Adapting systems of care for child welfare practice with immigrant Latino children and families

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The child welfare system has evolved over the past 30 years into a behemoth bureaucratic structure under myriad federal and state policies that continue to shape the service delivery system for the protection of children and the stability of their families. The child welfare system is designed to assure the safety, permanency, and well-being of children. Services range from the investigation of child abuse and neglect to in-home family preservation services, out-of-home foster care services, and the adoption of children following termination of parental rights. Within each service area is an underlying philosophy of family-centered and child-focused practice, meaning that the safety, permanency, and well-being of children is the focal point of decision making, with a service array designed to build the capacity of the entire family to care for and protect the child.

Recent reform efforts in child welfare have called for child welfare agencies to provide community-based services and to increase the involvement of external stakeholders in identifying and developing services within the community. At the same time, child welfare agencies are faced with the challenge of providing services to an increasingly diverse population of children and families. As a result, there is a need for evidence-based practice models that respond to these challenges and promote positive outcomes for children and families. This paper describes the development of a program designed to train child welfare staff on the application of an existing evidence-based framework, systems of care, to practice with immigrant Latino children and families as a means of responding to these multiple calls for systems change and practice improvement. Immigrant Latino children and families represent the largest and fastest-growing population in the United States, and thus require the attention of child welfare systems and the development of evidence-based practices designed to respond to the unique needs of this population. Recommendations for program planners and evaluators on the application of systems of care to child welfare practice with immigrant Latino children and families are provided.

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As child welfare agencies struggle to meet these challenges, there is a call throughout the social work profession to establish evidence-based practices to assure that services are designed and implemented using the best available evidence of practice effectiveness. A developing body of research provides guidance in determining what children and families need, how best to meet these needs, and how to evaluate outcomes. This paper describes the application of an existing evidence-based framework — “systems of care” — to child welfare practice with immigrant Latino children and families as a means of responding to these multiple calls for systems change and practice improvement.

1. History and philosophy of systems of care

The systems of care philosophy developed in response to growing recognition that children with serious mental health disorders were not receiving the help and services they needed (Stroul & Friedman, 1986). This concern was first brought to the forefront through Jane Knitzer’s (1982) seminal publication, Unclaimed Children, which exposed the inadequate care received by youth with mental health problems and its consequences. Additional work at the time pointed to the fragmentation of mental health services, a lack of coordination among agencies that serve children with similar problems (e.g., child welfare, juvenile justice, education, mental health), the placement of children in settings far removed from their families and communities, and the lack of recognition of cultural differences (Burchard, Burchard, Sewell, & VanDenBerg, 1993; Stroul, 1996). These concerns led to the development of the Child and Adolescent Service System Program (CASSP), funded by the National Institute of Mental Health (NIMH); the CASSP provided funds and technical assistance to all fifty states to plan and develop community-based services for children with serious emotional or mental health disturbances. The CASSP integrated principles developed by Stroul and Friedman (1986), who coined the term “community-based system of care for seriously emotionally disturbed children” (p. iv). As originally defined, a system of care is “a comprehensive spectrum of mental health and other necessary services which are organized into a coordinated network to meet the multiple and changing needs of children and their families” (Stroul & Friedman, 1986, p. 3). This approach is guided by values and principles that emphasize the provision of child-centered, family-focused, community-based, and culturally competent services.

Building from these values, implementation of systems of care involves the development of multiple community partnerships that create a broad network of services tailored to meet the individual needs of children and families. Fundamental to the systems of care philosophy is a move away from service delivery systems with a limited set of choices that do not consider the individual needs of families. Rather, systems of care depend on a broad range of formal and informal supports that are matched to the unique needs and strengths of children and families. Services are provided by a variety of public and private agencies, and providers work together toward common goals developed by the system. Implementation often involves the development of a Child and Family Team, which consists of family members and others who know the family system. The Child and Family Team develops a comprehensive and individualized plan for the family with specific and achievable goals that guides service provision and coordinates the work of the various participants.

A growing body of research has provided encouraging findings on the use of systems of care. Evaluations of early demonstration projects using randomized clinical trials noted several positive outcomes for children, including increased behavioral and school adjustment, increased permanency of placements, reduced restrictiveness of living environments, and decreased rates of delinquency (Clark, Lee, Prange, & McDonald, 1996; Evans, Armstrong, & Kuppingter, 1996). The largest evaluation to date, of the Comprehensive Community Mental Health Services for Children and their Families Program, funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), reported positive child and family outcomes, including reduced behavioral and emotional problems, improved clinical functioning, reduced contacts with law enforcement, increased school performance, increased stability in living situations, reduced caregiver strain, and improved family functioning. Further, among children entering the program in out-of-home care, more than 50% were living with parents or kin after 6 months, thus significantly reducing out-of-home placement (Center for Mental Health Services, 1998, 1999). Although it was not a randomized clinical trial, this evaluation included comparisons to non-funded communities.

Although the systems of care framework was originally developed in response to the needs of children with serious emotional and mental health disorders, the applicability of this philosophy has broadened to include children at risk for serious disorders, including children in the juvenile justice and education systems (Pires, 2002). In recent years, there has been a growing focus on developing systems of care for all children whose needs require services from multiple systems in order to promote general emotional well-being (Pires, 2002). This broader implementation allows for more families to benefit from systems of care by improving access to services, reducing fragmentation, and improving the level of family involvement in service planning and delivery.

Fundamentally, systems of care is not a program or a model of practice but rather a value base for guiding processes and providing services to meet the needs of children and families. Thus, communities and service delivery systems have the flexibility to apply this framework in a way that responds to children and families in their communities while maintaining fidelity to the values and philosophy of systems of care. Children and families who come to the attention of the child welfare system are an ideal population for systems of care, because this framework can prevent out-of-home placement, support the strengths of the child and the family, and use existing supports in the community to enhance options for service delivery. Many child welfare agencies have initiated Family Group Decision Making or Team Decision Making as a means of involving family members in decision making for children at risk for placement. In many communities, agencies have formed coalitions to provide an array of services to address the needs of families through a wraparound approach. Systems of care incorporates elements of both of these practices. In 2003, the Children’s Bureau funded several national projects to bring the principles of systems of care into the child welfare arena. These projects have had successes in some areas and difficulties in others. Successes include the strengthening of interagency collaboration, individualized service planning, and increased family and youth involvement. Challenges include the need for substantive infrastructure change, time constraints, and staff turnover. There was consensus, however, that the principles of systems of care were compatible with good child welfare practices (US Department of Health and Human Services, 2006).

2. Issues affecting immigrant Latino children and families

The Latino population, particularly those who have recently migrated from other countries, represents the largest and fastest growing ethnic group in the United States. Data indicate that the Latino population, consisting of persons from Mexico, Cuba, El Salvador, Dominican Republic, and other Central and South American countries, has increased by 29% since 2000, with Latinos now accounting for 15.1% of the total population (US Census Bureau, 2007). Immigrants who are foreign born account for nearly
40% of all Latinos living in the United States (US Census Bureau, 2007). While the majority of immigrants live in the country's six largest states – California, New York, Texas, Florida, Illinois, and New Jersey – the number of immigrants grew more rapidly in 22 other states across the West, Midwest, and Southeast during the last decade than in any of those traditional destination states (Capps & Fortuny, 2006).

Children in immigrant families are often considered at increased risk of maltreatment due to the stress and pressure experienced by the family resulting from immigration and acculturation (Korbin & Spilsbury, 1999; Roer-Strier, 2001). Fear, stress, loss, isolation, and uncertainty about the future are often experienced by Latino immigrants. Following the immigration experience, pressures resulting from acculturation, including differences in culture, language, and traditions, serve as additional sources of stress and may create barriers to accessing needed resources. Immigrants who are undocumented are likely to experience additional stress because they live with ongoing fear of discovery and deportation. Along with fears of deportation, many undocumented parents fear separation from their children, which has occurred in raids conducted by Immigration and Customs Enforcement (ICE). In 2006, more than 3600 immigrants were apprehended by ICE officials as a result of worksite enforcement operations, an increase of 700% since 2002 (US Immigration and Customs Enforcement, 2006). In many of these cases, parents were separated from their children for extended periods with no way of contacting them or were deported to their country of origin while their children remained in the United States (Capps, Castaneda, Chaudry, & Santos, 2007).

Immigrant children and families experience poor outcomes in a number of factors that may increase their risk of involvement in the child welfare system. Data from the 2002 National Survey of America’s Families indicate that 29% of children of immigrants have parents with less than a high school education, compared to 8% of children of natives, and 58% of children of immigrants have at least one parent with limited English proficiency (Capps, Fix, Ost, Reardon-Anderson, & Passel, 2004). As a result, immigrant families are twice as likely to have incomes below 200% of the federal poverty level. Overall, 52% of children of immigrants live below the poverty level, compared to one-third of children of native parents (Capps et al., 2004). Children of immigrants are also twice as likely as children of natives to be reported in fair or poor health (Capps & Fortuny, 2006). Yet, although immigrant families have higher rates of poverty and economic hardship, they are less likely than native families to receive public benefits (e.g., Temporary Assistance for Needy Families, food stamps, housing assistance) and are less likely to have health insurance (Douglas-Hall & Koball, 2004).

These disparities exist largely due to eligibility rules that exclude many non-citizen parents, both documented and undocumented, from accessing these benefits. Among the total foreign-born population, more than half of adult immigrants are not U.S. citizens, with undocumented immigrants representing 30% of the total foreign-born population, and legal residents who have not yet become citizens representing another 28% (Capps & Fortuny, 2006). However, although the majority of adult immigrants are not citizens, nearly 80% of all children in immigrant families are themselves citizens and entitled to these benefits (Capps & Fortuny, 2006). Yet, many legal immigrants fear that attempts to access these benefits may interfere with their process of becoming citizens, while undocumented parents fear deportation and separation from their citizen children (Holcomb, Tumlin, Koralek, Capps, & Zuberi, 2003).

3. Culturally competent systems of care for Latino children and families

Given the rapidly growing Latino immigrant population and the multiple challenges it faces, child welfare practitioners need to be adequately prepared to address the needs of this population. A practice framework that encompasses strategies that are family focused, community based, and culturally competent may assist child welfare staff in accessing critical support and resources in the Latino community to facilitate positive outcomes. The systems of care framework emphasizes the need for child welfare workers to explore the strengths of caregivers and understand the family’s view of the problem to develop a service plan that is individualized and culturally responsive. The framework also assists caseworkers in identifying and developing collaborative coalitions to meet the needs of children and families. The complexity of problems faced by many immigrant Latino families requires that services and interventions become more multi-faceted and concentrated for this population. Bringing in partners across many dimensions to serve these children and families is essential in reducing risk and preventing out-of-home placements and is a driving philosophy of systems of care.

In 2005, the University of Texas at Arlington (UTA) received funding from the Administration on Children, Youth, and Families’ Children’s Bureau to develop and implement a training program to improve service delivery to Latino children and families involved with the Texas Department of Family and Protective Services (TDFPS). Latinos make up the largest ethnic group in Texas, representing 36.0% of the population (US Census Bureau, 2007). Within the child welfare system, Latino children represent the largest percentage of victims of maltreatment (42.1%), as well as the largest percentage of children in cases opened for services (43.7%) and the largest percentage of children in foster care (37.6%; TDFPS, 2007). The project, titled Culturally Competent Systems of Care with Latino Children and Families, involved the development of a curriculum designed to train TDFPS caseworkers and supervisors on developing and implementing systems of care with Latino children and families in order to improve outcomes of safety, permanency, and well-being. The training program was designed primarily for caseworkers in the Family-Based Safety Services stage of service delivery (i.e., family preservation), which provides services to children and families following an investigation of maltreatment in which significant risk factors have been identified within the family.

Because models for applying the systems of care framework to child welfare practice with immigrant Latino families did not exist, the development of the training program involved the use of a panel to provide consultation on the development of the curriculum and training delivery. The panel included national experts in systems of care, child welfare, and community practice. All panel members had significant expertise in providing services to Latino children and families. Panel members were actively involved in the development of the training curriculum by providing resource materials and recommendations based on their knowledge and experience. As the curriculum developed, panel members met regularly to review drafts and provide additional recommendations for improvement. In addition to this feedback, the curriculum was based on a thorough review of literature on systems of care, child welfare practice with Latino children and families, and the unique needs and experiences of immigrant families. Because the large majority (85%) of the Latino population in Texas is of Mexican origin, much of the information on culture, migration history, and values focused on this segment of the population. In addition, the curriculum developers conducted focus groups with immigrant Latino parents who had a history of involvement with TDFPS. The resulting training program included curriculum materials, instructor manuals, participant handbooks, role-plays and activities for use in training, and a guide for technical assistance.

The training program was administered throughout the state between 2006 and 2007. Results of the training evaluation
indicated that participants reacted positively to the training and demonstrated significant increases in cultural competence and knowledge and skill in the use of systems of care. Participants who implemented the model with immigrant families reported positive feedback on the use of this model in practice, and subsequent case reviews indicated that families with whom the model was implemented showed positive outcomes in several indicators addressing safety, permanency, and well-being. Participants stated that the use of this model facilitated engagement, increased involvement of family members, enhanced understanding of families’ culture, and facilitated the identification of family strengths. Participants also identified benefits to clients, stating that the model helped families feel empowered, identify their own strengths, build problem-solving skills, and take control of identifying their own needs. Full details of the training evaluation can be found in Dettlaff, Nuno, and Rycraft (2007).

4. Application of systems of care

Although systems of care is not a defined program or model of practice, certain functions must be organized to ensure the successful implementation of the philosophy. The structure that is created should reflect the values and guiding principles of systems of care, while ensuring that these values and principles are integrated throughout all points of contact in the service delivery system. Thus, systems have the flexibility to develop a structure that responds to the needs of children and families in their unique system while ensuring fidelity to the systems of care philosophy.

Within child welfare agencies, practice is guided by a multitude of policies and procedures that are institutionalized throughout the agency and direct most aspects of service delivery. The application of systems of care needs to respect these existing structures while overlaying the values and guiding principles at each stage of service delivery. For the purpose of this project, the structure was organized into the following stages: (1) engagement, (2) assessment, (3) planning, (4) implementation and intervention, and (5) transition. Each of these stages is described below, with details on the application of systems of care to culturally competent practice with immigrant Latino children and families.

4.1. Phase 1: engagement

Successful implementation of systems of care is dependent on families being engaged as active participants throughout the helping process. As a result, activities in the engagement phase focus on establishing a relationship with children and families that emphasizes trust and mutual respect. This begins by facilitating conversation with the family in order to develop a preliminary understanding of the family’s view of the current situation. These initial conversations also clarify the role of the agency and address any questions the family may have about the agency or the caseworker’s role. During this phase, caseworkers orient the family to the concept of systems of care and emphasize the partnership between the family and the agency.

4.1.1. Engagement with immigrant Latino children and families

Initial contacts with immigrant Latino families are crucial to the establishment of a positive and productive helping relationship, because immigrant families may be confused and distrustful of U.S. government systems. This distrust can create a real, yet invisible, barrier between the family and the agency if it is not addressed. In families in which some members are undocumented, this distrust is likely to create additional concerns about caseworkers’ intentions and their use of information. As a result, close attention should be paid in initial meetings to developing a level of trust upon which further interactions will be based. Any concerns about immigration status should be addressed, with caseworkers clearly stating that their work with the family is independent of the family’s immigration status and that information on immigration status will not be reported to other governmental authorities.

Culturally and linguistically competent practice requires that services be provided in the native language of immigrant children and families. Language barriers can result in miscommunication and misunderstandings, which can significantly affect families’ abilities to participate as partners in this process. When working with immigrant Latino families, caseworkers should be aware that although some families may be able to speak English, they may be more comfortable speaking in their native language, particularly when addressing issues concerning their children’s well-being. Although working through an interpreter is often necessary, this third party creates additional barriers that must be addressed to facilitate relationship development. Caseworkers should plan extra time to allow the family and the interpreter to be introduced and to address confidentiality. Extra time should also be allowed to ensure that the family understands what is being communicated.

To facilitate relationship development, caseworkers should speak directly to the family rather than to the interpreter to assess the family’s non-verbal behaviors and to determine how the family is responding to the discussion.

Once these issues are addressed, Glick and Garza (2004) suggest that social workers use an indirect style of gathering information when working with immigrants to allow families to maintain control over the situation and to assess caseworkers’ intentions. Similarly, Zayas (1992) suggests that social workers are more likely to establish trust with immigrant families by gathering information with a “sensitive curiosity” about their experiences. Rather than asking specific questions, information should be gathered through a conversational approach, with the family making the decisions about when and what information will be shared. Mutual reciprocity is also an important element in establishing trust with immigrant Latino families, because the development of a personal relationship is a component of forming trust. Caseworkers may be asked questions about their own families and events in their own lives as part of relationship development. It is also common for Latino families to offer small gifts of food, religious articles, or mementos from their home country in appreciation of the services being provided (Quinones-Mayo & Dempsey, 2005).

In addition to establishing trust, respect is an important element of Latino culture and an important aspect of relationship development. To facilitate mutual respect, caseworkers should be respectful of elders and acknowledge the importance of extended family who live within the home. Caseworkers should acknowledge the family as the expert on their family and children, and convey to family members that their active involvement is needed and valued throughout the process. In addition, caseworkers should convey a genuine respect for families’ culture, values, and traditions. This respect can be demonstrated by a genuine interest in learning about families’ culture and acknowledging the importance of cultural values in planning for services.

4.2. Phase 2: assessment

The purpose of assessment in child welfare is to understand the underlying factors contributing to maltreatment within the family. This approach to assessment is often deficit driven, with the assessment focusing on problems and deficits within the family that need to be addressed to improve the current situation and reduce the risk of further maltreatment. Families are treated as the needed recipient of services, while existing strengths and resources are often minimized or unaddressed.
Within systems of care, a key principle is that the assessment process be strengths and resources based and that the assessment consider the child’s and the family’s strengths, resources, and needs. In addition, assessments should be designed to be comprehensive, emphasizing an ecological perspective that includes a consideration of the family’s cultural values and ethnic identity. Fundamentally, systems of care principles shift the orientation of the assessment from an activity that is done to children and families to an activity that is conducted with children and families as equal partners. The principles of systems of care emphasize that families have the ability to contribute to the understanding and analysis of the issues they are experiencing and to the development of potential strategies to address them. Thus, when applied to practice in child welfare, the assessment phase includes a thorough assessment and identification of strengths and resources within the family that can be built upon throughout service delivery while addressing the needs of the family to reduce the risk of maltreatment. Emphasis is placed on understanding the family and the current situation through the family’s cultural lens. To facilitate this, the assessment process includes a comprehensive cultural assessment that assists caseworkers in understanding how cultural values and experiences influence families’ views of the current situation. A framework for conducting a comprehensive cultural assessment with immigrant Latino families, developed for this project, can be found in Dettlaff (2008).

4.2.1. Assessment with immigrant Latino children and families

Accurate assessment requires that caseworkers review the cultural background of families and how their culture influences their thoughts and behaviors. These cultural values and beliefs shape the way that families view their problems, accept responsibility, and respond to interventions. It is also important for caseworkers to recognize that immigrant populations are often the least acculturated, and therefore among the most difficult to assess. Many caseworkers hold beliefs and values that reflect those of the majority culture and are likely to make assessments by filtering information through their own cultural lens, resulting in inaccurate assessments of family dynamics and the underlying causes of the problem (Fontes, 2002; Leon & Dziegielewski, 1999). To conduct an accurate assessment, caseworkers need to be aware of the potential influence of their own cultural values and biases while engaging the family in the assessment process to understand the dynamics of the problem through the family’s cultural lens.

Of particular importance is developing an understanding of families’ cultural views regarding child rearing and the circumstances that led to child welfare involvement. A lack of understanding of the influence of culture on parenting can be a significant barrier to accurate assessment and effective intervention in cases of child maltreatment among immigrant families (Shor, 1999). While extreme physical harm is considered abusive in all cultures, many Latino cultures view physical discipline as an appropriate form of punishment by parents who care about the welfare of their children (Buriel, Mercado, & Chavez, 1991; Fontes, 2002). Although parents who engage in harsh physical discipline may require intervention, caseworkers must understand the role of culture in these practices when assessing parents’ motivation and risk of future abuse. When working with immigrant Latino families, caseworkers must understand the role of gender within family systems and how decision making is handled within each family. Although decision-making power may not be distributed equally within the family system, caseworkers must be respectful of the roles that are established within the family and respond to these roles appropriately.

Accurate assessment of immigrant Latino families requires an understanding of their experiences with immigration and acculturation. Literature indicates that the acculturative stress experienced by Latino immigrants is often pervasive and intense (Smart & Smart, 1995). As a result, the assessment process should include a thorough evaluation of the potential for stress and depression to contribute to the current situation. Caseworkers should also assess for additional problems associated with acculturative stress, including domestic violence, substance use, and intergenerational family problems, each of which may contribute to risk of maltreatment. Several instruments are available for assessing family members’ levels of acculturation and acculturative stress. The Acculturation Rating Scale for Mexican-Americans-II (ARMS-II; Cuellar, Arnold, & Maldonado, 1995) and the Bidimensional Acculturation Scale for Hispanics (BAS; Marin & Gamba, 1996) are self-report inventories developed to assess aspects of acculturation. Stress resulting from migration and acculturation can be measured with the Hispanic Stress Inventory (HSI; Cervantes, Padilla, & Salgado de Snyder, 1991). This instrument is designed to assess a broad range of psychosocial stressors and can be used to obtain a total acculturative stress score, as well as scores for four subscales: Occupational/Economic Stress, Parental Stress, Marital Stress, and Family/Culture Stress. The HSI is available in a version specifically for immigrants that includes an Immigation Stress subscale.

Finally, immigrant Latino families possess many strengths and resources that can be used as tools throughout service delivery. Identification of these strengths and resources can be facilitated by exploring challenges families experienced following immigration and the strengths and coping mechanisms used to address these challenges. Significant acknowledgment should be given for past successes, particularly those related to parents’ abilities to support and raise their children in the midst of ongoing challenges. Assessment should involve the identification of external strengths in the form of social supports that may be present in the community because these may be used as resources in service delivery.

4.3. Phase 3: Planning

The process of planning for services in child welfare often occurs in isolation, with the caseworker developing a plan for services based on information gathered in the assessment. Services provided to children and families have historically been selected from a very limited set of choices that have paid little consideration to families’ individual needs. Services often rely heavily on formal service providers, with little coordination with additional agencies with which families may be involved. Thus, the application of systems of care to service planning involves considerable changes to traditional child welfare practice. However, these changes are congruent with recent movements in child welfare such as family-centered practice and family group decision making.

The primary activity conducted in the planning phase involves the development of the Child and Family Team, which works together to craft an individualized plan of service that addresses the issues that led to child welfare involvement. The Child and Family Team identifies services that will strengthen the family and eliminate the need for further intervention, helps the family access needed services and resources, and connects the family to formal and informal supports in the community. Team members are individuals who know and support the family, and may include extended family, friends, neighbors, and professionals from other systems with which the family is involved. All planning for services is done in coordination with the team, with the child welfare caseworker acting as a facilitator of the process. The family is an active member of the team and participates in all aspects of the planning phase.

4.3.1. Planning with immigrant Latino children and families

During the development of the Child and Family Team, issues of family structure and transnationalism should be considered.
Caseworkers should acknowledge the importance of extended family and ensure that relevant extended family are included in the planning and development of the team. Caseworkers should also consider involving important family members who may still reside in the country of origin, particularly because they may be potential resources for placement. As members are added to the Child and Family Team, caseworkers should again assess for the need for interpreters and address any other barriers related to access or inclusion.

Once the Child and Family Team is assembled, the plan developed for the family must be individualized, drawing upon the strengths and resources identified in the assessment. When working with immigrant Latino families, caseworkers should remember that families' experiences with immigration and acculturation need to be considered. In general, families who experience greater amounts of acculturative stress will be less likely to have the energy to engage in the development of new skills or resources that are necessary for addressing child maltreatment (Smart & Smart, 1995). These families are also less likely to be able to draw on existing strengths and coping abilities to effectively address the problem. Thus, issues of acculturative stress and the associated anxiety experienced by immigrant Latino families should be addressed in order for effective change to result.

4.4. Phase 4: implementation and intervention

Following the development of the service plan, strategies and interventions identified in the planning phase are put into action. Tasks are implemented, progress is monitored, and successes are noted. During this phase, the Child and Family Team shifts its focus to case monitoring and review. Although this responsibility can be implemented in different ways depending on the needs of the family and the availability of team members, the most important function of the team is to ensure that the family does not fall through the cracks of the various systems with which it is involved, resulting in unnecessary delays or lapses in service provision. To prevent this, trigger dates or events can be built into the service plan to ensure timely review and accountability. Other important aspects of this phase are to ensure that new crises are responded to appropriately and to assist the family in eliminating any barriers that may affect service delivery. Revisions and updates to the plan should occur as needed in response to changes within the family. If certain strategies appear to be ineffective, the team may meet to review previous steps and develop alternate strategies. Finally, the team determines when the family has successfully achieved its goals and formal intervention is no longer required.

4.5. Phase 5: transition

Although transition is the final phase in this model, planning for transition is ongoing: families are aware from the early stages that their involvement with the formal system is time limited. However, when the systems of care philosophy is implemented correctly, formal and informal supports are in place for the ongoing benefit of the family and can be accessed as needed to prevent further system involvement in the future. Thus, tasks during this phase involve the development of a transition plan that identifies the family strengths and supports that will be available for the family following transition.

4.5.1. Transition with immigrant Latino children and families

Due to the time spent developing a relationship and establishing trust in previous phases, families have likely come to value and appreciate the support given to them. Families may grow to care about their caseworker as a trusted source of support who has helped them through a very difficult time. Families may also feel anxious or concerned that they will not be able to be successful without this formal support. Caseworkers should be sensitive to the presence of these concerns and reassure families of their ability to succeed. As transition is planned, caseworkers should also remember that many of the issues associated with families’ immigration experiences and acculturative stress may still be present. Similarly, family members who are undocumented may continue to face challenges resulting from their immigration status. To address these issues, referrals should be made to community agencies or other service providers that are familiar with the needs of recent immigrants. Many immigrant-serving agencies may be able to provide immigrant families with legal and other ongoing support services to address their needs that remain at the conclusion of child welfare service delivery.

5. Implications for evaluators and program planners

Immigrant children and families face numerous challenges that can affect intervention and service delivery when they become involved with the child welfare system. Given these complexities, as well as their increasing population, child welfare systems need to develop culturally competent, evidence-based practices that respond to the unique needs of immigrants. Empirical findings on the use of systems of care suggest that such a framework may have the potential to improve outcomes for children and families involved in the child welfare system and may have particular strengths for
practice with immigrant families. These strengths include an emphasis on cultural understanding and sensitivity, identifying and building on existing family strengths, engagement of extended family and other social supports, interagency collaboration to address complex challenges, and the provision of community-based services that are culturally and linguistically competent. The systems of care framework builds upon existing child welfare practices and addresses many of the calls for child welfare reform, including the need for increased engagement of families and increased emphasis on community-based and culturally competent services.

Although systems of care may hold promise for improving child welfare outcomes, the application of systems of care may be challenging for child welfare agencies. These agencies have functioned under overwhelming mandates with limited resources and often in isolation. With expectations of establishing a more integrated interface with the community, child welfare agencies are often ill prepared to add yet another facet to the service array. Furthermore, child welfare professional staff have primarily been trained to provide direct practice and may not have the skills needed to engage with the community effectively. To incorporate the systems of care philosophy across the service delivery system, child welfare agencies must assess the qualifications and training needs of staff assigned to positions that focus on community and stakeholder involvement. Because the skills needed for this type of intervention are different from the knowledge and skills of many child welfare professional staff.

Applying this framework to practice with immigrant children and families involves particular challenges. Policies must ensure that practitioners receive adequate training on the issues and experiences affecting immigrant populations. Culturally competent practice requires that child welfare practitioners understand the effects of immigration and acculturation on immigrant families to conduct adequate assessments and interventions. Additionally, child welfare practitioners need to be familiar with federal and state policies that affect immigrant children and families and need to understand how these policies may affect service delivery. Child welfare agencies need to develop policies and programs that focus on the recruitment and retention of bilingual caseworkers to ensure that families receive services in their native language. Further, policies are needed that promote interagency collaboration among child welfare agencies and agencies providing services in immigrant communities. Many child welfare cases involving immigrant families have transnational dimensions that require collaboration between child welfare and human service systems in other countries. Consular agreements or memorandum of understanding may be sought to facilitate these collaborations. Finally, when undocumented children enter the system, policies and procedures should be in place to ensure that potential forms of immigration relief, such as Special Immigrant Juvenile Status, are accessed when reunification is not an option.

In addition to child welfare agencies being ill prepared for a service array based on systems of care, communities may not be prepared to provide for the children and families served by the child welfare system. Not only is there a lack of readiness, in some instances there is a lack of interest and possibly resistance. The reasons for this response are varied but include a lack of skills and resources to serve the population, private agencies wanting to maintain funding free from government contracts, and anticipated difficulties in working with child welfare agencies. Additionally, community agencies may face challenges regarding the citizenship requirements of funding sources that lead to additional barriers in providing services to undocumented parents and children.

Given these potential challenges, government and agency program planners can play a vital role in supporting the systems of care framework in child welfare. In most communities, a comprehensive community capacity and needs assessment could provide guidance to child welfare agencies and other key stakeholders as to needed community development. A systems of care framework will not be successful if needed community-based services are not available, accessible, and affordable to immigrant and other children and families served by child welfare agencies. Building on the community capacity and needs assessment, program planners can develop a blueprint of existing community services and identify needed services. This approach must be a collaborative effort among the program planners, the child welfare agency, community service providers, and other key stakeholders.

The results of these efforts must be documented. Thus, evaluation is an integral part of the planning and development of the systems of care framework. In addition to a process and formative evaluation, outcomes must be documented. The expected outcomes must be clearly articulated and related to the child welfare standards of safety, permanency, and well-being. Elements of the evaluation should include the link between individual needs and resource availability, the strength of the agency and community commitment to developing a system of care, and fidelity to the values of systems of care. This evaluation should encompass level of staffing, adjustments in workload, and the involvement of family members, community service providers, and other key stakeholders. Barriers to implementation of systems of care should be identified so that they can be addressed. Finally, evaluators need to be sensitive to potential conflicts between the definitions of successful outcomes held by child welfare agencies and those held by immigrant families resulting from cultural differences. Because of the mandates child welfare agencies face concerning the protection of children, many outcomes that designate success are predetermined by federal requirements. However, evaluators also need comprehend success as understood by the families to whom the services are provided and include those outcomes as part of a comprehensive evaluation plan.

6. Conclusion

A systems of care framework has been shown to be effective in working with children and families facing multiple challenges and involvement in multiple systems. This framework is also responsive to cultural values and differences due to its emphasis on individualized and strengths-based service planning. For a systems of care framework to be effectively implemented in child welfare settings, both the child welfare agency and the community must be committed to developing and maintaining the services needed by children and families. Although the framework has evidence-based success in achieving positive outcomes in multiple settings, research is needed that evaluates the outcomes of this framework within child welfare agencies and with immigrant children and families. This research will require child welfare agencies to devote the staff and resources necessary to fully implement the framework in order to determine if systems of care can facilitate positive outcomes of safety, permanency, and well-being.

Role of the funding source

This project was funded by the United States Department of Health and Human Services’ Administration for Children and Families, Administration for Children, Youth, and Families, Children’s Bureau, #90CT0132. The authors are solely responsible for the information and opinions expressed in this article.

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