SUPPORTING FAMILIES: SYSTEM RESPONSE AND SUPPORT

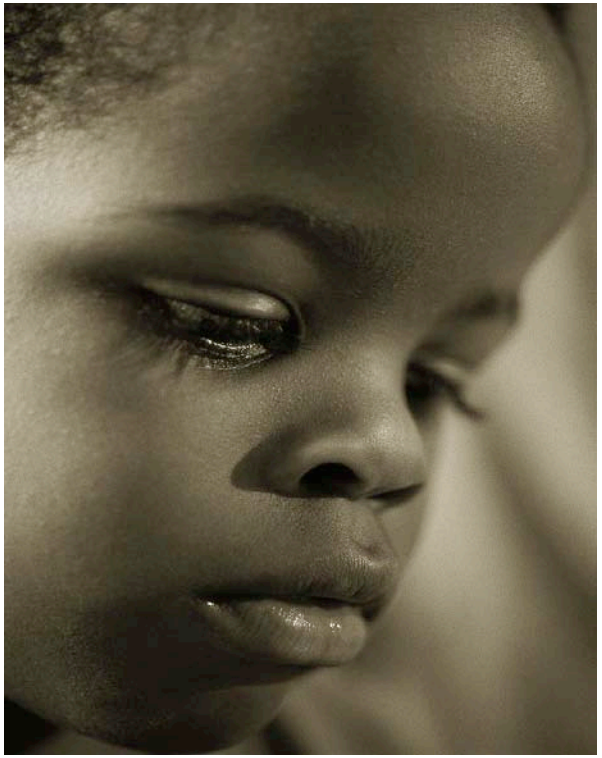
Sunday, 10:30 – 12:00

Agenda

- How does the CPS system work?
- How are families provided support and intervention in the CPS framework?
- If I could advocate, what would I want to do to change the system?

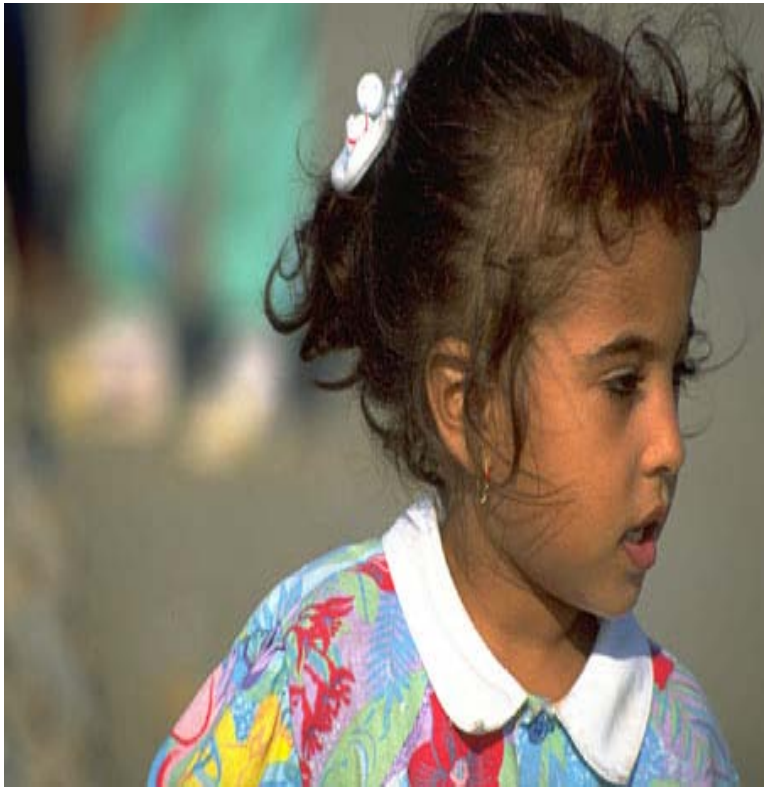
Intake at CPS

- A P-1 (imminent danger) must be investigated within 24 hours.
- A P-2 (no imminent danger) must be investigated within 10 days.
- Some referrals are ruled-out at intake.
- Vulnerability determines if P-1 or P-2.
  - Visible bruising
  - Location of bruising
  - Severity
  - Levels of healing
  - Age of child
  - Presence of a disability
  - Hx of perpetrator (prior abuse, drugs, alcohol, arrests)
  - Current disposition of situation

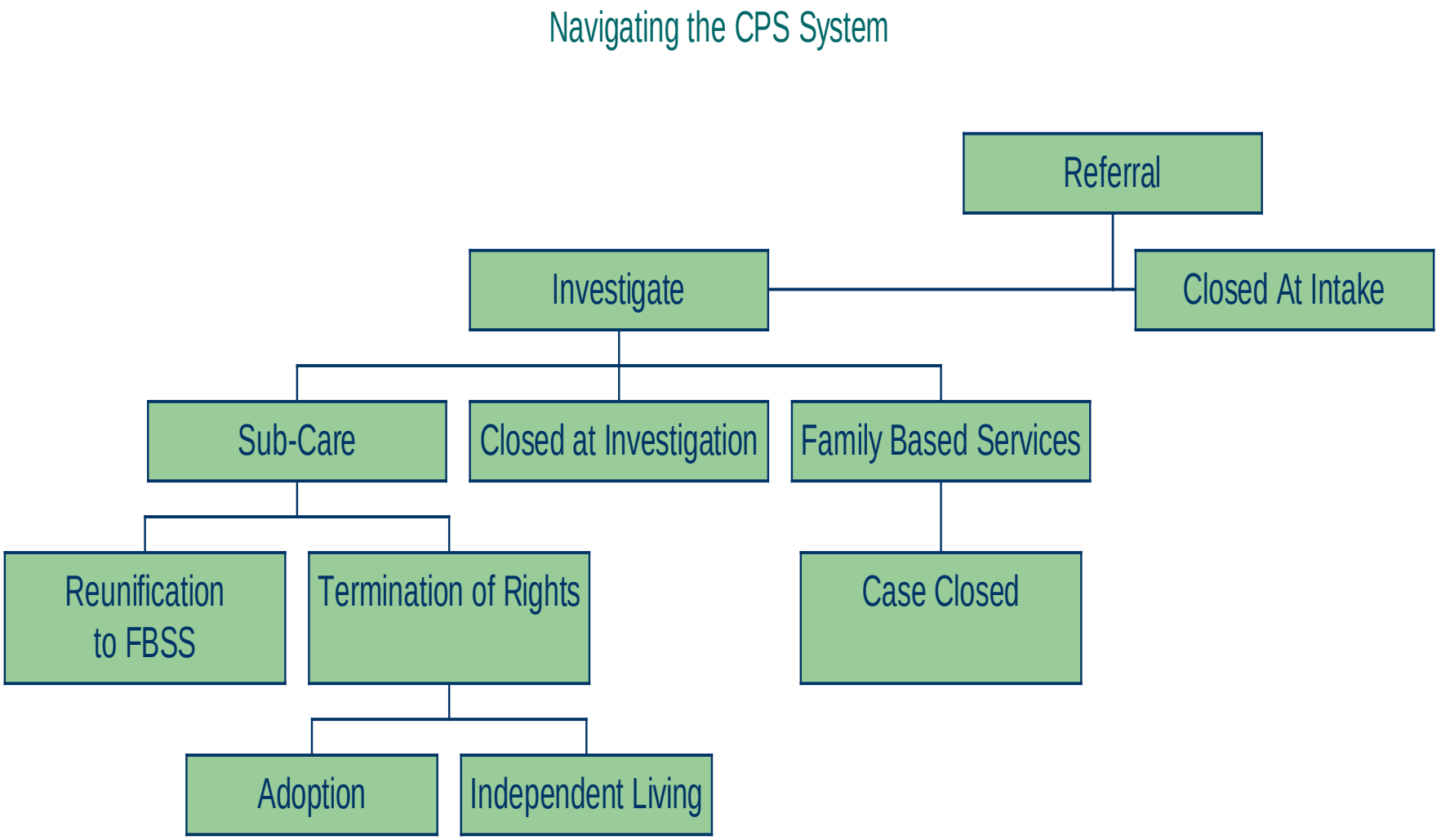


Bottom Line for Intake

- Your language is a major factor in determining if the referral is defined as P-1, P-2, or ruled out at intake.
- Be honest with reporting but be clear about the severity.
- Always identify bruising, other areas of injury, and other risk factors.
- Always report disabilities and communication needs.



Navigating The CPS System



CPS Units or Departments

- **Intake:** Usually a centralized, 24-hour call center
- **Investigations:** Field based, Typically social workers who respond to referrals from intake
- **Family-Based Services:** Field Based, Typically social workers who manage cases received from investigations. People in FBSS are usually cooperative and not court-ordered for services. However, they have voluntarily agreed to participate in services such as parent education and psychological services.
- **Sub-Care:** Field-Based social workers who manage more difficult cases in which it is not safe for the child to remain with the family. In these cases, the court has given temporary custody to CPS, who places the child with other family members or in foster care. During this time, caregivers are often court-ordered to engage in services for family reunification. If caregivers are successful, reunification typically occurs. If they are unsuccessful, adoption may be an option, with family adoptions a priority.
- **Circle-of-Support:** When a child ages out of CPS (typically age 18), the agency will prepare the child by educating them regarding resources. Many children retain some benefits as a former ward of the state. Semi-field-based social workers.

The Experience

- After investigation, if the caseworker feels there is risk, they will offer services (may or may not remove the child).
- Caseworker chooses a contractor and sends a service authorization or referral.
- Therapist contacts client and services begin.
- This process usually happens within 30 to 60 days but may be slower or faster.
- Perpetrator usually receives services from a contractor
- Victim may receive services from a contractor or from a CAC

The Experience: Perpetrator

- Both the perpetrator and victim may feel humiliated through the process. All sense of power and control is now gone. Psychological services, including counseling may be court ordered. The client may be bitter about being forced to attend.
- Children taken into custody are automatically put on Medicaid
- Perpetrators ordered to therapy may not have financial resources. In these cases, the state may help to pay for therapeutic services. This may still be a serious constraint as the court typically requires caregivers to be employed, have stable housing, adequate resources, AND complete a reunification plan. The plan may include services 2 or 3 days/evenings each week over months.
- Most perpetrators have never been to counseling and don't know what to expect.
- The first session is usually an interesting experience for both perpetrator and therapist.

The Experience: Victim

- Outcry at school, may be asked to give multiple reports
- Authorities called, child is taken to CAC or police station
- Forensic Interview is conducted
- If safety is a concern, child is placed in a temporary shelter
- If safety is concerned, child is put in substitute care
- Child is referred to a therapist, therapy ensues.
- Child is returned to caregiver or placed in adoption system.

- When a child outcries, we should report right away and not require the child to give multiple reports.
- Police and CW take child, child is bewildered and afraid
- FI usually done with interpreter
- Child sleeps at shelter, confused
- Few foster parents know signs
- Few therapists sign or know deafness
- Child eagerly reunites with caregivers; Reunification may be a reprieve from the trauma of CPS

Case Study: Sally

- Sally, age 7, is profoundly deaf. Her parents are meth addicts and live in a rural area, about 40 miles outside of a major FL city. CPS has received 3 prior referrals on Sally for neglect, all three dismissed. The second was investigated but found to be unsubstantiated. In all 3 cases, the school called CPS and an investigator visited the parents during the 2nd referral. The investigator went without an interpreter, so he spoke with the parents and not the child. Although they came from a low SES, they were cooperative and appeared caring. They assured the CW they will feed, bathe, and dress Sally the best they are able. In this 4th referral, police were called by a local resident, a single male, who found Sally roaming the streets naked. Police visited Sally's parents and found them to be high on methamphetamine. They contacted CPS and she was placed in foster care. The CW sought psychological services in sign language, but was unable to locate. The CW quit the job soon after meeting Sally. About 3 months later, a new CW found psychological services in ASL for Sally. By now, almost 12 months have passed.

Case Study Continued

- The CW wanted an informal assessment, but thought that the child was deaf and MR/ID. The child was understandably shy, but came into the play therapy room. She began to open up when she saw the toys. She began to sign using a signed English system. She began to play on the floor, covering her legs appropriately with her skirt. She commented about the view of the downtown skyscrapers. She made jokes about toys. She tried to manipulate me, showing me strong cognitive skills. She reported missing her parents, and wanting to see them. She reported being afraid and confused at the shelter. She reported that her foster parents were nice, but couldn't communicate with her.

Family Support

- Caregiver as Perpetrator
  - If caregiver is perpetrator, CPS will usually watch to determine if non-offending caregiver is protective.
  - If non-offending caregiver is protective (separates or divorces perpetrator), child is usually reunited with non-offending caregiver.
  - Therapy is key intervention.
  - If warranted, parent education.
  - If warranted, substance treatment is required.
  - Other services such as food stamps, employment assistance, transportation, and others are usually facilitated.

Case Study: Bianca

- Bianca is 14, deaf, and lives with her mother and her mother's boyfriend (Larry) of 7 years. Bianca stated Larry likes to drink, and goes to a neighborhood bar 2 to 3 times weekly. She indicated she remembers Larry groping her often when she was about ages 7 – 11. She stated she sleeps out in the den often, as their apartment is 1 bedroom. When Larry returns from the bar at 1 or 2 a.m., he often lays down with her and fondles her. She stated he started having sex with her about 2 years ago. She reported trying to tell her mother, who got mad at her for the "lies." About 4 months ago, she became pregnant and reported that Larry is the father. Her mother accused Bianca of sleeping with boys from school and trying to destroy her relationship with Larry. She remained in the relationship with Larry. Police filed charges against Larry. CPS placed Bianca with an aunt and waited for her to give birth. Once she gave birth, DNA tests proved that Larry was the father. Larry was tried, found guilty, and sent to prison.

Family Support

- Non-Caregiver as Perpetrator
  - Authorities will investigate to determine if caregivers were aware and protective.
  - CPS will usually mandate therapy for victim and caregivers.
  - CPS will also check for the safety of siblings, and therapy may be offered
  - Parent education may be offered

Problems with CPS

- Dangerous, thankless, Low pay, high turnover
- Multiple CW from different units or due to turnover results in inconsistency for child
- May not use interpreter, may not know how to use interpreter
- Interpreters may not know how to work with CPS (i.e., may not tell CW that child has additional disability)
- Lack of foster care placements appropriate for D/HOH children
- Focus on typically developing; lack training on evaluating children with disabilities (Bonner, Crow, & Hensley, 1997)
- Most states (89%) have a standardized form for CPS Investigation workers but 41% of the workers from those states collected NO DATA regarding a preexisting disability
- They are overworked with excessive caseloads. Thus, focusing attention on a child who needs increased attention is almost impossible.

A More Effective Model

- The Los Angeles Response
  - Grassroots effort by deaf and hearing people
  - Already had established linguistic units
  - Replicated all services from investigation to reunification using a deaf unit – a team of deaf and signing hearing social workers
  - Free parent training classes in ASL (preventative and responsive, culturally affirmative outreach)
  - Panel Presentations of survivors
  - Recruitment of signing foster parents

Hope

- http://www.youtube.com/watch?v=42E2fAWM6rA

- Can you inspire change in FL? Remember, it doesn't have to change the entire system, just the system within which you function.