

## A CLOSER LOOK

# An Individualized, Strengths-Based Approach in Public Child Welfare Driven Systems of Care ✧

*"If we ask people to look for deficits, they will usually find them, and their view of the situation will be colored by this. If we ask people to look for successes, they will usually find them, and their view of the situation will be colored by this."*  
(Kral, 1989, p. 32)

### Overview

**A**mong the strategies that are critical for increasing the safety, permanency, and well-being of children and families involved with child welfare is tailoring services to unique needs by building upon strengths. As child welfare agency administrators and policy-makers continually strive to improve services and outcomes for children and families, establishing child welfare policies and practices that promote and facilitate an individualized, strengths-based approach is essential. Policy is crucial to sustaining strengths-based practices, because without it such practices may be inconsistently applied and diminish with staff turnover.

### Defining an Individualized, Strengths-Based Approach

An individualized, strengths-based approach refers to policies, practice methods, and strategies that identify and draw upon the strengths of children, families, and communities. Strengths-based practice involves a shift from a deficit approach, which emphasizes problems and pathology, to a positive partnership with the family. The approach acknowledges each child and family's unique set of strengths and challenges, and engages the family as a partner in developing and implementing the service plan. Formal and informal services and supports are used to create service plans based on specific needs and strengths, rather than fitting families into pre-existing service plans. An individualized,

### Improving Child Welfare Outcomes Through Systems of Care

In 2003, the Children's Bureau funded nine demonstration grants to test the efficacy of a systems of care approach to improving outcomes for children and families involved in the child welfare system and to address policy, practice, and cross-system collaboration issues raised by the Child and Family Services Reviews. Specifically, this initiative is designed to promote infrastructure change and strengthen the capacity of human service agencies to support families involved in public child welfare through a set of six guiding principles:

1. Interagency collaboration;
2. ***Individualized, strengths-based care;***
3. Cultural and linguistic competence;
4. Child, youth, and family involvement;
5. Community-based services, and;
6. Accountability.

*A Closer Look* is a series of short reports that spotlight issues addressed by public child welfare agencies and their partners in implementing systems of care approaches to improve services and outcomes for children and families. These reports draw on the experiences of nine communities participating in the Children's Bureau's Improving Child Welfare Outcomes Through Systems of Care demonstration initiative, and summarize their challenges, promising practices, and lessons learned. Each issue of *A Closer Look* provides information communities nationwide can use in planning, implementing, and evaluating effective child welfare driven systems of care, and is intended as a tool for administrators and policy-makers leading system change initiatives.

strengths-based assessment focuses on the complex interplay of risks and strengths among individual family members, the family as a unit, and the broader neighborhood and environment. The individualized, strengths-based approach is an overall philosophical view supported by policies and standards that encompasses a range of concrete practices of child welfare caseworkers and other service providers at various points from the time the child and family enter the system to when they leave (see Figure 1).

Historically, child welfare systems (and other human services) emphasized efficient provision of services with little attention to family systems and approached clients from a deficit model. Traditional practices, focusing on what was wrong with the child or the family, resulted in a child welfare system that was punitive and stigmatizing in its approach and often produced passive and resistant responses from clients (Waldfogel, 2000). Beginning in the early 1980s, strengths-based case management was first implemented in community mental health centers (Brun & Rapp, 2001) and since then has been implemented in many other health and social service settings.

A review of the literature suggests at least three pathways by which strengths-based practices benefit clients: 1) by influencing the extent of clients' engagement in program services; 2) by increasing family efficacy and empowerment; and 3) by enhancing families' relationship-

building capacity and social support networks (Green, McAllister, & Tarte, 2004).

Although there is limited research on the effects of an individualized, strengths-based approach on child and family outcomes for the population of child welfare clients, prior studies of other service recipients (e.g., early intervention, mental health, elderly services) have found that a family-centered, strengths-based approach is associated with increased service engagement (Green et al., 2004; Shireman, 1998), increased parenting competency (Green et al., 2004; Whitley, 1999), and enhanced interaction among family members (Green et al., 2004; Huebner, Jones, Miller, Custer, & Critchfield, 2006).

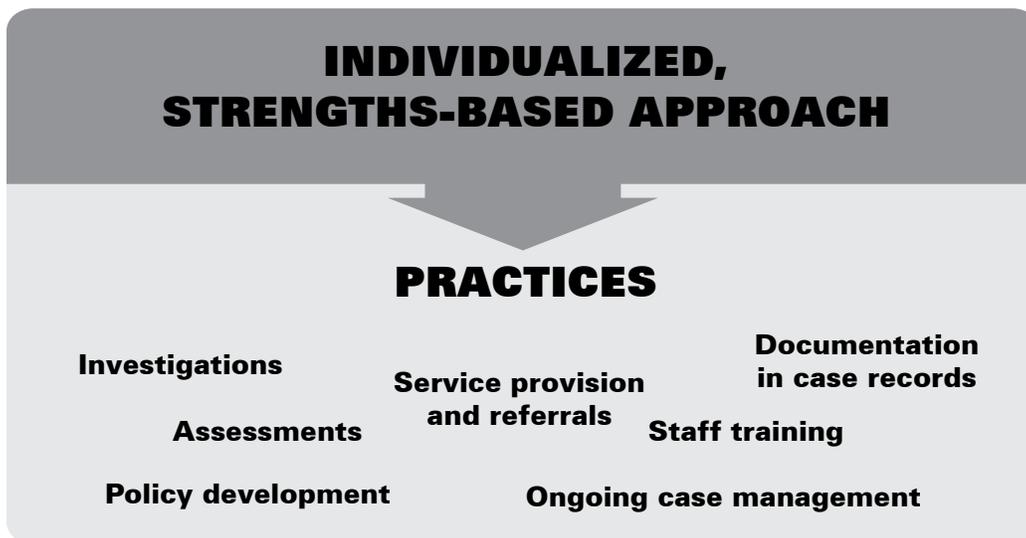
### Individualized, Strengths-Based Approaches in a Child Welfare Driven System of Care

An individualized, strengths-based approach to working with families embodies important principles of child welfare practice promoted by the Children's Bureau Child and Family Services Review process. The Child and Family Services Reviews were designed to support key practice principles, including tailoring interventions to meet the specific needs of children and families; offering children and families opportunities to provide input into the identification of their strengths, needs, and goals; and promoting parents' strengths by emphasizing partnership with service providers. These principles are designed to support improved outcomes for children and families.

The Child and Family Services Review process also focuses on two other systems of care principles that are closely related to individualized, strengths-

based approaches: family involvement and cultural competency. An individualized, strengths-based approach depends on collaboration between the service provider and client, in which individuals and families are viewed as equal partners in the change process. (See also *A Closer Look: Family Involvement in Public Child Welfare Driven Systems of Care* at [www.childwelfare.gov/pubs/acloserlook/index.cfm](http://www.childwelfare.gov/pubs/acloserlook/index.cfm)). Cultural competency is a

**Figure 1. Individualized, Strengths-Based Approach and Practices**



prerequisite for implementing an individualized, strengths-based approach because individuals from different cultural backgrounds may hold different values and make different judgments about how strengths are defined and the types of interactions that communicate respect. Issues of culture, gender, age, religious background, and class are addressed in individualized, strengths-based case plans.

## Challenges and Strategies in Following an Individualized, Strengths-Based Approach

The experiences of the nine grant communities involved in the Improving Child Welfare Outcomes Through Systems of Care initiative provide useful information



“[Individualized, strengths-based practice] was another thing that we had to get used to. But we’ve come a long way. Everything from doing risk assessments to our plans with the families. We really try to focus on and try to pull any little strength out that we can and work on it.”

—Child Welfare Supervisor

to administrators and stakeholders nationwide for implementing an individualized, strengths-based approach.

### 1. Agency Culture and Characteristics of Families Involved with Child Protective Services

**Challenges.** Grant communities reported that it often is challenging for agencies to move from a pathology-based model to an individualized, strengths-based approach given the potentially severe threats to children’s safety and risk factors, such as physical or sexual abuse or addiction, that are present in some families. An additional complicating factor is that the majority of families involved with child protective services do not seek services voluntarily and often are viewed as resistant or non-compliant, which interferes with the establishment of a working alliance between the caseworker and the family.

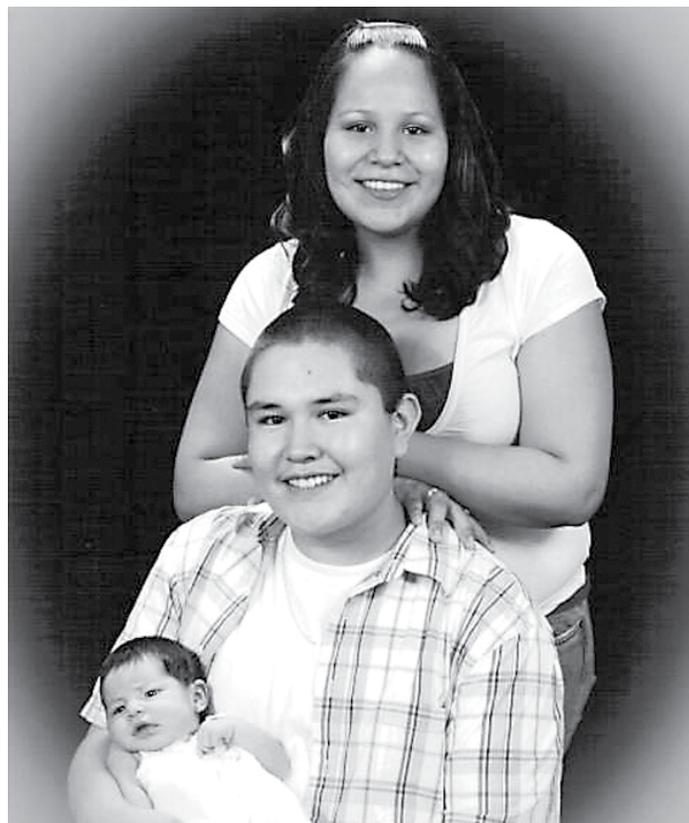
**Strategies.** Despite these challenges, supervisors interviewed in several grant communities reported that there is a greater focus now (compared to past years) on identifying strengths in families. They also reported a greater emphasis on identifying non-traditional services and supports for families.

Strategies used by grant communities to overcome challenges related to agency culture and characteristics of families involved with child protective services include:



④ **T raining**—All grant communities provide training on strengths-based approaches and cultural competency to staff from all child-serving agencies, with emphasis on practical application. Training formats range from traditional conferences to more informal case discussions. For example, New York discusses case scenarios at monthly network meetings as part of systems of care development.<sup>1</sup> North Dakota provides parent coordinator training entitled “We Are All Related,” which emphasizes the strengths of the family and the culture.

④ **Collaboration with Other Agencies**—Most grant communities are using collaboration and networking with other agencies and faith-based organizations to support strengths-based approaches. For example, Colorado provided material for sermons to be given by clergy at area churches on community acknowledgment of and response to child welfare issues. Collaboration is key to influencing existing and potential partners to adopt an individualized and strengths-based approach with children and families, and can foster creative identification and expansion of informal supports to help families. Networking also helps to engage partners in a system approach and abandon the categorical model in which services are delivered in isolation.



### **National Technical Assistance and Evaluation Center for Systems of Care Collaborative Member Survey Findings**

Currently, the extent to which systems of care collaborative members agree that systems of care activities have been effective in increasing individualized, strengths-based approaches is mixed, with differences evident among grant communities. On a scale of 1 to 5, where higher is stronger agreement, the average scores of collaborative members across all nine grant communities ranged from 3.3 (neutral) to 4.4 (agree) and the median across grant communities was 3.8. Collaborative members will be surveyed again toward the end of the initiative to determine if perceptions change over time.

—*Systems of Care Collaborative Survey Data, Fall/Winter 2006/2007*

1. Improving Child Welfare Outcomes Through Systems of Care grantees are indicated by State name. Demonstration site names are listed on page 7.

④ **Assessment Tool**—Several grant communities (California, Colorado, Kansas, North Carolina, and Oregon) have implemented strengths-based assessments of children and families involved with child welfare to identify needs and match services to those needs. For example, the Colorado Division of Children, Youth, and Families’ assessment tool, Family Social History and Assessment Summary, specifically asks for a description of the family’s strengths. Using a structured intake tool, the North Carolina Department of Social Services begins the process of gathering information about family strengths at the first contact with the reporter by including questions about what the family does well.

#### **2. Child Welfare Staff Turnover**

**Challenges.** Child welfare staff turnover is identified frequently by child welfare supervisors and grantee project directors as one of the greatest obstacles to implementing and sustaining an individualized, strengths-based approach. The child welfare field often is characterized by high staff turnover, which can lead to low staff morale, excessive workloads for those who remain, and most importantly, feelings of rejection and insignificance by the child or family. A particular challenge for strengths-based



care cited by grantees is orienting new staff to the systems of care philosophy, values, and practices, which can be time consuming and frustrating when it must be done repeatedly as new staff members are hired.

**Strategies.** Strategies to promote an individualized, strengths-based approach amidst high rates of turnover include ongoing training, not only for caseworkers, but also for supervisory staff, policy- and decision-makers, and community partners. Comprehensive training is viewed as an important factor in fostering shared responsibility for child welfare as well as shared commitment to managing, supervising, and working with peers from a strengths-based approach. Shared responsibility can alleviate the sense of isolation and being overwhelmed among caseworkers which in turn can contribute to less staff turnover.

- ④ Training for Child Welfare Supervisors—At the State level, the North Carolina Department of Social Services has developed several trainings for child welfare supervisors to allow for exploration and identification of their own strengths and to encourage strengths-based supervision of caseworkers. Strengths-based supervision can contribute to a more positive work environment that is characterized by decreased staff turnover and increased job satisfaction.
- ④ North Carolina and Nevada offer ongoing training on family-centered child and family team meetings and facilitation skills for all child welfare staff. Also, to encourage agencies to practice for and participate in child and family teams, North Carolina developed a collaborative child and family team curriculum that is used to train staff across agencies. Studies show that child welfare staff have an increased commitment to their work when they participate in training that leads to greater competencies (Zlotnik, DePanfilis, Daining, & Lane, 2005).

### 3. Time Constraints

**Challenges.** Among the biggest challenges faced by child welfare staff is the issue of time constraints, due in large part to sizeable caseloads, which limit the time caseworkers can spend with families. The lack of time has several effects that conflict with the principle of strengths-based, individualized care. It often prevents child and family team meetings from being scheduled as frequently as may be necessary. Also, limited time can require team meetings to be held in the child welfare office, rather than in a community setting, because there is not enough time for caseworkers to effectively plan for or travel to a family-friendly location. As a consequence, family members and their informal supports are less likely to participate. The child welfare office setting can emphasize the power differential between the caseworker and the family. Additionally, the less time caseworkers and supervisors have, the more likely it is for children and families in the child welfare system to have “cookie cutter” case plans that are not individually tailored.

**Strategies.** Several grant communities (California, Colorado, Kansas, North Carolina, and Oregon) rely on policies, mandates, and protocols that have been developed to help ensure that child and family team meetings take place as intended. By having a formalized structure that requires child and family participation and input, child welfare workers are more apt to prioritize child and family meetings among competing demands on their time. Policies mandating child and family input ensure the child and family guide development of the case plan; otherwise, the process ultimately can be more costly in terms of staff time and resources. The Kansas child welfare agency has mandated time frames within which family meetings must take place and differ depending on the stage of the case. Systems of care project leaders reported that it is useful for collaborative members and child welfare staff to share success stories to help caseworkers and supervisors understand how and why taking extra time to use an individualized, strengths-based approach with families is worthwhile. Grant communities reported that this internal marketing to achieve staff buy-in is facilitated by discussion of individual cases at staff meetings and highlighting how a strengths-based approach has contributed to better service outcomes. When child welfare workers hear about successful cases, the probability is greater that individualized, strengths-based practice will become institutionalized as a permanent part of the child welfare infrastructure.

#### 4. Lack of Services and Access to Services

**Challenges.** Many of the grant communities, particularly the rural ones, reported that a lack of services poses a major challenge to creating individualized service plans. For example, if there is only one parenting class offered in the area, the parent of an infant and the parent of an adolescent do not receive parenting education tailored to their individual needs. Also, if fewer services are available, families frequently are forced to wait longer for needed services. Lack of transportation is also a challenge to accessing services.

**Strategies.** To help child welfare workers learn more about existing services and develop non-traditional and community (natural) supports, some grantee communities have created child welfare positions specifically to identify community services, develop collaborative relationships, and educate other child welfare staff about resources.

- ④ The Oregon Department of Human Services employs a resource developer, and one county in North Carolina developed a community social worker position.
- ④ One North Carolina community also engages “family partner” organizations. These local community-based organizations help recruit parent and youth volunteers and mentors for child welfare child and family teams, provide facilities for child and family team meetings to be held in the community rather than at the child



“When you go in to work with a family, you have to get to know the family and get an idea of what their strengths are. But also when you’re working within the family group conference, you’re looking for strengths. Your initial [task] is to talk about what the strengths are with the family. And having been in those conferences, it’s been exciting to see caseworkers identify the families’ strengths.”

—Child Welfare Supervisor



welfare office, and identify and recruit informal and non-traditional supports for families.

- ④ Pennsylvania established an extensive network of natural supports to which caseworkers can help families connect. A system of care outreach coordinator worked with faith-based organizations and created a faith-based subcommittee that involves a wide variety of religious denominations and organizations. This subcommittee has been successful in implementing several activities, such as starting a summer camp program.
- ④ New York holds ongoing meetings of child protective services supervisors, staff, and community-based service providers so the child and family will have access to a broad array of individualized services. During service planning meetings, caseworkers are provided with resource referrals that address specific needs of children and families.

#### Implications for Administrators and Stakeholders

An individualized, strengths-based approach to working with families involved in child welfare is critical to creating a responsive child welfare driven system of care that will help ensure children’s safety, permanency, and well-being. Child welfare administrators and policy-makers have the opportunity to enhance individualized, strengths-based approaches to families involved with child welfare as part of Program Improvement Plans that stem from the Child and Family Services Reviews. Senior administrators, program managers, and policy-makers can help child welfare agencies minimize or overcome potential challenges by implementing certain policies and practices.

Based on the experiences of the communities involved in the Improving Child Welfare Outcomes Through Systems of Care demonstration initiative, promising practices include:

- ④ Consistent and ongoing training for child welfare staff and partner agency staff to change traditional child welfare agency culture and philosophy and to provide concrete skills and strategies for identifying child and family strengths and unique needs.
- ④ Management and supervisory staff focus on workers' strengths, addressing unique career development needs, and rewarding staff for demonstrating an individualized strengths-based approach with clients (e.g., sharing success stories at staff meetings).
- ④ Revision of assessment tools to focus specifically on identification of child and family strengths.
- ④ Interagency collaboration, on individual cases as well as on a community level, to increase availability and family and service provider awareness of informal and community supports. Designation of one child welfare staff member as a community liaison or outreach coordinator can be instrumental for partnering with faith-based and other community organizations.

Discrete activities, such as training sessions, should not be confused with implementation of a comprehensive system of care. Thorough and ongoing evaluation of the systems of care infrastructure and services, system partners, and practices of caseworkers, supervisors, and administration can be helpful in monitoring whether activities are leading to intended and meaningful outcomes for families.

The activities of the nine grant communities in the Improving Child Welfare Outcomes Through Systems of Care demonstration initiative are laying an important foundation for the child welfare field's efforts to partner with children and families, with their unique strengths driving the help they receive. The work of the grant communities can have a significant impact as other communities nationwide change the way child welfare services are delivered.

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## Improving Child Welfare Outcomes Through Systems of Care Demonstration Grant Communities

California – Partnering4Permanency – Valerie Earley, Project Director, [vearley@ehsd.cccounty.us](mailto:vearley@ehsd.cccounty.us)

Colorado – Jefferson County System of Care – Susan Franklin, Project Director, [SFrankli@jeffco.us](mailto:SFrankli@jeffco.us)

Kansas – Family Centered Systems of Care – Beth Evans, Project Director, [ebme@srs.ks.gov](mailto:ebme@srs.ks.gov)

Nevada – Caring Communities Project – Tiffany Hesser, Project Director, [HesserTi@co.clark.nv.us](mailto:HesserTi@co.clark.nv.us)

New York – The CRADLE in Bedford Stuyvesant: A Systems of Care Initiative – Nigel Nathaniel, Project Director, [Nigel.Nathaniel@dfa.state.ny.us](mailto:Nigel.Nathaniel@dfa.state.ny.us)

North Carolina - Improving Child Welfare Outcomes Through Systems of Care – Eric Zechman, Project Director, [ericzechman@ncmail.net](mailto:ericzechman@ncmail.net)

North Dakota – Medicine Moon Initiative: Improving Tribal Child Welfare Outcomes Through Systems of Care – Deb Painte, Project Director, [debp@nativeinstitute.org](mailto:debp@nativeinstitute.org)

Oregon – Improving Permanency Outcomes Project – Patrick Melius, Project Director, [Patrick.J.Melius@state.or.us](mailto:Patrick.J.Melius@state.or.us)

Pennsylvania – Locally Organized Systems of Care – Andrea Richardson, Project Director, [c-arichard@state.pa.us](mailto:c-arichard@state.pa.us)



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## Additional Resources

Using the Behavioral and Emotional Rating Scale

<http://cecp.air.org/interact/expertonline/strength/empower/3.asp>

Child Welfare Information Gateway, Systems of Care Resource Library

[www.childwelfare.gov/systemwide/service/soc/library.cfm](http://www.childwelfare.gov/systemwide/service/soc/library.cfm)

North Carolina Family Assessment Scale, Version 2.0, Definitions and User's Guide

<http://ssw.unc.edu/jif/publications/>

**Center for Effective Collaboration and Practice**

**Assessing Strengths: Using the BERS**

The Behavioral and Emotional Rating Scale (BERS) (Epstein & Sharma, 1998) was developed to respond to the growing demand for a standardized tool for assessing and evaluating strengths. The BERS is a 52-item scale designed to measure the emotional and behavioral strengths of children and adolescents. The scale offers practitioners a highly valid and reliable method of assessing five domains of childhood strengths: Interpersonal Strength, Family Involvement, Intrapersonal Strength, School Functioning, and Affective Strength. The first dimension, Interpersonal Strength, measures a child's ability to regulate his or her emotions and behaviors in social settings (e.g., "uses anger management skills", "shares with others and apologizes to others when wrong"). Second, the dimension of Family Involvement evaluates the quality of the relationship between the child and his or her family (e.g., "interacts positively with parents", "complies with rules at home"). Intrapersonal Strength measures a child's perception of his or her competence and accomplishments (e.g., "enjoys a hobby", "is popular with peers"). School Functioning assesses a child's competence in