Summer 2021

An Inside View of the Child Welfare System

Hana Abualragheb
Merrimack College, abualraghebh@merrimack.edu

An Inside View of the Child Welfare System

Hana Abualragheb

Master of Science in Criminology & Criminal Justice

Merrimack College

August 2021

An Inside View of the Child Welfare System

Agency History

The Massachusetts Department of Children and Families (DCF) is a social service agency that works in partnership with families and communities to keep children safe from abuse and neglect in the Commonwealth (Commonwealth of Massachusetts, 2021). In the past, the Department of Children and Families was known as the New Bedford Orphans home in the year 1843. The New Bedford Orphans' role was to take care of children who were homeless and left without their families. The New Bedford Orphan home played a salient role to the children in the system and their primary mission focused on ensuring the safety of all children. The orphan train which was also a huge part of history placed roughly about one hundred and twenty thousand children (The Orphan Trains, 2013). During 1875, the New York Society for the Prevention of Cruelty to Children was incorporated, and a child protection organization was created (The New York Society for the Prevention of Cruelty to Children, 2013). By 1967, all states had child protection reporting laws. Then in 1999, the board voted to change the name from New Bedford Child & Family Service to Child & Family Services.

The Department Of Children and Families was also previously named Child Protective Services (CPS). Child Protective Services was founded by the federal government and established due to the response of the 1974 Child Abuse Prevention and Treatment Act (CAPTA). CAPTA was then modified by the Child Abuse Prevention and Treatment and Adoption Reform Act. It was then additionally altered by the Child Abuse Prevention Challenge Grants Reauthorization Act of 1989 and the Drug-Free School Amendments of 1989 (Child Abuse Prevention Challenge Grants Reauthorization Act of 1989). “In 1987, the Department instituted a regional management model, strengthening community-based services through grants

and child-centered social work practice" (Department of Children and Families, 2018a). Six regions (now five) began managing grants and services, along with a new mandate in 1988 - substance abuse services for children and youth (Department of Children and Families, 2018b). The Child Abuse Prevention and Treatment Act was most recently modified by the Comprehensive Addiction and Recovery Act of 2016.

Mission Statement

The Massachusetts Department of Children and Families (DCF) states that their mission is to work in partnership with local communities to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency (Massachusetts Department of Children and Families Intern Orientation, 2018). DCF focuses on helping children in low-income communities, providing resources for families in need, and providing both personal and individual help for those in need. As stated on the agency's website (Commonwealth of Massachusetts, 2010). The Department of Children and Families mission is to be able to keep children safe by providing support and services to the clients they serve. "Social workers engage with children/youth and families where they are best understood and empowered, with their natural support systems" (Department of Children and Families, 2018c). The Department Of Children and Families mission statement communicates the values and ambition of the agency.

Goals of the Agency

The agency's main goal ties into the mission statement. The agency's main goal is to keep children safe from possible abuse or neglect. The Massachusetts Department of Children and Families strives to work with families and focuses on building family strength. Another goal DCF focuses on is advocating for children to ensure that they are safe in their placement once

they are removed from the home. Within the agency, it is important that all social workers identify the strengths within the family. A positive outlook is important in this line of work. Social workers see DCF-involved families at their worst times. It is important to note that each family should have at least one strength that their DCF worker must identify in order to help them achieve their goals. Reunification is usually always the goal when a child is in care; however, depending on how the case is going reunification may be changed to adoption. For example, you have two parents that have not made any progress with their treatment and do not visit with their children for supervised visits, this will most likely lead to the goal becoming adoption. However, there are many factors that are considered before changing a child's goal from reunification to adoption. These factors include a measurement of if the parents are making progress with their treatment goals. Other factors include if the parents attend their supervised visits with their children and are appropriate at these visits, are parents following through with the department's recommendations and do they meet consistently on a monthly basis with the department so the department is able to further evaluate their success and improvements.

Structure of the Agency and Personnel

The Department of Children and Families (DCF) has twenty- nine area offices across the Commonwealth. There are five regional offices that include Western, Northern, Central, and Southern. The one central office is located in Boston. In order to become an employee of the department, an internship or experience is commonly preferred; you must have a bachelor's degree or higher, and communication skills and bilingual candidates are also favored and preferred. Licensure varies by state and level of position held. In the Commonwealth of Massachusetts, once hired by DCF, you are given 9 months to pass the licensing exam. If the employee does not pass, they will be let go. This licensing exam is challenging and there are

many great social workers who have been let go because they could not pass this exam within the nine month period. If you fail the exam, you must wait ninety days to retake it. This causes distress for social workers as they have a limited amount of time needing to pass this licensure exam. Technically in a 9 month time period, if you fail the first time you have to wait the ninety days which means you only get three tries to pass before being let go.

Professional identity - or how a social worker thinks of herself or himself as a social worker - is often defined as a practitioner's professional self-concept based on attributes, beliefs, values, motives, and experiences (Ibarra, 1999; Schein, 1978). As a current employee of DCF, my identity as a social worker consists of protecting children, providing services for both families and their children, supporting families in need, assisting families and children, removing children who may or are in danger, developing family and treatment plans, giving these families my all, and advocating for children. Child safety is my number one priority at work. Social workers at the Department of Children and Families provide assessment and intervention in correspondence with the concerns relating to abuse and neglect. DCF has workers in the family resource unit who are in charge of ensuring children have placement when they are removed from the home. DCF social workers also provide adolescent services, housing stabilization, and domestic violence services.

DCF empowers their clients to ensure positive change. The clients that the department serves are people of all ages, all races, genders, and sexes. In Haverhill, the most common racial or ethnic group living below the poverty line is Hispanic or Latino. Many children and adults that DCF serves experience mental health and substance abuse issues. Children are at risk of experiencing serious emotional disturbance in the future. Most of the families involved with the department share something in common, they need assistance to stabilize their family.

The Ombudsman Office is very helpful to clients who have general questions or concerns about DCF policies. I have had clients in the past that utilized the Ombudsman office because they were not happy that their case opened for an ongoing assessment. "The long-term care Ombudsman is an advocate working to resolve problems related to the health, welfare, and rights of individuals living in nursing or rest homes" (Commonwealth of Massachusetts, 2018). The Ombudsman office provides clients with an objective way to express their concerns. Social workers who work at the Ombudsman office are not familiar with the case they get with concerns and therefore, are able to view it from a different point of view. For example, if a client calls and complains about their case, the social worker is impartial and will further help this client understand why these decisions were made in particular. This is helpful for clients because biases are ruled out.

Supervisors at the Department of Children and Families are in charge of ensuring that the social workers they supervise are following agency policies and are supportive to their supervisees. I typically meet with my supervisor once a week, usually every Wednesday. During these meetings, I discuss case direction and ask questions. Having this dedicated time once a week is helpful in keeping social workers on track. Managers at the department have their own cluster of supervisors who they hold accountable for ensuring policies are being followed. The area director at the department manages the department and employees. The director is also in charge of staffing, hiring, funding for all placements, higher levels of care, funding for services, being on call the majority of the time to authorize emergency surgeries, approves emergency placements, is in charge of all disciplinary actions of employees and meets regional and central quotas.

Services to Clients

The Department of Children and Families receives screens and responds to reports of abuse and neglect if the case is screened in. The department puts services in place to work toward safety, permanency, and well-being of the Commonwealth's children. By working towards these factors, they are able to stabilize and preserve families. The Department of Children and Families provides many different services to clients depending on each of their needs. DCF usually will complete referrals for treatment for their clients that are outside the agency. I find myself completing many referrals to outpatient individual therapy services and also substance abuse treatment referrals. Level one outpatient individual therapy focuses on evaluation, treatment, and recovery. These services are provided to people with substance abuse issues, domestic violence, and mental health issues as well. Domestic violence services are also offered to clients when needed. The DV services my office refers to are YWCA and Jeanne Geiger Crisis Center. For example, in one of my domestic violence cases a parent was referred to Jeanne Geiger Crisis Center due to severe domestic violence she endured while being with her partner. Jeannie Geiger supports women who have been victims of domestic violence. Domestic violence services include crisis intervention, safety planning, counseling, case management, child assessments, and training. DCF does also have a family networks unit at the agency in which they can make a referral to in-home therapy, in-home substance abuse, and parent aid services.

Funding Sources

"The Department of Children and Families (DCF) Administration line item funds operations and clinical support services within the central, regional and area offices"(Department of Children and Families, 2018d). Funding reductions have been an issue within this agency

before 2015 and continue to be a major issue within the agency today. In the past, there were many regional offices that were minimized which resulted in layoffs. The layoffs caused a decrease in social workers within the agency which led to social workers carrying a high caseload. In 2015, funding was partly restored; however, it is still beneath historic funding levels for management of the child welfare system (Department of Children and Families, 2018d).

Measurement of Agency's Goals

In order to ensure that goals are being met at the department, there are expectations that should be followed. The department has a primary job to ensure all of the children on emergency responses are seen within two hours, and all children on non-emergency responses are seen within five days. All children in ongoing cases are seen at least monthly, and families are offered services to increase parental capacities and eliminate the protective concerns the department has. When there is imminent danger that can't be immediately solved the Department assumes custody until the safety concerns are resolved. Social workers focus on understanding and addressing the needs of the child. Although DCF provides many services, child safety is the most important at DCF. The action plans that I and other social workers create for families are clinical and are created based on the family's history, strengths, current concerns, and weaknesses. Action planning strengthens the link between a child's needs, strengths, and planned service and support. Action plans are the main tool parents use to reach their goals.

DCF is a mandated agency. There are situations where some of these families are resistant to working with DCF which creates further concern for the department. Assessments written by social workers provide an opportunity to help parents encourage safety, as well as stabilize risk factors that may be present in the family unit. While writing an action plan, it is essential to focus on positive parenting and promoting the safety of their child/children. A social

worker should also think about what the steps are required to promote positive parenting. In this paper, I will provide an example of an action plan of an actual client. However, names have been changed in order to maintain confidentiality.

At DCF, there are runs done to ensure children are seen once a month. These runs are done through the department's computer system that shows the statistics of the children who were and weren't seen that month. If a social worker missed seeing a child, the manager will inform the supervisor about this. Numbers at DCF matter. Sometimes with this job you may miss seeing a child but it is important to document your attempts. This is an individualized way to measure the success of social workers at the agency. DCF has six categories of job functions that each social worker should be following in order to be a successful social worker. Each social worker's supervisor will rate them below, meets, or exceeds based on their social work skills. Success is also measured during supervision. A supervisor will provide the social worker with recommendations pertaining to the social worker's case, what is going well, what they can improve on, and what is not going so well. When I meet with my supervisor, I ensure I have questions written down in my notebook or my work iPad before my supervision to ensure best practice. It is important to go to supervision prepared with questions you have and receive the advice you may need.

Example of a Clinical Formulation of an Action Plan

The A family became known to the department in 2020 when Client A overdosed. Client A is taking Percocet that are not prescribed to her. Client A reports her use of Percocet are due to pain she has in her back. Client A has schizophrenia and is a chronic drinker. There are also concerns of domestic violence. Client A has a long history of substance abuse. The involvement with the department is warranted due to continued substance use/abuse by Client A, concerns of

mental instability, concerns of domestic violence, and lack of follow-through with providers. An increase in caregiver oversight skills must be observed. Client A will only take medications prescribed to her in the doses and times prescribed by her medical providers. The department has no verification of treatment for Client A, as she has not signed the release at the Methadone Clinic. It has been advised that Client A reside in a home that is free of substance use, domestic violence, and criminal activity. The home will be appropriate for children and have appropriate safety measures. There is no indication that Client B (the father of the children) is visiting or residing in the home given the concerns of untreated mental health, domestic violence and continued substance use. The department expects that there will be no police reports involving Client B at client A's home and providers. Client A is expected to take all random drug screens that will show no illicit substances or alcohol. Client A is expected to present as sober during meetings and visits with the Department as well as any appointments with her providers. Client A's providers are in charge of providing the department with information on if client A is using illicit substances. Client A is expected to follow her Relapse Prevention Plan and is expected to be able to articulate the changes she is making in her daily life and how they impact her sobriety. Client A is expected to be engaged in weekly substance abuse counseling and will have developed appropriate coping skills. Client A is expected to provide the department of her Relapse Prevention Plan and Safety Plan and should be able to articulate this to providers and the Department. Client A has identified that being around other people who are using is a trigger for her. Client A will not be spending time with individuals who are using substances.

"Family Assessment and Action Planning identifies and engages all family members who have a role to play in the child(ren)'s safety/ permanency and well-being, including all parents/guardians, individuals residing in the home, children in the department placement, minor

siblings residing out of the home and/or others identified by the family as important to them" (Commonwealth of Massachusetts, 2010). The family assessment that is done by social workers at DCF focuses on obtaining information about the family's strengths, needs, family's history, functioning, safety, and permanency. The family action plan also sets expectations for parents so that they are able to be successful and ensure a stable home from their children.

When thinking about the client system I work with, it is highly important to think about whether or not this goal that was set for the client is achievable. An example of what I think should have been altered in service recommendations offered Client A is measuring her anxiety as this particular client gets overwhelmed with all the tasks that she must follow. There were many service recommendations thrown at Client A at one time. I think with this client, in particular, I should have given her a few tasks at a time and then upped them once she completed them. However, when you have a removal, it is important that you are articulate and provide as much detailed information and ensure that you put in all the tasks/goals they need to work on. This client was not able to achieve a necessary goal, but she was also placed in a position where she expressed she was overwhelmed. This could have factored into why Client A was not successful. After doing a thoughtful evaluation on myself with this client, I realized that it would have been beneficial to provide her with a support group in which I did not. Historically, this client stays home and does not have much support. This is something that I should have thought about when writing her action plan. It is hard to ensure that you hit all the points, but when looking at it from a different point of view, I was able to see what I missed. It is important to have that support when you are dealing with both mental health and substance misuse issues.

Example of Client A's Action Plan Tasks

1. Client A is expected to continue to meet with the social worker once per month or more often as needed. When meeting with DCF SW, Client A is expected to be open to discuss where she is residing & all household members, her support system, her relationship with Client B, any plans to co-parent with Client B should the children be reunified, parenting skills & concerns from supervised visitation, any treatment she is currently engaged in, what she is learning in her treatment, barriers to services, changes in contact information and housing situation, and any other issues as they arise.
2. Client A is expected to sign releases of information forms for all services that she is involved with in order for the Department and providers to communicate about her attendance and engagement, concerns, to monitor delivery and follow through with services and get an understanding of her progress towards treatment goals. Client A is expected to authorize the Department to receive any drug screens from providers.
3. Client A is expected to attend all court dates, meetings and reviews pertaining to her or her children.
4. Client A should continue to attend the Methadone program as scheduled for her Methadone and participate in groups and individual counseling. Client A should continue to be screened at the Methadone clinic and provide results to the Department. Client A is expected to gain insight and be able to articulate to her providers & the Department her triggers that lead to substance use and how she is avoiding these in her day to day life. Client is also expected to be able to articulate coping skills that help her maintain sobriety & how she is implementing these in her day to day life. Client A is expected to be able to discuss her children's removal and her relationship with Client B during her individual

sessions. Client A's providers should be reporting that she is making progress towards her treatment goals and that they do not have concerns about her substance use. If the Methadone Clinic continues to be unavailable for individual therapy past July 2021, Client should engage with another individual clinician that specializes in substance use treatment, such as Link House.

5. Client A is expected to attend all appointments for her children and have contact with the providers working with them, including their pediatricians, medical specialists that are working with her children, intervention worker, and therapist. Client A is expected to be sober during these appointments and should be engaged and focused during these appointments. Providers should not be expressing concerns about Client's A's engagement or sobriety.
6. Client A is expected to complete a Neuropsychological Evaluation so the Department can get a clear picture of her mental health diagnosis and recommended treatment.
7. Client A is expected to submit an application for services with the Department of Mental Health and will engage with them for recommended services and support. Client A is expected to be open with her provider about her hallucinations and mental health symptoms.
8. Due to Client A's relapse in May 2021, Client A is expected to attend another detox program or Inpatient Substance Use / Dual Diagnostic program. Client A is expected to follow all recommendations of this provider. Client A is expected to reside in the program until she is discharged and will not leave. Following this, Client A is expected to engage in all recommended services from discharge.

9. Client A is expected to attend her in person visitation with her children as scheduled. During her visitation, Client A should present as sober and coherent. Client A is expected to bring age appropriate toys to her visitation and age appropriate foods/drinks.
10. Client A is expected to ensure that she is following up with her medical treatment and following the recommendations of her treatment providers.
11. Client A is expected to engage in domestic violence services to understand the effect domestic violence has had on her children.

Example of DCF Tasks in an Action Plan

1. Meet with the family in the home once a month.

2. Maintain/update releases of information as necessary.

3. Ensure that referrals are completed in order to address identified concerns/needs/services.

4. Maintain regular contact with services providers that are working with the family, to help address the above concerns/needs, and to support the family.

5. Collaborate with Client A to address any barriers that are preventing her ability to address identified concerns.

6. Support Client A in identifying potential areas of need and increasing her social support.

7. Coordinate the safety planning process, have prompt ongoing discussion about the usefulness of tasks, and revise as necessary.

Progress toward the objectives on the action plan will be evaluated by the social worker and the social worker's supervisor. The consequences of not reaching the objectives are as follows:

1. Parental rights will be terminated for Client A.
2. The Department will no longer allow Client A and B to have supervised visits with children.

The following steps or actions are required to negotiate the terms of this agreement.

1. Client A and B must meet with social worker Abualragheb and the supervisor to go over the process.
2. Client A and B must sign a release so that the Department can release information to other agencies that will be helping DCF during this process.

Measurement/Evaluation of Client

In order to summarize how the work is evaluated with Client A, system collaterals would confirm that Client A followed through with her treatment plan in regards to maintaining mental stability and sobriety. The social worker will contact collaterals once a week to see if Client A has shown any progress each week. Substance abuse treatment, domestic violence treatment, and mental stability with Client A would be a way to measure progress and evaluate my work with the client system.

The Department, as a whole, has made reasonable efforts to prevent termination of parental rights. However, the Department will be going to trial in August. The Department will be looking to terminate Client A's rights. This will improve the wellbeing of both her children and provide stability for them. Terminating Client A's rights is what the Department is aiming for due to Client A not following up with her action plan, not making attempts to meet with the Department on a monthly basis, continuing to drink alcohol and abuse substances, and not prioritizing her supervised visits with her children. Client A stopped her medications and has recently stopped all services. Client A has not been able to prove that she is mentally stable nor prove that she is able to remain sober.

Client A is a difficult case with many needs. Planning with Client A is difficult, as she is usually not open to recommendations made by the Department, and refers to DCF as "life

ruiners.” In order to make my attempts to ensure that Client A is to follow these interventions that I put in place for her, I had to do a lot of brainstorming about how I was going to get her to follow up with these interventions. Despite my attempts and my support, Client A continues to be unsuccessful. In the past four months, Client A has missed many supervised visitations with her children which are scheduled bi-weekly. Client A has also not been complying with the Department's recommendations nor meeting with me for home visits. Below I created a table to measure the progress of this client. This table shows the dates of when the supervised visits were scheduled and whether she attended the supervised visits or not.

Table 1. Attendance at Supervised Visits

Dates	Supervised visit with children
3/3/21	Attended the visit and was hostile towards the social worker at the end of the visit.
3/17/21	Did not attend the visit.
4/01/21	Did not attend the visit.
4/15/21	Attended supervised visit and her mother as well.
4/29/21	Did not attend supervised visit.
5/15/21	Attended supervised visit.
5/29/21`	Did not attend supervised visit.
6/4/21	Did not attend supervised visit.

6/11/21	Did not attend supervised visit.
6/22/21	Did not attend supervised visit.

Client A did not attend 7 out of her 10 visits in the past four months, this is one way to measure the client's success. The pie chart below shows in blue that she attended her visits 30% of the time. She did not attend her visits 70% of the time in the past 4 months. This shows that Client A has not been showing progress as the attendance is expected to be at least 75% for supervised visitation. Client A is not effectively working towards being able to reunify with her children and the goal will continue to be adoption. By keeping track of how many times Client A attended her supervised visits with her children, I am able to effectively evaluate her progress in this particular area.

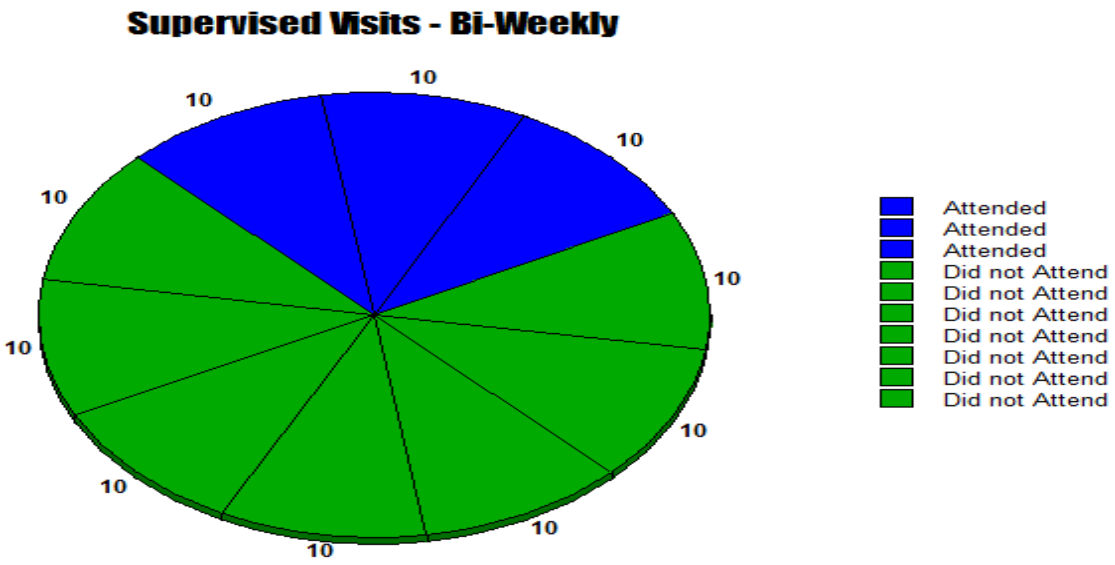

Table 2. Record of Home Visits

Home Visit Date	Complete/ Incomplete
12/17/2020	Home visit was able to be completed. Mother was coherent during the home visit and we discussed her action plan.
1/15/2021	Client A did not open the door for the social worker even though this visit was scheduled. Home visit was not able to be completed. SW left a letter informing Client A of her missed visit.
2/07/2021	SW knocked several times. Client A did not answer the door again. SW left a letter at the door informing Client A of the missed home visit scheduled for today.
3/18/21	Client A did allow this SW in her home for a scheduled home visit. Client did not present well and presented under the influence, client was slurring her words, client was getting off subject and her eyes were red and glossy. Client A reported that she drank a lot.
4/14/21	Client A did not open the door for the scheduled home visit.
5/25/21	Client A canceled the home visit and told this SW she would not be available. A home visit was then scheduled for June.
6/11/21	Client A contacted SW and informed her that she will need to cancel the home visit because she was not feeling well. SW went out the following

	week on an unannounced home visit in which Client A was heard to be inside her home but did not open the door for this SW.

It is important for clients to complete home visits as it is vital in the reunification process. Through monthly home visits, the Department is able to measure how Client A is progressing. The Department has not been able to evaluate Client A through home visits due to her non-compliance with the Department's attempts. Client A completed 2 out of 7 home visits in the period of seven months. In the past seven months, the Department has only been able to see her twice in her home, one out of the two times she did let me in and appeared under the influence. Client A was not coherent and was slurring her words. Client A admitted to having a lot to drink. The Department is not able to effectively evaluate Client A's progress as she continues to cancel home visits or not open the door when the Department is scheduled to come. Although the Department has made many reasonable efforts to ensure Client A is reunified with her children, the intervention goals have not been reached. Client A continues to have difficulties following through with her action plan and is unable to demonstrate progress nor success. Client A does not meet with the Department as expected and periodically misses visits with her children.

Substance abuse and mental health are both major factors that lead to the removal of Client A's children. In, *Co-occurring problems for substance abusing mothers in child welfare: Matching services to improve family reunification,* Ryan (2007) indicates that co-occurring substance abuse problems caused interference for mothers to successfully reunify with their children. In Client A's case, this is what I am observing. Client A continues to suffer from substance abuse and is not following up with her treatment. Therefore, reunification with her children is no longer a goal. Client A is not following up with the services that the Department

provided, has not been consistent with her treatment, and has had multiple relapses. Client A's inability to maintain sobriety and ensure mental stability affects the custody status of her children. Client A needs to be aware that the interventions that she needs to follow are based on her self-determination.

Strengths of Client A

The strengths perspective and strengths-based approaches offer service providers ways of working that focus on strengths, abilities and potential rather than problems, deficits and pathologies (Chapin, 1995; Early & Glen Maye, 2000; Saelee, 1992d; Wieck et al., 1989). It is important to acknowledge at least one strength in someone no matter what the circumstance is. A strength that I have identified working with Client A is that she is aware of her situation and what led to the removal of her children. Many of the other clients that I work with may not have this level of awareness and recognize their faults. Client A is fully aware that she has substance abuse issues but does not follow up with her treatment. Client A does not follow-up with interventions nor the agency's recommendations but does understand that the interventions that she needs are based on her self-determination. Additionally, Client A possesses strengths and abilities that have allowed her to survive. The environment that she is in provides her with beneficial resources she can use to improve her situation.

Limitations of the Department with Client A

In order to do a more complete assessment, I think it would be beneficial to the client if the Department more strongly considered her religious beliefs. Could a reason she is not attending the AA meetings be because she identifies herself as a Muslim? Client A discussed that it is a sin to do drugs and drink alcohol. Could it possibly be that she is embarrassed to go to

these meetings because she has worries that people will judge her? Religion and cultural humility should be further evaluated when working on this case.

I also think Client A should receive in-home therapy services. Client A does not like leaving her home. I also think concerns regarding transportation should be something that DCF incorporates when working with clients. Could it be that she's missing her psychiatry appointments and her methadone treatment because of how far she needs to travel from her house and has no ride there? Client A lives in housing and does not work, it is hard for her to afford an Uber.

Relevant Literature

As reported by Timberlake et al. (2008), it is important to give the client choices and introduce possible environmental resources that may be available to them. This is the approach I tried to take when working with Client A. Research suggests that it is difficult for social workers to allow clients to be part of the contracting process which is technically the action plan process in our agency. Social workers write action plans without the client. The client is told they need to sign this action plan, some clients won't sign it if they do not agree. Dates of the contract plan may be adjusted due to practical setbacks and challenges the client may face (Timberlake et al., 2008). When I present my written action plan to my clients, I ensure that I lay out what the expectations and responsibilities are to ensure success. I have gone over Client A's action plan many times. It is important to sit down and listen to any criticism a client may have about the action plan you have written to form a joint working relationship with them.

In *Substance Use and Mental Health Disorders: Why Do Some People Suffer from Both,* Kobaysi (2012) highlights an important idea about the commonality of mental health in the United States. The majority of my cases are related to mental health concerns. Client A has

severe mental health issues that she has not been able to address. Kobaysi (2012) discusses the importance of people needing to utilize a therapist or psychiatrist for treatment to ensure progress. How can Client A work on her mental health if she is not receiving proper treatment?

Client A is diagnosed with cyclical vomiting which is severe nausea and vomiting that can last up to a few hours or several days. Client A has told the Department that having this disorder makes her extremely weak and has caused her many hospitalizations. Through my own independent research, I learned that a multidisciplinary approach involving a supervising gastroenterologist, the primary caregiver, as well as nursing support and a psychologist would be beneficial for managing cyclic vomiting syndrome (Parkman, 2009). I also learned from Client A's primary care physician that this is what they have recommended for her. Client A did not follow any of the doctor's recommendations and did not follow up with the providers listed above. Client A would benefit from this support to help manage her medical illness and also provide her relief. When talking to Client A, she reported how this illness is challenging for her. Client A reports that due to this illness she has difficulty waking up in the morning and getting out of bed. Client A reported that most of the days she would like to just stay home in bed. Client A is open to talking about this medical illness. When the Department first became involved, Client A provided the Department with detailed information on the impact of this illness.

Client A has reported that she is interested in going into rehab in order to achieve her goal of stopping her substance misuse; however, it's been longer than a year and she has not followed through with this. Client A was given information regarding rehabs she could enter. However, it is just as important that client A starts seeing her psychiatrist to manage her mental needs and obtain the right psychiatric medications. Not only will Client A be managing her mental health when engaging with psychiatry but also once she is seeing her psychiatrist the

Department can contact them to measure a part of her success. At this time, we can't assess Client A's mental stability as she is non-compliant and not meeting with her psychiatrist. Client A is not meeting with an individual therapist. Kobaysi (2009) argues that mental health issues are common in the United States and there are many people who are being treated to better their lives. It is essential that people who suffer from mental health obtain adequate treatment. Kobaysi (2009) emphasizes that it is important for someone who suffers from mental health to utilize both a psychiatrist and therapist. In the case of Client A, she does not make any attempts to stabilize her mental health.

Intervention Work

My experience as a social worker at DCF enhanced my understanding of human behavior in the social environment. Cultural competence is important in any line of work you choose to do. Through my intervention work, I was able to examine this client's interaction with others in the social environment. I was able to effectively work with a diverse client. The article, *Training Child Welfare Workers from and Intersectional Cultural Humility Perspective: A Paradigm Shift,* increased my understanding of the importance of cultural competence and cultural humility in social work practice. Cultural humility training offers another perspective for child welfare workers to use in order to work effectively with families that are culturally different from them (Tervalon & Murray-Garcia, 1998). Tervalon and Murray-Garcia's (1998) argument is compelling regarding the importance of training on cultural humility and how this can lead to successful work with clients of different cultural backgrounds. It is important for social workers to be aware that some clients who come to the U.S. don't understand the norms. What may be perceived as wrong in the U.S. and immoral could be perceived as moral in other cultures and countries. Client A comes from a very different cultural background which affects her behavior

in the social environment. Client A comes from a culture who does not believe in mental health treatment. It has been argued that "sometimes referred to as 'joining" (Minuchin, 1974) the child welfare worker is challenged to place him or herself in the context of the client's world (and as part of their culture and cultural experience), accommodating to the cultural style of the client, experiencing to the best of their ability the client's own cultural view as an "insider." Therefore, it is important that the social worker is challenged to experience it from the perspective of the client. The social worker would be experiencing it without physically, psychologically, or emotionally retreating.

Working with this particular client, I can relate to her cultural and religious differences as I share very similar religious beliefs. According to Tervalon and Murray-Garcia (1998), "Cultural humility incorporates a lifelong commitment to self-evaluation and self-critique, to redressing the power imbalances in the patient-physician dynamic, and to developing mutually beneficial and non-paternalistic clinical and advocacy partnerships with communities on behalf of individuals and defined populations." If social workers better understands their clients' identities, this would lead to success on both the social worker's side and the client's side. With this particular case, being culturally aware and sharing the same beliefs was much more helpful in being able to understand the client's behavior.

Additionally, "diversity and inclusion in a world populated with differences are not just a common-sense decision; it is the foundation of our country and the essence of our development as a great nation" (Ortiz, 2010). Ortiz (2010) suggests addressing the needs of a diverse population by starting with an awareness of diversity and having a driven attitude to cultural sensitivity is key. It is important that people are trained on cultural humility to be able to assist their clients in the best way possible. Ortiz (2010) made a crucial point when stating that, "it

comes from our intention to better understand differences and our commitment to interact with the diversity of cultures and groups in our community."

Use of Evidence-Based Practice

At the Department of Children and Families, most of the work is evidence-based. If we don't have evidence, we don't open a case. A good example is someone calling the Department and then reporting that they believe that a child is being abused. The Department will assign an investigator to the report if the Department thinks the report needs to be screened in for further assessment. The DCF investigator goes out to the home and investigates the suspected abuse and neglect and looks at many factors. The investigator wants to know every detail in order to see if the case should open with further assessment. My role is ongoing; therefore, I work with clients long term. The Department of Children and Families is both solution-focused and strengths-based. The Department encourages clients to focus on improving themselves to set them up for success. Clients are highly encouraged to think about the goals listed in their action plan in order for the Department to measure their success. The client must think about what steps are needed to be taken in order to achieve their goals.

Moreover, when social workers receive training when they are hired, the trainers are using evidence they collected from previous workers to train the new social workers. Training is beneficial and there is always something new to learn. When I apply evidence-based practice as a social worker, I think about interventions that have been researched and found to be effective with many different types of populations. Social workers are trained to utilize solution-focused interviewing skills and motivational interviewing skills. During my home visits, I ensure my clients are motivated to change for their children. Most clients are mandated to be involved with

the Department which sometimes makes this work challenging. Many people fear DCF removing their children.

Surveys and statistics around clients' thoughts on the agency should be incorporated into the DCF practice. It is salient to think about what the client's perception of the agency is. What could we change? What did they find helpful? Something major would be the 72 hour hearing, after a child or children are removed, we have a 72 hour hearing in court to further decide if the child/dren will stay in state custody. The problem with the 72 hour hearing is that it never happens in 72 hours. I had a removal about two weeks ago and the hearing had been scheduled for the end of the month. Not only do the families harass me about this all day long, they also describe the Department as malicious and cruel for this. The court system needs to improve on the 72 hour hearings and actually try to ensure 72's happen when they are supposed to. I do understand that courts are backed up; however, there needs to be a better system in place. Even starting with changing the hearing name and taking out the 72 because all the families assume their case is going to be heard in 72 hours when sometimes it can take up to one month. This is unfair to the families and social workers who work the case. Social workers are pressured into writing an affidavit right away after a removal, the judge does not read this until the 72 hour hearing.

The Department's Strengths and Limitations

When a child or children are removed from the home and given a 72 hour hearing in court, the judge makes the ultimate decision. This decision could mean that these children go back home with their parents, even if the Department is opposed to this. There was one instance where we removed three children from their home due to their mother's drinking. At the 72 hour hearing, the judge decided that the kids will go back with their mother. A week later, we had to

remove again as the mother was found in the home with her children intoxicated and passed out. There are many instances where I observed a judge reunify a child or children with their parents and DCF could be totally against it. I find this particularly difficult because this judge has not worked with the family and does not understand the dynamics like the DCF workers who have a more clear understanding about the dynamics of the case and have known the family longer. Children in DCF custody can be placed in temporary foster homes and other programs. Although the Department does their best with looking for family or friends to place the children with, the reality is that sometimes there is no family member that can take them. The lack of foster homes is a limitation at the Department. In the past, I worked at a residential program and was able to see the struggle of these kids coming in from other programs and not knowing where they will be placed next. This is stressful for children. These kids already lack consistency in their lives which can be very difficult for them.

Additionally, many families we serve surfer from housing instability. A housing unit added to the Department would be beneficial to helping these families we serve. We are able to provide resources; however, these resources can be found online. We recently had a case where a client had to go to The Department of Transitional Assistance to get information on what her next steps would be in regards to obtaining housing. DCF could not help with this and told the client to go to DTA. It is understandable that we don't have all the time in the world considering how busy we all are. However, considering a new unit added to DCF that focuses on housing instability would benefit the clients we serve. Housing instability continues to be a social justice issue that clients struggle with.

DCF has many resources to provide a family with to get them back on track, this is a major strength. These resources include mental health resources, domestic violence resources,

substance abuse resources, grief and loss resources, suicide prevention resources, resources for foster parents, resources for grandparents who have custody of their grandchildren, free vouchers for daycare for families in need, resources for children who are in the adoption process, resources for children who have been removed and are currently in the departments custody, educational resources and much more. The department ensures that they prioritize the needs of each family by implementing services through these resources that they provide. Although some families refuse to utilize any resources or services that the department provides, there are families who have benefited greatly from these resources.

There are multiple partnerships and collaborations that we provide for our clients. For example, we are partners with the Wonderfund Program. The Wonderfund Program is a nonprofit agency that ensures children who come into care have the essentials that they need on a day to day basis. The Wonderfund also empowers a timid child to take dancing lessons, boxing lessons, learn martial arts and play sports. During Christmas all the DCF involved families receive presents that are mostly funded through the Wonderfund. There are many families that struggle and the Wonderfund has benefited many of these families. Being able to provide families with resources will benefit from their success rate increases. Family Networks, another agency that works with DCF, is able to provide accessible resources that support families. Another major strength of this agency is the diversity of the workers at the Department. Workers at the department have a wide variety of backgrounds which benefits the clients who are also diverse. Professional development is another strength at DCF. The department also offers new workers training for their license and also provides them with materials that will help them study for the licensing examination. The department ensures that all social workers at the agency are receiving supervision per the policy. The department is also partnered with Child Care Circuit

which is a nonprofit organization in Massachusetts that provides childcare referrals, training and parent provider services both locally and nationwide.

Key Policies of the Department of Children and Families

The Department of Children and Families utilizes many policies as an agency in order to ensure the wellbeing of their clients, social workers, staff and everyone who is connected to their agency. Policies at DCF ensures that rules are being followed and also protects clients from being endangered in any way. In this section of the paper, I will be discussing some of the many policies DCF utilizes in its agency.

DCF Interim Policy on Required Contacts with Children and Families has been updated and is effective as of April 2021. This policy provides clear guidance on the purpose of our contacts with our families we serve. Having monthly contacts with children and families on your caseload is purposeful interactions that help inform our understanding of a family. The primary reasons we conduct in person contacts with our families is to ensure that children are safe from abuse and neglect and to ensure that their needs are being met. During home visits, it is important to continuously assess signs for abuse and neglect. This policy also ensures that the DCF social workers have a understanding of progress towards Action Plan goals, case direction, and a family's strengths and needs. This policy requires that all open cases require a monthly in person home visit. In person home visits must include each child and every adult that lives in the home. It is required that children are interviewed separately and alone.

Although this policy is written well, I think that during COVID there was a lot of setback on social workers seeing their cases in person. It was tough for me doing virtual home visits because you can't pick up on things you would in person. The policy changed during the first year of COVID and they were allowing cases that were seen as not high risk to be seen virtually.

There have been many tragedies that have happened due to not completing in person home visits due to COVID. I personally was very frustrated that some parents I can see virtually and some in person depending on the risk assessment. I wanted to see all my families in person. I do understand that COVID caused many deaths; however, this does not change the fact that these families needed to be seen in person as this was when they also really needed us most. During COVID, families struggled even more.

Conflict of interest policy suggests that when a DCF employee has a suspected conflict they must ensure they discuss this conflict with their supervisor, Area Director, Regional Director, or the Office of the General Counsel. The EHS DCF website states the following "department employees and Department Area Board Members are governed by a comprehensive Conflict of Interest Law (Massachusetts General Laws 268A), which prohibits both actual conflicts of interest as well as the appearance of impropriety" (EHS, 2021). From experience, DCF has ensured that a worker who has conflict with a case gets rid of a case. Conflict does come up a lot as many of these social workers live in the community they serve and may know the person already. DCF employees can't access a case that is not theirs. If you need access to another DCF worker's case for some reason, you must inform the DCF worker. There are times when a coworker will call and say I am on the road, can you call this parent and tell them I'm going to be late. In these instances, it would be fine to access the case as you have been asked to. There have been DCF workers who were fired due to accessing a family member's case or a friend's case. This is a big "no" at DCF. Everyone has their right to privacy which ties back to the conflict of interest policy created at DCF.

The purpose of DCF Workplace Violence Prevention Policy is to ensure that support, workplace safety for employees working in the field by providing support. Safety in this

particular field presents a difficult challenge for the Department. The policy is written to ensure that no employee will be sent into a situation in which identified risks have not been addressed in a safety plan acceptable to the employee. In the EHS Internet it states, under no circumstance should a Department employee jeopardize their safety when a hostile situation presents itself." Employees are required to immediately leave any location or environment that presents a risk of harm to them. For example client A was very hostile to the department when we removed her children. This is usually a typical reaction we get from parents when conducting removals. Parents present as hostile, aggressive and also make threats and some very serious threats. In these cases, when we conduct a removal, we always take the police with us to ensure the safety of each employee. A safety plan should be developed with a supervisor or manager when an employee feels that family or child contact in the field poses risk or harm to them. It is also important to not leave any important mail or documents that contain personal information near a client.

Ongoing casework and documentation policy is a key element in delivery services by the department. If you don't document it then it didn't happen. By ensuring that documentation is into dictation, the department is able to assess the needs and progress, to reassess the level of risk to the child(ren) when a case is reopened, to facilitate the provision of services, and to warrant and motivate change. DCF workers accomplish this by their relationships with their clients and collaterals that are in the case. This policy also states that regular contact with the family and collateral is needed.

From my experience, it is very difficult to keep up with all collaterals on the case at some points. For example, I spend most of my days on the road conducting supervised visits and home visits. It is impossible to keep up with all these collaterals given the circumstances you are on the

road all day with no time to do clinical work. When a child is in placement, this policy requires that the social worker on the case conducts a placement visit. This is to ensure that there are efforts made directed towards achieving permanency for the child. The policy states "Client contacts with the social worker and the child's visitation with her/his family are vital to the process of identifying and implementing a permanent plan for the child."

The policy at the Department is that documentation be entered no later than a month after the contact. This may be very hard to abide by as mostly in this job, as I have mentioned before, you are out in the field. Every contact should be documented as a separate dictation entry, including the time and date. In the documentation it is important you are very descriptive about who you talked to or saw and what happened during that collateral call or visit. The EHS website states, "The social worker includes in each entry: the date of the contact; the location and method of contact; names of all persons present; and a summary of the content and outcome of the contact. It is also noted that dictation should be factual and objective. No opinions are to be put into dictation. If we are to include impressions we need to ensure we document that this is an impression we made or an observation we made. For example you can't just say that a client looked like they were under the influence. This policy requires you to state why, was that client slurring their words, were they not coherent, were they acting erratic, etc. Another example would be "I think that the mother is drinking again," again why are you stating this? Have you made any observations that will support this statement?

The Family Assessment and Action Planning Policy ensures and prioritizes child safety and also gives families the opportunity to explore their unique strengths and weaknesses. The Family Action Plan Policy is utilized for two purposes. The first purpose is to determine whether or not the department should remain involved with the family to protect children and ensure their

wellbeing. The second purpose of this policy discusses that if families must remain involved with the department, it is important that a plan be developed to support the family in strengthening their ability to meet the safety, permanency and well-being needs of each child.

In this particular policy, it states, “for the young adult who has sustained connection or re-engaged with the Department, the focus of the assessment and action planning is on the identification and relationship development of one or more adults who will maintain a consistent, caring and permanent relationship with the young adult and on assessing preparation for successful adulthood, supporting life skills development and providing resources to promote adult independence” (DCF Family Assessment and Action Planning Policy, 2021). This policy ensures that social workers are identifying and addressing assessed areas of concerns for parents to meet the safety, permanency and well-being needs of their children. Throughout the case, it is important to ensure that changing needs are being addressed and analyzing information from multiple resources should be a process throughout the life of the case. Assessment of adults who reside in the home or in the home of any non-resident parent/guardian/parent substitute is important because of the likelihood that they may assume a caregiver role, however briefly or informally, or otherwise be crucial to child safety, well-being or permanency (DCF Family Assessment and Action Planning Policy, 2021). This policy ensures that the Department is gathering the family's history, functioning, strengths and needs and about how well the safety, permanency and well-being needs are being met for the child.

Conclusion

The Department of Children and Families is not a perfect agency. It has its flaws; however, the agency is driven by compassionate workers with the goal of justice and ensuring the safety of all children. DCF as an agency continues to ensure all children are safe. On the

outside DCF is portrayed as an agency that people are fearful of. However, DCF provides children and families with many resources and supports to ensure stabilization. The Department came up with a licensure that ensures all social workers have clinical sense.

This agency provides social workers with nine months to pass the licensure exam while other agencies won't hire you until you have passed. A major challenge the agency continues to face is high caseloads. It is important that the agency recruits more social workers to ensure that caseloads are manageable. In order for the agency to be successful with clients, the agency must ensure that social workers are not overworked and are able to manage their caseloads. It continues to be a struggle for social workers to give their clients a hundred percent when they are continuously overworked. Burnout should not be a requirement of the profession. The agency should continue to work on providing social workers with reasonable workloads that they are able to manage. It is important to consider what motivates each client system. All clients are different and each case must be worked differently depending on the needs of each individual. However, DCF continues to make efforts to ensure children are reunited with their families. There is hope for the future of the children's welfare system as the government reviews ongoing concerns of child abuse and neglect, employee satisfaction and client satisfaction.

References

Choi, S., & Ryan, J. P. (2007). Co-occurring problems for substance abusing mothers in child welfare: Matching services to improve family reunification. *Children and Youth Services Review, 29*(11), 1395–1410. https://doi.org/10.1016/j.childyouth.2007.05.013

Department of Children and Families (2018). [PowerPoint]. Executive office of health and Human services - virtual gateway. Boston, MA.

Fisher-Borne, M., Cain, J. M., & Martin, S. L. (2014). From mastery to accountability: Cultural humility as an alternative to cultural competence. *Social Work Education, 34*(2), 165–181. https://doi.org/10.1080/02615479.2014.977244

Geller, L. (1982). The failure of self-actualization theory: A critique of Carl Rogers and Abraham Maslow. *Journal of Humanistic Psychology*, *22*(2), 56-73.

Hyman, P., Issenman, R.M., Li, B.U., Linder, S.L., Mayer, E.A., Mccallum, R., Olden, K., Parkman, H.P., Rudolph, C.D., Taché, Y.F., Tarbell, S., & Vakil, N. (2008). Cyclic vomiting syndrome in adults. Neurogastroenterology and motility: the official journal of the European Gastrointestinal Motility Society, 20 4, 269-84.

H.R.2087 - 101st Congress (1989-1990): Child Abuse Prevention Challenge Grants Reauthorization Act of 1989. (1989, October 25). H.R.2087 - 101st Congress (1989-1990): Child Abuse Prevention Challenge Grants Reauthorization Act of 1989

Kowalczyk, M., Parkman, H., & Ward, L. (2009). Adult cyclic vomiting syndrome successfully treated with intranasal sumatriptan. *Journal of General Internal Medicine, 25*(1), 88–91. https://doi.org/10.1007/s11606-009-1162-y

Massachusetts Department of Children & Families. (n.d.). Retrieved from https://www.mass.gov/orgs/massachusetts-department-of-children-families

Ortega RM, & Faller KC. (2011). Training child welfare workers from an intersectional cultural humility perspective: a paradigm shift. *Child Welfare, 90*(5):27-49. PMID: 22533053.

Practice Implications for the Strengths-Based Direct Practice Professional. (2017). *Direct Practice Skills for Evidence-Based Social Work*. doi:10.1891/9780826133632.00

Social work and Social Policy: A Strengths Perspective. (2011). *Social Policy for Effective Practice*, 35–58. https://doi.org/10.4324/9780203834848-8