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## **Improved Child Welfare Services and Case Practice Needed in Prince George's** *Child Advocates Identify Need for Significant Reforms*

### **Executive Summary**

Child advocates in Prince George's County recommend significant improvements in child welfare services for families and practice by caseworkers.

### **Background**

In order to better understand some of the key issues facing abused and neglected children in Prince George's County, Advocates for Children and Youth interviewed ten people who represent or advocate for significant numbers of these children, including children's attorneys and Court Appointed Special Advocates (CASA) case supervisors and volunteers.<sup>1</sup>

### **Findings**

#### *Family Preservation and Reunification Services*

Family therapy is the most useful service currently offered to parents, according to advocates interviewed. In-home parent coaching, in particular, can best address a parent's individual needs and also provide access to more intensive services. However, service quality and intensity are major concerns. For example, some advocates cited a trend toward the use of online parenting courses, which are of questionable value. A lack of parenting classes for developmentally disabled parents was also cited.

The biggest gaps in services relate to family poverty. Families often need help finding a job, securing housing or financial counseling, but these services are not offered. Adequate housing is often a barrier to reunification, but families face long waits for subsidized housing. Anger management, time management and conflict resolution programs are also not identified often enough.

Overall, parents completed only about half of the services identified, consistent with a recent review of court records by ACY. Lack of funding is a major barrier to parents receiving services, and more funding is needed, along with greater funding flexibility, particularly around preventive services.

<sup>1</sup> ACY highlights areas of general agreement, but not every finding was unanimously supported.

Barriers to inpatient substance abuse and mental health treatment include: a lack of available beds; long waiting lists; parents changing their mind by the time a spot is available; parents hesitating to give up a job to get treatment; lack of services in or near Prince George's County; fear of losing a subsidized housing placement if a substance abuse issue is identified; and lack of trust by parents that they will really get their children back if they complete a program.

Other barriers to completion of services include: parental resistance/motivation; agency hours; class hours conflicting with work hours; transportation issues; waiting lists for referrals; not enough substance abuse treatment providers; too few quality mental health screenings and follow up services; and a limited range of service providers and case management options.

Parents and caseworkers are equally at fault for a lack of service completion. Parents are to blame because of a lack of follow through on referrals, transience, lack of a consistent phone number, long stretches of parental absence, high levels of parental stress that sometimes resulted in parents not being able to consistently show up on time, and frequent parental belief that they did not have to take any personal responsibility (learned helplessness).

Caseworker practices that are to blame for a lack of service provision include: not following through and not making referrals until several months into a case or just before a court hearing; a more punitive, non-therapeutic approach that was quick to blame parents and children; and not engaging parents and providing support to make services happen.

There are not enough consequences either for parents or caseworkers. One advocate cited several cases in which the court found that the caseworker had made "reasonable efforts" to promote reunification despite every court order still being outstanding. In other cases, the court found that "no reasonable efforts" had been made, but there were no consequences for caseworkers.



The court needs to put more pressure on caseworkers to provide referrals and follow-up promptly. One strategy is setting target dates, specifying that referrals must be made and services must be completed by a given dates. For example, a 30-day timeframe provides enough time to develop an alternative plan if an original referral or service does not work.

#### *Case Practice*

There are significant concerns about the effectiveness of some caseworkers and the low level of qualifications required before becoming a caseworker. Advocates also point to a departmental culture that does not fully believe in reunification. Some caseworkers expect reunification efforts to fail and do not feel that they have any responsibility to do anything beyond sending a letter to parents telling them about a service appointment.

Lack of communication and poor relationships between caseworkers and parents are frequent problems. Caseworkers are sometimes not willing to work with parents to overcome personality clashes and animosity. They do not bring in their supervisors to help mediate disputes. Caseworkers need additional training on conflict management and how better to engage families.

Funding to decrease caseloads, improve salaries and improve supervision will help retain good caseworkers.

Family-centered case practice, including Family Involvement Meetings, is very helpful and needs to be used more proactively and not just when a crisis is occurring. The meetings are more therapeutic and less adversarial, helping everyone come together and sort out problems out. The process helps parents identify barriers and determine how to resolve them. Parents are more likely to be engaged since the process is less formal, takes more time and lets parents have a voice. This increases engagement and improves service completion. Meetings are particularly useful when they result in an action plan with assigned roles. It is good when supervisors attend to mediate any adversarial relationships between caseworkers and parents.

#### *Racial Equity*

There are racial inequities at intake. For example, it may be more acceptable in the some communities to

spank children, but the worker does not recognize these cultural differences or try to educate parents at intake, so children are removed.

#### *Group Homes*

There are significant concerns about group homes. Group home rules are often more like detention than a family, e.g., preventing teenagers from having cell phones. Normal teenage infractions are blown up into major issues. Group homes need more consistent, family-like rules.

There is frequent staff turnover and lack of staff training, including preparation to work with teens and therapeutic skills. Group home staff members need more maturity and experience to handle the demands of youth with significant needs.

#### *Supports for Foster Parents*

To ensure foster placements are successful, there needs to better information sharing before children are placed. Foster parents sometimes do not know anything about children's history when they are placed. Many parents do not have realistic expectations or sufficient training to handle kids with therapeutic needs.

Sometimes parents just need advice or to check on something, but feel overwhelmed when they are unable reach anyone. Caseworkers need to be more proactive checking in with foster parents. Caseworkers need to be more available to foster parents and more responsive to their calls.

#### **Recommendations**

As Prince George's County Department of Social Services undertakes a reform effort under new leadership, it can consider the following issues:

1. Ensuring that families have timely access to high quality services, particularly those relating to poverty, and holding both parents and caseworkers accountable.
2. Training caseworkers to better engage with families, to use family-centered case practice proactively and be aware of differences in cultural practices.
3. Help group homes use a more family-centered, teenager-appropriate approach.
4. Ensure that foster families have adequate information and access to caseworkers.