

MRS!

INFORMATION IN SUPPORT OF NORTH CAROLINA'S MULTIPLE RESPONSE SYSTEM

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May 2010

Can One Size Really Fit All?

"One size fits all."

Is there a bigger myth in history than this one? Even if we can all get into a "one size fits all" item, does it look, feel, or work the same for each of us? I think not.

Then why do we sometimes expect our families to accept a one-size-fits-all approach to developing service agreements, prescribing the same menu of services for every family? I think some of the reasons might be as follows:

- It's faster.
- We want to cover ourselves, "just in case" something happens in the future.
- "Our agency requires that all families take part in . . . [fill in the blank]."
- We honestly believe every family can benefit from parenting classes, a substance abuse evaluation, a psychological evaluation, or counseling.

In practice, though, a one-size-fits-all approach to case planning can create unnecessary obstacles for families and interfere with our efforts to ensure children's safety, permanence, and well-being.

And yet the practice persists. It reminds me of the saying, "The definition of insanity is doing the same thing over and over and expecting a different outcome."

One thing that seems clear to me and many others is that families, even those that seem to be similar, respond best to plans and interventions that make sense to them and that they believe in. Naturally, these plans may be very different from ones that work for other families.

The good news is that we, as child welfare professionals, don't have to come up with all the answers. The families, with some support and encouragement, can find their own answers. Our job—and I admit it can be a hard one—is to give something new a try, to be open to interventions that don't involve formal agencies, and to make our invitations to partner with families sincere.

True, it can be tough to make a sincere invitation of this kind to every family you work with. But think about it from the family's perspective: would you attend a party when it seems the invitation was made out of a sense of duty, rather than a sincere desire to have you there?



MRS Meetings

MRS and System of Care meetings take place three times monthly via conference call. Dates and call-in information are listed below.

June 16, 17, & 29

Call times: 10-11:30 a.m.
Call-in number:
(218) 936-4141
Access code: 956303

MRS Questions?

If you have questions regarding the implementation of any aspect of MRS, please contact Holly McNeill
828/757-5672
holly.mcneill@dhhs.nc.gov

Training Dates

Adoptions in Child Welfare Services

July 27-30
Asheville

October 12-15
Charlotte

Effects of Separation and Loss on Attachment

July 8-9
Asheville

September 29-30
Charlotte

October 14-15
Kinston

To learn about these courses or to register, go to <http://www.ncswLearn.org>

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Comments?

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Online

www.ncdhhs.gov/dss/mrs



Reshaping “Cookie Cutter” Planning

By Billy Poindexter

This spring a parent asked a relative to look after her child. When the relative found she could not contact the parent and didn’t know where she was, she called DSS to say she could not care for the child indefinitely. As a result, a child

and family team (CFT) meeting was held with the relative—and the parent, who had turned up—and other stakeholders to identify a way to ensure the child’s safety, permanency, and well-being.

DSS came to the meeting with a definite need to gather housing, employment, and contact information from the parent so the agency could ensure the child was safe, and to preserve this relative placement, if appropriate. The family and parent shared their plan for temporary housing, care of the child, and the possibility of work. The parent also agreed to give the relative contact information if she needed to be away for a few days.

So far, so good.

In addition, DSS recommended that the parent submit to a psychological evaluation/parenting assessment, random drug screens, and parenting classes. The parent responded to these suggestions by saying, “And if I refuse?”

After that, things got fairly tense.

The Problem with “Cookie Cutter” Planning

Although there are some situations that call for similar responses to address safety, child welfare agencies sometimes get into a rut, prescribing the same handful of services over and over to most of the families they work with. This “cookie cutter” case planning can be inappropriate, interfering not only with the CFT process, but with agency efforts to keep children safe.

Take the CFT meeting we have been discussing, for example.

- How did the agency’s additional “recommendations” relate to WHY specifically the agency was involved? What is the point of recommendations if they do not have a direct bearing on why the agency is in the family’s life?
- What do you do if a parent asks, “What if I refuse? Are you going to take my kids?” Under the family-created safety plan, no, the agency couldn’t go to court. Why would the agency push their additional recommendations when there is no basis to enforce agreement?
- How can the agency engage family members on more relevant issues if it demands agreement on a stock demand the family rejects?
- Overemphasis on getting the family to comply with “standard” agency plans can cause a worker to overlook what a parent is willing to do. If “X” will keep the child safe, and the parent is willing to do “X” but not “Y,” why not accept that?
- Cookie cutter case plans can become a series of hoops the family must jump through. When is enough, enough?

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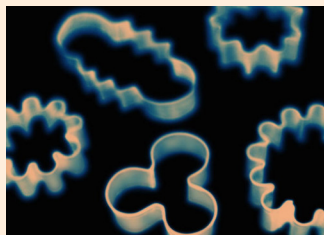
Reshaping the Cookie Cutter

Faced with a determined parent and with workers who saw the need to get information, I facilitated this CFT using this approach:

- I asked: Does the parent HAVE to make a final decision today? This was specifically related to the psychological evaluation. The worker replied, no, there could be some time to decide. The parent replied, "I'll think about it." That was movement off the parent's solid refusal.
- Earlier in meeting, the parent said she would go to parenting classes but not the psychological evaluation. So I asked the agency if the parent's willingness to take parenting classes would provide the information it wanted from the psychological evaluation. The agency said it was willing to look at that. This did two things: it demonstrated that the parent was heard and moved the agency to assess what it specifically needed to see.
- The parent agreed to take random drug screens but wanted to know why, since there was no allegation of substance abuse. She also wanted to know how long she would have to take them. The agency representative said, "It is our policy for families we are involved with." (I forwarded that to their supervisor after the meeting. Here is another reason supervisors should attend or be accessible to CFT meetings. In this case the supervisor was called out on an emergency and other supervisors were not available.)
- I pushed for inclusion of the family's language in the case plan. This was a small thing to the worker but was huge for the family. When the parent said she would "think" about having a psychological evaluation, the worker began to pencil in that the parent would "consider" it. The parent strongly objected. I intervened by saying, "I think the parent wants her language used." The worker complied. Was the meaning the same? Of course. But the agency's acceptance of the parent's language made a big difference.

Lessons Learned

- A standard litany of services shouldn't be automatic for all or most cases.
- Entrenchment can result from thinking about cookie cutter planning, rather than behavior-specific planning.
- Reshape the cookie cutter with the parent's or family's ideas if they lead to the same practical result.
- Put **the family's words** into their case plan, not yours.
- CFT facilitators should not be afraid to ask "Will this work?" even though it is not the agency's idea.



Billy Poindexter is a CFT facilitator with Catawba County DSS and a trainer for the Center for Family and Community Engagement at NC State University.

Training Dates

Intake in Child Welfare Services

August 11-13
Kinston

November 8-10
Greensboro

CPS Assessments in Child Welfare Services

June 28-July 1
Kinston

August 17-20
Greensboro

August 24-27
Charlotte

October 26-29
Asheville

Staying Power! A Supervisor's Guide to Retaining Child Welfare Staff

July 12-14
Charlotte

September 13-15
Kinston

December 8-10
Asheville

To learn about these courses or to register, go to <http://www.ncswLearn.org>

Training Dates

Methamphetamine: What a Social Worker Needs to know

This self-paced online course is always available. To take it, simply log on to <http://www.ncswLearn.org> and access this course via the Personalized Learning Portfolio (PLP) / Online Courses section of the website.

Introduction to Supervision for Child Welfare Services

Starts July 14

Fayetteville

Starts October 6

Greensboro

Child Development in Families at Risk

Upcoming sessions of this online course start on the following dates:

June 2

July 7

July 29

August 10

August 24

September 23

October 5

To learn about these courses or to register, go to <http://www.ncswLearn.org>

New Report Shows Child Maltreatment Decreased in 2008

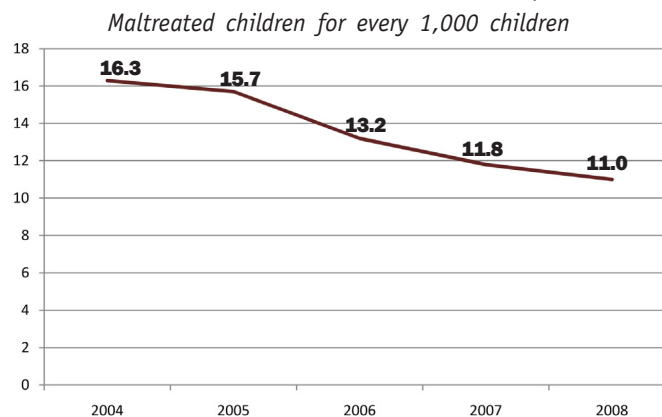
The U.S. Department of Health and Human Services' (HHS) Administration for Children and Families (ACF) recently announced that 2008 saw the lowest child victimization rate in five years. In addition, the number of children who suffered maltreatment decreased for the second year in a row. These findings are contained in "Child Maltreatment 2008," an annual report issued every April marking the start of National Child Abuse Prevention Month.

2008 saw the lowest child victimization rate in five years.

The recent data show an estimated 772,000 children were victims of child abuse and neglect, a rate of 10.3 per 1,000 children. Data from the states continue to indicate that almost a third of the victims are younger than four years old. More than three million reports of suspected child abuse and neglect were received in 2008, involving six million children nationwide.

The figure below shares North Carolina-specific data from this report. The full report, "Child Maltreatment 2008," is available at: <http://www.acf.hhs.gov/programs/cb/pubs/cm08/>.

NC's Child Maltreatment Victimization Rates, 2004 - 2008*



*Based on the number of victims divided by NC's child population, multiplied by 1,000.

Looking for More Current North Carolina Data?

Then check out *Changes and Trends in the Child Welfare Caseload in North Carolina: March 2010*, by Dean Duncan. This attractive, easy to read report is based on an analysis of data from our state's Services Information System (SIS), and explores in detail the number of children reported for maltreatment, entries into foster care over time, and much, much more. Available free, online, at <http://tinyurl.com/39mhdjl>

