# Family Centered Practice and Child Safety Management

## Introduction

With increasing prominence, *family centered practice* continues to influence CPS intervention in most child welfare agencies. Although family centered practice is promoted formally in agency mission statements and informally within organizational culture, it often is not well delineated with respect to its specific application in practice and decision making. In no area of intervention is enlisting caregivers as partners in the decision making process more critical than for the purpose of safety management.

The essence of this partnership is to create an alliance with the caregiver in which both you and the family have a mutually vested interest in assuring the safety of the child. To spin off of a line from the old movie *Jerry Maguire*, "Help me to help you" or perhaps to put it more appropriately, "Allow me to help you do what you need to do and ultimately must do." When considering the various fundamental purposes or functions that a family as a social unit serves, this statement fosters a shift in paradigm from safety management as an exclusive responsibility of CPS to a bilateral investment between a worker and a family.

## A Bottom Line

As we consider the idea of partnering with caregivers in safety management and involving the family network in that process too, it is crucial to be clear that this should not be confused with handing the responsibility for management of safety over to the caregivers or the family. Once impending danger has been identified, you remain responsible for the management of safety until threats to safety no longer exist or caregiver protective capacity is sufficient to manage safety without assistance from you. It's important that a distinction is made between what is being encouraged here—employing family centered practice in

safety management—with expecting caregivers and the family network to keep the child safe without your intervention and oversight. We are mindful through plenty of experience that one of the practices in safety management is the use of "promissory commitments." This idea is simple: CPS admonishes caregivers and family members to "promise" to quit threatening behavior and/or make certain that children are safe. Simple and foolish. So the bottom line is that while using family centered practice during safety management, seeking involvement and investment of caregivers and family members in safety management, and attempting to form partnerships in that regard, you remain responsible to assure that safety management works.

## The Family System Operates by Purpose

With regards to child safety, one family purpose stands out: *maintenance*. As a function of the family system, maintenance involves keeping all members healthy, secure and protected. A child that is not safe is an expression of a family system that is not adequately achieving one of its fundamental purposes. From this perspective, the responsibility of CPS becomes one of engaging the caregivers in a partnership in which you assist the family unit in fulfilling its maintenance function. Family centered practice reinforces a non-adversarial approach to ongoing safety management by enabling you to assure child safety without completely dismissing parental authority and involvement. The challenge for you is how best to facilitate a partnership with the caregivers for safety sake so that, as caregiver functioning begins to improve, they are in a better position to reassume the maintenance function.

## Building Partnerships

Abstractly discussing family centered practice in the context of safety management is one thing, determining how best to operationalize the approach is a much more problematic prospect. The difficulty of engaging caregivers in a collaborative partnership for assuring safety is compounded further as a result of

the involuntary client population that CPS serves. Given the adversarial nature of the working relationship that often pervades CPS caseloads, it is impractical to go any further without considering the issue of *client resistance*.

Attempts at developing effective partnerships will frequently be met with some form of resistance. This is particularly evident when the issue in question pertains to child safety. Although family centered practice reframes threats to safety as an expression of family difficulties rather than a victim-perpetrator phenomenon, a caregiver may feel individually singled out as being incompetent, uncaring or simply a bad parent. When faced with feedback that as a child's caregiver they are unable to independently meet the safety needs of their child, and couple this with the possibility that the child may need to be removed, it is certainly understandable why resistance emerges.

Being able to effectively deal with client resistance requires the ability to sort out and understand what the resistance is attempting to address for the caregiver. In other words, what purpose does the resistance serve for the caregiver? What do they hope to achieve? Although easier said than done, understanding the caregiver resistance means being able to move beyond commonly held feelings and perceptions regarding resistance, such as uncooperative, manipulative or mean-spirited. Given the way resistance is so often manifested in worker-caregiver dynamics, it is understandable why it is difficult to move past the behavior in order to get at the underlying intent. However, to do so would reveal that the purpose for resistant behavior may be related to:

- Creating homeostasis, returning a previous state of balance;
- The desire or need to keep circumstances comfortable;
- A learned response/behavior to the environment;
- Difficulty seeing the need for intervention;
- Loss of power and/or feelings of hopelessness;
- Avoidance of vulnerability;
- Fear of depending on others;

- Poor self-esteem, lack of self-confidence;
- Fear of change, fear of failure;
- Mistrust; and
- A perceived threat to one's independence.

To the extent you can gain understanding regarding the basis or purpose for a caregiver's resistance, it can be utilized as an impetus for developing a partnership. Toward this end, you should seek to "join" with the resistance. By skillfully "joining" with the resistance rather than meeting it head-on, a caregiver can gradually be compelled to move in the direction most conducive to participation, cooperation and even collaboration. This can be accomplished by acknowledging and accepting a caregiver's right to his or her feelings, avoiding defensive confrontation and pursuing areas of common ground.

Consistent with a family centered practice orientation, it is critical to reassure *self-determination*. Empower caregivers with information. By simply keeping caregivers in the loop regarding what is occurring helps to alleviate distrust and anxiety. When possible and appropriate, provide caregivers with choices and consistently include them in the decision-making process. In essence, reassuring self-determination requires you to feel comfortable enough with your authority to be able to give it up. As you lower your authority, caregivers can become active participants in assuring child safety and help to chart their own course for how they can contribute to safety management as well as their own change. Often the effort spent addressing client resistance can be time consuming and painstaking; however, given the importance of the worker-caregiver alliance in safety management and caregiver change, the implications for not making the effort seem clear.

## Caregiver and Family Involvement as Part of Safety Management

Caregiver and family involvement as part of safety management seems like a concept that is easy to understand, a common sense intervention option. Actually, while the concept may not be all that complex, incorrect application of the idea can represent seriously deficient case practice. You must not over estimate the virtue of this idea so that diligence about applying doesn't occur. Caregiver and family involvement in safety management should be a high priority. But, careful consideration of the willingness and capacity of caregivers and family members to be involved must occur. The call is for you to demonstrate critical thinking as you contemplate caregiver and family involvement. We are providing you with a bunch of critical questions that can help you as you attempt to operationalize this family practice tenet.

- What are the reasonable limits you can take in trusting caregivers to be involved?

- Exactly what does involvement mean? Is it a single thing, such as caregivers and family members are involved or they are not? Does it exist along some continuum of degree so that caregivers and family members are involved in different degrees?

- Are signed agreements needed in caregiver-family involved safety plans? What are the effects of signed agreements? Under what circumstances or with what caregivers can signed agreements be relied upon?

- Are precautions required when involving caregivers and, if so, how does this set up against trust and partnering?

- Specifically how do you effectively bring up the matter of caregiver and family involvement in protection? How is the caregiver role explained? What

justification is provided? How do you effectively explain the concept of being a partner but having no power?

- How is accountability distributed among the parties involved (i.e., you, caregivers, other family members, other professionals, others)? Since ultimate accountability rests with you (and your CPS agency), how does accountability for others actually exist (particularly for the caregivers)?

- When talking with the caregivers about being involved in a safety management strategy, how do you handle caregivers' denial about threats, manipulation/false cooperation, clearly understanding responsibilities and commitments?

- If a plan involves others coming into the home or taking caregiving responsibility for safety, how can you judge the caregivers' agreement to allow this to happen is reliable?

- Are there types of people/caregivers who should simply not be considered for involvement in planning for safety?

- What are the benefits and hazards associated with caregiver involvement in safety management?

- What oversight or monitoring implications exist in caregiver-family partnership/involvement in safety management arrangements?

- What types of family involvement partnerships exist? How is family conferencing an example of family involved partnerships? Are there other creative ways to involve caregivers in safety planning and management?

## Safety Management and Family Centered Practice

Reassuring caregiver self-determination does not mean that you take a passive role in safety management. When a child is unsafe, you have the difficult challenge of including caregivers in decisions while at the same time maintaining the oversight responsibilities related to safety planning and the implementation of safety services. Management connotes directing and taking charge over the administration of safety plans. It is, however, important to make the distinction between what you do with respect to safety and how you do it. Safety management defines what you are responsible for in terms of managing safety interventions. Family centered practice defines how you should behave toward and interact with caregivers as safety management responsibilities are carried out. Check out Tables 1 - 4 for a review of the specifics concerned with "what" and "how."

## Table 1 Oversight

| Safety Management | Family Centered Practice |
|---|---|
| **What You Do** | **How You Do It** |
| Assess Impending Danger<br>Assure Safety through Safety Plans<br>Standard Case Management Responsibilities | ☑ Be Dependable<br>☑ Be Accessible<br>☑ Identify Resources Internal to the Family<br>☑ Use the Least Intrusive Approaches<br>☑ Use Flexible Services<br>☑ Utilize Family Strengths and Protective Capacities<br>☑ Listen to and Acknowledge Concerns<br>☑ Empower Family with Information<br>☑ Address Immediate Needs of Family<br>☑ Build Rapport |

## Table 2 Reasonable Efforts

| Safety Management | Family Centered Practice |
|---|---|
| **What You Do** | **How You Do It** |
| Seek the Least Intrusive Intervention<br>Routinely Assure Provision of Effective and Appropriate Safety Services<br>Maintain Time Frames | ☑ Mediate<br>☑ Address Family Concerns<br>☑ Advocate for Family<br>☑ Adapt Intensity of Safety Intervention<br>☑ Encourage Family Independence<br>☑ Seek to Limit Length of Service<br>☑ Facilitate Continued Family Involvement<br>☑ Enhance Protective Capacities<br>☑ Promptly Discuss Changes in Safety Needs<br>☑ Continue to Join with Caregivers<br>☑ Be Available and Dependable |

## Table 3 Caregiver and Family Involvement

**Safety Management** **Family Centered Practice**

| What You Do | How You Do It |
|---|---|
| Pursue Caregiver and Family Member Involvement | ☑ Reach Out to Family<br>☑ Express Positive Regard<br>☑ Seek Understanding<br>☑ Approach from Family's World View<br>☑ Include in Meetings and Discussions<br>☑ Include in Decisions<br>☑ Share Information Promptly<br>☑ Use Family's Language<br>☑ Be Willing to Risk with Family<br>☑ Have Conversations...Not Interviews<br>☑ Convey Dependability<br>☑ Reinforce a Common Interest in Child Safety<br>☑ Reaffirm Child Safety as a Family Responsibility |

## Table 4 Maintenance of the Alliance

| Safety Management | Family Centered Practice |
|---|---|
| **What You Do** | **How You Do It** |
| Implement a Professional Approach Complying with Acceptable Standards<br>Assure Effective Communication | ☑ Implement Changes from the Perspective of the Family<br>☑ Use Common Language<br>☑ Affirm Family Commitment<br>☑ Affirm Family's Intentions<br>☑ Continually Seek to Use the Least Intrusive Approaches<br>☑ Serve as a Leverage for Change<br>☑ Be Candid and Honest<br>☑ Lower Authority<br>☑ Be Available<br>☑ Be Dependable<br>☑ Remain Objective |