MODULE I: FAMILY-CENTERED APPROACH TO CHILD PROTECTIVE SERVICES
Kansas Child Welfare Professional Training Program

CHILD WELFARE CASEWORKER CORE
- Family-Centered Approach to Child Protective Services
- Engaging Families in Family-Centered Child Protective Services
- Legal Aspects of Family-Centered Child Protective Services
- Assessment in Family-Centered Child Protective Services

CHILD WELFARE CASEWORKER CORE
- Investigative Processes in Family-Centered Child Protective Services
- Case Planning and Family-Centered Casework
- Child Development: Implications for Family-Centered Child Protective Services
- Separation, Placement and Reunification in Family-Centered Child Protective Services
# Agenda for Module I

- Introductions and Orientation
- Historical and Philosophical
- Family-Centered Practice
- Developing Knowledge about Culture and Cultural Diversity
- The Identification and Assessment of Physical Child Abuse and Neglect
- Sexual Abuse
- Closure

---

# Social Work Values

- Freedom
- Justice
- Social Responsibility
- Human Dignity

---

# Values Clarification

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
If a caseworker is always there to help a family whenever they need it, and often does things for the family, the family will never be motivated to learn to do things for themselves.

A. Strongly Agree
B. Agree
C. Disagree
D. Strongly Disagree

Abuse and neglect are less emotionally traumatizing to children than separation from their family and placement into foster care.

A. Strongly Agree
B. Agree
C. Disagree
D. Strongly Disagree

Immigrant families should be expected to conform to “American” child-rearing standards.

A. Strongly Agree
B. Agree
C. Disagree
D. Strongly Disagree
While it is generally accepted that children have basic rights, society should not interfere with the parents' basic right to teach, discipline and guide their children according to their own values and beliefs.

A. Strongly Agree  
B. Agree  
C. Disagree  
D. Strongly Disagree

How does knowledge of the history of child welfare values impact our understanding of child welfare today?

Guiding Principles of Child Protection

- The child welfare system must protect children.  
- The child welfare system must provide family-centered services.  
- The child welfare system must promote permanence for all children.  
- The child welfare system must be culturally competent.  
- Placement should always be the least-restrictive, most home-like environment, as close to the child’s own home as possible.
CONTINUUM OF SERVICES

Mandated Child  Family Support  Enrichment
Protective Services  Services

ROLE OF CHILD WELFARE SYSTEM

• Assess for serious and imminent harm; determine if immediate action is necessary to protect the child
• Assess likelihood of future serious harm; determine if child should be served by agency
• Assess family strengths and needs; determine case plan objectives and services to address factors contributing to maltreatment

ROLE OF CHILD WELFARE SYSTEM

• Develop and monitor case plans
• Coordinate family-centered services
• Recruit and train foster and adoptive parents; place children temporarily or permanently; provide supportive services to caregivers
COMMUNITY RESPONSIBILITY FOR CHILD PROTECTION

- Law Enforcement
- Prosecutors
- Hospital staff
- Juvenile Court

FOR EACH CASE, DETERMINE:

- Is this a situation of imminent and serious harm?
- Is this a mandated child protection case?
- What other community agencies or organizations should be involved (if any)?

SIGNIFICANT CHILD WELFARE LEGISLATION

- Indian Child Welfare Act (ICWA)
- Adoption Assistance and Child Welfare Act (P.L. 96-272)
- Multi-Ethnic Placement Act (MEPA)
- Adoption and Safe Families Act (ASFA)
- Child Abuse Prevention and Treatment Act (CAPTA)
MISSION OF CHILD WELFARE

SAFETY
PERMANENCY
WELL-BEING

CHILDREN HAVE RIGHTS TO:
Children’s rights are absolute
• Adequate levels of safe, nurturing care
• Freedom from harm
• Permanency
• Legal representation

PARENTS HAVE RIGHTS TO:
• Physical possession of the child
• Consent to medical treatment
• Determine religious affiliation
• Care for child the way they believe proper, unless exposing child to serious harm

Parental rights are contingent on their ability to provide safe, nurturing care
Residual rights remain during temporary placement
**PRINCIPLES OF FAMILY-CENTERED CASEWORK**

- Act in best interests of the child
- Advocate for abuse-free environment
- Believe most families do not want to harm child
- Believe in family’s capacity to grow and change

**PRINCIPLES OF FAMILY-CENTERED CASEWORK**

- Uphold due process
- Provide culturally-competent services
- Recognize trauma from maltreatment and separation
- Make comprehensive efforts to reunite

**IMPLICATIONS FOR FAMILY-CENTERED PHILOSOPHY**

- Assessment and Prevention
- Staff working with children in their homes
- Staff working with children in placement
ANALYSIS OF THE ACTIVITY

DEFINING

- Race
- Ethnicity
- Culture
- Values
- Codes of conduct
- Cultural competence

CULTURAL AWARENESS EXERCISE
**COMMON ERRORS**

- **Ethnocentrism**
  - “My way is the best and right!”

- **Cultural Relativism**
  - “It’s their culture. It’s OK.”

---

**CULTURAL PLURALISM**

- Uses culturally-relevant information
- Understands all cultures have strengths and weaknesses
- Understands cultural traits have validity if they ensure survival

---

**COMMON ERRORS**

- Stereotyping
- Overgeneralizing
CHILD MALTREATMENT IN THE US

- Approximately, 700,000 children maltreated in 2014
- 75% neglect, 17% physical abuse, 8.3% sexual abuse, 6.8% other to include psychological maltreatment and medical neglect
- Slightly more girls than boys, youngest children have highest rate
- 44% white, 22.7% Hispanic and 21.4% African-American
- Fatalities: 1580
- Kansas statistics up from 2010

IMPORTANT FACTS EMERGE

- More children die from neglect than abuse
- Rate of victimization inversely related to age of child

WORKING DEFINITION OF MALTREATMENT

“Any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents imminent risk of serious harm”

U.S. Dept. of Health and Human Services, 2003
IMPORTANT DISTINCTIONS

- Degree of Harm
- Inflicted Harm vs. Absence of Proper Care
- Abuse and Neglect vs. Families Who Need Help

INFLICTED VS. ACCIDENTAL INJURY

- Location of injury
- The shape and appearance of the marks
- The history of how the injury incurred and logical validity
- Chronicity, multiplicity of injury, different stages of healing
- Explanation in view of child’s age or development

The Visual Diagnosis of Child Physical Abuse

Prepared by:
Carole Jenny, MD
Thomas C. Hay, DO
Under contract to the Resource Center for Child Abuse and Neglect
The American Academy of Pediatrics
The C. Henry Kempe National Center
The Visual Diagnosis of Child Physical Abuse

This audiovisual teaching aid, which is directed toward assisting health practitioners in improving the identification of physical abuse of children, was supported by grant #90-CA-1442 from the National Center on Child Abuse and Neglect, US Department of Health and Human Services. The opinions expressed herein do not necessarily represent the views or policy of the National Center on Child Abuse and Neglect, the Administration on Children, Youth, and Families, or the Administration for Children and Families, US Department of Health and Human Services.

INFLICTED BRUISES AND ABRASIONS
FRACTURES
HEAD TRAUMA RESULTING FROM CHILD ABUSE
VI. FAILURE TO THRIVE
DIAGNOSTIC CRITERIA FOR FAILURE TO THRIVE*

- Underweight condition
- Failure to gain weight at home
- Rapid weight gain out of the home
  - (2 oz./day sustained for 1 week or a striking gain compared to a similar interval at home)
- Ravenous appetite
- Deprivational behaviors

*F.T.T. due to underfeeding
VARIABLES AFFECTING CHILD’S RESPONSE TO ABUSE:

- Age of the child
- Duration of abuse
- Frequency of the abuse
- Nature of the child’s relationship with the abuser
- Type of abuse
- Available support to child
- Constitutional factors

BEHAVIORAL AND EMOTIONAL INDICATORS OF PHYSICAL ABUSE

Infants and Toddlers

Pre-schoolers

School-agers

Adolescents
NEGLECTED CHILDREN
• Abandoned or expelled
• Malnourished and dehydrated
• Lacking medical care
• Dangerous physical environment
• Left unsupervised
• Lack physical care/hygiene
• Inadequately clothed
• Educational neglect

BEHAVIORAL AND EMOTIONAL INDICATORS OF NEGLECT
• Developmentally delayed
• Unresponsive, placid, apathetic, lack curiosity
• Appear hungry, tired, steal food
• Out of control
• School failure

BEHAVIORAL AND EMOTIONAL INDICATORS OF NEGLECT
• Differences in values, norms and standards of acceptance
• “Marginal” child rearing
• Poverty
OPTIONS

CHOICE ONE
• Leave the children with frail aunt; hope she doesn’t get sick. You’ll have money for food and rent. Medical care will have to wait.

CHOICE TWO
• Get your 9-year-old niece to stay with children. Tell her to call you at work if she has problems. She will miss school to babysit.

OPTIONS

CHOICE THREE
• Stay home from work and care for your children. Go to the clinic; Medicaid will pay the bill. Lose income, either food or rent will have to wait.

CHOICE FOUR
• Take your child to the doctor and pay cash. Hope your landlord does not evict you as he threatened if rent was late.

From the previous scenario choices, which would you choose?
A. Choice 1
B. Choice 2
C. Choice 3
D. Choice 4
**EMOTIONAL MALTREATMENT**

A caregiver's pattern of behavior that has an observable effect on the child of causing an emotional or mental injury.

- Rejecting
- Terrorizing
- Exposure to domestic violence or abuse of a sibling
- Exploiting or corrupting
- Denying emotional responsiveness
- Isolating
- Extreme confinement
- Withholding necessities and exploitation

**Human Trafficking refers primarily to sex trafficking.**

A. True
B. False
Human trafficking usually involves victims who are kidnapped and taken to another location.

A. True  
B. False

**ASSESSMENT OF CHILD MALTREATMENT**

<table>
<thead>
<tr>
<th>Problem</th>
<th>Intermediate</th>
<th>Relevant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavior</td>
<td>Conditions</td>
<td>Strengths</td>
</tr>
</tbody>
</table>

**ASSESSMENT OF CHILD MALTREATMENT**

- Psycho-Social Factors
- Child Characteristics
- Environmental Factors
- Family Characteristics
- Parental Conditions that Impair Parenting
PSYCHO-SOCIAL FACTORS

- Low self-esteem
- Inability to trust
- Parent’s preoccupation with meeting own emotional needs
- Expecting child to validate self-esteem

PSYCHO-SOCIAL FACTORS

- Inability to regulate emotions
- Misperceptions, unrealistic expectations and lack of empathy for children
- Use of coercive power
- Parental developmental immaturity and poorly developed parenting skills

The age of the child should be a primary consideration in assessing the child’s vulnerability to physical abuse or neglect.

A. True
B. False
A child who requires special care necessitates more parent/child interaction and may be at higher risk of maltreatment.

A. True
B. False

The family’s coping strategies in response to stress are as important as the amount of stress itself.

A. True
B. False

Poverty is one of the leading causes of neglect.

A. True
B. False
Families should seek out support from friends and community resources when they are under stress.

A. Strongly Agree
B. Agree
C. Disagree
D. Strongly Disagree

Domestic violence and child physical abuse are often co-occurring conditions.

A. True
B. False

Single parenthood is a risk factor for neglect.

A. True
B. False
Even limited substance use may significantly affect a user’s ability to safely parent his/her children.

A. True  
B. False

A significant percentage of parents who physically abuse, neglect or sexually abuse their children are themselves psychotic.

A. True  
B. False

Competent parenting requires cognitive functioning within the normal range of intelligence.

A. True  
B. False
DEFINITION OF SEXUAL ABUSE

“Contacts or interactions between a child and an adult in which the child is used for the sexual stimulation of the perpetrator or another person. Sexual abuse may also be committed by a person under the age of 18 when that person is either significantly older than the victim or is in a position of power or control over the victim.”

American Humane Association 1988

SEXUAL ABUSE BEHAVIORS

• Sexual exploitation
• Intra-familial sexual abuse
• Extra-familial sexual abuse
• Sexual abuse by strangers
• Exposure to developmentally-inappropriate, sexually stimulating activities and materials

SPECTRUM OF SEXUALLY ABUSIVE BEHAVIORS OF PERPETRATORS

• Nudity
• Disrobing
• Observation of child
• Genital exposure
• Kissing
• Fondling
• Masturbation
• Fellatio
• Cunnilingus
• “Dry intercourse”
• Digital penetration vagina/anus
• Penile penetration of the rectum
• Sexual intercourse
THE DEVIANT CYCLE

- Assessing victims
- Target selection
- Planning and deviant fantasy
- Grooming or force
- The offense
- Maintaining secrecy
- Thinking errors
- Guilt, remorse, shame and likelihood of relapse

Caseworker Core Module I: Family-Centered Approach to Child Protective Services

Adapted, with permission, by the State of Kansas Department for Children and Families-August 2016

CLOSING THOUGHTS

Remember the Post-Training Assignment!

See you in Module II!