

2001

Report of the Case Management Working Group

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Recommended Citation

Mary Ann Forgey and Hank Orenstein, *Report of the Case Management Working Group*, 70 Fordham L. Rev. 363 (2001).
Available at: <http://ir.lawnet.fordham.edu/flr/vol70/iss2/7>

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REPORT OF THE CASE MANAGEMENT WORKING GROUP¹

CHARGE

What should the Conference recommend to social workers and caseworkers in all segments of the child welfare system to better achieve justice for parents in child welfare cases?

INTRODUCTION

The working group was composed of attorneys who represent parents, service providers, parents, a Family Court judge, academicians, a psychologist, and representatives from the City's child welfare agency, the Administration for Children's Services ("ACS"), the Special Child Welfare Advisory Panel, the National Association of Social Workers, and other advocacy groups.

The Case Management Working Group facilitators used accepted case management functions² as a way to help the working group identify and prioritize case management issues that are related to justice for parents in the New York City child welfare system. The common functions identified were: (1) outreach/access; (2) assessment/intake; (3) goal-setting and intervention planning; (4) formal/informal resource identification; (5) referral to formal/informal resources; (6) counseling; (7) therapy; (8) advocacy; (9) monitoring of service provision; and (10) interagency coordination. The facilitators

1. This report was co-authored by Mary Ann Forgey (co-facilitator) and Hank Orenstein (reporter). The other members of the working group were Eve Robinson (co-facilitator), Nina Allen-Jackson, Rolando Bini, Sandra Carr, Steve Cohen, Marguerite Dingle, Jill Gerson, David Glenwick, Carmen Goris, Debbie Heiser (student secretary), David Lansner, Amy Liszt, Bonnie McCoy-Williams, David Megley, Lisa Parrish, Gloria Sosa-Lintner, and Lynn Vogelstein.

2. See, e.g., NASW standards for soc. work case mgmt. 1-10 (Case Mgmt. Standards Work Group, Nat'l Ass'n of Soc. Workers 1992) (providing standards for social work case managers such as "to intervene at the client level to provide and/or coordinate the delivery of direct services" and "to ensure the client's right to privacy"); Jack Rothman & Jon Simon Sager, *Case Management: Integrating Individual and Community Practice* 23-38 (2d ed. 1998) (describing the steps typically taken to implement case management and the interrelation among these functions); Stephen M. Rose & Vernon L. Moore, *Case Management*, in *Encyclopedia of Social Work* 335-40 (Richard L. Edwards et al. eds., 19th ed. 1995) (discussing the "role of case managers," management issues and functions and "common concerns in the field").

developed and distributed a proposed framework based on these functions before the Conference to help members prepare for the discussion. This framework achieved the purpose of getting participants to think about the range of services potentially available to families involved, or at risk of involvement, with the child protective service system, resulting in the formation of recommendations addressing the different phases of child welfare cases.

The Case Management Working Group recommendations were divided into five service areas: (1) preventing involvement with the child protective service system; (2) screening and investigating reports of abuse/neglect; (3) preventing foster care placement; (4) services provided to children while in foster care; and (5) services provided once families are reunified.

I. RECOMMENDATIONS

A. *Prevention/Access Issues*

The group recognized that not enough is being done to prevent families from becoming involved in the child protective system. The group identified practical ways of providing prevention services up front. The group recognized that the problem is not always a lack of services, but is sometimes a lack of knowledge about what services exist for families. The group recommended that, as ACS becomes more community-based, its local neighborhood offices take on this information and referral function (i.e., clearinghouse) for parents seeking services and for professionals seeking knowledge about services for their clients.

The group also recognized that most parents often only get access to services as a result of a report of abuse/neglect. More universal preventive services, such as parent education and home visitation of newborns, should be developed to support all parents in fulfilling their care-taking role. Making preventive services available to all parents would decrease the stigma associated with these services. More work also needs to be done to educate "mandated reporters" about services so that they can be more helpful to parents in accessing preventive services before a report seems necessary.

Some challenging ideas were raised about the mandatory reporting system itself. Some group members supported eliminating mandatory reporting, and instead favored subjecting the decision to report to the discretion of the professionals in accordance with their ethical codes. Others believed this was an issue at least worthy of further study.³

3. The group did not hold an actual vote on each of the recommendations discussed. The facilitators assessed the level of consensus in the group and decided which proposals to put forth as recommendations to the entire Conference for a vote.

Other factors identified as necessary to improve parent access to, and the quality of, preventive services included: (1) the need for workers to be more aware of cultural differences and to learn how to work effectively with any differences and (2) the need to include parents in research studies focused on improving services.

B. Screening/Investigation Issues

Some group members expressed their view that individual caseworkers tend to make judgments based on personality and seem to remove children, and provide or withhold services, arbitrarily. Others spoke of the reality that while workers conduct child protective investigations, it is the managers who make the decisions. It was also suggested that New York's child protective paradigm,⁴ which drives the process, is fundamentally flawed and should be replaced by alternatives that are showing promise in other states. The dual track approach, for example, which has been successfully implemented in Missouri, places abuse and neglect reports into either an investigation or family assessment track, depending on the seriousness of the allegation.⁵ The overall goal is to engage families with the services they need as quickly as possible. This model has led to better outcomes for children, families, and workers, both in terms of safety and satisfaction.⁶

The group discussed the lack of focus on family strengths—how the system tends to focus on “catching” families doing something wrong

This list of recommendations was then sent to the case management group via e-mail for comment. Some changes were made to the recommendations based on feedback from the group. For example, one member of the case management group in reviewing the proposed recommendations felt strongly that the elimination of mandatory reporting should be a recommendation rather than a proposal for further study. In response to this request, a vote was put out via e-mail to the members of the group. Only one member responded to the vote request and voted in favor. As a result, the recommendation was included. Based on this process, however, it is not clear if there was consensus on the part of the group for this proposal to be a case management recommendation.

4. New York responds with a standardized investigation, regardless of the severity of the alleged child maltreatment.

5. See Stephen M. Christian, Nat'l Conference of State Legislatures, *New Directions for Child Protective Services: Supporting Children, Families and Communities Through Legislative Reform* 25-30 (July 1997) (describing Missouri's legislative reform of Child Protective Services (“CPS”), including embracing family-centered assessments involving voluntary, time-limited services as an alternative to narrowly focused investigations, eliminating the labeling of caretakers, and encouraging collaboration between CPS and communities); see also Schuyler Ctr. for Analysis and Advocacy, *A Different Front Door: Essential Reforms in Child Protection Services*, SCAA Reports, Spring 2001, Vol. 1, No. 3, at 5-7 (describing reforms in Missouri's child welfare system).

6. See, e.g., Schuyler Ctr. for Analysis and Advocacy, *supra* note 5, at 6 (noting that when families and children received services sooner, these services were more responsive to their needs, families were more positive about the intervention, and the number of subsequent reports decreased).

and “rescuing” children, rather than offering help and proactively addressing the families’ problems. One practical way suggested to change the focus of the system from deficiencies to strengths is to revise the Uniform Case Record to reflect more of an exploration of the strengths of the parent and family. The group also recommended that the risk assessment instruments should address not only the risk of the children remaining in the home, but also the risk involved in placing the children outside the home.

The group expressed support for greater professionalization of child welfare services—in particular, utilization of more master’s level social workers (“MSWs”) during the investigation phase. However, even MSWs in front-line positions are limited in the use of their knowledge and ideas, since managers and supervisors without MSWs often do not support the use of the MSWs’ professional knowledge and skills. The group recommended that case managers, who are ultimately responsible for the decision to remove a child, should be required to go to court when necessary to answer questions about this decision. The group recognized the challenges inherent in new policies trickling down to the level of front-line practice. For example, while there was support for ACS’s Family-to-Family initiative,⁷ some doubted whether it is being implemented at the practical level.⁸

The group also recommended that as New York moves toward a neighborhood-based system, the function of screening reports of abuse or neglect should also be moved to the neighborhood offices. This would enable the local professional staff doing the screening to make the screening decision with an understanding of the community culture and context, which would include knowledge about service providers within that community. This understanding of the community may serve to increase the accuracy of the screening, which is quite low at present, as evidenced by the extremely high number of reports screened in that are ultimately determined to be unsubstantiated.⁹

7. The Family-to-Family Initiative consists of four core strategies: (1) community partnership and neighborhood-based services; (2) data utilization and evaluation; (3) team decision-making; and (4) foster parent recruitment and retention. See N.Y. City Admin. for Children’s Servs., A Renewed Plan of Action for the Administration for Children’s Services 67-82 (July 2001), available at http://www.ci.nyc.ny.us/html/acs/pdf/reform_plan_01.pdf (last visited Sept. 18, 2001) (outlining new reform in ACS resulting from a two-day planning conference that was held in March 2001). A key aspect of Family-to-Family is that foster families should be partners with families to facilitate reunification.

8. One participant expressed strong doubts about the ability of the system to successfully implement new policies and recommendations because she has observed that existing policies and laws are often not followed. This tension pervaded the working group discussion. One member decided to leave the group at the beginning of the second day because this member did not have any hope that the system could change and did not support any of the group’s incremental change recommendations.

9. In the calendar year 1999, nearly two-thirds (62.5%) of reports of abuse and

C. Placement Prevention/Foster Care Placement/Reunification

The group then focused on justice for parents whose children are placed in foster care. The system needs to be oriented towards healing families rather than punishing the parents. Parent strengths should be emphasized throughout the process, with the goal of shortening the amount of time children spend in foster care.

As to recent policy changes, more effective communication is needed to ensure that policies are actually implemented at all levels. For example, because not all workers know the new ACS policies on parental visits, they often err on the side of a more limited visiting schedule. The group recognized the critical role that parents visiting their children in foster care plays in the reunification process. Visits should not be treated as “perks” for parents but rather as a responsibility that workers should support. The group suggested, as a practical matter, that the term “visitation” be changed since it conveys a certain formality that may be contributing to the rigidity surrounding the visiting process.

The group agreed that one way to prevent unnecessary foster care placements is to hold more conferences before placement. Presently, there is a greater emphasis on holding conferences immediately after placement.

The support of parent advocates who have been through the system is critical. For example, the seventy-two hour Child Safety Conference can be traumatic for a parent who has just had a child removed. Including parent advocates at conferences could provide support to other parents. To promote parent advocacy, it was suggested that a career track for parents be developed within ACS and contract foster care agencies. This would institutionalize parental involvement.

CONCLUSION

What emerges is the need for a change in the culture and context in which the various case management functions occur. To achieve justice for parents, attention must be paid to language and how it is used. Thinking must be shifted to an individualized and respectful response to families, which understands family culture and strengths. This, of course, has implications for training and the “tools of the trade,” including the design of assessment and planning forms and the development of greater knowledge of how to access community resources.

Another key change needed in the system’s culture is a shift to a

consumer-oriented system. This includes consideration of parents' input in designing and evaluating services and establishment of a role for parents in the training of child welfare professionals. Overall, the group recognized the need for greater accountability to parents.

The Case Management Working Group did not discuss issues related to linking parents with specialized service providers such as those for mental health, substance abuse, and domestic violence. Some of the issues include parents' access to these services, payment for these services, and evaluation of the quality of the services to which parents are referred. Unfortunately, the specialized providers of these services that were asked to be in the case management group were unable to attend. This is an area that needs further attention.

The group also grappled with some particularly controversial proposals for change. Some examples of these more controversial proposals are the elimination of mandatory reporting,¹⁰ the decentralization of the screening process, and the shortage of federal dollars due to the constraints federal regulations place on the local system.

Many of the ideas and recommendations generated by the working group could benefit from further discussion. There is a need for ongoing dialogue, further brainstorming, and exploration of potential solutions to the challenge of improving systems and methods of case management within child welfare.

10. *See supra* note 3.