol. # 307
COUNTY:	Dallas	Page # 475
STATE:	Texas	

All documents listed above reviewed by Ima Keene Kaseworker, November 5, 1972

CAUSE NO. 72-2103 JUV

SUPPLEMENTARY SOCIAL CASE HISTORY

NAME Jerry Wayne Newcombe BIRTHDATE 9-22-69

SEX Male RACE: Anglo

NAME Dawn Renee Randle BIRTHDATE 8-04-71

SEX Female RACE: Anglo

NAME Timothy Todd Randle BIRTHDATE 9-16-72

SEX Male RACE: Anglo

VERIFIED BY: Bureau of Vital Statistics

DICTATED BY: Ima Keene Kaseworker

DATE DICTATED: 3-07-73

I. PREVIOUS COURT ACTION

12/04/72 On marginal date, the above-named children were placed in the temporary managing conservatorship of the Director of the Dallas County Child Welfare Unit for placement in foster care.

II. CURRENT SITUATION

The above-named children are currently residing in foster care.

The parents have been seen by the caseworker four times since the children were placed on 11/14/72. The parents have visited with the children once; they failed to keep two other appointments.

Mr. Randle is currently employed by the Longhaul Trucking Company as a furniture mover, earning $2.15 hourly. Mrs. Randle is working part-time at the Purring Pussycat Lounge as a cocktail waitress.

The family has moved twice since the children's placement. They are presently renting a one-bedroom apartment in East Dallas. At the time of the last visit, numerous beer cans littered the floor; dirty dishes were on the table and stacked in the sink; several sacks of garbage were in the kitchen.

The Randles have separated twice for brief periods since the last court hearing. Both times Mrs. Randle has called the caseworker asking for the children back so she could qualify for AFDC.

Relative resources have been explored for the children.

Mrs. Ima Lee Randle, paternal grandmother of the two younger children, is in a nursing home in Hearne, Texas, as the result of a stroke.

Mr. and Mrs. Elmer Austin, maternal grandparents, reside in Houston, Texas. Mr. Austin is disabled; the family's only income is Social Security. They feel that they are unable to care for their grandchildren.

Mr. Randle's brother is in Huntsville State Penitentiary on a life sentence for murder. His sister, Imogene Lewis, is separated from her husband and receives AFDC for her three children. She states that she is unable to care for her brother's children.

Mrs. Randle's four youngest siblings reside with their parents. Her sister, just younger, is allegedly living in New Orleans but efforts to locate her have been fruitless.

Mr. Jerry Newcombe, father of Jerry Wayne has not been located in spite of diligent search. He has not seen his son nor contributed to his support since his divorce. Mrs. Randle does not know any of his relatives.

WITNESSES

1.	Sally Sitzalot 4841 Junius 824-1111	Babysitter with whom Jerry Wayne Newcombe was left by his father. She called police when child had been left for 2 days (6/8/70 referral)
2.	I.V. Jones Health Department 741-7811	Public Health Nurse who referred family 10/28/72. Can testify to poor housekeeping and Timothy's malnutrition
3.	Paula Chellbery 4811 Harry Hines 637-4020	Intake worker who made home visit on 10/28/72
4.	Officer Joe Friday Badge 714 Dallas Police Department	Officer who arrested Randles on 11/14/72 and brought children to the Shelter
5.	Michael Broussard 4811 Harry Hines 637-4020	Night Intake worker who took children to CMC when they were brought to Shelter by police on 11/14/72.
6.	Dr. Mark S. Welby Children Medical Center 637-3820	Physician who examined children on 11/14/72.

CHILD PLACEMENT

SERVICES

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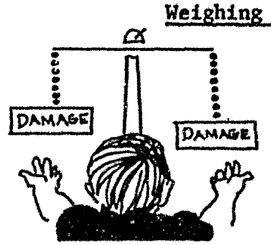
CHILD PLACEMENT SERVICES

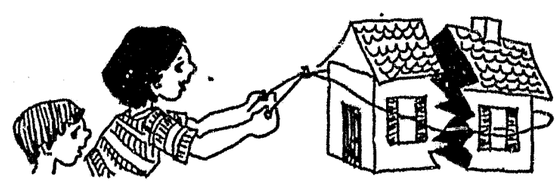
THE DECISION TO PLACE A CHILD

Weighing Alternatives



Weighing the damage being done to the child in his home against the damage being done to him if he is removed from the home is a delicate and demanding task ... one that must be faced by all child placement workers everytime a placement is effected.

In The Art of Child Placement*, Jean Charnley stresses that -- over many years of experience and observation -- social workers have learned that serious imperfections in the home may not be reason enough for the removal of a child; it is fare more difficult to put a child's home back together than to separate him from it.



In neglect or abuse situations, concerned people in the community often conceive of child placement as nothing but kindness and relief to the child, well deserved punishment for the depraved parents. Therefore, these perturbed citizens are likely to exert great pressure on you (the worker) to get the child out of the home as quickly as possible.

Withstanding this pressure (as well as that stemming from your own observation of the unhealthy situation in which child and parent are existing) takes considerable conviction on your part.

The decision about separating the child from his home is not one you make by yourself. Even if the parent is willing to cooperate in the placement (or has requested it), your supervisor's approval is required. You and

*Charnley, Jean, The Art of Child Placement; University of Minnesota Press, Minneapolis, Minnesota, 1961

your supervisor together will carefully weigh the alternatives for the child and his family. If the parent has requested placement and the child has been abused, be leery about leaving him in the home.

Placements have a far greater potential for positive results if the parents can be involved in the planning. The importance of parent cooperation to the child's acceptance of placement cannot be over-stressed. Nevertheless, the Department has the responsibility to request the Court's decision on the need of the child for placement if the parent refuses to cooperate and hazardous conditions necessitate his removal from the home. These conditions are, of course, those discussed in the modules on ABUSE and NEGLECT.

Even when the child is placed under court order, parents can be involved in planning visitation, child support, changes in the home so the child can return, what clothes and favorite toys he takes with him, etc.

Individual Nature of Every Child Placement

Looking at categories, lists of indicators and "typical examples" is essential in training sessions. In practice, however, it is equally necessary to remember that every placement is unique and every individual involved in the placement is unique.

The recognition of the uniqueness of each client is a basic precept of social services.

The observation that "It has worked in ten other situations just like this!" is never the sole basis for decision-making in social work.

Importance of Making Predictions

What will happen after placement .. after the child is removed from his hazardous home situation? This question must be part of every child placement decision. You and your supervisor must consider the following:

- How will separation from the family affect the child?

- What is the chance of parent-child restoration?
- Will the family be totally destroyed?
- If the child can never go home, what kinds of permanent living arrangements (as opposed to a destructive series of temporary foster homes) will be available to the child?

Carefully weigh the trauma to the child and family if the child is removed from the home and loses the emotional ties to his family.

To be able to answer questions like those on the previous page takes skill and considerable professional growth. Love of children, general goodwill toward one's fellow man, and intuition about what children like are not enough!

As a child placement worker, you must learn about children's needs at all age levels; the meaning of separation to children, parents and foster parents; the use of professional authority and the authority of law; the foster child's feelings of guilt and anger about being different; children's fantasies about absent parents. All these components constitute a life-long study. This orientation can only point to a beginning.

LOOKING AT PLACEMENT FROM SEVERAL VANTAGE POINTS

The Child

For you to know about the child's feelings for his own abusing or neglecting parent is very important. Such feelings are often very different from what an adult outside observer might expect.

If the child has been primarily in his parent's care and has survived, the fact of survival is indication that the parent has given or provided for him some measure of attention and protection and is likely to represent the only love and security the child knows.

Most neglectful and abusive parents are not totally rejecting. They are ambivalent. They swing from love to hate; from caring to ignoring; from pleasure in showing off the child to pleasure in ridiculing him; from warm protection to cold rejection; from sharing fun to expressing jealousy of the child's possession of the carefree state of childhood.

In the absence from the par[illegible], the child will nearly always seek security in remembering the loving moments, not the hateful ones. This statement will be doubly true if the placement does not afford him substitute parental understanding and warmth; this understanding must include acceptance of him as a lovable being, even though his behavior and needs may reflect value systems very different from those found in most foster homes.

The child in foster care knows he is different from the foster parents' own children, from the other kids on the

block. Children who do not live with their own parents are strange and different in our society, and others soon convey this to the foster child. Foster children often ask their social workers, "Does my teacher have to know I'm under the Welfare?" or "Do I have to use my real name at school?"

Foster parents must be honest with the child. He is not "their own" in the same sense that the children born to them are "their own." He must know that his differentness is o.k. and that he is loved as a person.

Other feelings reinforce this impression of being an outsider. The child may have a poor self-image, resulting from the worthlessness one feels when one is neglected or abused .. the guilt of being so "bad" one had to be so badly treated by his parents and even then removed from his parents. There are angry and sorrowful feelings from not having one's needs met and confused feelings from not understanding what is happening.

Children who have suffered from neglect or abuse most of their lives lack the strengths that "normal" children can bring to separation. They lack satisfying emotional experience, trust in adults, assurance of parents' presence and reliability, and the knowledge of how to respond to warmth. Such children can be hard to live with. The youngsters who most need "better" homes have the least chance of being accepted into them or of their own acceptance of the homes.

In good foster care the deprived child is provided with what he has never previously had: a satisfying relationship with a caring adult. Sometimes he doesn't know how to accept this kind of relationship.

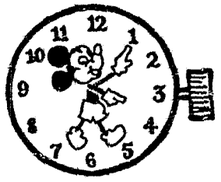
Foster homes may have standards which are different from the standards in the child's own home (kind of language permitted, amount of time allowed for TV viewing, bedtime, food preferences, appointment keeping, school attendance, care of furniture and bric-a-brac, relationships with other children, health habits, etc.).

The child gets the feeling that, in spite of reassurances, he is an outsider and is here only so long as he behaves.

Because of this feeling, after a few days of company manners, he will have to start finding out how far he can go before he is asked to leave. In effect, he must test the foster home's acceptance of him as he really is. Some children may withdraw into themselves: day-dreaming, refusing food and communication.

For many years, observers of the human developmental stages have been aware that children do not have the same kind of concepts of time that adults have. At least, this is true in our culture where time is of great importance in regulating behavior.

One of the characteristics of the so-called "immature" adult is lack of time orientation: giving little attention to the future, needing to have all wants gratified in the here and now.



The young child can have no concept of the future because he has not experienced it. For him, any separation from his parent is "forever"!. The younger the child, the more interminable seems the time involved in his separation from his parent and the more damaging the impact if he does not quickly find a new (permanent not temporary substitute) parent.

In their book, Beyond the Best Interests of the Child.* Joseph Goldstein, Anna Freud and Albert Solnit discuss this phenomenon of distorted (from the adult perspective) time concepts of the child; they relate the distortion to the damage which present law and placement policies can do to young children. Goldstein, Freud and Solnit also emphasize the importance of recognition (by child care workers and courts) of the difference between the "biological" and the "psychological" parents. The young child has no concept of blood kinship. His ties are formed through active relationships and through the satisfying qualities of those relationships. He cherishes the ones which have permanence over time and to which he has adjusted, even though such relationships appear destructive to the outside observer.

* Goldstein, Joseph; Freud, Anna; Solnit, Albert - Beyond the Best Interests of the Child, The Free Press (A Division of Macmillan Publishing Company, Inc., New York, Collier Macmillan Publishers, London, 1973.)

Although adults sometimes can, children cannot maintain ties with a number of different individuals who are unrelated and often hostile to one another. The child can love more than one adult only if the adults demonstrate that they like and respect one another.

If children must relate to their own parents and foster parents, to foster parents and case worker, and if these important adults are in conflict, the children suffer from guilt because of divided loyalties.

A child's need to side with his own parents is usually overwhelming. He must be helped to see that it is natural to feel loyal ties to his parents, but that behavior and its consequences must be seen realistically.

The Child Care Worker

If foster care has so many negative aspects, why do we ever use it?

Obviously there are abuse and neglect situations which necessitate a child's being placed out of his home for his safety and protection. There are times when a parent's problems are so overwhelming that relief from care of the child is essential.

There are some biological parents who can never be minimally adequate psychological parents.

It has to be you, the social worker, who makes the placement work in spite of all negative aspects. You achieve this goal by commitment to the needs of all the individuals involved and by knowledge of what is really going on.

Society has a very big stake in the successful use of child placement. People learn how to be parents from the way in which they were "parented". Without successful intervention, destructive parenting (and socially destructive behavior) is handed down from one generation to the next.

Your most effective tools in making placements work are the quality of relationships maintained with parent, child and foster parents; the ability to assess objectively the meaning of behavior; and the ability to help each person in trouble talk about his behavior (as well as he is able) so he can understand what he does and can change if he wishes.

Charnley* points out that the biggest problem child care workers have is in dealing with the tie which foster children have with their parents.

* Charnley, Jean, The Art of Child Placement.

This tie can be the biggest asset as well as the largest problem.

If the child is going home (as most foster children do someday), the positive aspects of the tie must be strengthened and preserved.

If the child must find new parents, then the positive aspects of the tie must be woven into building good ties with new permanent parents. (All parent-child ties have <u>some</u> positive aspects.)

When you are moving a child into placement, you must first establish a positive relationship with the child. You must achieve such a relationship even under trying conditions.

<u>Example</u>: An emergency placement or a placement following a bitter court hearing in which police may be involved in carrying out court orders.

How is this possible?

Children (especially those who have come from abusive or neglectful homes) are hungry for attention from an adult who <u>really listens</u> to what they are trying to say ...

and who can accept their angry feelings and their fears without (themselves) becoming defensive, frightened or falsely reassuring. However, children often don't know how to get attention in constructive ways.

Trust takes time to build, but it can (and <u>does</u>) begin at the very first contact between two people.

A warm, interested, honestly concerned adult who can communicate with a child can establish a positive relationship with that child under the most difficult of circumstances; but such an adult must be able to <u>endure</u>.

Points which you, as a placement worker must discuss with the child are:

- why he is being removed from his own home
- where he is going to live (what it will be <u>like</u>, not the address)
- how he feels about all these events

He needs to understand and accept the reasons for placement.

The child's age will make a difference in what you do to prepare him for placement. As much as possible, each child should be included in plans made for him.

Whenever possible (and you should do your best to arrange time) you should allow the child to visit the home he is going to live in at least once before he is finally placed. He will then have a basis for questions he needs to ask and for expressing his feelings. He should be finally placed only when he is familiar with the new place and overcoming his fears of the unknown and of separation. If the parents are being supportive, and it is all right with the substitute care people, the parents may accompany the child on a visit.

In working with children, you must remember to seem unhurried and to never communicate your own very real time-work pressures. Feeling that you must get on to something more important (maybe another child that you <u>like better</u>) can make a foster child feel quite rejected.

The child must learn that his bad, angry feelings (about himself, his real parents, foster parents, foster siblings, the worker who placed him) can be safely expressed to you without destroying anyone. You must never forestall a child's need to express hate, anger, fear or sorrow by quickly hushing him with false assurances. You don't need to convince the child that these feelings are "good"; simply recognize that such feelings do exist in all people and that talking about them does help.

The child's feelings about his own parents are usually most accessible to you early in the placement and later in times of crisis. If the child isn't allowed or helped to express these feelings, they become more and more repressed. If, after placement, the child never mentions his own parent, <u>this is not a sign of adjustment</u>. Trouble can be anticipated later when the repression has to explode. Furthermore, you must remember that the child can stand to express only a little emotion at a time.

You must regularly see children in foster care. Department policy is explicit in setting a minimum number of contacts (once monthly); only with supervisory approval can you go less frequently.

During the early period of placement, more frequent contacts are generally essential to help the child understand and accept placement and to keep him from feeling that he has been placed and forgotten by you.

The foster parent also needs support. You, as a social worker, are the link between the present and the important past. A child in placement is in a psychologically precarious situation;

this may be even more damaging than a physically precarious one. Workers are often pressured into giving their services to the child in his own home who <u>appears</u> to be suffering more. You need to make careful assessment of each circumstance before you make a decision to take time from the foster child and give it to a child in his own home.

<u>The "Real" Parents</u>

Although you (as a child care worker) have entered the protective situation on behalf of the neglected or abused child, the parents of the child are also of prime concern.

Basic to child protective services is the conviction that THE BEST WAY TO HELP THE CHILD IS TO HELP THE PARENTS CHANGE DESTRUCTIVE BEHAVIOR AND LIVING CONDITIONS SO THE FAMILY CAN BE PRESERVED.

Working with parents who neglect and abuse children isn't easy. You may find it difficult to accept adults who ignore, tease, complain about and even intentionally do physical damage to their children, who may be completely dependent upon them. Acceptance becomes even more difficult when these same adults do everything in their power to disrupt the child's adjustment in the foster home where other adults are sincerely trying to help the child reconcile to changed circumstances and grow.

One way of looking at parents who behave like this is to see them as older versions of the neglected or abused child ... people who have never had anyone they could consistently count on and trust. No one was ever really concerned that their basic health, safety and nutrition needs were met. No one ever took time to listen to their real feelings, especially those of anxiety, fear and doubt. No meaningful person every talked to them in a kind and concerned way about behavioral limits and why such limits are necessary. No one really expected that they could or would take any responsibility or have any worth or dignity as persons.

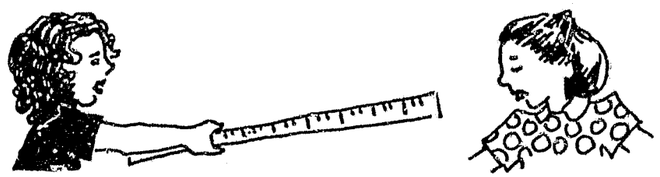
Recognizing these truths, you can begin to talk with parents about their own needs, while continuing to be firm about what children must have in their home and family ties.

As long as there is hope that the child may return home, you must not ignore the parents and allow them to remain uninvolved. The parents must be expected to take as much responsibility for the child as is

realistic. Some possible ways of accepting responsibility are:

- making regular visits to the child
- making partial payment for child care
- purchasing clothing
- keeping medical appointments
- giving developmental information about the child
- being involved in helping solve school problems

Only by taking responsibility as they can will the parents be able to see whether they can really be parents. The parents' assumption of the realistic responsibilities set (by them and by you together) will serve as a measure for the agency (and perhaps the Court) to determine individual capacity for parenthood.

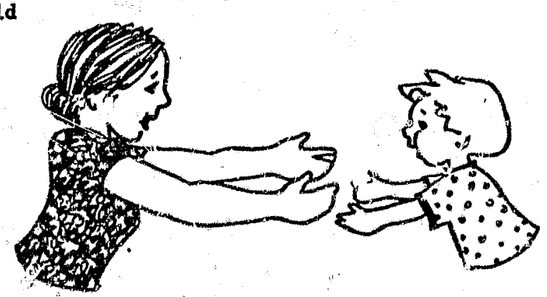


If the decision is made to terminate permanently the parent-child relationship, you should make every effort to <u>involve the parent in telling the child</u>. In this way the decision will be more acceptable to the child, even though he will express hurt and angry feelings. Managing such a situation is hard but well worth the casework effort.

<u>The Foster Parent</u>

Foster parents become foster parents because of unmet needs in their own lives. Some frequently observed needs are:

- an excess of nurturing energy which requires more outlet than spouse, own children and extended family
- a commitment to help others
- a social concern that requires personal involvement
- loneliness and wanting to share warmth and love with a child

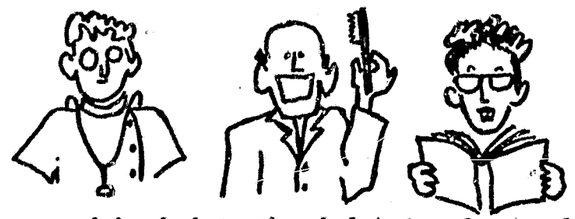


The home finder has discussed motivation and all other aspects of the study with foster parent applicants; has evaluated and recorded positive and negative aspects of the foster parents' home. Most good foster parents are "made" as well as "born".

It is the placement worker, sensitive to the foster parents' needs, who helps them <u>grow</u> as foster parents, usually through difficult experiences with foster children and <u>the childrens'</u> parents.

Foster parents (if they understand the purpose of their profession) are accepting the care of a child -- not for the satisfaction of integrating him into family kinship and assuming control of his destiny -- but to help him, his parents and the protective service agency work through a serious problem which is harming the child.

Foster parents must develop helping skills much as doctors, dentists and teachers acquire skills to remedy sicknesses, injuries and knowledge lacks.



However, behond what other helping professionals do, the foster parent must live with the hurt or "unlearned" child on a twenty-four hour basis, day after day. Very few other professions make this demand upon individuals.

Foster parents <u>are professionals</u> in the sense that they are caring for a child -- not for the satisfactions to be gained from a permanent parent-child relationship -- but to help him live more comfortably (some day) with other parents. At the same time they supply the child with the experience of normal give and take and honest outlet of emotions within their own family.

Being a substitute parent is a very hard job. It can be done only with good outside support. You help the foster parent understand the realy meaning of the behavior of the foster child and his real parents; you lend objectivity to an emotionally charged situation. Therefore, you must be readily accessible to the foster parent. When (because of vacation or other absences) you are not going to be available for several days, some other staff member who understands the situation must be ready to "stand by" in your stead.

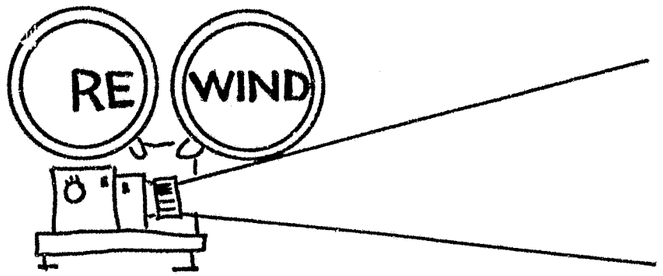
The foster parent needs an opportunity to express his hurt, angry, anxious feelings about the children, their parents and the bureaucratic demands made on foster families by agency and court. You must be sensitive to the limits of physical and emotional demands made on foster parents. They need to have satisfying experiences, and there is a limit to the "challenges" that even the most talented and dedicated foster parent can accept.

Being given more children than they can cope with

or being given only disturbed, difficult children because the foster parents are especially talented can wear out even the best.

The agency has the responsibility to tell the foster parent what he needs to know about a child and his past so the foster parent can decide whether he can help the child who is to live in his home. Confidentiality does not preclude the foster parent's receiving essential background information. Gossip, of course, is unproductive and damaging.

The foster parent and the child are "matched" so that they are suitable for each other.



1. What are the possible types of damage to the child which must be weighed by child placement workers?

2. Which is more difficult: to put a child's home back together or to separate him from it?

3. What kind of pressure is likely to be exerted by the community on the protective services worker?

4. Who assists you to make the decision about separating a child from his home?

5. What are two good book references about child placement?

6. Should the child's own parents be involved in planning for placement?

7. What important question is part of every child placement decision?

8. What general types of knowledge must a child placement worker have?

9. When absent from his real parents, what kinds of memories bring a child security?

10. What are some of the problems foster children have?

11. In what ways does the child's concept of time differ from the adult's?

12. Discuss the difference between the biological and the psychological parent.

13. Why is it necessary for you (as a child care worker) to establish as much rapport as possible with the child, his real parents and his foster parents?

14. Why do we use foster care in spite of its negative aspects?

15. How do you achieve the difficult goal of making

(REWIND - continued)

the placement work?

16. Why does society have a big stake in the successful use of child placement?

17. What, according to Charnley, is the biggest problem child care workers have?

18. How can this problem be turned into an asset?

19. How do you establish a positive relationship with a child who is being moved into placement?

20. What points should you discuss with the child?

21. When are the child's feelings about his own parents most accessible to you?

22. What is the Department policy concerning minimum number of your contacts with a child in placement?

23. Should you give more time to a child in his own home or to a child in a foster home?

24. What conviction is basic to child protective services?

25. What is one way of looking at abusing or neglecting parents which will help you accept them?

26. What are some of the ways in which you can get a parent to take responsibility?

27. If a parent-child relationship is to be terminated, who should tell the child?

28. What are some frequently observed needs of foster parents?

29. How can you work productively with foster parents?

30. In what way are foster parents professionals? What demand is made on them that is not made on other professionals?

31. What responsibility does the agency have for giving information to the foster parent?

the

DAVID LONG CASE

Appendix
to
Module SS6-8

NARRATIVE RECORDING - FOSTER CARE

DAVID LONG

CURRENT SITUATION

David Long, age five, lives with Mr. and Mrs. Stanley James, foster parents. The James family and David have just moved into a new house.

David has been in foster care for eight months on court order. His parents are interested in him and say they want him back. Both drink heavily and have poor work records; when David was at home, he was left alone for long periods of time without proper food or supervision. The parents visit David in the office once each month.

Mr. and Mrs. James have been foster parents for three years. They have two children of their own: Jane, age 11, and George, age three. Also living in the home is Emily, 9, another foster child. Mrs. James is the "strongest" person in the home. Mr. James likes children and is kind. He takes little responsibility for any of the children - a recognized weakness in the foster home.

The following is excerpted from David's case record:

* * * * * * * *

Mrs. James and I both talked with David about the foster family's planned move to the new house. He was assured that he was included in the move. Our reassurance seemed to help him in his struggle to find his place in this family. Following the move, however, it was obvious that David was troubled. He showed flagrant resistance to controls. He would disappear for long periods of time. He would get George, the foster mother's three year old, into dangerous situations. He would misbehave in school. Jane refused to take him to movies on Saturday because of his misbehavior.

Mrs. James was baffled. The children in the James home all misbehave normally; none are paragons. David was becoming "different". Mrs. James confessed that she had difficulty telling me what was happening because she felt at fault.

My contacts with David had lessened since his adjustment in the home seemed on sound footing. Now it was obvious that Mrs. James and David needed and wanted help. Mrs. James and I decided that I should spend some time with David alone.

On 10/05/73 David was to have his visit with his parents. I called for him early. We went shopping for clothes and drove around in the car. David was finally able to say that maybe his parents might find a "better house" like Mr. and Mrs. James. He wondered, if his parents had a better house, would he have to go live with them? He said he wanted to live with Mrs. James, whom he calls "Aunt Sally". He said Aunt Sally had her own children and he didn't

really belong to her. "They've always had her for a mother and I haven't." (I wondered if maybe his behavior was an attempt to get Mrs. James to punish him as she punishes her own children. As in the early part of his placement, he again had to find out how far he could go in misbehaving and still be loved.) David told me that he didn't want to go to the Saturday movies and would prefer to be home alone with Aunt Sally.

I recognized his feelings with him and let him know that he would remain with the Jameses. His parents were not yet ready to take him home. We talked about some of the reasons for his separation from his parents. I could not say that he was Mrs. James' "real" boy, which was what he wanted to hear.

The visit with his parents was a difficult one. The Longs kept assuring him that things were fine at home and they would all be together soon if "the Welfare" would say okay.

I talked with the parents after Mrs. James picked up David. I pointed out how hard they were making it for David by making promises we couldn't keep. We talked at length about the changes they had yet to make before David could come home. The Longs both have real feelings for David and agreed to try to be more honest with him about their situation.

Judy Reyes, Public Welfare Worker I (10/08/73)

David had a special visit with his parents on 10/15/73, and Mrs. Long must have been a little more secure in being able to tell David that he would need to stay with the Jameses for a "long time". The immediate anxiety of being removed from Aunt Sally was eased.

Another problem appeared. David was not getting the security he needed and maneuvered again to get to talk with me. On 10/17/73 I again talked with David in the office. He had coaxed three year old George into several really dangerous situations. Mrs. James was saying she "couldn't put up with it much longer." In the office visit Davids' real feelings came out flagrantly: his fear of cutting himself off from his real parents, yet wanting so much to be Mrs. James' little boy.

I handled all of this with him, recognizing what he wanted and being realistic about what he could have. He would not be Mrs. James' "own" boy but she could still care for him and love him. He still had his own parents, but they could not take him home for a long time. I could give him the security of staying in the foster home but could not give him all he wanted. David was uncomfortable because of his behavior in the foster home and needed, at one point, to call Mrs. James on the telephone and make sure she was still there.

Judy Reyes, Public Welfare Worker I (10/19/73)

David visited his mother on 11/07/73. Mrs. Long again reassured him that he would be staying with the Jameses for a long time. Mr. Long is not working and Mrs. Long is living with her parents again. David was very upset after this interview. He finally confessed that he was really in the doghouse with

Mrs. James and now his own mother didn't want him either. He said that Mrs. James had told him that she wasn't going to keep him any longer because he was "too bad".

I did not know exactly what had gone on. David wouldn't (or couldn't) tell me. I told him that Mrs. James had said nothing to me but that I would ask her about it. I said that David knew at times that he did trouble Mrs. James, just as all the other children did. She must have been very angry at him. David recognizes the vulnerability of his position. The James children are safe but there is always the chance that he will be sent away. David agreed that we would both talk to Mrs. James, though at first he wanted to leave the responsibility strictly with me.

It is difficult to describe the anxiety that this child expressed around his problem and how he clung to me, seeking my assistance in coming to grips with this thing that was bothering him so. He talked in the car all the way to the foster home. He had to be assured that I would go right into the house and talk with Aunt Sally. Then, as though he could not stand to know what was going on, he ran out of the house to play.

I finally got with Mrs. James alone. I got the full impact of what had happened and her intensive feelings about it. In all of my experiences with Mrs. James, there has been no evidence of her concern about sex and the childrens' masturbating. When I look back it is strange that there has not been any, and I had assumed that she took it in a natural way. I was amazed when with great reluctance, she let me know what David had done. David had led George down the alley and then encouraged him to expose his penis; then he had them touch each other. When Mrs. James found them in that state, she was so shocked she expressed her feelings intensively about it. She let David know that if he did a thing like that again she was not going to keep him. She would not want him.

It was difficult for Mrs. James to discuss her feelings. It was soon apparent that she finds it too horrible to discuss. I learned that when her children had masturbated she had threatened them with "cutting it off." I expressed my opinion of this behavior being a natural exploration of a child and some preoccupation with self which really would become a preoccupation if presented as something forbidden or bad. I did not go into detail with Mrs. James. She seemed amazed, I felt, by the ease with which I could talk about it, admitting that she just didn't know anything about it and never thought of it that way.

I focused the interview on her present feelings for David and whether she could keep the child, as he could very well do it again. She had threatened him, and he felt that this was the straw that was breaking the camel's back. She could tell me that she didn't feel so. I remarked that David did feel so, and I thought we would have to examine whether she could go on feeling as she did about him in spite of her desire to help. Only as she could decide honestly around this could David get a sense of acceptance. It had already involved me, and David had apparently wanted it to involve me. It was not likely that I could straighten it out with David alone. What could we do?

It was interesting how Mrs. James struggled with this, thinking out loud in her realization that whatever I told David would not remove the threat of the problem. She had to tackle it. Did I want her to talk with David? I thought that depended on whether she could talk with David with all the feelings that she had. She admitted that she did not think she could talk with him specifically about what she had seen, though she had gotten a little different idea from what I had said. She did think she could talk with him about the total experience and what she was expecting of him and why she had said the things she had. I wondered, however, if she could freely say to him that she wanted him to stay there. That was what he wanted to hear. Until he got that from her, we would not know whether there would be any modification of his behavior no matter what I said.

There were numerous interruptions with the children coming in, the cooking in general, and the telephone. I got from Mrs. James her desire to think this over further and a desire to talk with David, although she had to postpone that until the following day. She could realize what she had done to the child by saying that she could not keep him. On one hand, she did not want to see it as something so terribly important. She wanted to believe that David already had forgotten about it. On the other hand, she was quite absorbed in all of this, quite intent to do something about it; I gave her my full appreciation of what she was struggling with.

David anxiously awaited my leaving the home and hollered to me across the street and wondered what Mrs. James had said. I called him across and talked with him for a few minutes. I said it seemed as though he had been having some trouble. I had talked with Aunt Sally. I knew that she wanted him to stay there, but I did think there were things that they would need to talk over together. He accepted that fearfully and wanted to know if she wanted to talk to him now. I said that he could ask her about it, and they could decide when they needed to talk it over.

Mrs. James had asked me to call her the following day. She had thought it advisable to select a time when her own children were away. She and David could really have time together the following afternoon. When I did call her, she shared every aspect of what had happened. David had come in and said that I had said she wanted to talk with him. She agreed that she did, but the time was not available then and they would have to wait until the following day. Something had come up that evening in which she got such a sense of the child's anxiety about what was going to happen, that she did say this much to David. She wanted him to know that she wanted him here in her home. She wanted to care for him like she cared for her own children, but there were things they would have to talk about, and she would have to wait until the following day to discuss it with him. She felt he needed assurance from her at that time. I gave her commendation for her ability to handle it that way.

Very formally Mrs. James had entered into this discussion with David the following afternoon. She did give him some cookies but she had him sit in a chair in the front room and she sat on the sofa. She began to talk about

his whole experience in the home from the very beginning; what she had tried to do to help him. David attempted to "run away," Mrs. James felt, by smiling or wriggling or appearing unconcerned. But Mrs. James said she went on like a machine. She didn't stop for anything. Everything poured out, the problems with George, the difficulties in his running away and not knowing where he was, his struggle with the movies. She emphasized with him how she has a number of children to care for; that she has to punish those who misbehave; that she has to spank them. Just as she has to do it for hers, she does it for David. She expects him and wants him to conform. (adually as Mrs. James went on, she could notice the change in David. As the whole experience was revealed before him, David had really broken down and cried. She let him cry, recognizing that he felt bad about it, but there it was.

After she had finished she made a few more reassuring remarks to David about very much wanting him there until his family straightened things out. She would expect him to obey as she expected her children to obey. David told her that he wanted to stay very much. He liked it there. She could say to him, "I like to have you here." A smile came through the tears then, and David walked over to her and (in a way that Mrs. James said would "melt a mountain") asked her if he might kiss her. She reminded me that David has not been affectionate, and this was really something for him to do. I agreed that it was. She said that she wanted him to kiss her, but changes had to be made. She spoke of other promises: how Emily had said that she would not tease the puppy again and then she had done it. Mrs. James did not want that kind of promise. David had replied to this, "but Emily didn't kiss you."

With that, the discussion was ended with a kiss, and David went out to play. Of course, it was too soon to know what would happen, but Mrs. James said she felt better and she hoped that David did. I told Mrs. James that she had put a great deal into dealing with the problem and deserved a great credit for what she had done to try to help this child understand why she expected certain things of him. I thought she had gotten it across in a beautiful way. I hoped simultaneously that David was getting a little more security from his parents, as we were not the only ones in this. I believed he was. Time would tell.

Approximately two weeks have gone by and Mrs. James was able to tell me confortably that David is doing nicely. He's like her other children. He's teasing at times, annoying at times, but he's not running away and not getting into big difficulties. She thinks David feels more relaxed.

This experience has given Mrs. James more security in herself. She gets satisfaction from doing a good job for one of our children. Sometimes she feels she hasn't done too well by her own. She's quite identified with David. At the same time, we have to accept Mrs. James in her spontaneous, abrupt way of handling a situation. She pacifies the children in strange ways at times. They are all noisy and obstreperous and not too well mannered. Frequently they are not too clean. The kids are getting something else. She is struggling to help David take what she has to give him.

Judy Reyes, Public Welfare Worker I (11/14/73)

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CHILD PLACEMENT RESOURCES

EXAMPLES OF PLACEMENT RESOURCES FOR CHILDREN

When investigation of a child's circumstances indicates that he will have to be placed out of his home, you have a number of alternatives. You can help the family place him where he will be safe or you can find a substitute care placement for him.

list <u>five</u> general types of substitute care.

Other child care literature may break these resources down into more specific categories for children with special needs.

"Institutions" may include:

- homes for dependent children
- state homes (or schools) for mentally retarded
- residential treatment centers
- orphanages
- boys' ranches, etc.

For the purposes of this module, the Handbook groupings are used:

- relative placement
- licensed or certified foster home
- licensed foster group home
- licensed institution
- independent living arrangement

With proper assistance, you should choose a placement which will best fit the child's <u>individual</u> needs. (See "Service Plan" on page 7 of this module and "Choosing a Resource for a Child" on page 5.)

<u>Relative Placement</u>

Whenever DPW <u>can</u> preserve a child's family ties,

CONTINUED

2 OF 4

the Department has a firm commitment to do so. If a child cannot remain with his own parents, you should seek out all relatives to consider as possible placement sources.

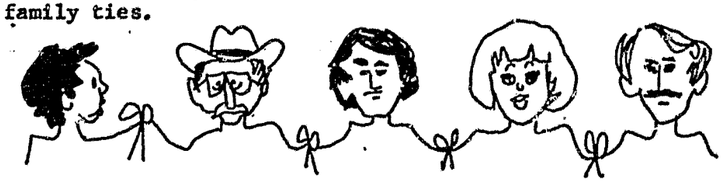
The value which our society places upon the family may be changing, and there may be a somewhat broader acceptance of what constitutes "families". However, the importance to a child of living with his own parents and (failing that) of living with blood kin is still extremely high.

If children cannot live with their parents, they still can more readily accept and find emotional meaning in living with Grandma or Uncle than in living in a foster home. Somehow, blood kinfolks seem to have more long-term emotional commitment to young relatives than foster parents do to foster children.

Children are far more likely to know and trust their relatives (even those with whom they have not had frequent contact). For the child who is old enough to understand the concept of "Grandma" or "Uncle", there is a social basis for trust. (Unfortunately this trust is not always later justified.)

Usually parents prefer to keep children within the family. If they do not want the child to live with relatives, but the relatives' home will be the best placement for the child you may obtain a court order to make the placement. In this situation, work with the child and his feelings is important.

The laws in many states recognize the importance of extended family ties.



Courts are far more inclined to place or leave children with relatives.

Licensing laws usually stipulate that children may be placed with relatives without the necessity for the relatives to secure a foster home license.

Of course, each family is unique, and relatives may not always present the best plan for placement. However, they should be given first priority when you are considering alternate plans to the child's living with his parents.

Foster Home Care

Agency Foster homes are private family homes which care for six or fewer children.

In Texas these homes are certified by DPW or by a licensed child-placing agency as meeting the Licensing Division's minimum rules and regulations. Foster homes must be studied and certified before DPW workers can place children in them.

Independent (non-agency) foster homes must be licensed by the Licensing Division.

The study and certification of DPW foster homes assure that certain health and safety standards are met. They also determine that foster parents have discussed the purpose of foster care and have affirmed their wish to act as partners with the Protective Services worker in meeting the needs of children who require temporary substitute parents.

Foster families usually consist of two foster parents who may or may not have children of their own. Sometimes the foster children placed in the home come from different families.

Foster parents live in their own homes; the foster children attend public school and experience, as much as possible, normal family and community living. The child should be able to accept and be accepted into this kind of home and community setting.

Foster Group Home Care

A foster group home may be a private or agency-owned home caring for no more than 12 children.

Group care should be used for children who need a family setting but also need group socialization experience. This applies especially to older children and children whose ties to their own parents are such that they cannot tolerate the closer parental relationship in foster family care.

of the number of children in the home. Living styles are usually centered around socialization activities, with an emphasis on group living rather than on one-to-one relating.

Institutional Care

This is the most structured, least individualized and most impersonal type of child care unless a therapy or treatment approach is used.

Before a child in DPW conservatorship can be placed in this type of residence, the institution must be licensed.

There is a rather wide range in style of institutional care: from the older type of dormitory where large groups of children live in a big building .....

through the cottage types (similar to foster group homes with "sets" of cottage parents).

Some institutions also use foster homes as part of their care plans.

Licensing regulates the maximum number of children who can be supervised by one adult within the institution. Number limitation is based on age, maturity and special needs of the children being cared for. The needs of infants and young school-age children can never be fully met in an institutional setting.

Independent Living Arrangements

Older children (usually adolescents) may place themselves with non-relatives. Sometimes these placements have the sanction of the Court, and Department child care services may be needed to help the child benefit from this type of living arrangement.

In such situations your degree of intervention and use of legal authority will depend upon the age and maturity of the child and the effects of the placement on him. These placements are in non-certified homes and are not initiated by the Department.

Adoptive Homes

An adoptive home is a legally permanent family for a child.

The Department studies and approves families; so do other agencies who may register these families on the Texas Adoption Resource Exchange or on the Adoption Resource Exchange of North America.

CHOOSING A RESOURCE FOR A CHILD

Our society places great value on family living, and it is hoped that most children will return from substitute care to their own parents. Therefore, relative or foster family homes are usually preferred for children (especially young ones) so they may experience the most nearly normal life possible.

Babies and pre-schoolers must have a type of care which will assure them close, warm, consistent ties with a single primary caretaker.

Family settings are the placements of choice for little children as well as for most pre-adolescents.

Older children (usually adolescents but also some pre-adolescents) may benefit more from group settings, where parental ties are less close and where there is more opportunity to socialize with children of their own age. After children enter school, getting along with age mates becomes more and more important.

Placement in institutions is not best for <u>all</u> older children. Many do extremely well in the more "true-to-life" family homes. However, for children with real behavior problems (who might constantly be moved out of one foster home after another), the integrated treatment planning and the team approach which an institution can provide might be preferable.

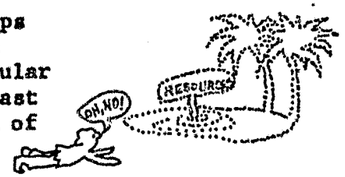
> If a good evaluation of the child's needs is done at the time of first placement, unnecessary moves will be avoided by placing him in the facility which can best meet those needs.

Because of the difficulty involved in their care, severely handicapped children (especially the mentally

impaired) are often placed in institutions. Given existing resources, such placement may be the only practical solution but research has shown that these children also have great needs for warmth, love and consistent care from a mothering person. When the handicapped children are lucky enough to find an accepting one, they usually do better in home settings.

WORKING WITHIN RESOURCE LIMITATIONS

You frequently have to come to grips with the problem that the specific child care resource which a particular child needs does not exist. At least it does not exist within the reach of the Department.

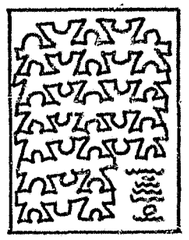


Communities within the state vary considerably in the sophistication and variety of child care resources which they provide.

When the child's needs are far from what the available child care resources can offer, you should again give consideration to what the child's family can offer. Once more there should be a weighing of alternatives and a balancing of physical and emotional needs.

You should become familiar with the resources listed in the DPW publication

DIRECTORY OF CHILD WELFARE RESOURCES



Learn where the copy is in your unit and how to use it.

Sometimes it is necessary to look beyond the child's own community. When this necessity arises, you must deal with the fact that the child is losing ties to both parents and community. If these ties are lifelines for the child (as they usually are), you must work out some means of maintaining them. Correspondence, pictures and visits from parents, relatives and you are important (especially early in the placement).

In working successfully within the limitations of resources (no matter what the type), you will call upon your sound knowledge of the developmental needs of children of all ages (physical and pychosocial needs).

You will be aware that .. whatever the type of placement ... a child separated from his parents has fears, anger and anxieties about his loss and his differentness.

> The more the placement falls short of meeting the child's real needs, the more you will have to invest in helping the child live in and preferably gain from the less-than-desirable living situation.

SYSTEMATIC PROCEDURES REQUIRED IN USING CHILD CARE PLACEMENT RESOURCES

Service Plan

In complex human service programs such as child placement and child protection, you must work out systematic procedures which help assure quality service delivery to your client.

One essential is the service plan.

- Recording of service plan

  The first procedure is the recording of a service plan which incorporates all of those areas which you and (when possible) the child's parent considered in arriving at the placement decision.

  This recording serves two important purposes:

  . It meets the requirements of accountability and is a validation that the appropriate procedure and consideration of the child's needs occurred.

  . It affords you an important exercise in thinking through and looking at all aspects of the placement decision.

- Reviewing and evaluating the service place

The service plan will change as the child's situation changes. The plan is reviewed as needed, but you must review and amend it at least every six months. In reviewing and evaluating the service plan of a child in substitute care, you consider:

- the child
- his family
- managing conservator (person or agency having legal responsibility for him)
- substitute parents (or substitute child care personnel)

Record the results of the review and the amended plan in the narrative section of the child's case record.

Each child needs a permanent home. If the child cannot return home or live with relatives, and if legal permission can be obtained for adoption, you should seek this permanent solution.

Medical Examination

Before a child is placed, he should have a medical examination by a licensed physician. You should file in the child's record a report of this exam.

Very few institutions or group foster homes will accept a child without a thorough medical report.

The child's health and medical needs are important aspects in the decision of the substitute parent and you (as placement worker) as to whether a child will fit into a particular home.

If the placement is an emergency one, the examination should be done within seven days after placement.

If recommended psychological or medical treatment is not obtained for the child in substitute care, you must include an explanation in the record.

A Child in Managing Conservatorship

When the Department holds managing conservatorship of a child in substitute care, you must make a notation at least monthly in the child's case record; this notation should cover his adjustment and well-being.

Each 12 months you should file a report with the Court covering the child's welfare, his whereabouts, and his physical condition. The Court may require more frequent reports.

ASSISTANCE PROGRAMS FOR CHILDREN IN SUBSTITUTE CARE

To provide the widest possible range of foster care services, you must utilize all possible assistance programs for those children who are eligible.

Every child who goes into foster, group or institutional care must be screened for

- AFDC Foster Care and/or
- Medicaid Eligibility

by completing Form 62, Information on Foster Care Child

Eligibility determination for type of foster care assistance is different from eligibility for social services.

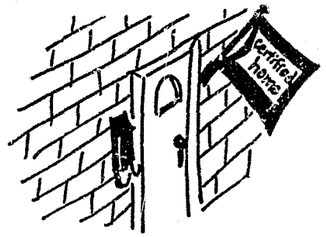
AFDC Foster Care (Program 08)

In this program a monthly payment is available from the state for the child's foster care placement. Furthermore, the child is eligible for Medicaid benefits (Title XIX).

The eligibility requirements for AFDC Foster Care are spelled out in the Social Services Handbook. These requirements are based on regulations which control the expenditure of federal money and relate to:

- age
- deprivation of parental support
- financial need
- citizenship
- residency
- removal of child from his family by court order

The child must reside in a certified foster home, licensed group home or licensed private non-profit institution.



If the home is not a DPW certified home, the institution or child-placing agency which is certifying the home must be on the DPW list of Facilities Approved for AFDC Foster Care Payments.

Under certain conditions children eligible for AFDC Foster Care may be certified to receive "exceptional care." Exceptional care payment is reserved for children with serious physical, mental or emotional problems. Social Services program directors have responsibility for determining (on a case-by-case basis) whether the child needs exceptional care. The decision is based on documentation in the child's record which includes medical and/or psychological or psychiatric reports.

Non-AFDC Foster Care with Medical Coverage Only (Program 09)

In this program the child is eligible for Medicaid benefits (Title XIX) but is not eligible for monthly foster care payments from the state. The County must pay for foster care.

Eligibility requirements are spelled out in the Social Services Handbook.

Supplemental Security Income (SSI)

Children who are blind or disabled must be referred to the Social Security Administration which will determine their eligibility for SSI. If the children are eligible, medical and money payments are available.

If the child qualifies for both AFDC foster care, program 08, and SSI, a choice must be made as to which program offers the greater benefit because the child cannot receive both.

Social Services Worker's Responsibilities in the Foster Care Financial Program

As a social services worker for a child in substitute care, you:

- supply information (on Form 62) which enables the financial worker to determine eligibility for assistance
- verify and document in the social service record all information on Form 62
- attach copy of court order to Form 62
- notify financial worker of changes in facility or circumstances which affect eligibility status. See specific instructions in Social Services Handbook.
- resubmit Form 62 to financial worker when requested for redetermination of eligibility
- inform the Social Services staff person responsible for authorizing payment of any changes in facility or circumstances which affect eligibility status.

Financial Services Responsibility in the Foster Care Financial Program

The financial services worker

- review information supplied by you and determine if child is eligibile for AFDC Foster Care (Program 08) or Medical Coverage Only (Program 09)
- notifies you of the child's eligibility status
- recertifies eligibility every 6 months (on basis of information supplied on Form 62 by you) and notifies you of current eligibility status

THE IMPORTANCE OF COORDINATION BETWEEN THE SOCIAL SERVICES WORKER AND THE FINANCIAL SERVICES WORKER CANNOT BE OVEREMPHASIZED!

1. What five general types of substitute care are listed in the Social Services Handbook?
2. What types of places may be included under "institutions"?
3. What is the Department's commitment to preserving family ties?
4. If a child cannot remain with his own parents, whom should you seek next?
5. Why is it desirable, if possible, to place children with relatives?
6. What are foster homes?
7. To what extent are these homes certified in Texas?
8. Of what do foster families usually consist?
9. What kind of lives do children in foster homes live?
10. What is a foster group home? Must foster group homes be licensed?
11. What is the difference in living styles in a foster home and a foster group home?
12. Must institutions be licensed?
13. Are independent living arrangements in certified homes? Who arranges these situations?
14. What type of care is best for babies and pre-schoolers? What for little children and pre-adolescents? For older children?
15. Should handicapped children be placed in institutions or do they benefit from more personal care?
16. What should you do when the specific child care resource which a particular child needs does not exist?
17. To what DFW book should you go to find available resources? Where will you find it?

(ONCE OVER LIGHTLY - continued)

18. If a child must be placed outside his community, how do you help him maintain emotional ties?
19. If a placement falls short of meeting a child's real needs, what should you remember?
20. What is the value of systematic procedures in complex human service programs such as child placement and child protection?
21. What two important purposes are served by the recording of a service plan?
22. Will the service plan change?
23. How often must you review and amend a service plan?
24. In reviewing and evaluating a service plan, what people must you consider?
25. If a child cannot return home or live with relatives, what permanent solution should you consider?
26. Is it necessary for a child to have a medical examination before placement?
27. If the placement is an emergency one, how soon must medical examination be made?
28. If recommended psychological or medical treatment is not obtained for the child, do you make an explanation in the case record?
29. When the Department holds managing conservatorship of a child, how often must you file a report with the Court?
30. For what must every child who goes into foster, group or institutional care be screened?
31. Is eligibility determination for type of foster care assistance different from that for social services?
32. What are eligibility requirements for AFDC Foster Care (Program 08)? For Non-AFDC Foster Care with Medical Coverage only (Program 09)?
33. In the Foster Care Financial Program, what are responsibilities of the social services worker? Of the financial services worker?
34. How important is coordination between them?

RECORDING, REPORT WRITING, LETTERS

Written Communication --
me General Comments

arrative Case Recording

Re ort Writing (Including
Social Studies

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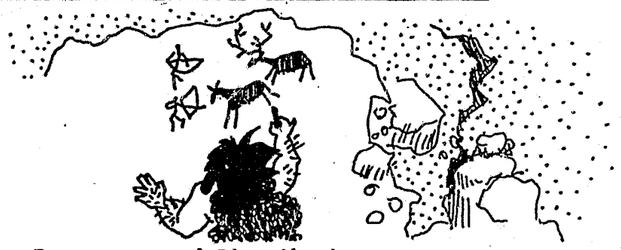
MODULE SS6-10

WRITTEN COMMUNICATION - SOME GENERAL COMMENTS

Purpose of Putting Information in Writing



- Permanence and Distribution

At some point in the future, mankind may change from using the written document to employing verbal or pictorial-tape recording as the primary means of conserving information. However, we have not yet arrived at that point.

For permanence we generally put communiques in writing.

We confirm telephone conversations by letter or memo; we write minutes or summaries of conferences; we describe important case action on DPW forms or in narrative case recording. We write reports to the court, to guidance clinics, to other protective service agencies.

- Clarity and Communication

Writing is basic to almost everything we do in the Department of Public Welfare.

Consequently the quality of your writing has an important bearing on how well you do your job.

You must record <u>clearly</u>, <u>factually</u> and <u>objectively</u>.

You must be able to express ideas, plans and procedures <u>clearly</u> and <u>concisely</u>.

<u>Facts</u> must be distinguished from <u>impressions</u> and both should be recorded.

You must distinguish between essentials and non-essentials when committing information to written documents.

If your writing isn't clear, the reader won't know what your message is. He will not know what you want him to do.

In protective services, he will not have information he needs for making a decision which may have far-reaching effects on a child's life.

If you're wordy, your reader loses valuable time.

If your language is too unusual, too technical or too formal, your reader may lose interest or misunderstand.

If your thinking appears illogical or biased, your reader probably won't accept the solutions you suggest.

In short, your reader should be able to:

. read the message quickly
. easily understand it
. get the exact meaning

As a writer, you should avoid:

. using many words to say what can be said in a few
. using unfamiliar words
. using complex words when simpler ones give the same idea
. using social work or bureaucratic jargon
. using trite, overworked phrases
. using long and involved sentences
. throwing together unrelated ideas, losing logic

If you expect the reader to do most of the communication work, he often gets gobbledygook and guesses instead of your real meaning.

Remember

COMMUNICATION has not occurred until the reader gets your message and understands it in the way you intended.

Some Helpful Hints

- Resources for self-improvement

This module does not have as its purpose overcoming deficiencies in such basic areas as spelling, punctuation and grammar. If you have problems with such fundamentals, you should keep some good reference books on your desk.

A good dictionary is essential.

There are a number of U.S. Government publications available on letter and memo writing. For example, the State Office Library has:

. Plain Letters - a General Services Administration (G.S.A.) publication containing easy rules for better written correspondence

. The Elements of Style, by William Strunk, Jr., published by Macmillan. Available in paperback for (about) $1.25. A very helpful and readable book.

The suggestions incorporated in this module are taken primarily from the Strunk book and from a U.S. Government publication, Guide for Air Force Writing (AF pamphlet 13-2; November, 1973).

To develop effective written communication, you will need to exercise self-discipline. If you have already acquired such a skill, you are on your way. If not, you will have to do some extra digging in.

- Examples of helpful hints taken from resource books and applied to protective services reporting and recording

. Put statements in a positive form. Make assertions definite. Words can be used as evasions of meaning. "Not" is an evasive term. For example:

= Mrs. Anderson is not very often on time for her appointments. (evasive)

Mrs. Anderson is usually late for appointments. (stronger)

NOTES

= Mr. White does not very often show interest in attending AA meetings. (evasive)

Mr. White avoids AA meetings. (stronger)

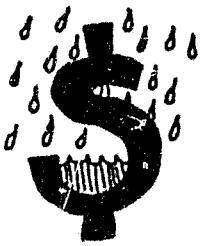
= Billy does not think that studying algebra is of any use. (evasive)

Billy thinks the study of algebra is useless. (stronger)

Readers are usually better satisfied with being told what <u>is</u> rather than what <u>is not</u>.

Notice that the stronger sentences are also shorter. Excessive words and phrases have been deleted.

<u>Use definite, specific, concrete, descriptive, factual language</u>. For example:



= Mr. Bryan was out of work because a period of unfavorable weather set in. (weak)

Mr. Bryan was unemployed because it rained every day for a week. (specific)

= Mary showed satisfaction when her teacher gave her a well earned reward. (vague)

Mary smiled when her teacher praised her arithmetic paper on which she made an "A". (specific)

If details are significant enough to be reported, they should be reported with accuracy and vigor.

<u>Omit needless words</u>. A sentence should contain no unnecessary words; a paragraph, no unnecessary sentences. Here are two samples of a recording:

= "When I arrived for my home visit at the Astors' present dwelling place, which is an upstairs apartment in a ramshackle, run-down, old two-story building at 431 Bailey Street, I found that there were three small pre-school children unattended except for a nine year old sister. There were no adults present at the time. The sister, who is in the fourth grade at E.B. Morris School, said that she had not gone to school that particular day because she was sick with a cold."

The essentials could be compiled into:

- "I visited the Astor apartment on the top floor of a two-story, decrepit building in a run-down neighborhood. I found three pre-schoolers: Dorothy (3), Emma (18 mo.), and Clara (5 mo.) attended by a 9-year old sister, Ella. Ella, a fourth grader at E.B. Morris School, said she was home because of a cold."

  If you visited a client's home, it can be assumed it was a home visit. There is no need to say so.

  The description of the building can be considerably condensed. "Decrepit" tells what needs to be known.

  There's no need to repeat an address that's on the face sheet. Use the space for a more significant description of the neighborhood.

  "Pre-schoolers" is a more descriptive term, and pre-schoolers can be assumed to mean small children. However, you humanize and make the recording more descriptive by adding children's names and ages.

  "Unattended except for" is not precise. "Attended by" is stronger. If the attendant is a 9-year-old sister, there is no need to remark that no adults were present (unless they were in a total state of psychic withdrawal!)

  Having a cold assumes sickness. We are not quoting Ella exactly.

<u>Avoid use of qualifiers (nearly, somewhat almost, "It was my impression .."</u>, etc.)

This is called "weasel-wording." Protective workers can't equivocate. They must be willing to stick their necks out (while keeping their facts straight). The Court wants to "see" the conditions in which you find the children. For example:

= "The Astor apartment was nearly the filthiest one I have ever seen. It looked like it hadn't been cleaned in about a month or so. It had quite a nauseating odor and there were a lot of cockroaches on just about every piece of furniture."

Let's get specific and say it as we saw it!

"The Astor apartment was filthy. Beds were unmade; mattresses were urine soaked; garbage was scattered throughout the living area; dirty clothes were scattered on the floor; cockroaches crawled everywhere (including in the baby's crib). The place reeked of human excrement and decaying food."

. Avoid fancy words and jargon.

= "Mrs. Astor tends to block out scheduled appointments and to be resistive of any therapeutic relationship with a helping person. Her entire focus is on environmental concerns. She appears to have a passive-aggressive character disorder lacking in motivation for

soo·per·kal·ə·fraj·ə·lis·tik·ek·spe·al·ə·dō·shəs

positive change toward meeting her maternal responsibilities."

How about fewer labels and more about what is really going on?

"Mrs. Astor forgets (avoids, ignores, doesn't keep) scheduled appointments. She will not discuss her own behavior with the worker but will talk about problems of housing, money management, food, medical needs and the children's behavior.

Mrs. Astor seldom openly expresses anger in word or deed. However, she rarely follows through on plans made with the worker for improving child care. She meets her own pleasure needs in the company of friends, leaving the children to fend for themselves."

In this case the longer recording is stronger, because the first string of "lazy labels" doesn't tell the worker anything specific about the client.

NARRATIVE CASE RECORDING

Purpose

There are several good reasons for narrative case recording: it serves as

- communication of significant case information to other persons (supervisors, program directors, other DPW workers, auditors, monitors, etc.)
- reminder to self. The human memory is fallible. That any worker can accurately retain all essential case facts in his memory is improbable.
- instrument of accountability to administration and funding bodies that the client is receiving specific, planned Department services within Department policy
- assessment of case activity and results of services against planned objectives. In writing down what happened, you are compelled to do some critical thinking and careful organization of material. You must think through the situation and extract significant facts.
- supplement of information on Department forms. As a rule, the forms describe what happened; the narrative gives specifics of "how" and "why".

Some General Rules

- The case record must be an integral part of the casework, not something that is apart, isolated and done only for bureaucratic reasons. Recording should facilitate your problem-solving by forcing you to select significant material upon which to base your conclusions and predictions. Recording should help you clarify your thinking.
- Any person who has a need to review records should be able to understand them. Knowing the case first hand or having the worker available to interpret meaning should be unnecessary. You achieve clarity by reporting significant facts according to common rules of rhetoric. Use complete sentences and a simple, direct style of expression (plain English free from jargon and bureaucratese). Consistently observe the correct tense and proper sequence of verbs. Date recordings and put your name at the end of each block.

- Recording should have a human quality. Don't make it so lifeless and colorless that the reader gets no feeling that the persons involved are alive. Concrete incidents (rather than adjectives and descriptive phrases) give life to case narrative. In recording, as in court testimony, "direct evidence" is what gives weight to the case. "Color" should be relevant to the purpose. You are not writing novels or TV scripts, but you do want others to "see" the situation as you saw it.

- Recording should be current. Cases move rapidly in protective services. An unrecorded case is no case at all. The narrative should be consistent with the information on the management forms, CANRIS and other forms for accountability. Narrative supplements and supports management and form completion reporting. It does not repeat information already given on forms.

- Recording should be accurate. Opinion should be clearly identified as such, and you should have a clear purpose for stating your opinion in case records. Stop and consider: "How does it further the value of the record?" "Is it really idle speculation?" Gossip should not be recorded! Protective services records may become court evidence and be given public airing in open court. Can you back up the recording with fact? On what are your opinions, speculations, assessments, predictions based? Until you are on firm factual ground, be prudent and record what you observed not what you thought.

- Recording should be objective. You need to acquire a real understanding of your own attitudes, values and prejudices. How do facts get filtered through your personal observation? How do you decide which facts are significant enough to record and which are not? Objectivity connotes rationalism as opposed to emotionalism .. impartiality and disinterested fairness as opposed to bias and one-sidedness. You should avoid recording snap or premature judgments made on the basis of insufficient data. Record what you observe; you can make judgments later.

- Recording should include conclusions. Once you are on firm factual ground, are seeing the facts rationally and impartially have an understanding of the purpose of your recording for a basic knowledge of the dynamics of your clients and their situation, you are ready to

  . draw conclusions from facts
  . assess the meaning of facts, feelings, observations
  . make recommendations and judgments about people's lives
  . predict the future of the case or plans

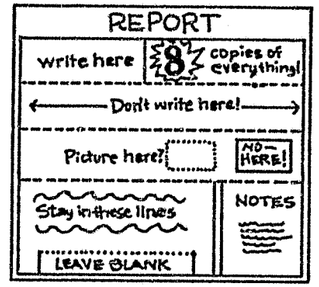
  Thinking, feeling, personal opinions and/or speculations about facts will occur in arriving at conclusions. These should be succintly (and non-defensively) recorded since they have a large bearing on your conclusions. Your conclusions are factual, rational, impartial and knowledgeable about the clients' situation.

REPORT WRITING (INCLUDING SOCIAL STUDIES)

Special Aspects

Reports (although they may be written within the body of a memo or letter) differ from case recordings and general correspondence in several ways.

Reports are prepared in a specified outline or format.

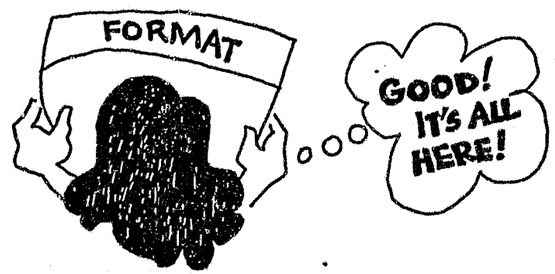


Court reports, for example, are written in a format approved by the judge, referee (court official to whom a legal matter is referred for investigation and report pending settlement) or other juvenile court officials.

Child care facilities, as a rule, require reports as part of the application of a child. These particular reports are referred to as "social studies" because they represent the history and current circumstances of the child within his family and community. To facilitate review and use of the material, most child care facilities have a standard outline to be followed.

Social studies or reports are usually sent with referrals for psychiatric or psychological evaluations of clients and with requests for specialized services from other agencies. Sometimes a format required by the other agency is followed; sometimes the Department develops a standardized format for use within a specific DPW region.

Standardized formats are easier to read and help assure the inclusion of essential data.



Court Reports

The 7000 section of the Social Services Handbook gives special attention to the preparation of court reports. Here are suggestions on three types.

- Suits affecting the parent-child relationship

  . Such reports are prepared at the Court's request and state the facts and circumstances which substantiate the Department's recommendations.

  . The report should be concise and include factual information pertaining to the child's situation. Usually heresay is not acceptable to the Court.

    Exception: Heresay may be allowed if the reporter has been accepted by the Court as an "expert". An expert may give an opinion as well as direct testimony of his observation. Heresay may be incorporated into the opinion, but it is generally not appropriate in a report.

  You (as worker) may be asked to testify and submit to cross-examination.

  . The Handbook identifies appropriate report content which includes biographical data on child and family, documentation of events leading to the recommendation to remove the child, and your recommendation regarding conservatorship.

- Disputed conservatorship

  . These reports or social studies are requested by the Court when parties are disputing the conservatorship of a child or children. Usually these studies are in connection with a divorce action.

  . Reports are factual in content. Any assessment or evaluation by you must be labeled as such. You may be called to testify and be cross-examined regarding the information included in the report.

  . Procedures and outline for disputed conservatorship reports are spelled out in the Handbook (7000 Section).

- Adoption

  . Upon the filing of a Petition to Adopt a Minor Child, the Court is required to appoint a person to investigate the circumstances of the placement, the background of the child to be adopted, and the kind of home in which

the child has been placed; this person files a social study with the Court regarding the investigation.

. The Court may appoint a representative of the Department to complete the social study.

. Procedures and content of the study are outlined in the Handbook (7000 Section).

General Guidelines in Reporting Writing

- Have the purpose of the report clearly in mind. What is the request being made? What decisions must be made or given on the basis of data contained in the report?

- Follow the rules of good written communication. Don't introduce technical terminology and social work jargon to "enhance" the formality. Use plain English.

- Be factual.

- Be as brief as possible but include all essential data.

- Be objective. Avoid gossip, speculation and supposition. Be aware of own values, prejudices and tendencies to generalize.

LETTER AND MEMO WRITING

Purpose and Content

Letters and memos differ in format and circulation but have the same general purpose.

Memos are for correspondence within the Department; letters are for correspondence with organizations and individuals outside the Department.

- Asking letters or requests

These generally have a twofold duty. They tell what is wanted and why the request is being made. They may tell when a reply is needed.

Whether an asking letter should begin with what or why depends on the subject matter and your ingenuity.

When the reason is impelling, your reader is better prepared and perhaps more receptive if you state your reason first.

Example: Your request is related to a court hearing scheduled within two weeks or a patient is to be released from a hospital and needs a relative placement.

You should state your request and the reason for the request in the first paragraph, which should be limited to that information. Your reader should know exactly what is asked of him.

Following paragraphs should give any data which the reader needs to comply with your request. Include only required data. Rambling discussions and unrelated historical information are excluded.

Specific questions to be answered follow the essential data. These should be clear and exact.

The final paragraph briefly summarizes the request and courteously expresses appreciation for any services the reader may be able to perform.

Attach to your letter necessary reports, other letters, consents for release of information, etc.

- Reply letters or responses to requests

In replying to requests for service, read carefully to determine what is wanted and why.

How soon does the information have to be sent? If you cannot meet time limits, immediately notify the person making the request. If you must delay the service for a considerable length of time, acknowledge the request; give the reason for delay and the tentative time at which your reply can be expected.

If the request cannot be met because of Department policy, inadequate information contained in the request, etc., send an immediate reply explaining why you cannot give service.

- Appointment letters

Clearly state the reason for the requested appointment.

Suggest a time (hour, day of week, date of month) and place. Give a means of contacting you if the suggested time and place are not convenient.

Allow time for:

. mail delivery
. the person you are writing to fit the requested appointment into his schedule
. change to another date if necessary

Make your appointment letter formal but courteous.

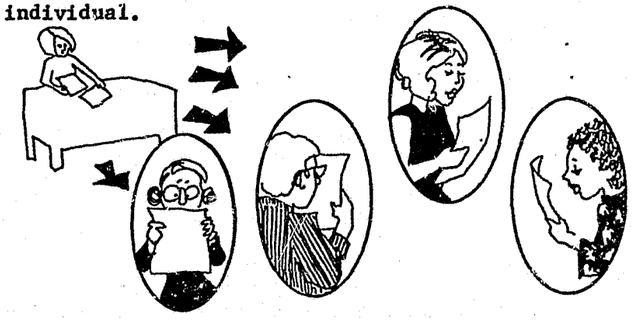
Write in plain, simple English. Avoid jargon and and bureaucratese.

- Confirmation letters

If important decisions have been made or if a plan of action has been devised, confirm telephone calls by letter.

Always confirm in writing policy discussed on the telephone.

Often results of conferences and meetings should be confirmed in writing. Thus each person involved has a clear picture of what has been decided, what must be decided, or what action must be taken by each individual.



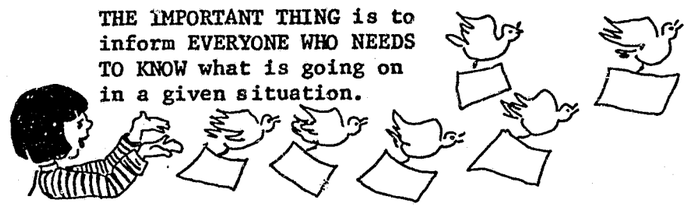
Confirmation Letters should be friendly, courteous and clear in purpose.

Carbon Copies

Often several people are involved in a situation which is the subject of correspondence. All should be kept informed, so send each a carbon copy of what you write. File a copy in the case record.

There is a general rule that copies of correspondence with a worker are sent to the worker's immediate supervisor. If you are replying to a request, check the letter from the requesting agency for indication of where carbons should be sent.

Appropriate administrators, as well as supervisors, often need to receive carbon copies of correspondence. (Action here depends on policy and program involved.)



The "4-S" Formula

This formula is used in U.S. government pamphlets on correspondence. "4-S" stands for: Shortness, Simplicity, Strength, and Sincerity.

- For SHORTNESS

  . Avoid repetition

  . Avoid needless words and information.

  . Beware of roundabout prepositional phrases, such as "with regard to" and "in reference to"

  . Watch out for nouns and adjectives that derive from verbs. Use such words in their verb form. Verbs are stronger and clutter less.

    Examples: We held the meeting. (Weak)
    We met.

    Mrs. White should take action. (Weak)
    Mrs. White should act.

    He is negligent in ... (Weak)
    He neglects.

- For SIMPLICITY

  . Know your subject so well you can discuss it naturally and confidently.

  . Use short words, short sentences, short paragraphs.

  . Be compact. Don't separate closely related parts of sentences. The key word in an English sentence is the VERB, with the SUBJECT and OBJECT closely related. Words which make the meaning of verb, subject and object more exact are called MODIFIERS.

    = Modifiers confuse meanings if they get out of place.

      Example: He only came to the office on Tuesday. (He came alone?)

      He came to the office only on Tuesday.

      Example: I noticed a large stain on the rug which was right in the center. (Which was in the center .. stain or rug?)

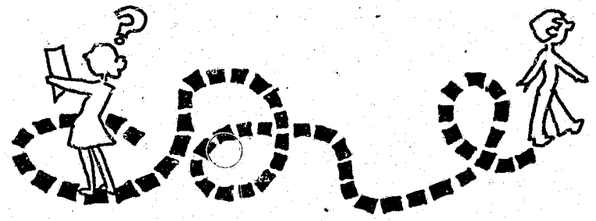
      I noticed a large stain right in the center of the rug.

    = Modifiers confuse meaning if they are too long and involved.

      Example: Mr. Harris, who is the attorney for the defendant, said he would appeal to the higher court at once.

      Mr. Harris, the defendant's attorney, said he would appeal at once.

  . Tie thoughts together so your reader can follow you from one to another without getting lost.



- For STRENGTH

  . Use specific, concrete words.

  . Use more active verbs.

  . Give answers clearly and explain only if necessary. Avoid qualification.

  . Don't hedge. Avoid expressions like "It appears that ...." or "It is my impression that ....."

- For SINCERITY

  . Be human. Use words which stand for humans .. like names of persons and personal pronouns.

  . Admit mistakes. Don't hide behind equivocations and meaningless words.

  . Don't overwhelm your reader with intensives and emphatics. For example:

    = It is to be noted ..
    = We would like to point out ..
    = An important consideration is ..
    = We call your attention to the fact ..

  . Be neither obsequious or arrogant. Strive to express yourself in a friendly and dignified way.

Please read the following two letters conveying the same information in two different ways. Which do you prefer? Why?

STATE DEPARTMENT OF PUBLIC WELFARE
JOHN H. REAGAN BUILDING, AUSTIN, TEXAS 78701

Gulf County Courthouse

Mr. and Mrs. A.B. Gordon
1315 So. Blake
Gulf City, Texas

Dear Mr. and Mrs. Gordon,

It has come to our attention that your children Robert, age 7, and Ellen, age 6, are not receiving proper supervision.

Please be in my office on the 3rd floor of the Courthouse, room 316 at 9:30 a.m. on Friday, September 27, 1974 to discuss this situation with me.

Sincerely,

Ann Tuffnutt

(Mrs.) Ann Tuffnutt
Public Welfare Worker I

STATE DEPARTMENT OF PUBLIC WELFARE

JOHN H. REAGAN BUILDING, AUSTIN, TEXAS 78701

Gulf County Courthouse

Mr. and Mrs. A.B. Gordon
1315 So. Blake
Gulf City, Texas

Dear Mr. and Mrs. Gordon

Our agency works with families having problems with their children. Mr. Gray of the City Housing Authority told me that he had talked with you about our services. He also explained the difficulties Robert and Ellen were having with some of the other families in the project and at school.

I want to meet with you as soon as possible and wonder if Friday, September 27 at 9:30 a.m. would be convenient? My office is on the third floor of the Courthouse, room 316. I know that Robert and Ellen will be in school at that time so I can arrange to meet them later.

If the suggested time is not convenient, please telephone me at 430-6000 and we can set another time. I am looking forward to meeting you.

Sincerely,

Molly Friend

(Miss) Molly Friend
Public Welfare Worker I

NOTES

1. What are two good reasons for putting information in writing?
2. What kind of language should you avoid?
3. What kind of thinking should you avoid?
4. Finish this statement: "Communication has not occurred until ...."
5. What are some resources for self-improvement in communicating by writing?
6. What are some helpful hints taken from the resource books?
7. What is "weasel-wording"?
8. What are some good reasons for narrative case recording?
9. What are some general rules for narrative case recording?
10. How do reports (including social studies) differ from case recordings and general correspondence?
11. Who must agree to the form for court reports?
12. Do child care facilities require reports?
13. What are the advantages of a standardized format?
14. Which section of the Social Services Handbook gives special attention to the preparation of court reports?
15. Name three types of court situations which require reports.
16. Name some general guidelines in report writing.

(PLAY IT AGAIN SAM - continued)

17. In what ways do letters and memos differ?

18. What are some requirements for a good "asking letter" or request?

19. What are some requirements for a good reply letter or response to a request?

20. What are some requirements for a good appointment letter? A good confirmation letter?

21. Who should get carbon copies of your correspondence? What is the important thing about sending copies?

22. What four elements are included in the "4-S" formula?

23. How in correspondence do you achieve SHORTNESS? SIMPLICITY? STRENGTH? SINCERITY?

CHILD PROTECTIVE SERVICES

ADVANCEMENT

CONTINUING EDUCATION

STATE DEPARTMENT OF PUBLIC WELFARE

SEXUAL ABUSE OF CHILDREN

MODULE SS19-1

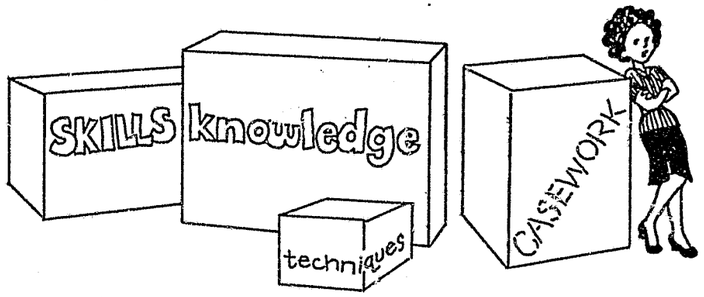
ACKNOWLEDGEMENT

The Continuing Education Bureau developed the Sexual Abuse educational package as a follow-up to a Regional Institute on Child Abuse sponsored by the University of Arkansas School of Social Work, November 18-22, 1974. The institute was made possible by a grant from the Department of Health, Education and Welfare.

SEXUAL ABUSE OF CHILDREN

TENURED WORKER

Because you are a tenured Protective Services worker, we assume that you already have on hand



a helpful supply of:

1. the knowledge, skills and techniques introduced during Orientation

2. basic casework skills, such as:

   a. constructive use of authority
   b. self-awareness
   c. knowledge of agency function
   d. knowledge of the elements of casework relationship
   e. knowledge of the principles of human growth and development
   f. techniques of interviewing
   g. mutual goal-setting approaches
   h. awareness of your role as counselor, liaison, investigator, coordinator, and facilitator

SEXUAL ABUSE WORKSHOP - CURRICULUM DESIGN

Additional material being offered to you was designed during a workshop on SEXUAL ABUSE OF CHILDREN, held in Austin, May 20-22, 1975.

Resource people, State Office personnel and field staff shared information, views and experiences.

Workshop educational objectives for tenured workers included:

1. defining sexual abuse from the viewpoints of medicine, law, social work and psychology

2. identifying and discussing feelings associated with sexual abuse of children (including those experienced by the victim, family members, perpetrators, society .. and you, the worker)

3. describing the role of each professional in the decision-making process in cases of sexual abuse of children

4. being able, with regard to the medical examination, to:

   a. identify information needed by the doctor or psychiatrist and/or psychologist

   b. identify information which you, as case worker, need from the medical report

   c. define frequently used medical terminology associated with sexual abuse

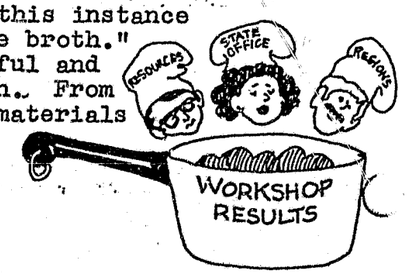
   d. identify information from the medical report to be discussed with family and/or the child

   e. recognize and discuss feelings of self and others associated with the medical examination in order to discuss the examination with the family and/or the child

5. defining some steps in the management of sexual abuse cases which may differ from management of other types of child abuse cases

Many different people had input during the preparation of the teaching material for this module. Among them were your co-workers from all but one of the ten regions.

Contrary to the old adage, in this instance "many cooks" did <u>not</u> "spoil the broth." Instead they stirred up a helpful and practical packet of information. From it we are passing these basic materials on to you.



We hope they will be of assistance to you in a complicated assignment.

WORKSHOP PARTICIPANTS

Taking part in the SEXUAL ABUSE OF CHILDREN WORKSHOP were:

PANELISTS

Law - Ms. D. Carolyn Busch, Attorney at Law, Austin

Social Work - Ms. Kathleen Dorothy (Grissom) Crane, MSW, Child Abuse Unit 75, Dallas - State Department of Public Welfare

Psychiatry - Jackson R. Day, M.D., Child Psychiatrist, Austin

Pediatrics - Donald Kenneth Nelms, M.D., Chief of Pediatrics, John Peter Smith Hospital, Fort Worth

MODERATORS

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Ms. Anne D. Robinson, Assistant Director, Curriculum Development Division, Continuing Education Bureau, State Office (Video Tape Recording)

FACILITATORS

Ms. Kay Love - Protective Services Consultant, Social Services Branch, State Office

Ms. Opal Mattox - Program Evaluation Specialist, Program Evaluation and Review Division, Social Services Branch, State Office

Ms. Geneva Evans - Program Management Specialist, Educational Services Division, Continuing Education Bureau, State Office

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SEXUAL ABUSE OF CHILDREN - DEFINITION

Sexual abuse of a child is any sexually-oriented act(s) or practice(s) by a person responsible for the child that threatens or harms the child's physical, emotional, psychological or social development.

Examples of types of sexual abuse include:

incestuous family relationships
indecent exposure
rape
sodomy
fondling the child's sexual parts
sexual intercourse
sexual stimulation
inappropriate sexual role responsibilities

A child is defined as:

a person under 18 years of age who is not and has not been married or who has not had disabilities of minority removed for general purposes

As a worker, you will need to be aware that different professionals have different viewpoints on what constitutes sexual abuse.

Following is a list that indicates some of the variations.

PROFESSIONAL VIEWPOINTS

Medical - forcing a child to engage in sexual activities

Psychiatric - sexual exploitation of a child under age 18 by an adult who is responsible for the child's welfare .. under circumstances which harm or threaten the child's health and development

Social Work - any use of a child by an adult for the adult's own sexual gratification

Legal

Civil - The civil law does not give a definition of sexual abuse of a child. The following sections of the Texas Family Code authorize the Protective Services worker to become involved in incidences of reported abuse and neglect (which include sexual abuse):

1. Chapter 34. Report of Child Abuse (Sections 34.01 and 34.02)
2. Chapter 17. Suit for Protection of Child in Emergency (Sections 17.01 and 17.04)
3. Chapter 15. Termination of the Parent-Child Relationship (Section 15.02 C.D.)

Criminal - Sexual offenses against children are many and varied. The range of such crimes encompasses all similar crimes between adults; it also includes some in which only a child may be a victim.

A logical beginning of an exploration of what acts constitute sex crimes is to examine the law which defines such criminal behavior.

However, sexual abuse of children encompasses more than these specific criminal acts and is also determined under civil law by:

1. protective service investigation and
2. assessment of effects on the child

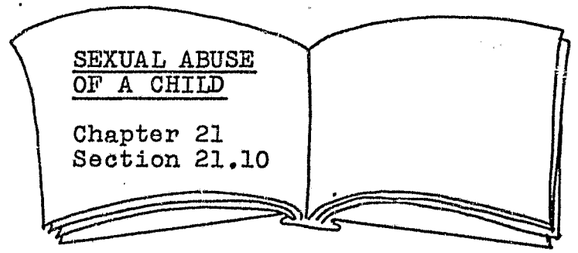
rather than being determined under criminal law by:

1. law enforcement investigation and
2. proof beyond a reasonable doubt

Criminal statutes do not provide protection for the victim of a crime (except as the statutes seek to protect the victim from additional acts of crime by the same offender).

Thus, it is not the intent or purpose of the criminal code, which defines sexual abuse of children as crimes, to protect children from the consequences of such crimes.

Texas Penal Code has specific references to:



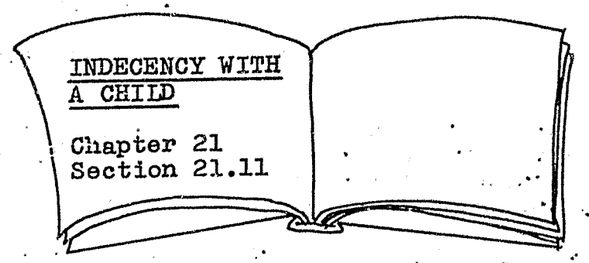
(a) A person commits an offense, if, with intent to arouse or gratify the sexual desire of any person, he engages in deviate sexual intercourse with a child, not his spouse, whether the child is of the same or opposite sex, and the child is younger than 17 years.

(b) It is a defense to prosecution under this section that the child was of the opposite sex, was at the time of the alleged offense 14 years or older, and had, prior to the alleged offense, engaged promiscuously in sexual intercourse or deviate sexual intercourse.

(c) It is an affirmative defense to prosecution under this section that the actor was of the opposite sex and was not more than two years older than the victim.

(d) An offense under this section is a felony of the second degree.

NOTE: Definitions of "sexual contact," "sexual intercourse," and "deviate" or "deviant sexual intercourse" will be found on page 9 of this module.



(a) A person commits an offense if, with a child younger than 17 years and not his spouse, whether the child is of the same or opposite sex, he:

(1) engages in sexual contact with the child, or

(2) exposes his anus or any part of his genitals, knowing the child is present; with intent to arouse or gratify the sexual desire of any person

(b) It is a defense to prosecution under this section that the child was at the time of the alleged offense 14 years or older and had, prior to the time of the alleged offense, engaged promiscuously in:

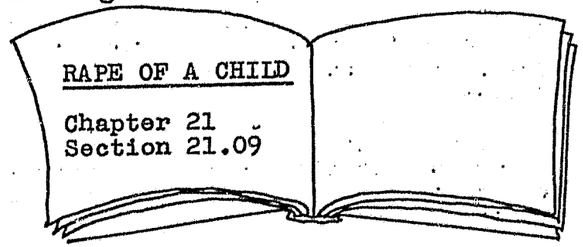
(1) sexual intercourse

(2) deviate sexual intercourse

(3) sexual contact, or

(4) indecent exposure as defined in Subsection (a) (2) above

(c) An offense under this section is a felony of the third degree.

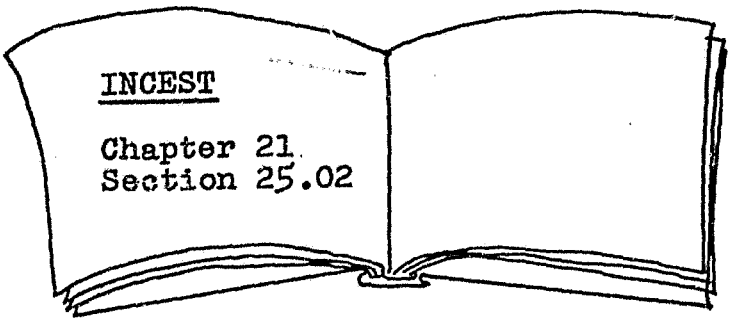


(a) A person commits an offense if he has sexual intercourse with a female not his wife and she is younger than 17 years.

(b) It is a defense to prosecution under this section that the female was at the time of the alleged offense, 14 years or older and had, prior to the alleged offense, engaged promiscuously in sexual intercourse.

(c) It is an affirmative defense to prosecution under this section that the actor was not more than 2 years older than the victim.

(d) An offense under this section is a felony of the second degree.



(a) An individual commits an offense if he engages in sexual intercourse or deviate sexual intercourse with a person he knows to be, without regard to legitimacy:

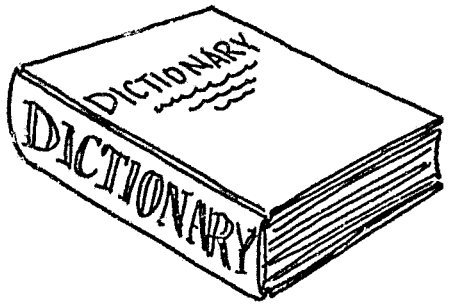
(1) his ancestor or descendant by blood or adoption

(2) his stepchild or stepparent, while the marriage creating that relationship exists

(3) his parent's brother or sister of the whole or half blood

(4) his brother or sister of the whole or half blood or by adoption, or

(5) the children of his brother or sister of the whole or half blood or adoption



Definitions relevant to quotes from the Texas Penal Code:

"Deviant or deviate sexual intercourse" means any contact between any part of the genitals of one person and the mouth or anus of another person with intent to arouse or gratify the sexual desire of any person.

"Sexual contact" means any touching of the anus or any part of the genitals of another person or the breast of a female 10 years of age or older with intent to arouse or gratify the sexual desires of any person.

"Sexual intercourse" means any penetration of the female sex organ by the male sex organ.

NOTE: Texas law has long recognized that the consenting partner to incest is an accomplice witness whose uncorroborated testimony is insufficient to convict.

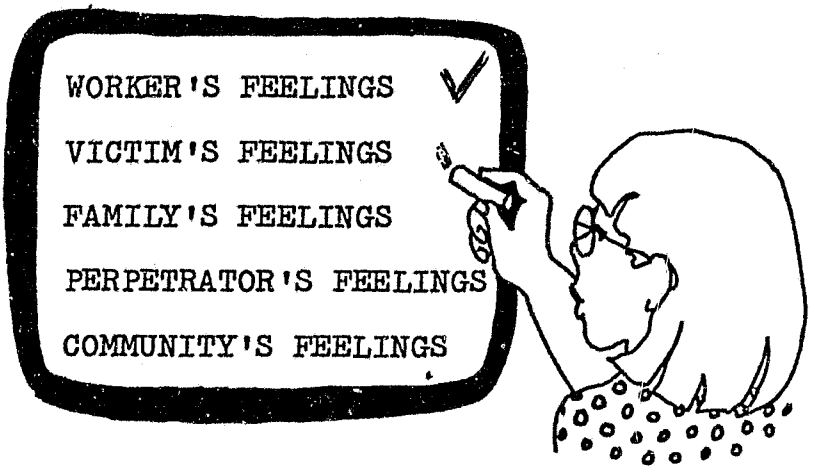
EMOTIONS AND ATTITUDES

As a tenured worker, you are already cognizant of the fact that you can help or hinder successful communication by your own responses to emotional material.

Inappropriate reactions (verbal or non-verbal) can arouse or add to dysfunctional feeling responses already present in individuals whom you are contacting; these feeling responses may include guilt, fear, alienation, etc.

In general, a non-judgmental attitude on your part may help to alleviate such feelings and channel them into more productive areas.

As the Protective Services worker, you realize that you are to direct the interviews; at the same time you must be sensitive to the needs of the client as well as to the feelings of others concerned with the case.



WORKER'S FEELINGS

Shock/Denial/Disbelief

that this kind of thing can happen
that any human could do such a thing

Fear

for the child
of perpetrator's threats
of being unable to alter a set family system

Anger

at lack of protection by mother or siblings
at what child has to go through with police and criminal court hearing
at doctor's lack of knowledge or cooperation
at perceived inability to alter family system effectively

Vengeance

through castrating the perpetrator
through getting him out of that house

Embarrassment

about discussing sex
about using street language
about using proper language
about discussing sex with a person of the opposite sex
for the child
for the perpetrator
for the family

NOTES

Rejection

of the perpetrator
of police for actions with child or perpetrator
of unresponsive relatives
of abdicating parent (one who fails to protect child from perpetrator)
of community's over-reaction/under-reaction

Curiosity

which would spring from normal sexual curiosity
of your "child" (Transactional Analysis)

Outrage (Moralistic)

because the perpetrator was wrong, bad, immoral
because the abdicating parent was wrong, bad, immoral
because the child "seduced" the perpetrator
because of wish to get child out of that "awful place, right now"

Sadness

for child's/family's depression
for family separation, if it occurs
from feared inability to effectively alter family system and effects on family

Powerlessness

to alter set family system
to undo the damage already done

Anxiety

from emotionally-laden character of sexual abuse (among fellow staff members may relieve this by jokes)
from pressure by family, child, community

Guilt

about your moralistic, angry, vengeful, rejecting, disgusted, curious feelings
from your feared inability to alter the family system effectively

Ambivalence

about intervening/not intervening
about removing/not removing child

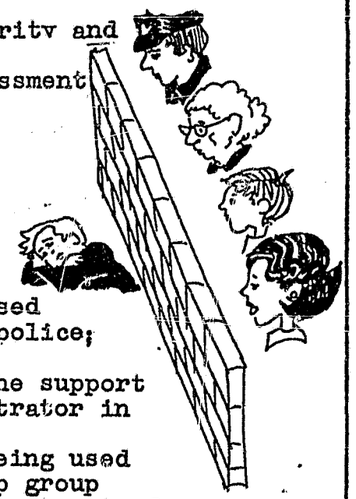
VICTIM'S FEELINGS

Fear

of probable anger or retribution by non-perpetrator parent(s)
of separation from family
of rejection by family
of perpetrator

Depression

from ambivalence over incident
from reaction of others to the situation
from not being believed
from rejection by abdicating parent
from any separations
from powerlessness in situation
from loss of innocence or virginity
from feelings of inferiority and lack of self-worth
from guilt/shame/embarrassment



Rejection

caused by being alone or separated from family
by friends
by school
through disbelief expressed by others in family, police, caseworker, etc.
through deprivation of the support provided by the perpetrator in a long-term situation
through realization of being used
by individuals or kinship group
by parents because of resentment of the occurrence

Anger/Hostility

toward parents or the abdicating parent
toward perpetrator
toward people the same sex as the perpetrator
toward siblings
toward self
toward society for intervening or not intervening

at loss of innocence or virginity
toward caseworker or anyone interviewing
because of fears, ambivalences, rejections, anxieties, guilts

Ambivalence/Confusion

from missing the relationship but also being ashamed of it
from asking, "What part did I play?"
from being thrust into new environment (court, police station, shelter, foster home)
about own feelings
about what is happening
about what has happened
from wondering, "Did I make the right decision?"
from asking, "Is this what I wanted?"
from thinking, "Now I'm a woman." versus "Now I've lost my innocence."

Guilt/Shame/Embarrassment

over participation in sexual relationship, acts, practices
about discovery
about pleasurable feelings
about family dissension
about manifesting too little or too much knowledge of the sex act and deviant sexual behavior
about alienation of other family members
about having gotten perpetrator "in trouble"
about break-up of family
about embarrassment to the family
about outside intervention
about not revealing occurrence immediately
about pregnancy, when that occurs

Anxiety

about the uncertain future
about what's going to happen to me... my family
about whether this will happen again
about getting the perpetrator in trouble
about causing this situation to happen
about what others will think
about friends knowing
as expressed in nightmares, insomnia, enuresis, etc.

FAMILY'S FEELINGS

Disbelief

(on part of siblings and/or other parent) that this happened "in our family"

that it was discovered

Guilt

for not taking care of problem within the family
on part of other parent or siblings for not speaking up or for letting situation continue

Alienation

from involved individuals
from friends
from the community

Anger

at child for letting situation be known (which may result in "scapegoating" the child)
at other source of discovery
at intervening agencies
at self
against perpetrator
at criminal prosecution which subjects child/family to repeated interrogations and court appearances

Fear

about what is going to happen to family, child and perpetrator
about what will happen to reputation in the community
of losing the child
of going through civil or criminal court action

of what will happen to victim
of perpetrator

Shame/Embarrassment

about stigma of sex abuse
over feelings of relatives, friends, community

Denial

(by all family) that the situation happened

Resistance

to outside intervention
to changing the family system

Impotence and Powerlessness

of mother who feels she couldn't have done anything because "he would have left her"

of child because father was "bigger"

of child because mother allows it to happen

of parents concerning loss of control over family because of agency intervention

Depression

from alienation
from guilt/shame/embarrassment
from family system changes
from any separations
from intervention of authorities
from part in the problem
from child's loss of innocence or virginity

Concern

for the child
for the perpetrator
for the rest of the family members

Harassment

because of police and community urging to file charges against the perpetrator

because of the urging by perpetrator or relatives to drop charges against the perpetrator

PERPETRATOR'S FEELINGS

Denial

that the situation happened
that the perpetrator was involved
that the perpetrator was responsible

Anger

at the child
at the spouse
at intervening agencies
at self

Fear

of prosecution
of losing family or having family break up because of perpetrator
of others finding out
of losing job
of being labeled
of rejection

Shame/Guilt/Embarrassment

over discovery
over exposure of intimate family problems
over part in the sexual abuse
over effects on the child

Depression

from family system changes
from reaction to own part in the abuse
from alienation
from shame/guilt/embarrassment

Alienation

from family
from friends
from work
from community

COMMUNITY'S FEELINGS

Vengeance/Retribution

through castration
through getting him out of that house
through "removing that kind from our neighborhood because he may bother our kids"
through severe punishment

Disgust

over perpetrator's behavior ("depraved, primitive, degenerate, emotionally sick cravings")
over family's involvement

Misunderstanding

of child's role and motivation
of perpetrator's motivation
of Department's role in preserving the intact family
of what is needed to protect the child immediately
of what will help the child/family/perpetrator

Voyeuristic Enjoyment

through normal curiosity
through abnormal sexual fantasizing or secondary gratification

Pity

based on sympathy
based on empathy

Protectiveness

of own family ("They're not going to play with my kids!")

Moralistic Outrage

because the perpetration was wrong, bad, immoral
because the perpetrator was a criminal type
because "we must get the child out of that awful place right now"

Shock/Disbelief

because "This kind of thing couldn't happen here."
because "What kind of person would do that kind of thing?"

DEFINITION OF ROLES OF PROFESSIONALS IN THE DECISION MAKING PROCESS

In sexual abuse of children cases there are many difficult decisions to be made. A clarification of the roles of various professionals in the shared decision-making process may be of benefit to you.

Role of Social Worker (Department of Public Welfare)

As a Protective Services worker, you have multiple roles, which include:

Investigator - You have the responsibility for receiving and investigating all referrals which indicate suspected cases of sexual abuse.

Coordinator and Facilitator - You must coordinate and facilitate delivery of professional services which are necessary to validate referral. You also provide remedial services to the child and family in an effort to cause changes which will protect the child as needed.

Mediator - You act as mediator between child and perpetrator; between child and community, child and family, family and community, perpetrator and community, child and court.

Caseworker - You are responsible for developing and maintaining rapport with the victim, who must be assured that you are there for supportive purposes.

Expert - You are a professional expert in knowledge of what is sexual abuse of a child and how you provide services to the child and family in sexual abuse cases.

Role of Law Enforcement Personnel

Law enforcement officer(s) may be first on the scene and can give first-hand information. Law enforcement personnel may be needed to gain entry. Such personnel may initiate criminal action against perpetrator; this action involves sifting the story told by the victim, interrogating the accused, procuring legal evidence, making the arrest, and initiating procedures to set in motion the machinery of the criminal courts.

Role of School and/or Day Care Center

The school or day care center has responsibility for reporting cases of suspected sexual abuse. The school can give information supporting the child's story, can describe the child's behavior during school hours, can help detect abnormalities.

Role of Medical Personnel (M.D., Psychiatrist or Psychologist)

These make the physical, psychiatric and/or psychological examinations. They provide a report of findings and can interpret medical or psychological findings but cannot diagnose "sexual abuse."

Role of Legal Personnel

A court order may be required for medical examination if parents will not give their consent. The Court may order immediate removal of the child from the home. Legal personnel may initiate criminal action.

ASSESSMENT

As the Protective Services worker in one of these sensitive cases, you have many difficult choices. Among them are the decisions you must make in assessing the problem, such as:

1. "Whom should I see first: the child, the complainant, or the family?"

   This decision will depend on the nature of the individual case, age of the child, type of complaint, accessibility of persons, etc.

2. "Does the situation necessitate immediate removal?"

   Sexual abuse is rarely a life-endangering situation. Consequently you should resist (in every professional way you know) being pushed into a series of emergency placements. If a child has been in a bad setting for months and years -- no matter how bad the setting is -- an emergency necessitating his immediate removal does not exist. Leaving him where he is is preferable until he is ready for the move.

3. "When is an immediate medical examination necessary?"

   You should arrange for an immediate medical examination always in violent crimes; for venereal disease and/or pregnancy when intercourse or sodomy has occurred; or when required by local policy.

   The examination should be comprehensive but compassionate.

   Presence of V.D. in a child makes an investigation of sexual abuse imperative.

4. "Is a psychological or psychiatric exam needed?"

   You may find such an exam helpful in assessing whether the story is fact, fiction or falsehood, or to determine aspects of the case plan.

MANAGEMENT OF WORKER INTERACTION WITH THE FAMILY

There are a number of recommendations which can make you more effective in handling these challenging cases.

NOTES

1. Approach the family slowly and carefully, demonstrating sensitivity, objectivity and firmness.

2. You must control the situation; do not let the situation control you.

3. Realize the difference between approaching with authority and approaching with authoritarianism.

4. You must be comfortable in discussing the incident regardless of the terms used to describe it. You should always clarify what is meant by the words and by descriptions of the incident(s). However, discuss the incident in terms familiar to the person being interviewed.

5. To avoid further emotional trauma, avoid as much as possible repeated questioning of the child about circumstances relating to the sexual abuse.

6. Be aware of the ambivalent feelings of the child, perpetrator and family; recognize that the needs which abuse expressed still exist concurrently with the Department's intervention.

7. Recognize sexual abuse as an entry into a complex family situation. The abuse is usually one of a greater constellation of social problems and family dysfunction.

   Assess the child's situation for existence of neglect, abuse, lack of supervision or lack of action to protect the child even when parent had reason to suspect that the child was being exposed to potential, if not actual, sexual abuse.

8. Sexual responses to the child by the family can be viewed upon a continuum of healthy to unhealthy effects. It is necessary for children to receive responses which help them develop a sexual identity. For example, a teenage girl needs to feel that she is attractive; initially the father will be responsible for letting her know this. Inappropriate responses by the adult to this stimulus can result in sexual abuse.

   It is also necessary for children to learn control of sexual responses. Adults should, therefore, discuss and model control of sexual responses. Total denial of sexual matters can have as unhealthy effects on the child as over-concentration on sexual matters.

9. You as worker have a responsibility to let the perpetrator know that his response was inappropriate but you should also communicate some understanding of the response. You should make sure that the perpetrator is not labeled as the only person with responsibility for the act(s) or practices; the abuse should be viewed as a product of the family dysfunction.

10. Differentiate between fact and fantasy. In the casework process you must access not only the description of the incident, but family relationships, role rigidity, and the family's function outside the home.

11. Help the family see the sexual abuse as a changeable situation rather than an unchangeable reality of life.

12. As one approach, work with the abdicating parent (the one who makes no effort to stop the perpetrator) to recognize and develop a parent role; help the abdicating parent to see that this is essential to future protection of the child in the home. Passive parents usually respond well to authority (which you represent). If parent cannot/will not develop a proper role, the Department must move to insure the child's safety.

13. Work with family isolation by encouraging other outlets and means of expressing family needs.

14. Assess parents' ability to feel concern for and to see the need for protecting the child.

15. Serve as mediator among child, family and community. Shield the family and child from adverse effects; support and befriend them to give them the security which comes from knowing they are not alone. Explain what is happening; interpret the process; strengthen and enrich their capacity to survive the experience.

MANAGEMENT OF COMMUNITY CONCERNS

As a Child Welfare Worker, you function as the central figure in coordinating services to the family and mediating among child, family, community, etc.

You educate community members, calm community reactions. You do not give in to irrational community pressure.

Furthermore, you identify and mobilize other resources which can help the family.

DIRECT WORK WITH CHILD - OWN HOME OR SUBSTITUTE CARE

If the family is not protecting or is not really making plans to protect the child from further abuse, the Department must recommend court action to allow us to protect the child.

If sexual abuse was mother-son incest, the Department should move to have the mother psychiatrically evaluated for possible hospitalization. (One study revealed that in all 33 cases studied the mother was disturbed to the point of psychosis.) The child should also be psychiatrically and psychologically evaluated for treatment (residential; if necessary; out-patient, if adequate). If such a change is indicated, the child's emotional health may also require alternate living arrangements.

Your efforts with the child relate to working with him at his level of understanding in the areas of:

1. sharing medical information at child's level of curiosity

2. sharing appropriate information about sex (including anatomy, contraceptives, and medical consent for abortion, etc.)

3. preparing the child for court

4. giving guidance and a meaningful interpretation of the sexual abuse situation

You, as worker, should carefully develop, maintain and enhance rapport with the victim. The victim must have the assurance that you are there for supportive purposes.

You should encourage the child to identify and express his/her feelings as they relate to medical, sexual and legal information. Ask yourself these questions:

Is the child afraid?

If so, don't give any more information until the child is calm and has digested the previous information.

Is the child full of self-hate?

These guilt feelings must be played out or discussed (or both) or they may result in further withdrawal into self or in acting-out behavior.

Is the child able to see the incident in perspective?

The abuser is a family member who is emotionally immature or ill; or the abuser is a stranger who was not provoked by the child and was motivated by his own gratification. If the child cannot see the incident in proper perspective, he needs more time and opportunity to discuss his feelings with you, so he can move beyond feeling responsible for the abuse.

Is the child afraid to go home?

If so, make other plans for him/her. We cannot afford to allow the child to be let down first by family and then by the Department. This fact is especially important in self-referrals for incest. The relationship between family members undergoes enormous change once the abuse is known. Violence to the child may ensue if he/she remains in the home.

If appropriate, you can involve the family by seeking its cooperation in voluntary placement.

Is the child able to express any positive feelings for the family?

Usually these will come out when negative feelings are expressed.

Is the child able to express anger at the parents?

Often the child blocks off such emotion and is able to express it only after treatment is begun.

There are other questions to be asked of oneself (as a worker), particularly concerning the child's attitudes toward sexual matters.

Is the child comfortable with his/her own sexual identification?

Evaluate indicators such as choice of friends, choice of nickname, manner of dress, etc. If these indicate that the child may need help in making an appropriate sexual identification, secure a psychological evaluation. Make efforts to provide role models for the child (peer groups, teachers, foster parents, worker, volunteer group, etc.). Teach social roles to the child who is in need of this information.

Is the child fantasizing continued sexual activities in the foster home?

You can help foster parents see the fantasy as stemming from sexual tensions in the child. You can also discuss with the foster parents the possibility of increased incidents of running away by sexually abused children; the foster parents can then prepare emotionally for such situations.

You should encourage the opposite sex foster parent to relate carefully to the child so the foster parent will not unknowingly stimulate the child or further deprive the child of needed attention. The same sex foster parent will generally have primary contact with the child in this situation. You, as worker, direct your activities toward helping the child recognize and reality-test the needs and feelings expressed in the fantasy.

Is the child overly affectionate as a response to prolonged stimulation?

If so, the child should be taught by foster parents, and other models in treatment, appropriate ways to demonstrate affection, as well as other acceptable ways to relate.

Is the child sexually promiscuous as a response to early stimulation?

You, as worker, must explain the origin of such behavior to the foster parents, so they can respond objectively to the child's behavior (not throw the child out).

Your discussion with the child should center on his/her future goals and the ineffectiveness of the promiscuous behavior in achieving those goals.

Effective treatment should, over time, result in the child's identifying the needs and feelings motivating the promiscuity and his/her recognizing unresolved feelings about the abuse.

A girl acting out promiscuously should be protected from pregnancy and from venereal disease. You should help the child and natural or foster parents realize what should be done to protect the child.

COURT RELATED MANAGEMENT OF SEXUAL ABUSE CASES

Sexual abuse cases are difficult to litigate in court. In the worker's role, you are usually involved in Civil Court as opposed to Criminal Court. However, if the cooperation of Protective Services is requested in criminal prosecution, we must honor the request.

In making the decision to petition court for conservatorship of a child, you should consider:

1. whether the child is afraid or refused to go home. If so, you should honor the child's request for other living quarters.

2. the fact that character-disordered parents (those exhibiting immature, "delinquent" behavior or insensitivity to needs other than their own) often need court action.

3. the fact that violent elements added to any perversion create a danger situation. Be aware of violence exhibited by parent(s) in other than sexual situations and any previous offenses against society.

4. whether it is evident that a parent will not protect the child

5. the fact that it is much easier, and at times, just as appropriate to prove physical or emotional abuse and neglect than sexual abuse

When you are seeking Department conservatorship of a child, you will need facts in court. Do not include as evidence any of your own assumptions. Get legal advice as soon as validity of the complaint is established. Discuss facts with an attorney.

Local policy and the extent of involvement by the attorney representing Protective Services may dictate that you (as worker) become responsible for filing the petition, resetting court dates, arranging for subpoena of witnesses.

You will need to remember that:

1. you and the attorney must determine whether there is sufficient evidence to prove sexual abuse. (Going through a court hearing is too stressful for the child and family if you have no way to prove your case.)

2. rarely are there witnesses in sexual abuse cases. If there are witnesses, you must be able to tell the attorney what witnesses can testify.

3. facts should always include a medical report and a psychiatric and/or psychological report, if appropriate

   Psychiatric or psychological reports are appropriate if there is need to prove emotional disturbance; if they are to be used for evidence; or if they are necessary in making a decision to remove the child. When seeking needed information from the medical profession, you should include with your request a signed medical release, and you should pose specific questions. Reports may not stand alone in court because there can be no cross-examination. Expert witnesses are often needed in court.

4. you must channel the family in the right direction for proper legal representation

5. you act as mediator among the child, the parents and the court to help child and parents accept and adjust to anxiety-producing events of police investigation and civil court appearances. You

can ask the judge to exclude reporters and the general public to prevent press coverage and notoriety.

6. you should review the status of the case with the child's attorney ad litem

Working with the Child Victim and Family During a Criminal Case

Often the needs of the child and family . . and what is happening to them . . are lost sight of during the criminal prosecution procedures.

Consequently the plight of the victim and the necessity for evaluating what can (and must) be done to help the child and parents land squarely in the lap of Protective Services.

Concern for the child dictates that prosecution be attempted in only those cases where evidentiary requirements can be fully met. You, as worker, can attempt to see that law enforcement officials, district attorneys, parents (any people who are likely to initiate court procedures) recognize this principle.

When appropriate, you can seek to avoid subjecting the child to a trial by enlisting the district attorney's aid in:

1. encouraging overtures from the defense with an offer of a lesser plea

2. accepting a guilty plea from the perpetrator

If a guilty plea is accepted, there will be no trial; thus the child will be saved the ordeal of testifying in open court and will be spared

having to testify against the parent or other relative charged with the offense. Most important is the fact that the child will feel less guilty for having sent the offender to jail because the conviction rests on the guilt plea of the perpetrator.

If a case is processed in criminal court, you should prepare the child and family for the court experience. You can, prior to the hearing, take them to the court room to discuss where everyone sits and who does what. You should gear such preparation to helping the child and family accept the necessity for prosecuting the offender and protecting the community. You should support the child and family in their acceptance of their roles and their gaining awareness of the positives of the situation.

Throughout the court proceedings, you can give other and more tangible services to ease the anxiety of the child and the family.

1. You can accompany the family to court and seek to support the child and family, their needs and interests.

2. You can seek to have the case heard in the privacy of the judge's chambers.

3. You can seek to have the press and general public excluded from the courtroom.

In terms of judiciary processing the child victim is exposed to the proceedings without anyone formally acting in behalf of the child. You should facilitate the protection of the child by the court in whatever ways are possible. For instance, you can work with the judge and prosecuting attorney to encourage avoiding repeated redundant questions to the child in court.

IMPLICATIONS OF MEDICAL INVOLVEMENT

Steps Involved in Preparing the Child and Family for the Medical Examination

Certain procedures used by you will be helpful before the medical examination takes place.

1. family

   a. Allow the family to obtain the medical exam, where this approach is possible. (Your participation should insure appropriate examination.)

b. Explain to the family why the examination is needed and what it will involve.

c. Explain potential uses of the results of the examination.

d. Identify and discuss feelings of the family members about information you have given them.

2. child

a. Explain why the examination is necessary. (The child's anxiety level can increase because of having too little information or too much.)

b. Explain the contents of the examination, using language the child can understand.

c. Identify and discuss the child's feelings about the information you have given.

Information Needed by the Medical Doctor, Psychiatrist or Psychologist

Such information would include:

1. name, age and sex of the child

2. consent - sources of consent

   a. parent
   b. court order
   c. self (See Texas Family Code - Section 35.03, "Consent to Medical Treatment". A new Section 35.05 allows a doctor or dentist to examine the child without parental consent.)

3. time/date of alleged incident(s)

   a. isolated incident
   b. chronic
   c. violence involved

4. child's medical history

   a. developmental history (childhood diseases, when crawled, when walked, when toilet trained, etc.)

   b. menarche
   c. allergies

5. child's social history

   a. social development
   b. relationship in family
   c. peer relationships
   d. any known psychiatric disorders/treatment
   e. academic achievement
   f. results of any previous testing

6. parents' medical history

7. family social history

   a. marital history and functioning
   b. sexual adjustment
   c. socio-economic position and functioning
   d. known psychiatric disorders/treatment
   e. employment patterns

   f. use of alcohol or drugs

Information Needed by You (Worker) From Medical, Psychiatric and Psychological Reports

Such information would include:

1. medical report

   a. evidence of recto-genital penetration
   b. evidence of repeated penetration (evidence of semen)
   c. hymen intact
   d. unusual markings in the recto-genital area (bleeding, swelling, bruises, hematoma, teeth markings, abrasions, etc.)

   e. unusual markings on the breast and face area (bruises, teeth marks, swelling, etc.)

   f. presence of venereal disease or genital infections

   g. directions for medical supervision (follow-up visit to doctor, medicines, etc.)

h. child's reaction to the physical examination (fright, flat effect, hysteria, etc.)

i. examination content

- pelvic examination
- general physical
- serology testing
- pregnancy test
- medications administered

2. psychiatric/psychological report

a. mental status of child
b. child's immediate emotional state
c. indications and extent of emotional disturbance
d. treatment plan
e. prognosis
f. testing results, if tests administered

Information from Medical Report to Be Discussed with Family, Child and Foster Parents

There are certain facts you need to determine before discussing results of the medical examination with the family:

1. capacity of parents (intellectual and emotional) to understand
2. value system of family
3. "need to know" in relation to changes to be made and/or health needs
4. timing (completeness of information available, ability of family to absorb)
5. remaining parental rights
6. rights of minors who gave consent to exam

There are also facts you should determine before discussing results of the medical examination with the child:

1. capacity of child to understand based on age and emotional and intellectual development
2. timing (completeness of information available, ability of child to absorb)

Before discussing results of the medical examination with the foster parents, you should provide only that information which will help them in parenting the child.

GLOSSARY

ABORTION - the premature expulsion from the uterus of the products of conception (the embryo or a nonviable fetus)

ANAL INTERCOURSE - intercourse involving penetration of the anus

ANUS - distal or terminal oriface of the alimentary canal; posterior opening of the large bowel

AUREOLA - area surrounding the nipple

BREASTS - anterior aspect of the chest, often applied especially to the modified cutaneous structure that contains, in the female, elements which secrete milk

CERVICAL CUFF - small bandlike structure encircling the cervix

CERVIX UTERI - (often referred to as "cervix") the lower and narrow end of the uterus between the isthmus and the ostium

CLITORIS - a small, elongated, erectile body, situated at the interior angle of the rema pudendi in women

COITUS - sexual union between individuals of opposite sex

CONDOM - a sheath or cover for the penis, worn during coitus to prevent impregnation or infection

COPULATION - sexual congress, coitus

CORONA - a crownlike eminence or encircling structure

CURETTAGE - the removal of growths or other material from the wall of a cavity or other surface

CYSTITIS - inflammation of the urinary bladder

D. AND C. - abbreviation for dilation and curettement (dilation of the cervix and curettement of the uterus)

DOUCHE - a stream of water, gas or vapor directed against a part or into a cavity such as the vagina

EJACULATION - a sudden act of expulsion, as of the semen

ERECTILE TISSUE - tissue capable of being made rigid and elevated

ERECTION - condition of being made rigid and elevated

EXHIBITIONISM - the display of one's body or parts (usually genitals) for the purpose (conscious or unconscious) of attracting sexual interest

FALLOPIAN TUBES - either of the pair of tubes conducting the egg from the ovary to the uterus

FETUS - the unborn offspring of any viviparous animal; the developing young in the human uterus after the end of the second month. Before eight weeks it is called an embryo; it becomes an infant when it is completely outside the body of the mother, even before the cord is cut.

GESTATION - the carrying of the young in the uterus

GLANS PENIS - a conical vascular body forming the extremity of the penis

GONADS - one of the primary sex glands that include ovaries and testes

GONORRHEA - a contagious catarrhal inflammation of the genital mucous membrane, transmitted chiefly by coitus

GRAVIDA - the number of pregnancies a woman has had

GYNECOLOGY - that branch of medicine which treats diseases of the genital tract in women

HYMEN - the membranous fold which partially or wholly occludes the external surface of the vagina

INCEST - sexual intercourse between persons too closely related to contract a legal marriage (see page 9 for Texas definition)

INTERCOURSE - coitus, copulation

LABIA MAJORA - the outer fatty folds bounding the vulva

LABIA MINORA - the inner, highly vascular, largely connective tissue folds bounding the vulva

LESIONS - abnormal changes in structure of organ or part due to injury or disease

MASTURBATION - erotic stimulation of the genital organs commonly resulting in orgasm achieved by manual or other bodily contact exclusive of sexual intercourse: by instrumental manipulation; occasionally by sexual fantasies; or by various combinations

MENARCHE - the establishment or beginning of the menstrual function

MENSES - the monthly flows of blood from the genital tract of women

MISCARRIAGE - expulsion of a human fetus before it is viable and especially between the twelfth and twenty-eighth weeks of gestation

MONS PUBIS - the rounded fleshy prominence over the joint formed by a union of the bodies of pubic bones in the median plane

ORGASM - the crisis of sexual excitement

OVARY - the typically paired essential female reproductive organ that produces eggs and (in vertebrates) female sex hormones

PARAPHILIA - aberrant sexual activity; expression of the sexual instinct in practices which are socially prohibited or unacceptable or biologically undesirable

PARITY - the condition of a woman with respect to her having borne viable (live) offspring

PEDOPHILIA - a morbid interest in children; sexual perversion toward children

PENETRATION - the act of piercing or entering deeply

PENIS - the male organ of copulation comprising a root, body and extremity, or glans penis

PERINEUM - pelvic floor and the associated structures occupying the pelvic outlet

PROPHYLAXIS - the prevention of disease; preventive treatment

PROSTATE - a firm, partly muscular, partly glandular body that is situated about the base of the mammalian male urethra and secretes an alkaline viscid fluid which is a major constituent of the ejaculatory fluid

RAPE - not medically defined (for legal definition, see page 6); generally, unlawful sexual intercourse by force or threat

RECTUM - the terminal part of the intestine from the sigmoid flexure to the anus

SCROTUM - the pouch which contains the testes and their accessory organs

SEMEN - the thick, whitish secretion of the reproductive organs in the male

SEMINAL FLUID - the part of the semen that is produced by various accessory glands; semen excepting the spermatozoa

SEMINAL VESICLES - a pouch on either side of the male reproductive tract that is variously formed in different mammals, is connected with the seminal duct, and serves for temporary storage of semen

SEROLOGY - the study of serums, especially their reactions and properties. Serums are the clear portion of any animal liquid separated from its more solid elements; in blood, that which separates from the clotting and the corpuscles

SODOMY - a form of paraphilia; it is variously defined by law to include sexual contact between humans and animals of other species, and mouth - genital or anal contact between humans

SPERM - the semen or testicular secretion

SYPHILIS - a contagious venereal disease leading to many structural and cutaneous lesions, due to a microorganism. It is usually transmitted by direct contact. Its primary local seat is a hard or true chancre (sore or ulcer), whence it extends by means of the lymphatics to the skin, mucosa, and to nearly all the tissues of the body, even to the bones and periosteum (membrane of connective tissue that closely invests all bones)

TESTICLE - the male gonad; an egg shaped gland (normally situated in the scrotum) which produces spermatozoa

URETHRA - the membranous canal conveying urine from the bladder to the exterior of the body

URETHROBULBAR - pertaining to the urethra and the bulbus penis

UTERUS - the hollow muscular organ in female animals which is the abode and the place of nourishment of the embryo and fetus

VAGINA - the canal in the female, extending from the vulva to the cervix utori, which (in copulation) receives the penis

VAGINITIS - inflammation of the vagina

VAS DEFERENS - a spermatic duct

V.D.R.L. - abbreviation for Venereal Disease Research Laboratories. Initials usually indicate testing for venereal disease.

VENEREAL DISEASE - a contageous disease (such as gonorrhea or syphilis) which is typically acquired in sexual intercourse

VULVA - the region of the external genital organs of the female

WASSERMAN TEST - a test for syphilis

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FOSTER CA

SEPARATION TRAUMA

ACKNOWLEDGMENT

This module was prepared from a recorded conversation among BESSIE JONES and five protective services workers who acted as discussion participants.

Ms. Jones is a consultant from the Foster Care Training Project, School of Social Welfare, Louisiana State University, Baton Rouge, Louisiana.

Consultation with her was made possible through a short term training grant awarded to that school by Social and Rehabilitation Services, Department of Health, Education and Welfare.

Protective services workers involved in the discussion were Mr. Ralph Kanter, Region 01; Ms. Anna Ramirez, Region 04; Mr. Wesley Blackmon, Region 05; Ms. Pamela Adams, Region 06; and Ms. Roxanne Purse, Region 08.

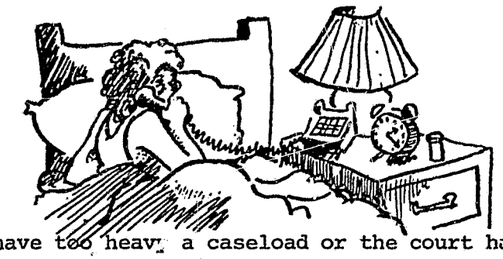
FOSTER CARE AND SEPARATION TRAUMA

THE CHILD WELFARE WORKER AND STRESS

Separation of parents and children puts everybody in a stressful situation.

The children, the parents, and you (as protective services worker) are sharing feelings of pain, fear, grief, anger, guilt.

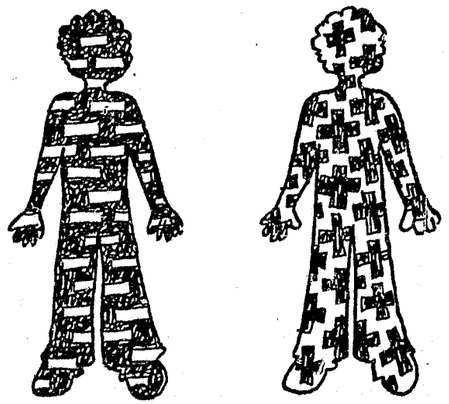
There are times when you are especially sharing the anger. You've been called out of bed



or you have too heavy a caseload or the court has made decisions you knew nothing about.

What's more, deep down inside, you may be angry at whoever has neglected or abused the child. About this attitude Bessie Jones says:

> "This is something we have to learn to guard against. (There must be) a greater investment of self with the person to whom we react negatively than with the one to whom we react positively ...."



You may have an opportunity to help the parents and children before the separation. This is different from working in an emergency situation.

You will be handling two different kinds of problems:

- tangible: easier, can usually be taken care of through agency or community resources
  - . housing
  - . medical
  - . clothing
  - . school attendance
- intangible: more difficult because primarily based on emotional responses
  - . marital friction
  - . alcohol
  - . family breakdown

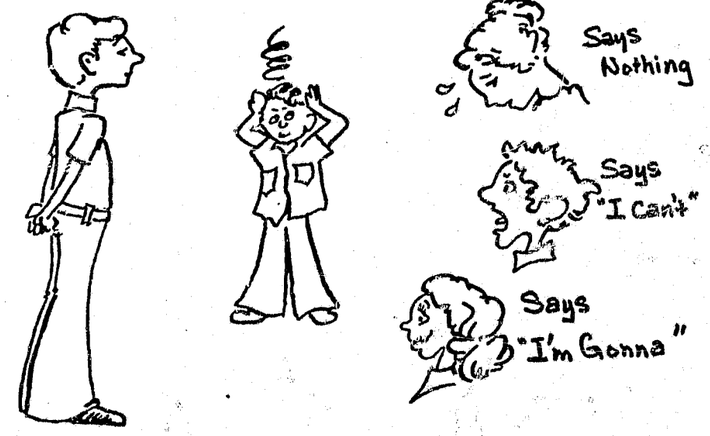
The intangible problems, if not handled, produce a second set of problems: loss of self-esteem, projection, emotional instability from anger and guilt.

If the second set of problems is not handled, and the "inner person" gets too disturbed, you may have to deal with a third set of problems caused by depression.

Bessie Jones says, "Underneath every depression is anger; that's why you always get a person who's depressed to talk about it."

If anger does not go the route of depression, it moves in the direction of demand and projection; you get the aggressive client. In her or him you can "catch hold of the anger."

More difficult to handle is the client who "sits like a lump and says nothing," or the one who says, "I can't do those things," or the one who keeps promising "I'm gonna do this and this and this" and never does.



WORKING WITH THE NATURAL PARENT BEFORE SEPARATION

The parents with whom you work are usually those involved in abuse or neglect. Often these are people to whom you have not extended any prior help.

Offering before-separation services to children in their own home, giving parents an opportunity to look at the situation and discover what will happen if change does not occur -- these preventive efforts may avoid the anger, grief and loss which accompany separation.

Sometimes your anxiety about a situation may cause you to read it as an emergency when it is not. You then may make a decision without really analyzing what approach will have the most long-term value.

As a worker, you need to know that what you are working for is to help parents understand, handle, tolerate and overcome feelings in relation to a separation.

You want to attack the problems which have caused removal so you can get the children back home.

As a worker, you also need to know what went on in the family before you got there.

In an emergency expect the parent(s) to be angry, aggressive, demanding, projective, inconsistent, denying. This is what you're going to get unless the parent is totally depressed. In that case you get apathy or withdrawal.

When a client comes flying at you, demanding that "you give me back my kids!", you must find out what the parent thinks is upsetting him/her most about the placement.

You try to get the parent(s) to talk. Many clients will not let you involve them in a discussion. They don't want to talk about how they feel. But you must keep working on getting them to talk, because only when you get rid of the feeling, the anger, can those parents settle down and look at the problems on which you and they need to work. Three-fourths of your efforts will be on attitudes and feeling.

You need to know this and to realize that the aggressive, hostile parent is not really directing his/her anger personally at you.

You can say to such a client, "I know that you are not personally angry at me, but you are very angry. Well, I'm the one you have to tell this to, and that's all right. Tell me." Remember, you want the client to talk. His/her projection onto the spouse or the community or the relatives who wouldn't help is his/her effort to handle feelings of guilt, a sense of failure, a loss of self-esteem or fear.

You really need to know this person with whom you are dealing. To understand him or her. You also need to understand the involved child or children and to understand yourself... why you are reacting as you are.

If you're uptight about your reactions to the client, go talk to your supervisor. Learn to trust him or her.

Objectivity is what you're working for; it's hard to achieve when you first start out in child welfare. You have to remember that the client who irritates you most is probably the neediest person.

You must learn early not to let clients manipulate you. Sometimes they do this, and you don't recognize it for what it is. Many of these people have only transitory relationships; they have never had a positive or lasting one. They're basically afraid of an agreeable, ongoing relationship. So they are often pretty successful in their aggression and their demands. What they're trying to do is to make you reject them for their behavior. Such rejection proves their theory that you are just like everybody else. You're not to be trusted. You get mad. You don't like them. They were right all the time, and you're not coming back.

Many of these people are the ones who just disappear. They figure it's better to go off and forget a problem than to sit down and work it out.

Some clients want you to reject them because they are so guilty that they want to use rejection as punishment. That relieves the guilt and lets them go on doing the same things they were doing before.

The point is that you need to figure out why the client is doing what he/she is doing. Aggression may simply be your client's normal reaction. If you "move out", you lose him/her because he/she doesn't realize what is happening.

Another important point is that you should learn not to absorb another person's anxiety.

If someone comes in who is really tense, just calmly say, "It seems to me you are very tense today. Do you feel like talking about it? Can you tell me what's the matter?"

Sometimes he/she can; sometimes he/she can't. Many of these people, remember, don't trust anybody. You just have to keep going through the same process, knowing that the anxiety-ridden person may sometimes withdraw.

Face how you feel about working with different kinds of people. A retarded person? A person who is withdrawn and depressed? A person who has badly abused a child physically? A person who is aggressive, demanding?

Major Points from Discussion of Ms. Jones and Workers

1. Handle the parents' feelings as well as the child's.

2. In protective services cases you often have to ingore nine-tenths of what you see until you really know what the client is like, how he/she functions and why this is. You can say, "I gather you are having a rough time of it. Tell me what's the trouble, because we've had a complaint."

3. Sometimes, instead of trying to relieve tension, you can increase it by allowing the client to express frustrations. You need to know what the client's tension-toleration level is.

4. If a client can't or won't talk to you on the first visit, you can say, "Perhaps we can get together on another day when you feel you can talk. You see, until I can understand you and what your problems are, I really can't help you."

5. If you are dealing with a psychotic, however, you do not want to deal with feelings. Keep the interview "straight and narrow."

6. Whether or not you like the client has nothing to do with your responsibility for doing your job. You are going to use objectivity and professionalism.

7. Most workers go into Child Welfare because they like and want to help children. However, unless you can help the parents, you have not helped the children.

THE CASE PLAN AND HANDLING AUTHORITY AND FEELINGS

You, as a worker, need to develop some convictions about the value of the case plan. If you decide on separation:

- why is this the best plan?
- how will it help the parents solve their problems?
- what do you expect to do for the children?

You also need to understand how you feel about and handle authority.

- Do you feel that you are young and not ready to see yourself as an authority? In your role as representative of an agency, you are an authority to your client.

- Do you have hang-ups about your parents? Many people who really don't like their own parents are attracted to Child Welfare.

Most people who come into social work do so because they "like and want to help people." But, as a worker, you need to know whether (in addition to helping and liking) you are prepared to make the investment.

- mentally
- emotionally
- physically

which will be required of you in Child Welfare work and the separation process. This area is difficult. You have to keep working at it and sharpening your skills so the physical and emotional drain will be lessened.

We know certain things about separation:

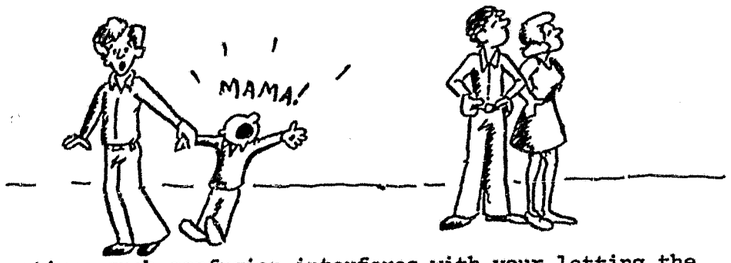
- It is going to cause people a lot of difficulty.

- It is painful. All parents and all children suffer with separation. If a child does not indicate this outwardly, you haven't really worked with him/her to help with his/her feelings.

- It is difficult for workers. You do not like to see children upset. You do not like to inflict pain on the parents. So you feel guilty and then are inclined not to make a decision. Your supervisor can make the decision if you give him/her information to help him/her help you. But you must have some conviction about the plan being good and about the fact that you will follow through on it.

Some workers can't stay in child placement assignments because they cannot take responsibility for making the grave decision that is going to affect permanently everybody involved.

Workers get confused because they don't understand why the child, in spite of all that has gone on, still loves his parents and wants to be with them.



Sometimes such confusion interferes with your letting the child talk about his feelings. You, as a worker, may decide "these people are not good for this kid, and it's better if we forget about all the stuff that's going on!" That attitude is a grave mistake.

When you allow yourself to get angry about people who really abuse children or grossly neglect them, you often follow the anger with guilt feelings. You don't like to think you can feel so strongly against a client. So you go round and round.

A good rule to remember in Child Welfare is:

> Handling other people's feelings is hard when you're all tied up with your own.

Don't deny the feelings. You're human. You have them. But work at them; be aware of them.

Oddly enough, the more negative the child's experiences ... the greater the deprivation ... the more the abuse ... the more upsetting the total situation ... the stronger is the tie of the child to the parent. The child keeps hoping and working toward the love he wants from his parents.

Here's another caution about the parents. If you don't help parents before a placement, you have to do it after. You must help the parents tell you how they feel.

Major Points From Discussion of Ms. Jones and Workers

1. What about the child who shows fear of his parents? If you feel a safeguard is necessary, you should be present for the visit. That's the only time Ms. Jones feels there should be office visits. Ohterwise it is better to have the parent visit where the child is. She says, "Unless you have a totally dangerous, psychotic person, there is no reason the parent can't take responsibility for visiting the child where he lives and for knowing the person taking care of the child."

2. If a child really is afraid, you need to know why he is afraid. Is he feeling physical fear or does he feel so guilty about causing family trouble that he feels he deserves to be abused again?

3. What if the agency is committed to keeping the confidentiality of the foster parents and not allowing natural and foster parents to meet? Ms. Jones says that "only the court can deny a person the right to know where his/her child lives." Moreover, you cannot encourage the child to lie to his/her parents about where he/she lives.

4. What are some attitudes you may encounter in foster parents? They may not be really committed to the role and may resent the natural parents not taking their responsibility. They may not want to share the child with the natural parents.

5. Foster care for a long time for some children is a fact. Then you must involve the parent in as many ways as you can in the child's life. You should help the parent to see this as his/her responsibility.

6. Ms. Jones feels that every parent should be asked to help support the child financially even if the amount is very little.

7. Foster parents should be helped to see that they are supplementing not substituting for the role of parent.

8. You should see that the child is not involved in a loyalty conflict.

9. Caseworkers, not foster parents, make decisions as to who visits and how often. You, as a worker, must provide the visiting structure and base it on what is best for all concerned. You don't want too much visiting or too little.

10. When you have a child in foster care, you are responsible for benefits being derived from relationships.

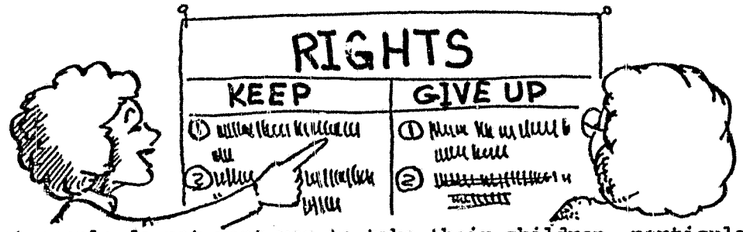
11. Placement and replacement often leads to identity crises for the child. So before you decide on a separation, you need to know whether problems are acute or chronic. You need to decide how separation is going to help solve those problems.

12. If the placement is to mean anything, be of benefit to anybody, parents should be involved in the prior planning.

13. If the agency is doing the placement, from the point at which you place, you should begin working on the <u>return</u>.

14. The child should be told the plan by his parents. The child should know his parents will visit.

15. Parents retain many rights. You should review with them what rights they are going to keep.



Most people do not want you to take their children, particularly if they really can understand prior to separation what's going to be involved and how they are going to feel about it.

<u>THE NATURAL PARENTS' FEELINGS TOWARD SEPARATION</u>

What about parents who really want you to take their children?

Ms. Jones says she never knew any parent who really did. Many parents are ambivalent: they don't want the child but they don't want to give it up.

However, Ms. Jones says, "If the person is the kind of immature narcissist who can <u>never</u> parent, you need to move early toward permanent termination and adoption for the child."

Usually, if the youngster is older and has multiple problems, you can probably offer him/her no permanent family. Foster care isn't a permanent family. It's a substitute which is sometimes repreated many times. So at all times, when possible, you should be working to get the child back home, because it's unnatural to "belong only to the state of Texas." "How much self worth can you develop within yourself," asks Ms. Jones, "if you never belong to anybody?"

If possible, you need to talk face to face with the parent. You need to go to the parent because some parents cannot come to you and say, "I want to give my child up." They act out instead of talking out.

Often they put the blame on you, the worker,"for taking the kids." Then they don't have to feel guilt. You need to work with such parents to help them realize that often giving up a child for the child's good shows strength.

That's a good thought to pass on to the child, if the parent really wants what's best for the child.

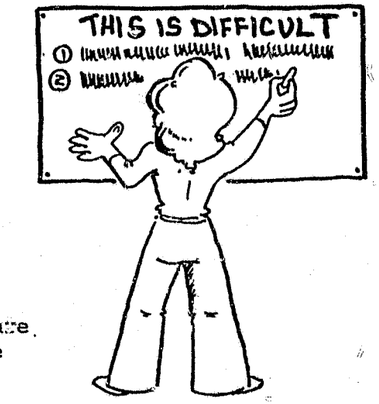
> 1 A cardinal principle is that parents and children cannot operate individually.

Parents may not have the strength to contact you. You must contact them. One social worker (in a study on child abuse) went to a woman's home 35 times before she ever laid eyes on her.

How does the worker overcome the feeling of "coming off as a a threatening person"?

Ms. Jones says, "You have to have convictions about what you are doing ..... You say to yourself 'This is my plan, what I think is good. And this is what my supervisor agrees is good.' .... You have to get on with it."

<u>WORKERS' IDENTIFICATION OF PROBLEM AREAS</u>



1. <u>Keeping up parents' motivation for wanting to improve their situation</u>. Keeping them from feeling defeated and unable to continue.

   Most parents feel children are an extension of themselves. When they lose their youngsters, they lose part of themselves. Furthermore, the only thing some poeple have is children. These are the only things which reflect the parents' worth.

   If you can't motiviate the parents to do the proper things to keep the children, let them know you are going to place the children. Then let them tell you what role they think they can continue to play as parents.

2. Getting the natural parents to recognize that there is a problem.

Before you can look at the problems, you must tune in to the parents' feelings.

Start with the client, not with yourself. You learn early in social work that "what is good for me is not necessarily good for somebody else."

Example: "We get upset about dirty homes and dirty kids," says Ms. Jones, "... but dirt and parents are sometimes much better than a sterile foster home and pretty clothes ... but not belonging to anybody but the state of Texas!"

3. Talking about foster care.

When you actually have to deal with the fact that the children are going into foster care, you tend to minimize the impact ... to make the transition easier than it will be for either the parent or the child.

But, as Ms. Jones points out, "..to really understand ... you've got to hurt, and that's the thing that gets everybody tied up in the separation process."

Anxieties about the first visit arise. You, as worker, will find that having dealt with all the feelings is always better.

4. Dealing with feelings in placing a child.

Let the child tell you how he or she is feeling. Be strong enough to let the child yell or scream, if necessary, and ride it out rather than trying to cover up.

5. When licensing foster homes, getting across to the foster parents that they, too, will experience separation trauma.

Foster parents need to realize that they must help the child. He/she is going to want to stay with them, yet also want to go back to the natural parents.

One of the hardest things about being a foster parent is letting a child go back into a situation which (they feel) isn't as good as they can give him/her.

One positive reason for letting natural parents visit in a foster home is for each set of parents to realize that the other set is people.

In the annual meeting of the National Foster Parents Association, according to Ms. Jones, most of the lectures are around this kind of thing: that the foster parents want to understand the people whose children they care for; they also want to understand the children in terms of what has happened, what their behavior is and what it means.

Foster parents should face several facts:

1. The child does not belong to them. If the child's natrual parents rehabilitate themselves, they have the right to have their child back.

2. If foster parents want the child for themselves, they should not be involved with foster care. They are going to get hurt.

3. A good foster parent can help a child know that he/she is not replacing the natural parents. The foster parent is helping the agency take care of the child while his natural parent cannot do it. This attitude takes strength on the part of the foster parent. Unless the foster parent can help the child see that his natural parent is all right, the child won't be all right.

The agency must also fact facts. As Ms. Jones says, "... in this country we have to find ways of keeping kids at home and putting emphasis on rehabilitation of families. There are simply not enough of us .. or enough homes .. or enough funds in a given state to provide for all the kids. I think most states, in setting up protective services units, are moving toward this ..."

SUMMARY OF BASIC CONCEPTS OF SEPARATION

Separation should be undertaken only when there is no alternative to the child's remaining in the home during efforts to rehabilitate the family.

.....

From the very beginning you should think about ending the process. You cannot just hope that you will be able to return the child to the home. You must have a plan as to how to achieve that hope. This plan should be understood by you and by the parents:

.....

Separation is painful for everyone involved. No matter how well you learn your job, there are things you cannot change. So neither the reason for the placement nor the length of the placement should have any bearing on the amount of time you invest in prior evaluation and preparation for the placement. Temporary placements can sometimes be more traumatic than a long one.

.....

You must develop some conviction about the fact that no child is every really ready or wanting to separate from his family.

.....

Children's knowledge and logic are not the same as adults'. They put their own interpretation on the separation.

.....

Every family is entitled to prior preparation. They should know what their rights are and what other community resources are.

.....

Your goal for the placement is that:

1. it will provide the parent with an opportunity to gain awareness, increase his/her ability to provide care and a more adequate home life for the child

2. it will give the child substitute parenting and care until the parent can resume his/her rightful role

Too many children are taken too precipitously out of the home. Sometimes workers do not really evaluate a situation, really explore it. They do not use resources or send homemakers or use day care, etc.

.....

Workers get overidentified with children. You make a pre-judgment that something is going to happen. You often base assumptions on your own value system.

.....

Workers are under a lot of community pressure to "do something." So tell the schools or hospitals or whoever that you <u>are</u> doing something, although not as fast as they would like."

.....

Placing children to give the parent a vacation is not good.

.....

Use any resource you can get your hands on, says Ms. Jones, rather than placing the children until you can evaluate whether placement is going to solve the problem.

.....

Any parent who gets an emergency placement should, as a cardinal rule, hear from his/her worker what the law is. Then you will know the parents knew the consequences before they deserted or abandoned.

If these are transient families and you suspect that there is a pattern (that they have left children around the country) they should be told the law the minute you have them in hand.

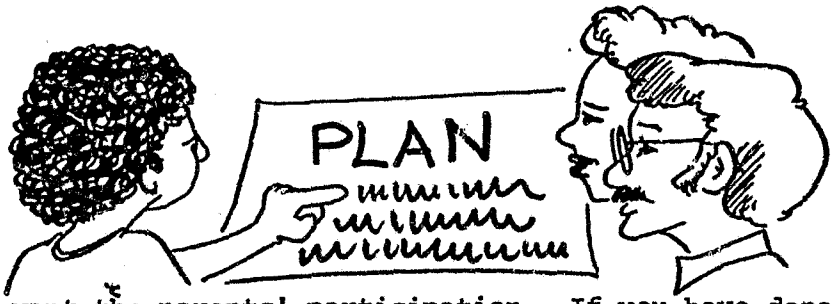
This is one reason initial interviews are very important. "It's the one time," Ms. Jones says, "that I would say that any interview could be more than 45 minutes."

.....

Separation in itself won't solve a problem. At best it will give you an opportunity for doing something to help people change an existing situation. Separation often compounds problems. Often children are going to have just as much stress and anxiety and tension and worry and fear in the foster home as in the natural one, because everything in the natural home goes with the child.

PREPARING THE CHILD FOR SEPARATION

Once you make a decision to place, you should begin preparation of the child and parents for what is going to be involved in the process.



You want the parents' participation. If you have done your work well with the parents ... without the child present ... they can usually agree that they cannot keep the child right now. They have some problems to work out and you (the worker) are going to be there helping the parents. The parents want the child back and you hope to help them get the child back.

Every child has a right to know that his/her parents are going to visit. He needs to know that you will be seeing his/her parents because you have become, for the child, the most important tie to his home.

Discussion of Developmental Stages

When you work with children, you take into consideration a number of things:

- age and capacity to reason
- basic intelligence as you estimate this to be
- level of emotional development of the child
- what the child is trying to master at the point at which you separate him/her

  NOTE: He/she may think he/she is being placed because he/she didn't learn something soon enough.

- whether this child has had any prior separation (including hospitalizations), how this was handled and what the child's reaction was

- what this child's normal personality is like
- whether this child has any special problems, handicaps or medical problems, behavior problems
- what the quality of the parental relationship is

CONTINUED

3 OF 4

We tend to move much too quickly to reassure children that everything is going to be all right. We do this without letting the child tell us, in whatever way he/she can, how he/she feels about what is happening.

If you, as worker, don't let children tell or show you how they are feeling, the feelings go underground and are intensified.

Furthermore, you must know normal development of children so you can spot deviations.

Infancy to two years

Every child is totally dependent on his/her mother. At this time a child forms the ability to have all future relationships.

Many people relate only superficially, not in an intimate, close way with other people.

The infant is "total taker." The only thing he/she gives is what the parent sees. (first smile, first social response, first discoveries)

Suddenly when the child is around two, the whole world turns upside down. The people who have done all the giving now want the child to give something in return, to learn self-control. The child is expected to learn to talk, to walk, to be toilet-trained. His motivation is to please, so he/she learns. The child recognizes people, responds.

If you remove this little child when all of these changes are taking place, he/she is going to regress. An infant will vomit his/her bottle, have diarrhea, be fretful, not sleep well. The two-year old will not walk as well; he/she will whine, will not be as independent, may revert to soiling. If the child has been masturbating and has been reprimanded, he/she may think that is why he/she is being placed.

Six to ten

Children this age are learning to socialize outside the family, to have friends of their own. They have learned a certain degree of self-control. They can conceptualize and reason to some degree.

From eight to ten is probably the only time in development when the child is not really solving any great emotional problem of himself or herself. At this age, youngsters are most amenable, most helpful to their parents and teachers.

Often a child will give you his/her pseudo-mature explanation of what has happened and his/her accepance of it. Then you have to wonder: "What is this child doing with true feelings? Where is

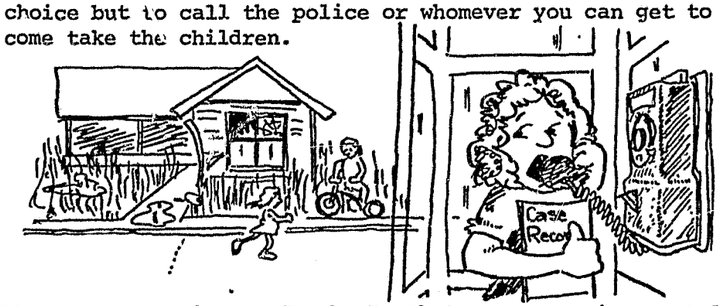
he/she in development? What kind of behavior is natural? What kind of personality?

Through the child's mind probably goes the thought that, because he/she became angry at the parents, they might not come back at all. The child has no way of really knowing, week after week, whether they are going to come back.

So it's best to have the parents visit very soon even if you have to get them bodily and take them. Then the little child can see that his/her parents have not gone away and deserted him/her.

What to Tell the Child About the Placement

Suppose you're out on a Protective Services case and you find a housefull of children who have been left alone. What are you going to do? You check the parents' habitats, the neighbors, the relatives. But if all fails, you have no choice but to call the police or whomever you can get to come take the children.



What are you going to do then? What are you going to tell the children?

Tell them something tangible right there.

Tell them that you do not know where the parents are. That you will try to find the parents and tell them where the children are. That you will write a note. If the children are big enough, read the note to them. At that moment all the children want to know is that mother is not gone, that you are going to find and produce her.

Tell them in the new place things will be different and that it is all right to do them differently.

Tell them that while they're in the new home, they can do things the foster parents' way. When they go back to their own home, they can do things the natural parents' way. Warn the foster mother and father of every eventuality which might occur, particularly about differences in bathing and toilet facilities.

If a child is in a room by him/herself, get the foster mother to leave the light on ... and while you're there, to show the child exactly where his/her bed is in relation to the foster mother's door.

Never tell children when you are moving them that you are taking them to a new mamma and daddy. Children already have parents, no matter how bad they are. You must think of a new name to call the foster parents. Discuss with the children in the presence of the natural parents, if possible, what they will call the new people who are to take care of them.

Also you shouldn't announce that these new people will take good care of you, because that implies that the natural parents didn't.

Let the children know definitely that you are coming back.

Often you are to them just what they look for ... another adult to do them in. So write your name and number for them. Tell them, if necessary, that the foster parent will help call you at that number.

When you find the parents, you can tell the children that you are bringing them to visit or taking the children to see them.

Remember that children often don't understand time.

Relate time to something the children know. "You're going to sleep in your new bed five nights. Then you're going to see your mamma."

Help children understand that what foster parents are doing is for their natural parents as well as for them.

Recommended reading:

"Dr. Ner Littner has written probably the easiest to understand explanation of the separation trauma" says Ms. Jones. "He has written one monograph, Stresses and Strains on the Child Welfare Worker. (Published by Child Welfare League of America, 1957). Another one is Some Traumatic Effects of Separation in Placement (Child Welfare League of America, 1956). I recommend that you have both publications and that you read and reread them."

Dr. Littner says that the realistic reason for a child's placement has nothing to do with how the child understands it. A child may unconsciously say to him/herself: "It wasn't because my mamma wasn't home that the lady came to get me. It was because I did this .... or this ... or this." In essence what the child is saying is, "I am not helpless. I am not abandoned. I am very omnipotent. I, myself, did this."

How can you help get a child turned around from this reasoning? Help him/her act out, perhaps with dolls, what went on at home, so he/she can resolve the deep feelings.

What can you do for the child if you are not going to be continually on the case .. if, for example, you are an intake worker? You can give him/her something tangible, something written. You can make definite statements about your connection with the person who will be on the case. Give the child a piece of paper with the new worker's name.

A Child's Fear of Death

Separation to very young children often means to them that the parent has died or will die. When you're two or three, what you can't see doesn't exist.

In a case of actual death, you have another problem. With children we are inclined to say things that will reassure children that death is all right. Should a child go to a funeral? Ms. Jones says that she was told by a psychiatrist that the best thing is to do what is normal in a family. However, if you do not take a child to the funeral, the child should be left with a very close person, like a grandmother.

Children don't understand death. For most children it's better to be with those you love, even through a difficult time, that to be left behind and to think that you're forgotten.

PRE-PLACEMENT PLANNING

Children in placement have to master a totally new environment as well as all their feelings.

Learning to Talk with Youngsters

To be sure you're helping, you need to learn the child's way of talking. Children don't think like adults because they haven't the capacity for reason and logic.

When you talk with a child, you try to make the conversation impersonal, to neutralize it. You are going to verbalize for the child who cannot verbalize for himself.

So perhaps you can say, "I work with a lot of boys and girls. I know that all children are very unhappy when they have to leave home. I can understand if you feel that way."

When children are under five, they often believe that if you think something, it happens. Maybe the child in the past has been punished and wished his mamma would die or go away. When the mother does go away, the child believes, "It happened!" Children are often afraid to express thoughts because thoughts may become facts. So tell the child that what he says and what he thinks will not make things happen.

Why Children Don't Want to Talk

Some children don't talk for fear they will say too much; if they say too much, they're afraid they'll lose their opportunity to go back home.

Some don't talk because they've been taught not to carry family business outside the family.

Children don't like to talk because the discussion makes them feel disloyal to their parents. They and their parents are, to them, one and the same thing, so they don't like to tell negative facts.

Some children resist discussion because they don't understand why you are so interested. Nobody else has every been this concerned about them; they don't know what you're "trying to get at."

Some children think talking about something makes it more of a reality. If they don't talk about the placement, it might go away, never happen.

Some children show no reaction. If little ones just go to sleep, you can be sure that is their effort to black out what has gone before.

Some children will tell you they don't have to talk about it because they already know what's happening. These can be seven or eight year olds who are defending against talking about parents and leaving.

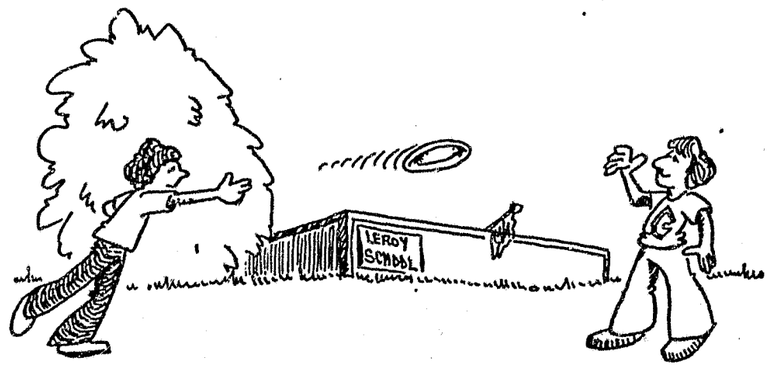
What to Know About the Child Before Placement

If possible, you need to know a good bit about a child before you begin your separation process:

- age
- intelligence
- past experiences and situations
- individual needs
- personality
- circumstances around the placement
- as much detail as possible about what has brought on the separation
- quality of relationship with parents
- place in the sibling group

When an older child has been accustomed to taking a lot of responsibility for siblings, he/she can be difficult in a foster home. He/she may be pretty aggressive, acting out for the mother. He/she may be expressing own feelings through the little ones who can't do it for themselves.

What you should do is help the older child understand that he/she no longer has to be responsible for the siblings. The foster mother is able to stay home all the time. She will look after and care for the brothers and sisters while the older child goes to school, enjoys friends or engages in after-school activities.



What the Child Should Know About Placement

Timing

Timing is important. Plan all your preparation according to the child's tempo. He/she needs time to assimilate what is going on, to think about all these new things that are disturbing to him/her.

So take one thing at a time. Make many visits in a prior preparation plan.

You must do the same thing with the parents, taking the situation step by step.

If you see the child or parents are not really moving, you talk about the same thing for three or four visits.

Fears

In the beginning encourage the child to tell you what he is afraid of. You can say, "Most kids are afraid. Can you think of anything you might be afraid of." You can tell the child that "Mother told me thus and so about the problem." Then he/she is free to discuss without feeling disloyal. It takes pressure off the child if he/she knows you already know something about his/her situation.

If a child has expressed anger or depression, he/she may feel guilty after you leave. You might not be back for a week, and a week is a long time. So you have to reassure the child that it's all right to talk, that you know many of these things from the parents. You just want to see how the child feels about them.

Then you want to mention some positive aspects of the child's natural family. Tie in the good along with the negative so you leave the child with a feeling of worth.

Surprises

You want to plan a placement so you give the child as few surprises as possible. Describe the house, the people in it. Sudden changes of environment can be very terrifying to a little child. Particularly is this true when there is more space and there are more people and more confusion in the new environment.

When you talk about people, call them by name. Some children have never felt they had a real identity. Call the child by name, his parents by name and his foster parents by name. Give everybody an identity tag, including yourself.

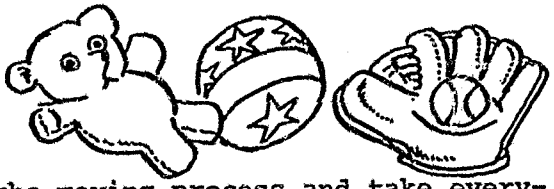
Rules

The child will need to know about the rules of the new home.

Our inclination is often to emphasize only the positive and that's a mistake. Nothing is all positive anywhere.

The foster parent will expect certain behavior. Consequence of misbehavior is to be punished. The foster mother understands that all children have problems and all sometimes do things they shouldn't. A child needs to know that there will be expectations with regard to his/her behavior.

Personal Belongings



Pay special attention to the moving process and take everything you can of the child's personal belongings.

If the child is moved by somebody else, ask the parent to give you the child's favorite toy, no matter how ragged or dirty it is. He/she needs the comfort of the favorite toy. Foster parents should be helped to understand that this toy is important.

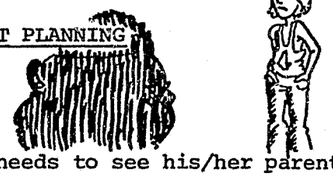
The same thing is true of clothing. To begin with the child should wear his personal belongings. He/she needs something that was his/her own. The child usually has some clothing that is adequate enough for the very beginning.

If children are young enough, they forget very quickly what somebody looks like, including parents. So ask the parents to give you a picture of themselves, so the child can take the picture with him. It doesn't have to be fancy. Just somthing to remind him/her of what mamma and papa look like.

Visits

The first visit from parents should come soon. The younger the child is, the less he/she can settle down until you

produce the person whose presence will prove that the parent hasn't died, hasn't disappeared, hasn't forgotten about the child. Sometimes you have to argue about this with institutions. But the child has a lot of fears and needs to see the parents.



INTERACTION RELATED TO THE PRE-PLACEMENT PLANNING

Should teenagers see their parents?

Ms. Jones says she feels every child needs to see his/her parents.

Sometimes teens are very angry and say, "I don't want that woman to come anywhere near me." Then you have to say something like, "Yes, I know you don't. But at the same time she is your mother, and it would help if you and your mother would get together. I'll be there if you want me to. Let's see if the three of us can't talk out what our differences are."

Do you pay as much attention to what the child doesn't say as to what he/she does say?

By all means. You can be sure that a child who doesn't talk is doing something with his/her feelings. They may come out later as nightmares or bedwetting.

It's very important to allow the child to experience the negative emotions of grief and pain. Too often you, as worker, and the foster parents try to protect the child from such emotions. You let your own feelings interfere with what you should be doing for the child.

You should not model denial for the child. Don't try to short-cut and short-circuit his/her emotions.

Ms. Jones says, "You'll have to go through these situations many times and develop a finesse about handling them. You'll know what to look for and what to expect. You'll know when to move and when to hold back. But only experience is going to give you this knowledge."

Is it a good idea to separate siblings?

Ms. Jones knows of only one case where that was recommended. With two sisters the deprivation had been so great for so long, they were fiercely competitive. The child psychiatrist said, "Unitl we can make up the deprivation need, we have to separate these two children."

In the original move, losing parents and siblings at the same time is very difficult. If there are so many children, they can't all be placed in the same foster home, you have responsibility to see that these children maintain some contact. When they come to the office to see the mother is not a good time. They are then torn between wanting to be with the mot mother and wanting to find out what has been happening to the brothers and sisters. Perhaps you can take them all on an outing together. Their maintaining sibling relationships is very important.

What care should you take in returning children?

You don't want to overwhelm the natural parents immediately. so don't take all the children home at once.

Usually it's better to start with the older one, because an older child will put less pressure on the mother. He/she can partially take care of him/herself. Then you can add, say, two more and then two more. Howeve

However, if you're taking some of the children home and leaving the others temporarily with the foster parents, you can arouse great fear in the ones left behind. So you have to do a lot of preparation about how your plan will work. In some instances, the older child can better understand what is happening. In those cases, you might prefer to take younger children home first.

How does a worker know when a child is ready to make the transition to a foster home?

The child will indicate to you. When you talk to the child, use words that he/she will understand.

You can confirm that his/her mamma is at home and that he/she is going back to mamma. Today he is not going to stay in the new house.

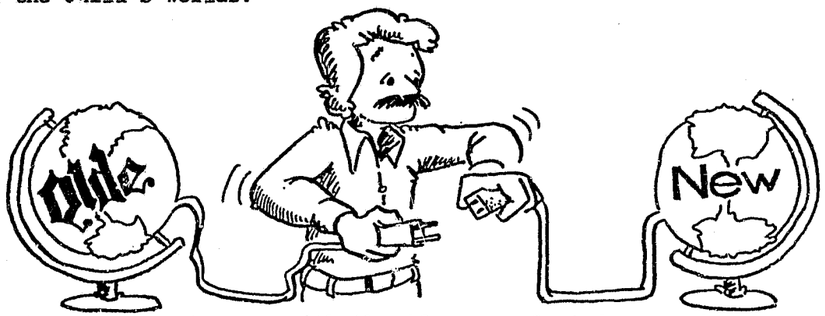
You can indicate that there will be so many "nighty-nights" before you sleep in the new bed.

When little children meet the foster mother, usually they don't want any part of her. They may take the toy the foster parents always bring, but they don't really want it. Instead they cling to whatever thry brough with them from home. So make sure children take something with them that is familiar.

As the little ones become more accustomed to the idea of the new home, they will hang around or sit on the foster parent's lap. They may be willing to go (without you) on a brief outing with the foster parents.

You and the foster parents can both assure the children that "mama wants you to go to your new home" and that the foster parents will be "thinking about you and looking after you."

In other words, you're seeking to establish the "interconnectiveness" of the child's worlds.



Ms. Jones does not agree with the idea prevalent in many institutions: "Let's wait a month. Let's not see the parent. Let's not bring those things that will remind the child of home."

Says Ms. Jones, "In my practice as a Child Welfare worker and in reading the literature and from listening to you, I find that it is only when (the child) has a sense of dependency that he can develop a sense of independency."

A worker has suggested the standard use of a scrapbook; one that records pictures of the child's home, visits, foster home gives in concrete, tangible form an integration of both.

Ms. Jones suggests the little book, <u>This Is Me</u>. In it you put the child's picture, then write in the things that happen and how the child feels about them. Workers use this with children, who then get to keep the book. Often they ask the foster parents to read the story to them.

However, in preparation, when you tell the child a story about what is going to happen, you don't tell the child it is his/her story. You make it a fantasy: "I knew a little boy who . . ."

If the child wants to cry, let him/her know that's all right. Crying is a great release; for some children, it's their only release. Be honest with the children about what is going to happen. If you're taking them to the doctor's office and something is going to hurt, tell them so. Let them know it's all right to express what they're feeling.

HOW TO TALK WITH CHILDREN

When you suffer most, as a caseworker, is when you're working with a <u>little</u> child . . . one who is so vulnerable. Then you tend to use all kinds of gimmicks to relieve your own tension.

You must continue to bear in mind that little children <u>feel</u>, and that our understanding must cover feeling as well as reason and logic. You tend to think that if you can distract the little child, he/she will soon forget the home and parent he/she has left. Unfortunately he/she doesn't forget in terms of feeling. The feeling stays until, in his/her own way, the child can take care of it.

Talking With the Infant

With an infant there is no language. So if you are moving a baby, all you can do is talk in the tine you think the child is accustomed to.

Don't hurry. Try not to be tense. Tiny ones know from the way they are held that something is changing. If you're scared, your tendency is to hold the baby too tight. So relax. Modulate your voice. Talk to the little one.

If he/she is upset, the infant's reaction will be physical: crying, vomiting, fretfulness, disturbed sleep.

Talking With the Older Child (18 Months to 3 Years)

At these ages children are all emotions. They have to master so many things: speech, walking, toilet training. They have become aware that they are apart from the adult figures on which they have been so dependent.

For example, the two-year-old wants to do everything for him/herself.

Through this time, children's tolerance for frustration is practically nil. They have tantrums. They act out their feelings for you if you give them the opportunity.

What Not to Do During an Office Visit

If you're taking children into your office, don't parade them around the building. An office is a confusing and frightening place to small children. Ms. Jones believes that no child should go into the area designated for workers. Older children will hear upsetting conversations on the phone. If too many

people are hovering around a small child who's already frightened, they will increase his/her anxiety.

If you have an interview room, take the child there. If you have to wait on someone else (the parent, for instance), have something in the room with which the child can occupy him/herself.

Ms. Jones feels, however, that any office visit is a staged affair. The parent is usually uncomfortable; the children, anxious. In many agencies, it's a very negative place because it arouses old fears, old anxieties. Going to a park or playground is better, if that is possible.

VISITING THE NATURAL PARENT

Planning and Using Visits

Never promise a child anything unless you are absolutely certain it is going to come off.

If you promise a child that his/her mother is coming and the mother doesn't come, the child will think:

- she didn't come because of something <u>you</u> did
- you don't know what you're talking about
- you don't follow through on what you say

It is better to say to the child, "Mother is supposed to come today. I know you really do want to see her, and I hope she's going to be there. I think she is, but sometimes things happen to keep adults from doing what they say they will do. They don't intend to break a promise. When they say they will come, they mean it."

If the parent demonstrates a pattern of making and breaking promises to visit, you will have to say to the parent, "When you get to the office, I will get the child."

In the latter event, you can tell the foster mother: "The mother is supposed to come but, as you know, she's failed many times. So, until she gets to the office, I'm not going to call you. But please be prepared for me to get Johnny if his mother does appear."

In some instances, the foster parent is reluctant to tell the child ahead of time about the parent's visit. This reluctance may stem from the fact that the foster parent doesn't want to disappoint the child. On the other hand, it may mean that the foster parent doesn't want to share the child with the parent. The arrangement to produce the child after the parent appears is not recommended in ordinary cases. It keeps the child wondering when his/her parent will appear.

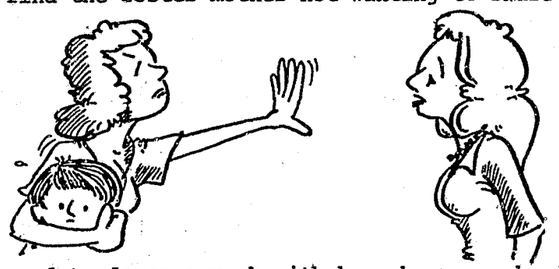
For the child to see that things can be planned and followed through is important. For the most part these children have always had things "just happen" to them.

So we have planned preparation for separation, planned visitation, etc. As a worker, you should be aware that the child "separates" after each visit.

However, eventually children learn that they're going for a visit but they are coming back. You can let them know that whenever there's going to be any change, you will tell them.

A good practice is to let the child know about a visit to the parent the day before.

If you find the foster mother not wanting to share the child,



you'll need to do some work with her, because she is getting too involved.

All foster parents need to learn that the children do not belong to them. The natural parents are the parents, and (in spite of all ups and dows and difficulties) they are important to the children!

Be aware that direct questioning often puts children off. Ask a nine-year-old, "Why do you think your mother didn't come?" You'll probably get a shrug, because he doesn't want to tell you what he thinks.

Following a visit, the child may be disruptive. This is because the visit has reactivated his/her original feelings about separation. Then you or the foster mother should talk with the child about how he/she <u>feels</u>. Help the foster parents to be aware of what is going on in the youngster.

If you have a parent who repeatedly fails the children, the first thing you must do is handle your own feelings. Otherwise you may make a remark that confirms the child's feelings of anxiety, rejection and fear.

Before you launch into reassurance, find out what the child thinks! Then work with his feelings. Let him know it's all right to feel that way. Then tell him that you will find out why his mother didn't come and let him know.

You should follow up; call or see the child and let him know that his mother hasn't disappeared and that something did happen.

The Child's Anger Reaction

Often the child displays anger at the parent. Probably he is justified in his anger, and if he can't verbalize it, you must help him. "I know you're probably very angry with your mother. It's all right. Nothing happens just because you got angry."

Unless you take care of anger like this, when the child gets away from you he may think, "My mother's never coming because I said all those bad things."

Particularly the older children get angry with the parents. The less help the children have had with feelings, the greater is their need to get back at the parents who've "done this to them."

To have a child reject a parent is a dreadful thing. Furthermore, he/she is going to feel so guilty later that (particularly in adolescence) he/she is going to cause all kinds of trouble in the foster home.

If a child attempts to strike a parent, you should intervene. No child should be allowed to do something that will make him/her feel guilty later.

Sometimes children want to hit you. You have to say, "It's all right to want to hit me, Johnny, but I can't let you do it." Sometimes you have physically to restrain children from hitting you or destroying equipment. Say, "I want you to tell me how you feel .. not show me."

All children feel anger and all children express anger, but they do it in different ways. Little ones have no control of impulses. If you have a two-year-old and he's having a temper trantrum, let him have it. Just let him lie there and talk to him. "I know you're mad and that's all right. You go ahead and kick or whatever you want. But you can't kick me. And you can't bite."

If a parent misses a visit, you (as worker) should not punish the parent by refusing to set up another visit. That is punishing the child. Talk to the parent about the situation and set up another visit.

WORKING WITH ADOLESCENTS

Ms. Jones says, "When you're working with adolescents, you have a hard job. Someone once said (I think Charlotte Towle) when you work with adolescents, you almost have to have some delinquency within yourself to keep up with them. Because they're very good at fooling you!"

"One will make you think you're the greatest. He/she believes every word you say. He/she loves the social worker, wants to be a social worker, wants to be just like you." Then he/she runs off.

You're surprised. "We had such a good relationship."

According to Ms. Jones, "Adolescents don't have relationships with adults. They really have that kind of relationship only with other adolescents. Those peers have more control than you have."

Young children will use their workers, too. They will play you against the foster parents.

You must make the child or adolescent realize that caseworkers have no right to intervene and tell them where they can or can't go. You must trust the foster parent to handle the youngster. (In some instances, you may find a foster parent who will never let the child go anywhere. That's another problem.)

What adolescents really do, according to Ms. Jones, is seduce you into thinking they're good and that the family disruption wasn't their fault. They were "misunderstood."

When you're separating these adolescents, you have to be on your toes, because their first reaction is to reject the parent. They're going to get even. Then, unless you help them with the situation, they're going to feel very guilty.

Ms. Jones explains that when she says adolescents don't have relationships with adults, she means they don't really trust adults. They, therefore, don't confide or commit themselves to an investment in the same sense as the little child does ... or as this adolescent will do when he/she matures a little more.

You, as a worker, are the sounding board for the adolescent. That's all you can be. You let him/her beef and gripe, but you have to hold the line on what is important.

What about the adolescent who makes his/her own decision to go into placement?

Even if the adolescent says, "I can't make it at home. I can't live with them. I don't want to go home," you should reply, "Well, we're going to talk about how you feel. I'm going to talk with your parents. But, I will have to make the ultimate decision as to whether you stay or go."

There are two reasons for this attitude:

- It is your responsibility to make the decision.
- You do not want this adolescent to make a decision that no child can make. If something should happen to the parent(s), the child would feel too much guilt. No child can reject parents without great guilt.

You must work to help the youngster to see that there is some good in everybody. If the child feels there is no good in his/her parents, his/her self-image will be very poor.

USEFUL HINTS ON WORKING WITH FOSTER PARENTS

What if foster parents are hostile to visits?

The hostility probably comes from lack of training. Work with the foster parents so they can know what visits mean to the child, to the parents, and to their own relationship with the child.

If a baby is involved, alert the foster mother to the possibility of regressions.

When you take a child to the office or a park to visit, go back and tell the foster parents how the visit went. If the child was upset, let them know.

Actually, where you really have to lay the groundwork and help foster parents understand their roles is before they ever get any children.

Preparation of foster parents is important

Most foster parents get very involved, especially with little children.

There is a tremendous personal satisfaction, but also a tremendous effort, in taking a strange child, investing themselves in his upbringing, helping him with his problems, putting up with his difficult traits, and then letting him go.

In the foster home training, these parents should be given a real idea of what they are letting themselves in for. Because foster parents are harder and harder to get, workers have a tendency to gloss over the negative aspects of foster care. You need to get foster parents "oriented to the trade." Let them know they're really part of the Department.

How do you help foster parents understand natural parents?

In the foster study, you need to keep making the point that these natural parents love their children, too, but they show love in different ways.

Foster parents will often agree that they understand. Then they hear upsetting things that have happened in the natural family. You, as worker, must remember to tell them about the good things in the natural family.

If you feel that they are not really hearing you, say, "You're not hearing me for some reason. If you're not really hearing what I'm saying, you must have some feeling that prevents your hearing."

You need to help foster parents know the value of what they do. It's very hard for them to take a child and help shape him/her in a better mold and then see the child sent back to what they feel may be the same problems all over again.

But they must realize the difference between parents and foster parents. Never say in a study that "we want you to treat Johnny just as you treat your own child." They can't and they shouldn't.

WHAT TO BE AWARE OF IN WORKING WITH CHILDREN

"Working with children," in this instance, means that you are always within the frame of reference of separation.

You already know that you must work with the child's feelings and that you must know what is normal development and what is

deviation. This knowledge helps you recognize problems stemming from the separation.

There's another important factor. In interviewing a child, you must be very careful of the time factor. Fifteen to twenty minutes is a long time for a little child to sit. If the child is talking or playing well, you are tempted to extend the time. Even then you should keep the time limit, because if the child talks too much, he/she gets too anxious when the interview is over.

You never want to let anybody .. child or adult .. tell you too much at one time.

Children are self-centered. They act instead of talking. They don't know how to handle impulses. So you have to set the controls or limits for any child with whom you are working.

Children are frightened when they are brought into the office for the first time. So explain where you are going, what the office is, what the child is going to do when he/she gets there.

You need to give a child permission to not tell you what he is not ready to tell you. Permission takes the pressure off of him. He knows you are not pushing him to keep talking.

Before you give gifts, you should know how the child feels about taking things from a strange person. A child may wonder why you're offering him/her something. He/she may have been taught never to take anything from a stranger. The child may feel he/she doesn't deserve the gift. So don't give to children until you really know them. Set a limit on what you buy. And let the child know the limit. Some will beg and wheedle to get more.

THE IMPORTANCE OF PLAY

Play is children's medium. It stimulates them, helps them learn. It's their way of communicating and often it's their only way of solving a problem. Play relieves their anxieties and tensions; it relieves guilt because they can "play" guilt out.

The Room

In your office, if possible, you should have a room designated as an interview room for the children.

If you can, have small chairs and a low table. Big furniture is upsetting to little people.

Keep your room clear of everything except where you are going to sit and where the child is going to work. Then the youngster has freedom to move around.

The Equipment and the Worker's Role

Somebody should be responsible for the equipment, which should be examined every day. Broken toys should be removed because they make children anxious.

When you finish with an interview, you remove everything in the room. Children think if they leave something, somebody will take it.

If a child is making something and you are going to keep it till the next interview, don't lose it!

You do not need a lot of equipment. If you have money, buy things that are indestructible. However, you can get blocks from the lumber yard, paper for finger paints, crayons. Never let a child scratch on the wall, because he will go home and do the same thing.

Select toys appropriate to age. If you have a doll house, have very simple things in it. Fancy houses are not the kinds of houses these children know. Use apple crates or corrugated boxes. Have some dishes. Have a doll family ... all the members that would be in the child's family. If you need to, you can make dolls. If you have to, use sticks. Children's imagination is what you want in play.

Too many toys create confusion. You want the child to think, and he can't think if he is constantly distracted by seeing something new. Children get overstimulated by too much equipment. If you want a child to express anger, have a pound board. It helps get out aggression.

With little ones, you want dishes and a baby doll and a little bottle. Because this child sees him/herself as dependent and helpless, a little baby.

When children are in a play situation, you don't have to say anything and you must be careful what you do. If you interrupt them, you interrupt the fantasy. If they want you to play, you play, but they direct.

You never tell the child that the purpose of the playtime is anything but play. Young workers are sometimes tempted to say, "Tell me what this means and what that means." When you do that sort of thing, you can cut off the thoughts operating in their minds.

Don't let a child deliverately break toys. If the child insists on trying to destroy the toy, take it away. If a child accidentally breaks a toy, reassure him/her and say you will try to get it fixed, or you will replace it. Then be sure the broken toy is removed.

Crayons and finger paints are good because they can be expressive and they can release aggressions.

Get special, washable paints and aprons. If you have tense, fearful children who are too controlled and too neat, they won't be comfortable with the finger paints. Start them with the crayons. Then you write their names with finger paint and tell them that it washes off.

If a child draws a picture of something and gives it to you, keep it. Bring it back the next time you see the child. The gift is usually an indication that the child is beginning to relate to you, and you must show that you value the gift.

Puppets are good; if the children are old enough, they can make characters.

It is best not to play games that are competitive. Children are competitive and they like to win. If you win they may get angry. On the other hand, if you always let them win, they recognize that.

If you furnish a coloring book, you tell the child that the book will stay with you till he/she has colored it all. Then he/she may take it home.

You will find that children will use the same kinds of equipment, the same articles for a long time. That's why it's important that that equipment or that article be available the next time the child comes.

For that reason it's often best for you to have your own box of equipment and keep it on your desk.

You can get the older children to work puzzles and to make things. They like to draw and sketch; or they make airplanes.

Some children find it hard even to use the equipment for fear they will reveal too much of themselves. So in the beginning they will be very tentative. You can encourage them to be more decisive, but if they're not ready, let them go at their own pace.

Storytelling

If you're playing with a child, stay in the role he/she gives you. Don't get out of it until the child says, "That's all."

If you want to do a role, you do it by a story. You can say, "Today, do you have any special thing you want to do? If you don't, I thought, for a change, I would tell you a story. We will each make up a story. You make up one and then I will make up one." So you each tell your story. But what you have to remember is that it's a story. Remember, too, that little children like to hear the same thing over and over. Repetitiveness for children is security.

What would you tell in your story? What you know about the family, but in story form. You don't have to be in the office to tell the story; you can be riding in the car. But you have to carry your story far enough that it comes to a conclusion. Don't tell a story if you're afraid of the outcome, because if you hesitate about what you're going to say, the story won't go over.

If a child's aggressions are confined to play, and he/she is not hurting anybody or destroying anything, don't stop him/her. Play therapy is a way for the child to work out hostilities and aggressions.

You can talk to the child without all this play activity. But when you play, you just play.

Interaction Related to Play

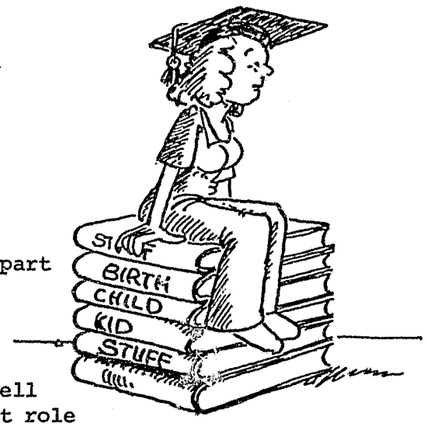
When you're using play to help a child work out feelings around separation, you're dealing only with what feelings are related to the separation trauma.

Ms. Jones says that, to her, "therapy" involves a clinical setting where a psychiatrist is helping the child get at unconscious material.

She emphasizes that this is not the role of the social worker. She believes you, as a worker, should never try to handle anything except that which is conscious with the child.

The play to which she refers is the kind that lets the child have some medium of expression of his feelings about the separation.

With a child who is a slow learner or low in basic intelligence, the approach is the same. Just because a child is retarded, he doesn't feel any less. This child may take longer to understand what's going on in the moving process and he may be more confused than the ordinary child. But what you're helping the child to handle is no different. The process may be more frustrating to you because it has to be repetitive; you may have to go over the same ground ten or twelve times. You might have to do that anyway with a child who is smart but refuses to accept a situation.



Sometimes you work to figure out a child's reactions when there's an easier way. "Mamma" can tell you a lot of things, but (as Ms. Jones says) "...we don't ask mothers. That's our problem." Going to the natural mother for this kind of information is one way of having the parent participate and feel a part part of the situation after the child is gone.

If natural parents feel you're including them, they can usually tell you a lot more. A worker's hardest role is not with the children always; it's with the parents: keeping them in the picture and involving them with their children.

Furthermore, the parents need to know what the separation is doing to the child. There's no difference whether the separation is temporary, two weeks, six months or five years. The child's feelings are the same.

If the child's feelings aren't handled and he goes back home, they may fly out there. Or later in adolescence.

You can't really save people by withholding ... by glossing over feelings.

A DISCUSSION OF BEHAVIORAL SYMPTOMS

Ms. Jones' comments on behavioral disorders are taken from Irving Marcus, whom Ms. Jones terms "the best child psychiatrist I know." (Dr. Marcus acted as consultant to her agency in New Orleans)

Habit-Training Disorder

This disorder appears first in the very young child. It can cause problems with feeding, with sleep. It can cause frequent crying, head-banging, rocking back and forth, sucking on fingers or blankets. It is the tiny child's effort to relieve tension and to meet his/her needs. The rocking, the sucking, the crying are comforting. They are the child's expression of his frustration with his environment and they are called "habit disorders."

Conduct Disturbance

A child at four, five or six may continue to have some of the habit disorders. Then he adds conduct disturbance and begins to act out his feelings onto the environment. This will be the destructive, hyperactive child. What he/she does doesn't bother him/her at all.

When you are interviewing, ask about any special problems: food fads, nightmares, finger-sucking, fighting. You can line up where most of the child's symptoms are falling.

Neurotic Traits

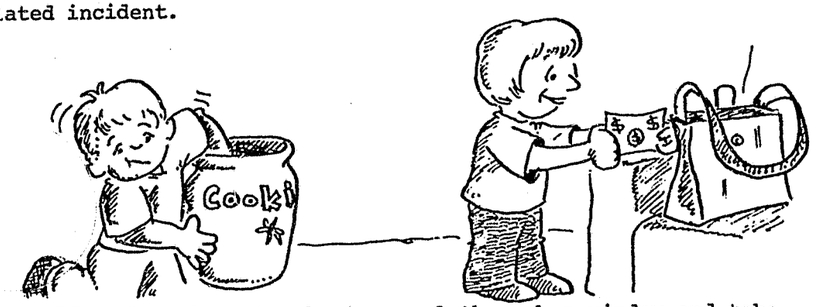
At seven or eight, the child may display another battery of symptoms. They, too, express frustration but are laid, not on the environment but on the self. The child has nightmares, bites nails, masturbates, has all kinds of fears: fear of the dark, fear of animals, fear of leaving mamma. When a child internalizes the difficulty, he/she displays neurotic traits. Symptomatic behavior is the child's way of saying there is something wrong in his/her environment.

Stealing and lying get foster parents more uptight than anything else. They feel these behaviors are a reflection on them.

There are different kinds of stealing. When a child is only three or four, he has a hard time distinguishing between what's his and what is someone else's. But most youngsters of five have a pretty good idea of "what is mine and what is yours."

If a child steals because someone has five pencils and he has none, that is deprivation stealing. But if he steals when he has five pencils and just wants to pick up another one, that's neurotic stealing and much more difficult to break up.

You need to know whether the child's stealing is a habit or an isolated incident.



Some children have been taught to crawl through a window and take things for papa. So they don't see anything wrong with breaking and entering. This is moving toward a delinquent pattern of behavior and is hard to undo, particularly in adolescence.

If the parents were delinquent, you really have a prcblem. It's very hard for a youngster to say, "My parents are wrong." Furthermore, the child has no motivation for changing his behavior. Whom is he trying to please? Nobody cares anything about <u>him</u> (or her).

When children steal, you need to try to find out why. If the stealing pattern continues, you should get the child to somebody who can professionally determine what is producing the stealing.

Lying is similar to stealing in that children lie for different reasons. You don't really <u>lie</u> until you know the difference betweeen truth and non-truth.

You have to learn how to help foster parents deal with the child who has been lying or stealing. Direct confrontation is an "attack". You could say somthing like, "Johnny, I'm sorry you felt you had to take someone's pencil today. Tell me why you did this so I can understand. Did you need another pencil? If you took it because you needed it, we'll try to get you enough pencils." If you ask directly, "Johnny, did you take that kid's pencil in school today?", Johnny will flatly say, "No, I didn't."

Sometimes untruth is a wish-fulfillment approach. "My dad's an astronaut." "I got three home runs today."

It's better not to say, "I saw the game and you didn't get three home runs." The kind of thing that seems to work out with most foster parents is to say, "I bet you wish you got three home runs!" Or "Maybe when you get bigger, you'll get three home runs! Won't that be great?"

Sometimes children make nuisance phone calls. What you do depends on the seriousness of the calls and the age of the child. For example, a teen-ager might make an obscene phone call to a former foster mother.

Ms. Jones recommends trying to get the youngster to explain the reason for the call rather than facing him/her down about whether he/she did or didn't make the call. She says, "I hate to put them in the position of lying because it's so easy to do."

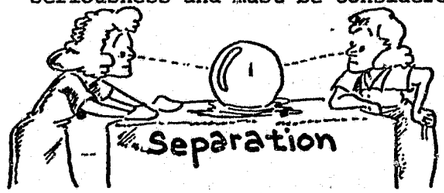
You're really still after <u>feelings</u> ... the <u>whys</u> of a situation.

When children ask you questions, don't feel you have to have an answer. First, you want to know <u>how they feel</u> about the question or the situation which prompts it. They can sometimes come up with an answer which suits them better than all our intellectualization.

<u>A SUMMATION</u>

Ms. Jones sums up some of the awarenesses you, as worker, must seek:

- You need to acquire an understanding of self.
- You need to acquire an understanding of your attitudes because these affect what you do when you're working with other people.
- You need to learn not to equate what you think is good for you with what is good for other people.
- You need to acquire a conviction (and a very strong one) that separation should be looked at with great seriousness and must be considered from all angles.



- Will it do more harm than good? Will it accomplish what you hope it will?

- You should know from the very beginning what you hope separation will accomplish and that you are going to try <u>not</u> to separate children from their families but to rehabilitate them where they are.

- You should have a conviction that you must involve parents in the total process of separation insofar as this is possible. This involvement should not end with the placement of the child but should be continuous.

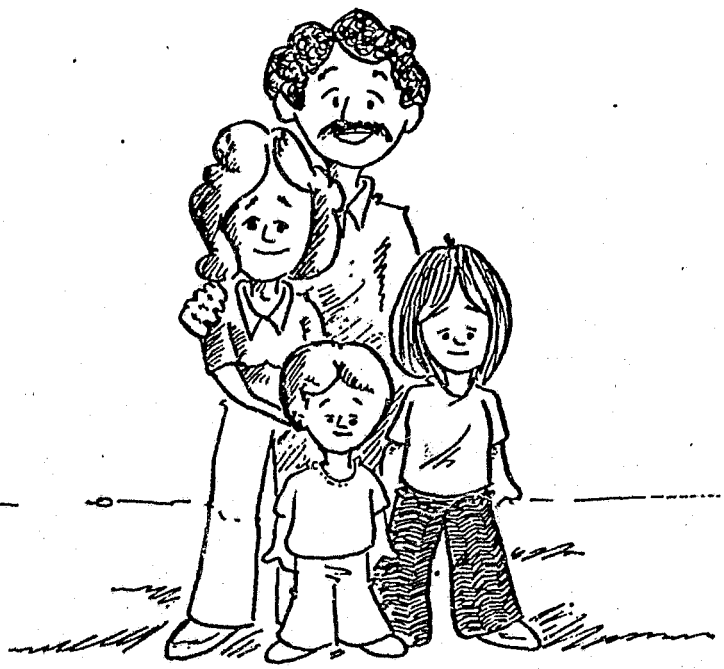
- You should understand that no matter what the real reasons are for a child's placement, the child will find some unconscious reason for himself .. one probably totally unrelated to the real reason.

  You should understand that <u>all</u> parents and children suffer <u>greatly</u> in separation and that their feelings (abandonment, grief, loss, anger, guilt, frustration) must be mastered. These feelings produce other feelings.

- You must realize that every child has a right to all the help he/she can get.

- You must realize that every parent has the same right.

- You must understand that parents and children have the right to expect you to do everything you can to restore them to their family unit. That unit may not be as great as you would hope for, but <u>it is their family unit</u> and you should hope they can get back to it as soon as possible.



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