1.7: Child Welfare and Foster Care

One hundred years from now it won’t matter what car I drove, what kind of house I lived in, how much I had in my bank account, nor what my clothes looked like. But, the world may be a little better because I was important in the life of a child. – Unknown

In this chapter, you will learn many of the basics of child welfare and foster care. In addition, you will learn about family, what the basic definition of family is, the various family functions, and how these play a role in the child welfare system. Family is the foundation of the child welfare system. The child welfare system is necessary to help keep children safe, including providing safe places to live through other family members or even foster care. Before the welfare system existed, the safety of children was left up to the parents. They were able to punish and raise their children however they felt was necessary.

You will learn through this chapter that the necessity of the child welfare system is important to help families keep children safe. Also, some myths about the child welfare system may be refuted as well to hopefully give you as the reader a better understanding of what the child welfare system is and what it is not.

To get a good overview/understanding of what a child may experience with their family, abuse, and in the Child Welfare System (CPS and Foster Care), please follow this link and watch the two videos provided. Warning, this video may evoke some heavy emotions of sadness, so prepare yourself to watch this video: Removed Film (https://www.removedfilm.com/pages/watch)

Family

Family Structure
Families are the foundation of society. Family is where children learn the basic skills necessary to succeed. Children learn how to interact with others, learn what love is, and more. There are numerous types of family structures, and each culture has its own family practice. A basic definition of family, according to the United States Census Bureau, is a group of people (two or more) that are related in various ways including birth, marriage, or adoption, and share residence with one another. This section will outline various family structures along with highlighting some families within different cultures.

The family structure is ever changing and can have various effects on the family as they move forward. A traditional family, also known as nuclear family, is defined by Edwards (2007) as a married couple and their biological children. This is one of the more reinforced family structures in the dominant society. It should be noted that a child starts out with their traditional family, and as they grow, becomes more involved in outside activities, or even move out to live with others. Thus, the family grows to beyond relatives and includes friends. Another thing to keep in mind is the idea that a child may start out in one type of family structure and then the structure or dynamic of that family may change due to divorce, death, parents marrying again, or even just an addition to the family through adoption, foster care and more.

Single-parent families are families with one parent and their child/children. The parent has sole responsibility for caring for their child. Though most think of it being single mothers, this includes fathers as well, and can happen in various other ways. The parents could separate and/or divorce/break-up and do what is known as co-parenting. Edwards (2009), coins the term as co-custody family. This is shared responsibility, in which both parents take care of the child at different points (i.e one parent may have them for a week and the other would have them on weekends or every other weekend). The co-parenting can be set up in various ways either through Friend of the Court, or just by mutual agreement. Single parent families can also occur by a spouse passing away. Grief counseling would then be a great tool for these families to utilize.

Key Term

Friend of the Court or FOC, is a section of the circuit court that investigates custody, parenting time, or even child support. They are directed by the judge, and is in a sense a third party to a lawsuit who is not the defendant or the plaintiff (the person who places the complaint in a lawsuit).

To learn more about what a FOC is and what their duties are, look at this FOC handbook provided by the Michigan Government. [courts.mi.gov/administration/scao/resources/documents/publications/manuals/focb/focb_hbk.pdf](https://courts.mi.gov/administration/scao/resources/documents/publications/manuals/focb/focb_hbk.pdf)

Often parents who are divorced or become a single parent by other means potentially remarry to others who may or may not have children of their own. This in turn creates what is known as step-family. Step-family refers to the dynamics of a re-married couple who have children but do not all share DNA. This means that the mother may have a child, but the child is only the fathers’ responsibility through marriage and not by any other means (same with the father having a child who does not share DNA with the mother). Another aspect to consider when step-families are created is that when they then have children together it creates a blended-family. Though the children may not be biologically related to both parents, they can still have a secure and strong bond/attachment with said parent. Some children may refer to their step-parent as their mother or father, and some may refer to them by first name. When working with the children within this family structure, validate them by addressing their caregivers the same way they do. This in turn will help build the rapport with the child needed to be able to help them to the best of our ability.
An extended family is a family that includes members outside of the nuclear family. This term encompasses the grandparents, aunts, uncles, cousins and more. In some cultures, the extended family members, more specifically grandparents, live with the nuclear family. Now, especially in American society, we see a lot of the elderly being placed in nursing homes. Even if they do stay home, usually they rely on home health practitioners for support. To learn more about the area of gerontology and the social workers role within that population refer to Chapter 8.

Keep in mind that these are only a handful of the various types of family. Other types may include transnational, LGBTQ (this population is especially vulnerable due to difficulty with civil rights), and more.

**Family Function**

One of the foundational functions of a family is to care for their children. Clinical Psychologist Diana Baumrind founded three models of parenting styles. These include authoritarian, permissive, and authoritative parents. Enrique et al. (2007) added uninvolved parenting as a style in child rearing.

Authoritarian parenting is defined by Baumrind (1966) as a parenting style that attempts to shape or control a child’s behavior with a set of absolute standards. They are typically the type of parents that lay out the rules with “no questions asked” mentality. Therefore, they expect their rules to be followed with no explanation at all.

Permissive parenting is known more as the responsive type rather than the demanding type. Characteristically, they are very “lenient, do not require mature behavior, and avoid confrontation” (Enrique et al., 2007). Baumrind (1966) describes permissive parenting as a style that does not expect or demand help around the house, orderly behavior and so on. However, she also describes them as parents who are more accepting of the child’s behavior.

Authoritative parenting is described by Baumrind (1966) as the parent attempting to “direct the child’s activities in a rational, issue oriented manner. Encourages verbal give and take,” and more (p. 891). Authoritative parenting is seen as more ideal and valued as this parenting style tends to encourage structure, and firmness with rules, but it does not restrict the child in any way.

Uninvolved parenting can take on many forms, but in every form the parents do not involve themselves in their child’s lives. Enrique et. al (2007), discuss that with uninvolved parenting parents are either too involved in other activities (work, friends, etc.) that they do not have the time or energy for their child(ren), or they may have even rejected their child.

It is important to consider that the parenting styles listed above only describe normative behaviors; meaning, they are not taking into consideration homes with abusive parents or other variations that could occur. A “crucial role for parents is to influence, teach, and control their children” (Enrique et. al, 2007). In other words, caregivers have a tremendous amount of impact on a child’s life. For example, a child who grew up in a household where the parents are accepting of everyone, non-judgmental, and respectful, may then portray the same behaviors in other environments. Thus, the four primary parenting styles simply describe some of the various ways in which parents attempt to interact and influence their children.
One of the foundational functions of a family is to care for their children.

**Key Term**

**Antisocial Behavior:** Antisocial Behavior is termed as Antisocial Personality Disorder in the DSM 5. This means that a person typically has no regard for others in the form of violence, and others, lack of remorse, no regard for safety, lack of empathy, and more.

To get more information refer to the DSM 5.

You can also follow the link provided to read more about it online: [https://www.ncbi.nlm.nih.gov/books/NBK55333/](https://www.ncbi.nlm.nih.gov/books/NBK55333/) You can also learn more in Chapter 9: Mental Health and Substance Use.

Each parenting style has positive and negative aspects and having a balance is key. Baumrind (1966) discusses the various effects of different parenting styles and found that authoritative parenting tends to have a positive effect on children. She mentioned that having firm control was associated with conscious development and being too rigid could lead to hostility in children. Authoritative parenting, as mentioned above, is a mixture of give and take, and firm control. This typically allows the parents to have their children obey rules, and to discuss many variables as well to help the child understand the punishment.

Baumrind (1966) states that the key to avoiding negative outcomes when parenting children is to offer firmness and structure, but to not be repressive, hostile or restrictive. She goes on to mention that partaking in a more rigid and restrictive parenting style can lead to antisocial behavior, rebelliousness, and hostility. Authoritarian parenting, where the parents are more rigid – almost as if a drill sergeant – can have many negative effects, like hostility in children. Being more restrictive can lead to decreasing self-assertiveness in children, as well, according to Baumrind (1966).

**Family Culture/Values**
In the field of social work, it is highly important to remember that we are to validate the families we work with and not judge them. We must acknowledge the family’s culture by respecting their belief systems and values. For example, if a family comes to you and you notice that the female is looking down and not making eye contact, consider the fact that in their culture that may be how the female shows respect to her husband, and possibly other authoritative figures. Thus, interacting with the family in the way they feel comfortable (i.e. talking to the husband first etc.) will help one build a solid rapport (close relationship) with the family group.

Enrique et al. (2007), provides the following ideas for working with families:

**Working with Families**

1. Avoid stereotyping
2. When introducing new ideas, materials, and more respect the family’s need for control
3. Recognize the parenting styles being utilized, and their boundaries
4. Recognize that everything may be a family affair with some families
5. Help families notice their strengths within each other
6. Ask for family’s input when coming up with solutions to conflict
7. Encourage families to plan ways to increase stability and security (i.e. bedtime rituals etc.)
8. Observe and engage with the family to learn the different dynamics (i.e. male head of the household, or is it the female?)
9. Provide opportunities for the family to discuss what their beliefs are about children (should they be seen not heard etc.)
10. Maintain an objective viewpoint when working with conflict within the family system

**Child Welfare**

*Brief History*

Child welfare is necessary in our society to help maintain child safety and keep families working cohesively. The Child Welfare Information Gateway (CWIG) ([www.childwelfare.gov](http://www.childwelfare.gov)) defines child welfare as a field of services that aims to protect children and ensure family have the tools to care for their children successfully. Many people see this happen through an agency like the Department of Health and Human Services (DHHS) which is present in every state. To ensure the safety of children, DHHS is responsible for performing various tasks. These tasks include things like...
coordinating services to help prevent abuse or neglect, and providing services to families who need help protecting and caring for children. They are also responsible for investigating reports of potential abuse and/or neglect, and then determining if alternative placement of children is necessary. They are also in charge of various other aspects including support services to children, achieving reunification, and more. Child protective service workers and foster care workers are the more specific workers in which these work functions are performed.

According to Myers (2008), the first organization that was solely focused on protection was known as the New York Society for the Prevention of Cruelty to Children. This agency was established in 1875, and prior to that many children in our society went without protection, although many people were still prosecuted by the criminal justice system. Organized protection services came about after the rescue of 11-year-old Mary Ellen Wilson who was continuously beaten and neglected in her home.

If you want to learn more about how her story inspired the creation of the New York Society for the Prevention of Cruelty to Children follow this link: [http://www.facesofchildabuse.org/mary-ellen-wilson.html](http://www.facesofchildabuse.org/mary-ellen-wilson.html)

The federal government did not become more involved in child welfare until approximately 1935 when they became more involved with the funding of the agencies. Thus, it was the Great Depression that sparked the start of the Child Welfare System. In 1975, Michigan passed the Child Protection Law available to view at the link provided below. This act defines various abuses, central registry and various other aspects that involve the child welfare system. The act provides guidelines for people to follow in regard to when to report (and what is grounds for a report, the court processes, and more).


**Indian Child Welfare Act (ICWA)**

ICWA is another segment of child welfare specifically for Native American families. “In 1958 until 1967 the Child Welfare League of America has contracted with the Bureau of Indian Affairs with the purpose of placing Native American children with white families in hopes of assimilating the children to mainstream culture.” (ICWA Law Center). This practice often left the children in boarding schools severing the relationship with the families. In response, the Indian Child Welfare Act was put into place in 1978. This act highlights the recognition of tribal sovereignty, preservation of Indian families, and tribal and family connectedness. To learn more about the ICWA visit the link provided.


**Child Protection Services**

Child Protection Services, or CPS, is a segment within the Department of Health and Human Services. The role of CPS is filled by a variety of disciplines including but not limited to Social Work, Criminal Justice, and Psychology. According to the Michigan Department of Health and Human Services website CPS is “responsible investigating allegations of child abuse and neglect” ([MDHHS](https://www.michigan.gov/documents/DHS-PUB-0003_167609_7.pdf), 2017c). There are many rules and regulations when it comes to the process of a CPS investigation and the removal of a child from the home. Keep in mind that though many think of CPS workers as being “kid snatchers” the intent of CPS is not to remove children just because they feel like it. Instead, their goal is to keep the family together if possible. They remove children if their safety is being threatened. The link provided outlines in more detail the grounds for a removal. If services alone cannot help provide protection and safety to children then a removal is
The process of a CPS investigation starts out with a report called in of a suspected child abuse/neglect case. Chapter 2: Social Work Values and Ethics provides a definition of mandated reporting as well as the people who are mandated reporters. After a report has been made, CPS has 24 hours to begin the investigation, unless there are mitigating circumstances in which the investigation needs to be started sooner. There are different priority levels in which an investigation takes place. This is explained in the Child Protective Services Manual.

Priority one is when the child is in immediate danger, and thus CPS has 12 hours to begin the investigation and 24 hours to interview the victim. Priority two is when it is determined that the child is not in immediate danger/risk. The CPS worker then has 24 hours to begin the investigation, and 72 hours to initiate an interview with the child. After the investigation has begun, CPS then has 30 days to complete the investigation (unless there are circumstances that cause a need for an extension) and to determine whether or not the child needs to be removed, if further support services are needed, or if there is no need for an intervention.

According to the Michigan Government, the investigation typically includes face to face interviews with the alleged victims, caregivers, and the person who supposedly committed the act of abuse. They do a thorough search of the home making sure that there is food, running water, electricity, a bed to sleep in and that the house is well kept and clear of any safety hazards. The investigator then digs into previous reports, potential criminal history, and school and medical reports as well. They do a safety risk assessment, and analyze the child’s behavior and risk of future abuse/neglect, and then complete an assessment of the family’s needs and strengths as well.

The purpose of the assessments and interviews is to get a well-rounded understanding of what is going on. They are searching for things like alternative explanations of what was reported, if the child has any injuries, the condition of the home, adequate supervision, and do the best they can in finding out if the caretakers are abusing or neglecting the child in any way and more.

The next step is determination for removal (follow this link, Removal, to learn more about what the state finds as grounds for removal). There must be enough evidence to prove that the child was abused or neglected in some way.

MDHHS identifies five categories in which a case is placed depending on the evidence that was found during the investigation. They range from Category I to Category V.

- **Category I:** Department determines that there is enough evidence of abuse or neglect and court petition is needed and required.
- **Category II:** Department determines that there is enough evidence of abuse or neglect, and the risk assessments show high risks
- **Category III:** Department determines that there enough evidence of abuse and neglect, and the risk assessments show a low or moderate risk
- **Category IV:** Department did not find enough evidence of abuse and or neglect and the department must then assist the child’s family in participating in community based services.
- **Category V:** In this instance CPS was unable to locate the family, or there was no evidence of abuse or neglect. It is also possible that the courts may have declined to issue an order in which the family would be required to cooperate in the investigation.

These categories were listed at the Michigan government website (link below). In Category I and Category II cases, the...
person who committed the act of violence will be placed on the Child Abuse and Neglect Central Registry.

http://www.michigan.gov/mdhhs/0,5885,7-339-73971_7119_50648_7194-159484--00.html

Though removals may be necessary, they are still traumatic for the child. The child has a bond with the caregiver, and that caregiver is all they know. If there is more than one child involved, CPS will try and keep the children together. A child who has been through any type of abuse in their home still has a strong emotional bond between all members of the family. That is why many people are confused as to why the victim may want to return to their families who harmed them. That is where their bond is, and it will take time for them to understand that what has happened is wrong and they deserve better.

CPS workers work in a high stress position. They often are entering into environments in which the safety of a child, and even their own safety, is of great concern. Vicarious Trauma (often known as secondary trauma) is another type of trauma in which CPS workers will need to be aware of. Vicarious trauma is defined by the National Children’s Traumatic Institute as the “experience of professionals who are exposed to others’ traumatic experiences and in turn develop their own traumatic systems and reactions” (NCTSN, 2012, p. 1).

Due to the high stress, and the emotional toll that this job can have on a person, self-care is highly important. Self-Care is in a sense something that a person does to help them cope with stress. This can be through meditation, doing an activity that they enjoy, going for a walk and more. YouTube, is a great resource to look up guided meditation videos. NCTSN (2012) discusses that without coping mechanisms, or even seeking out help for it, the reaction from one person can impact other workers until it spreads. The spreading is then as if the whole agency is one person who has experienced secondary trauma, thus burnout rates increase.

Key Term

**Burnout**: “prolonged response to chronic emotional and interpersonal stressors on the job, and is defined by three dimensions of exhaustion, cynicism, and inefficacy” (Maslach, Schaufeli, Leiter, 2001, p. 397). In a sense, a person no longer has the passion or empathy they once had. The link below is an article that describes the signs of burnout, and what to do for prevention.

Prevention is the key to fighting against burnout. [http://www.naswassurance.org/pdf/PP_Burnout_Final.pdf](http://www.naswassurance.org/pdf/PP_Burnout_Final.pdf)
Abused children often suffer from trauma throughout their adult lives. Patients that were exposed to trauma in early childhood can express their anxieties through drawings.

Types of Abuse/Trauma

Children involved in the Child Welfare System have often experienced trauma. Trauma is defined by the National Child Traumatic Stress Network as frightening events that are overwhelming to anyone who experiences them (NTCSN, 2017). Often a person feels that their safety is a concern and are on high alert to anticipate what may or may not happen next. There are three different types of trauma: acute, chronic and complex.

Before defining the different types of trauma, one must understand that all types of trauma impact the brain. The stress hormone cortisol is released, then creating the fight or flight mentality. These reactions can occur any time after a traumatic experience. The link provided is a video that explains the effects of trauma on the brain and provides many explanations of how one can help others’ who have experienced trauma: [www.changingmindsnow.org](http://www.changingmindsnow.org).

**Acute Trauma / Chronic Trauma**

Acute Trauma is a single traumatic incident. An example would be a car accident or even a natural disaster. It may only be a single incident, but it can have lasting effects such as fear of being in a vehicle. Chronic Trauma is a traumatic experience that is repeated over a period of time. This type of trauma would include domestic violence, and war. Both have lasting effects on many people and the consequences can be hard to overcome.

**Complex Trauma**

Complex Trauma is a repeated traumatic experience that has been inflicted by a caregiver. This includes, but is not limited to, physical abuse, sexual abuse, and verbal/emotional abuse (also known as psychological abuse). Complex trauma leaves a child confused and conflicted. The person who inflicted harm was supposed to be the one protecting them and keeping them safe. When that does not happen the child is then in a predicament where they do not know who to trust. A main type of trauma that will be highlighted in this chapter is complex trauma. This type of trauma occurs in various forms of abuse which are defined below.

Abuse comes in many forms including physical, emotional/verbal, and sexual abuse. According to the National Child

https://socialsci.libretexts.org/Bookshelves/Social_Work/Book%3A_Introduction_to_Social_Work_(Gladden_et_al.)/(01%3A_C…

Updated: Sun, 30 Aug 2020 13:26:29 GMT
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Traumatic Stress Network (NCTSN, 2017) physical abuse is defined as any act, completed or attempted, that physically hurts or injures a child. NCTSN also describes that acts of physical abuse include hitting, kicking, scratching, pulling hair, and more. Child Protection Services typically get reports of bruises, and other noticeable marks when investigating a report of physical abuse.

Emotional abuse is a nonphysical maltreatment of a child through verbal language. NSPCC (National Society for the Prevention of Cruelty to Children) states that emotional abuse includes "humiliation, threatening, ignoring, manipulating, and more." (www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/emotional-abuse/what-is-emotional-abuse/) Emotional abuse can be combined with other forms of abuse like physical and sexual abuse. Most reports emotional abuse is harder to prove and thus physical or sexual abuse tends to be the main cause of removal in a home.

Statistics about Sexual Abuse

- In 2012 26% of sexually abused victims were ages of 12-14 years. 34% were ages 9 or younger. (U.S Department of Justice, NSOPW).
- Center for Disease Control found that 1 in 6 boys and 1 in 4 girls are sexually abused before they reach the age of 18.

The link provided is where these statistics were found, and more statistics are available: https://www.nsopw.gov/(X(1)S(0otrpguoplfo5wbaq5ag))/en-US/Education/FactsStatistics?AspxAutoDetectCookieSupport=1

Sexual abuse has many facets when it comes to a specific definition. Overall, sexual abuse is a “type of maltreatment, violation, and exploitation that refers to the involvement of the child in sexual activity to provide sexual gratification or financial benefit to the perpetrator. It includes contact for sexual purposes, molestation, statutory rape, prostitution, pornography, exposure, incest, or other sexually exploitative activities.” (American Society for the Positive Care of Children, 2017). The person who inflicted harm will typically use force, threats, or coercion to those who cannot/do not give consent.

A grooming process typically takes place when it comes to sexual abuse. According to the National Center for Victims of Crime, there are seven grooming steps that tend to take place when sexual abuse may or already has occurred. They are good steps to watch for to potentially help prevent a potentially abusive situation from occurring. Most, if not all, sexual abuse is inflicted by someone the victim knows and usually trust. Thus, the grooming process can be very easy for the potential abuser to enact on the victim. However, this is not intending to say that all sexual abuse is inflicted by someone the victim knows; it can be inflicted by those the victim does not know, as well.

Grooming Steps

- **Identify/Target Victim**: anyone can be a victim pending the type of person the offender may be attracted to
- **Gaining Trust/Access**: the person intending to inflict harm may look for vulnerabilities
- **Play a Role in Child’s Life**: could be a mentor, may manipulate the relationship to make themselves appear to be the only one that knows the victim
- **Isolating the Child**: Offering rides away from current surroundings is an example.
- **Creating Secrecy Around Relationship**: reinforce the relationship through private communication. Coercion may be used like threatening harm to themselves, or others and more.
• **Initiating Sexual Contact:** At this point the offender has control of the relationship, may start as ‘friendly’ touching, but can lead to penetration or worse over time

• **Controlling the Relationship:** Secrecy is needed in order to keep the process going. Fear is usually the key factor as to why abuse is often not reported. Victim blaming (it’s your fault I am doing this, no one will believe you,) often happens at this point along with continued threat of potential harm to them or their families

  victimsofcrime.org/media/reporting-on-child-sexual-abuse/grooming-dynamic-of-CSA

Abuse does not always have to be physical, sexual, or verbal assault. It can also be neglect. According to the National Society for the Prevention of Cruelty to Children (NSPCC), neglect is the failure to meet the basic needs of a child. The NSPCC website states that neglect is the most common form of abuse. According to Crossen-Tower (2010) there are three categories of neglect: physical, medical, and emotional. NSPCC adds educational neglect to the list.

*Things to Remember When Working with Trauma Victims*

When working with children who have been abused, or a family who has experienced trauma, remember that building resiliency is a key factor. Resilience is defined by the American Psychological Association (APA) as having the ability to adapt when facing adversity including trauma (APA, 2017) This, in a sense, means that one is able to bounce back after facing trauma. However, this does not mean that there will not be any kind of consequences or negative impact as a result of trauma. A resilient individual will have the tools needed to move past the traumatic experience and potential future traumas.

To help children build resiliency, the APA suggests a variety of different techniques (APA, 2017). One is to help the client build connections. Finding a support person they can be close to and trust will help them have the ability to attach and bond appropriately. This, in turn, will also help them be able to work through the events that they have experienced. Another factor is to help them find a positive view of themselves. Trauma can often have a negative effect on the victims view of themselves. Building up their confidence will not only help them bounce back from present traumatic experiences, but give them the confidence to be able to move past future experiences as well.

Everyone deals with traumatic experiences differently. One child may be able to bounce back quickly after being abused or neglected, while another may be portraying heavy side effects such as resentment, anger, aggression, withdrawal and more. Here is a case example of how an adolescent has responded to a traumatic experience.

*Case Study*

** Disclaimer names have been changed to ensure confidentiality remained intact.

_Jane Doe is a 16-year-old white female living with her mother, Amy Doe. Jane has been exposed to sexual abuse. The abuse that she has been exposed to has occurred since she was born. Jane Doe has negative behaviors as a result of the abuse that have taken place since the age of twelve. These behaviors include self-harm, and multiple suicide attempts. Other behaviors that can be linked to the trauma include hyperactivity, eating problems, excessive mood swings, chronic sadness, and presents herself with a flat affect. Jane Doe was referred to mental health services to receive counseling._

In the case of Jane Doe, what would you as a social worker do when working with this client? Why?
Childhood trauma is discussed heavily in this chapter as being some form of abuse or neglect, but that is not the only trauma to be aware of. The death of a loved one, car accidents, divorce, domestic violence, and negative experiences are equally as traumatic and age does not matter. There can also be medical trauma. Maybe you or someone you know has been diagnosed with an illness, or maybe you went in for a simple surgery and things did not go as planned so now there may be something else wrong. It is all trauma, and it is ALL IMPORTANT.

The intent of this chapter is to simply define the trauma that specifically relates to child welfare, not to minimize other traumatic events. Do not discredit yourself or others who may have been through a traumatic event that is not necessarily defined in this chapter. Go to www.nctsn.org to you will learn more about trauma, resiliency and more.

The National Child Traumatic Stress Network (NCTSN) uses a trauma screening checklist that lists various events that can be considered a traumatic event. This being said, we must take note that everyone has experienced some sort of trauma in their lives, and work in an empathetic way to help build resilience, and even just to educate them that what they have experienced was traumatic. The links provided below are checklists for different age groups – one is for ages 0-5 and the other for ages 6-18 – which provide the lists of traumas, and the emotional, and behavioral responses that may have occurred in response to the trauma. http://www.nctsn.org/sites/default/files/assets/pdfs/trauma_screening_checklist_0-18_final.pdf

Thus, when working with victims of trauma, regardless of the type, age, sex, and more, empathy (which is defined in Chapter 1) is an important tool to utilize. When working with a client avoid assuming that they are making anything up, or that their behavior that are being portrayed are intentional. As mentioned above, trauma has a huge impact on the brain. The primary areas of the brain in which are more heavily impacted is the hippocampus, medial prefrontal cortex, and the amygdala which is our alarm system (Bremmer, 2006). Work with the client and understand that they are protecting themselves the only way they know how.

Watch the video to gain more understanding of trauma on the brain, and what to do and what not to do when working with a victim of trauma. Working with Trauma Victimshttps://www.youtube.com/watch?v=4-tcKYx24aA
Foster Care, Guardianships, and Adoption

Foster Care

The foster care system has been around for years. According to The National Foster Parent Association, the United States foster care system developed from the English Poor Law of 1562. This law stated that children from poor homes would enter into indentured services until they were at an age in which they could care for themselves. The first child in the US to enter into the foster care system was in 1636, and he went by the name Benjamin Eaton. Charles Loring Brace was the first to initiate a free foster home movement in 1853, more information about the history of foster care can be found at this link: nfpaonline.org/page-1105741.

Today foster care is known as a temporary placement in which children who have been removed from their families take up residence either with other family members (first choice, or non-relatives (alternative if no family is able or available to step in). Children who are in foster care were usually abused or neglected in some way and the risk of them being abused again is very high. Referring back to the categories of the different case levels in CPS, category I or II would typically encompass cases where the children were placed into foster care. Foster care can be done through the state at DHHS, and other agencies like the Big Rapids branch of Bethany Christian Services. To learn more about Bethany Christian Services refer to the link provided: https://www.bethany.org/

Foster care is usually the last result, and is also considered to be a short-term intervention. Thus, immediately after removal reunification is sought after to bring the child back to their family. Reunification, according to DHHS, is simply stated as returning to their homes. At this point, when reunification is mentioned many people are shocked and ask, “How is that possible? They hurt their kids!” Remember, as stated above, that the children still have a strong bond with their caregivers even though they have been abused. DHHS will NOT let a child back into their family’s home if it is deemed unsafe. For a parent to get their child back they have to prove to the courts through petitions that they are fit and can adequately care for their child. During this whole process foster care workers are looking out for the best interest of the child. If it is deemed that the parents have followed through with all of the recommendations made by CPS, foster care, and the courts, and that they have completed them successfully they have a chance to get their child back.

When a child is removed it does not necessarily mean that the parental rights are terminated. Foster care is intended to be short term, not a permanent solution. However, there are situations in which parental rights are terminated. Termination of parental rights ultimately means that they no longer have guardianship of their child. The Probate Code of 1939: Act 288 (http://legislature.mi.gov/doc.aspx?mcl-act-288-of-1939) outlines the protocols and reasons in which termination is permitted. An example that the act gives includes if the parent caused, or could have prevented, physical or sexual abuse and the courts deem that the abuse will most likely continue if they remain or return to their parents’ home. Once a parents’ rights are terminated they no longer have the ability to legally care for their child and may not have the opportunity to regain custody of their child. Thus, termination happens after sufficient evidence has been provided to the courts showing that the child would indeed be in imminent danger if returned to the parents.

Working with foster care is another high stress position as a child’s response to trauma varies and is uncertain. Having people willing to be foster parents is highly necessary and there are many websites and associations to go to in order to seek out help including the National Foster Parent Association: http://nfpaonline.org/
Steps to Become a Foster Parents

On the other end there are many steps to take to become a foster parent. The Michigan DHHS website lists five steps that have to be completed in order for anyone to become official foster parents. These steps are listed below:

- **Call a Navigator**: Foster Care Navigators are experienced foster parents who can answer questions and find an agency.
- **Attend an Orientation**: Review guidelines, illustrate what to expect, and has representatives to help answer questions.
- **Complete Application**: agency chosen provides a licensing application packet (one must be licensed in order to officially become a foster parent). Refer to link to learn more about the application process.
- **Participate in a Home Evaluation**: Have to pass an on-site home evaluation performed by licensing agent. Interviews and home visits will be done multiple times.
- **Attend Free Training**: Agency will schedule a PRIDE (Parent Resources for Information Development and Education) training with the prospective foster parent. Must complete 12 hours and once they are licensed they have 18 months to go through it again.

http://www.michigan.gov/mdhhs/0,5885,7-339-73971_7117—,00.html

Guardianships

With permanency being the goal, guardianship is one way to help provide permanency to children who may or may not be able to return home. This is an alternative to potentially avoid bouncing from one foster home to another. Guardianships, however, do not necessarily mean that the parental rights are terminated. This option provides permanency yet allows the parents to still have access to the child through visitation. For this process, there is a court hearing and the court decides if the potential guardians are deemed appropriate. They have to pass home visits and more, just like a foster parent. Anyone can be a guardian, but it is common for other family members to apply for guardianships to help avoid the child having to go to people who are not within the family system.

Key Terms

**Permanency**: is essentially finding or creating a permanent place for home, and care.

**Guardianship**: In lieu of terminating parental rights, a guardianship allows caregivers to legally make decisions on behalf of a child who has been removed from their home.

(MDHHS, 2014)

**Adoption**

If a child cannot be returned to the family, and the parental rights have been terminated, adoption is sought after. At this point, parental rights had already been terminated and thus can no longer go home to their birth family. The goal is to find permanency as quick as possible. According to MDHHS, nearly 3,000 foster children are up for adoption at any point in time, and of those 3,000 children, about 300 do not find homes for adoption (MDHHS, 2017).

Many youth in the foster care system age out. Aging out simply means that the youth turned 18 before finding a
permanent home. According to the organization, Children’s Rights (www.childrensrights.org), more than 20,000 foster children aged out of the system in 2015. To top that off, they state that those who age out of the system are less likely to achieve a high school diploma. By the ages of about 26, 80% of youth who aged out of the foster care system were able to get a diploma or a GED in comparison with 94% of the general population. Michigan uses many private agencies in which their focus is finding parents to adopt children who cannot go back to their parents.

Social Work Roles in Foster Care and Adoption

Just like a CPS worker, a Foster Care worker can come from a variety of backgrounds including social work, criminal justice, and even psychology. Within the role of a Foster Care worker, their ultimate priority is to identify and place children who cannot remain with their parents due to safety concerns. MDHHS has protocols in place which outline the duties of a foster care worker. These include home visits and various other tasks such as interviews with biological parents and schools.

Before a child is placed with a foster family, or if the child is relocating to another foster home, there are protocols that a foster care worker follows. These protocols include providing Medicaid card/records, enrolling or insuring the children are attending school, and providing education records to the caregiver within five days of placement. If the child is attending the same school they previously attended then a transportation plan is to be discussed. One last example of what a Foster Care worker does is discussing any revision or plans for parents or siblings to be able to visit the child. Foster Care workers are responsible for visiting a child in the foster home. In a sense, they are searching for the same things a CPS worker would, mainly a safe place to live, ensuring that medical needs are taken care of and safe sleeping requirements are met, and then gathering information of how the child feels about being placed in that home. They meet with the caregivers as well to discuss various aspect of the child including medical (i.e doctor visits, dental visits etc.), education, and behaviors portrayed in the home.

There are also protocols set in place for human trafficking victims. Refer to Chapter 9 to learn more about human trafficking and what the definition of it is. In regard to foster care, there are seven behaviors or characteristics that a foster care worker must look for to determine whether or not the child indeed was a victim. The responses they gather will determine if further assessment and care is needed.

**Foster Care and Human Trafficking Behaviors/Characteristics**

- History of running away
- Withdrawal or lack of interest in previous activities
- Signs of current physical abuse, and/or sexually transmitted diseases
- Inexplicable appearance of expensive gifts, clothing, cell phones, tattoos, or other costly items
- Presence of an older boyfriend/girlfriend
- Drug addiction
- Gang Involvement

These behaviors may or may not indicate trafficking. However, more investigation should take place. If you, or anyone you know suspects that two or more of these items are happening call Centralized Intake at 1-855-444-3911. Foster Care workers are expected to call this number if the victim meets two or more of these assessment points. (MDHHS,
Summary

In this chapter, we have discussed family and what family is. We discussed various parenting styles and how they have an effect on children. There are many aspects that influence the family dynamics and how they function. We went on to discuss the history of child welfare, and discussed child protective services, trauma, and foster care, adoption, and guardianships. There is always more to learn about the child welfare system as it encompasses a wide range of services in our communities. Even the history of the system is a huge topic.

Key factors to remember are that a child has a right to be safe and cared for, and when the parents of the child fail to do just that, it is the duty of the state to step in and ensure that they are safe and can be kept safe. Regardless of rumors that people have heard (CPS workers being kid snatchers one of them), the state looks for the best interest of the child and that is the ultimate factor within this system.

References


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