Chapter 2

TEXASCASA
Court Appointed Special Advocates
FOR CHILDREN

“If children feel safe, they can take risks, ask questions, make mistakes, learn to trust, share their feelings, and grow.”

– *Alfie Kohn*

Chapter 2: The Well-Being of the Child

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PRE-WORK INSTRUCTIONS

Please complete the following pre-work before attending your second volunteer training session. This Pre-Work can also be completed online at Texas CASA's Learning Center at www.learn.texascasa.org.

1. Read pages 66-98, "How Children Grow and Develop" through "The Importance of Family Engagement."
2. Read the "Bleux Case Court Report" provided by your facilitator.
3. Read your program's policies provided by your facilitator.

How Children Grow and Develop

No two children are alike. Each child is a growing, changing person. Children cannot be made to grow. On the other hand, they cannot be stopped from growing.

Even though children will grow in some way no matter what care is provided for them, they cannot reach their best growth possibilities unless they receive care and attention appropriate for their stage of development from consistent figures in their lives.

Most children roughly follow a similar sequence of growth and development. For example, children scribble before they draw. But no two children will grow through the sequence in exactly the same way. Some will grow slowly while others will move much faster. Children will also grow faster or slower in different areas of development. For example, a child may be very advanced in language development but less advanced, or even delayed, in motor coordination.

During the formative years, the better children are at mastering the tasks of one stage of growth, the more prepared they will be for managing the tasks of the next stage. For example, the better children are able to control behavior impulses as 2-year-olds, the more skilled they will be at controlling behavior impulses as 3-year-olds.

Growth is continuous, but it is not always steady and does not always move forward smoothly. You can expect children to slip back or regress occasionally. Behavior is influenced by needs. For example, active 15-month-old babies touch, feel and put everything into their mouths. That is how they explore and learn. They are not intentionally being a nuisance. As a CASA/GAL volunteer, be mindful of how your personal experiences and background shape your perspectives and any challenges in understanding different viewpoints.

It is important that experiences that are offered to children fit their maturity level. If children are pushed ahead too soon, and if too much is expected of them before they are ready, failure may discourage them. On the other hand, children's growth may be impeded if parents or caregivers do not recognize when they are ready for more complex or challenging activities. Providing experiences that tap into skills in which children already feel confident, as well as offering some new activities that will challenge them, gives them a balance of activities that facilitate healthy growth.

When observing a child's development, keep in mind that there is a wide range of typical behavior. At any particular age, 25 percent of children will not exhibit a behavior or skill, 50 percent will show it, and 25 percent will already have mastered it. Some behaviors may be typical (predictable) responses to trauma, including the trauma of separation, as well as abuse and neglect. Prenatal and postnatal influences may alter development. Other factors, including family traditions and practices, current trends and values, also influence what is defined as typical.

Above all, children need to feel that they are loved, that they belong, and that they are wanted.

Adapted from Resources for Child Caring, Inc., Minnesota Child Care Training Project, Minnesota Department of Human Services.

Child Development Chart

	BIRTH TO 6 MONTHS	6 TO 12 MONTHS	12 TO 18 MONTHS
COGNITIVE	Recognition of primary caregiver; no concept of past or future; reaches for familiar people or toys	Objects can be held in memory; learns through routines and rewards; recognizes name; says 2 to 3 words besides “mama” and “dada”; imitates familiar words	Experiments with physical environment; understands the word “no”; comes when called; recognizes words as symbols for objects (cat—meows); uses 10 to 20 words, including names; combines two words, such as “daddy bye- bye”; waves good-bye and plays pat-a-cake; makes the sounds of familiar animals; gives a toy when asked; uses words such as “more” to make wants known; points to their toes, eyes and nose; brings objects from another room when asked
PSYCHOLOGICAL	Attachment to primary caregiver; totally dependent; totally trusting; learns intimacy	Separation from primary caregiver; begins to develop a sense of self; learns to get needs met; trusts adults; stretches arms to be picked up; likes to look at self in mirror	Early social development; egocentric; accepts limits; develops self-esteem (love from family); plays by self
MORAL	None	None	Fear of authority figures

Child Development Chart

	BIRTH TO 6 MONTHS	6 TO 12 MONTHS	12 TO 18 MONTHS
SEXUAL	Erections possible; both sexes can be stimulated	Generalized genital play	Continued generalized genital play
MOTOR	Sucking; hands clenched/grip; neck muscles develop; pulls at clothing; laughs/coos	Rolls over; stands with support; creeps/ crawls; walks with help; rolls a ball in imitation of adult; pulls self to standing position and stands unaided; transfers object from one hand to the other; drops and picks up toy; feeds self cracker; holds cup with two hands; drinks with assistance; holds out arms and legs while being dressed	Creeps up stairs; gets to standing position alone; walks alone; walks backward; picks up toys from floor without falling; pulls and pushes toys; seats self in child- size chair; moves to music; turns pages 2 or 3 at a time; scribbles; turns knobs; paints with whole arm movement; shifts hands; makes strokes; uses spoon with little spilling; drinks from cup with one hand unassisted; chews food; unzips large zipper; indicates toilet needs; removes, socks, pants and sweater

Child Development Chart

	18 TO 36 MONTHS	3 TO 5 YEARS	6 TO 9 YEARS
COGNITIVE	Can conduct experiments inside head but limited to experience; rapid language growth; copies adult chores in play; carries on conversation with self and dolls; asks "What's that?" and "Where's my . . .?"; has 450-word vocabulary; gives first name; holds up fingers to tell age; combines nouns and verbs "mommy go"; refers to self as "me" rather than by name; tries to get adult attention, exclaiming "Watch me"; likes to hear same story repeated; may say "no" when means "yes"; talks to other children as well as adults; names common pictures and things	Can conduct experiments inside head; cannot sequence; capacity to use language expands; understands some abstract concepts: colors, numbers, shapes, time (hours, days, before/ after); understands family relations (baby/ parent); can tell a story; has a sentence length of 4 to 5 words; has a vocabulary of nearly 1,000 words; can name at least one color; understands "tonight," "summer," "lunchtime," "yesterday"; begins to obey requests like "put the block under the chair"; knows their last name, name of street on which they live and several nursery rhymes; uses past tense correctly; can speak of imaginary conditions "I hope"; identifies shapes	Can think using symbols; can recognize differences; makes comparisons; can take another's perspective; defines objects by their use; knows spatial relationships like "on top," "behind," "far" and "near"; knows address; identifies pennies, nickels and dimes; knows common opposites like "big/ little"; asks questions for information; distinguishes left from right
PSYCHOLOGICAL	Autonomy struggles; learns system of meeting needs; social development increases; points to things they want; joins in play with other children; shares toys; takes turns with assistance	Can cooperate; self-perceptions develop; cannot separate fantasy from reality; has nightmares; models on same-sexed parent; experiences and copes with feelings (sad, jealous, embarrassed); plays and interacts with other children; dramatic play is closer to reality, with attention paid to detail, time and space; plays dress-up	Early close peer relationships; presence of well-developed defenses; develops identity outside family (school, friends); has likes and dislikes (food, friends, games); chooses own friends; plays simple table games; plays competitive games; engages in cooperative play with other children involving group decisions, role assignments, fair play

Child Development Chart

	18 TO 36 MONTHS	3 TO 5 YEARS	6 TO 9 YEARS
MORAL	Knowledge of and preferences for authority figures	Self-esteem dependent on authority figures; follows peers' fads; negotiates to get needs met	Has a conscience; refinements in moral development
SEXUAL	Continued generalized genital play; early sex-role development	Generalized genital play in males; masturbation to orgasm in females is possible; early experimentation; gender identity established	Defenses reduce experimentation, but some continues
MOTOR	Can run, throw ball, kick ball, jump; goes up stairs with one hand held by adult; turns single pages; snips with scissors; holds crayon with thumb and fingers (not fist); uses one hand consistently in most activities; rolls, pounds, squeezes, and pulls clay; uses spoon with little spilling; gets drink from fountain or faucet independently; opens door by turning handle; takes off and puts on coat with assistance; washes and dries hands with assistance	Swings/climbs; uses small scissors; jumps in place; walks on tiptoes; balances on one foot; rides a tricycle; begins to skip; runs well; bathes and dresses; runs around obstacles; walks on a line; pushes, pulls, steers wheeled toys; uses slide independently; throws ball overhead; catches a bounced ball; drives nails and pegs; skates; jumps rope; pastes and glues appropriately; skips on alternating feet; pours well from small pitcher; spreads soft butter with knife; buttons and unbuttons large buttons; washes hands independently; blows nose when reminded; uses toilet independently	Is increasing small muscle motor skills; cuts foods with a knife; laces shoes; dresses self completely; ties bow; brushes independently; crosses streets safely

Child Development Chart

	10 TO 15 YEARS	16 TO 21 YEARS
COGNITIVE	Can engage in inductive and deductive logic; neurons are present; understands hypothetical situations; conflicts with parents increase	Uses formal logic (e.g., opposes racism); debates and can change sides of debate; understands probabilities; uses more flexible abstract thinking; examination of inner experiences; conflicts with parents begin to decrease
PSYCHOLOGICAL	Increased autonomy struggles; increased focus on identity; focus on peer relationships; rebellious; often moody; romantic feelings; struggle with sense of identity; feels awkward or strange about their body; worries about being normal; frequently changing relationships	Interest in relationships; solidifies personal identity; becomes goal directed; sometimes rebellious; increased concern for others; increased concern for future; places more importance on their role in life
MORAL	Moral development is legalistic; recognition of principles (e.g., justice); selection of role models	Identifies with moral principles, rules, and limit testing; experimentation with sex and drugs; examination of inner experiences
SEXUAL	Puberty; sex organs mature; males ejaculate and have wet dreams; all genders able to masturbate to orgasm with fantasies; girls develop physically sooner than boys	Feelings of love and passion; development of more serious relationships; sense of sexual identity established; increased capacity for tender and sensual love
MOTOR	Greater body competence (physical coordination); manual dexterity; growth patterns vary	Heightened physical power, strength, coordination

Chart compiled by Katie Thompson, Elon College student intern, North Carolina Guardian ad Litem Program. Modified for Fourth Edition. Sources include: "Infant and Toddler Development," Dr. Maureen Vandermaas-Peeler, Elon College; "Child Development," Ray Newnam, PhD; "LD In Depth," LD OnLine, www.ldonline.org; "Growing Up," Pasternak and Kroth; "Your Child's Growth: Developmental Milestones," American Academy of Pediatrics, www.aap.org; and "Normal Adolescent Development," American Academy of Child and Adolescent Psychiatry, www.aacap.org.

Maslow's hierarchy of needs

Understanding Children's Needs

Children served by CASA/GAL programs come to the court's attention because their parents or caretakers are not meeting their most basic needs for food, clothing, shelter, safety or security. Usually, parents are their children's advocates—a CASA/GAL volunteer is needed only when the parents or caregivers cannot fulfill that advocacy role.

To make sure these children are protected from maltreatment, the child protection system removes many of them from their homes and their primary relationships. While removal from the home may be necessary to ensure the children's safety, it does have consequences. Later in this chapter, we will look more closely at the effects of disturbing children's attachments to their primary caretakers.

HIERARCHY OF NEEDS

Abraham Maslow believed there are five categories of needs that all people have, and that these needs have to be met in sequence from the first level on up. If the needs at one level are not met, the needs at the next level cannot be met. The first two levels (food, clothing and shelter; protection and security) were described as basic for survival. The remaining three levels were primary relationships, esteem and community and wholeness.

In recent years, Maslow's theory has been questioned and other theories have evolved. Dr. Edward Deci established that there are three universal psychological needs: autonomy, relatedness and competence. Autonomy refers to people's need to perceive that they have choices. Relatedness refers to people's need to feel connected to others. Competence is the need to meet everyday challenges with success and growth. Unlike Maslow's theory, these three needs are not sequential, but they are all necessary.

Other researchers have redesigned Maslow's pyramid. If you would like to read additional information on this research, please follow this link: http://bit.ly/maslowpyr.

As a CASA/GAL volunteer, it is important to fully understand the needs of the child you are assigned, to best advocate for the child's interests. Understanding these theories can provide a framework for you to refer to when working with the child and family.

IMPORTANT POINTS ABOUT CHILDREN'S NEEDS

- To be an effective CASA/GAL volunteer, you must keep the child's needs clearly in mind. The child's needs are paramount.
- Healthy growth and development depend on adequately meeting basic needs (e.g., the development of friendships depends on more basic needs being met).
- Children's needs vary depending on their age, stage of development, attachment to their family/caregivers, and reaction to what is happening around them.
- The essence of your role as a CASA/GAL volunteer is to identify the child's unmet needs and to advocate for those needs to be met.

P. Gambrel and R. Cianci. "Maslow's Hierarchy of Needs: Does It Apply in a Collectivist Culture?" Journal of Applied Management and Entrepreneurship, April 2003.

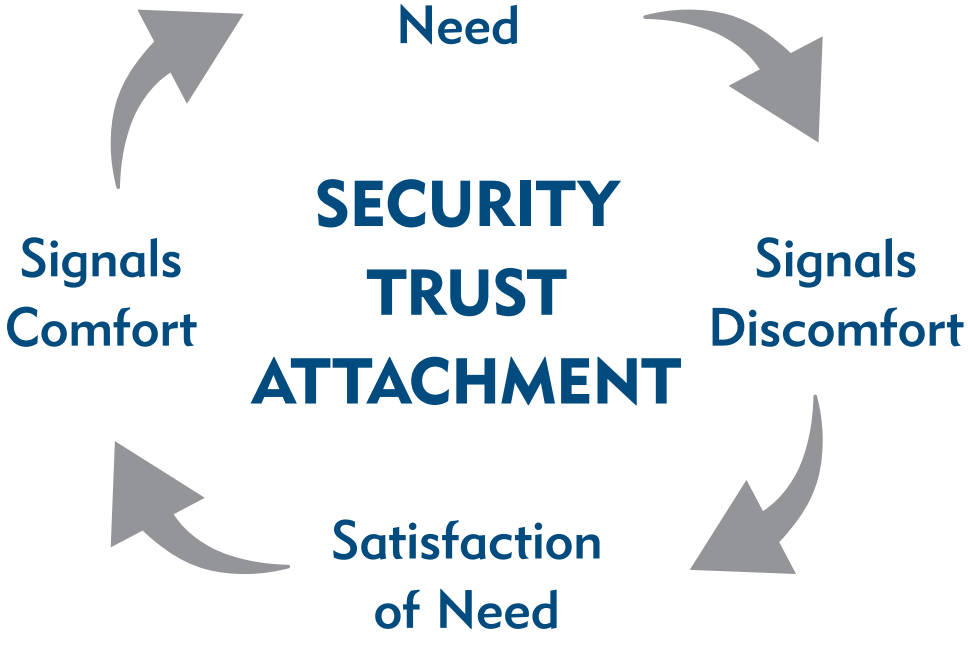
Importance of Attachment in Child Development

WHAT IS ATTACHMENT?

In child development, attachment refers to a strong, enduring bond of trust that develops between a child and the caregiver(s) they interact with most frequently. Our capacity to form an emotional and physical "attachment" to another person is what gives us the sense of stability and security necessary to take risks, grow and develop. A deep emotional and physical attachment to at least one primary caregiver is a necessity for infants' and childrens' healthy development. Those formative relationships set the stage for life: If the child's physical, emotional and mental needs aren't met in a consistent way, then attachment is disrupted.

Attachment develops intensely throughout the first three years. When a baby cries, the caretaker responds by picking up the child. The caretaker continues to stroke, talk to, and hold the baby during feeding or diaper changing. The child learns that to get their needs met, all they have to do is cry. The caretaker responds and immediately begins to soothe the infant, resulting in an increased sense of trust and security. This cycle of consistently meeting a child's needs creates a secure attachment between the infant and caretaker. It is referred to as the "attachment cycle" or the "trust cycle."

THE ATTACHMENT CYCLE



After age three, children can still learn how to attach; however, this learning is more difficult. A child's positive or negative experiences with bonding will strongly influence their response to caregivers and other loved ones, as well as how they respond to stressors.

When an infant experiences consistent care where his/her needs are met, he/she internalizes three things:

- I am safe.
- I am heard.
- I am valuable.

With this as the foundation, a child can then develop other healthy relationships. Psychoanalyst John Bowlby, considered the originator of modern attachment theory, stated, "The initial relationship between self and others serves as a blueprint for all future relationships."

Healthy attachments are based on the nature of the relationship between the child and the caretaker. They are not based on genetic ties to the caregiver, or the gender or culture of the caretaker. Attachment behaviors look different in different cultures. Keep this in mind as you work with children and families.

DISRUPTED ATTACHMENT

The attachment cycle may be disrupted or inconsistent for many of the children in the child protection system. Some children may cry for hours at a time without getting their needs met; others may get hit when they cry. As a result, a child may stop crying when hungry and may not trust adults. This child might turn away from the caregiver, refuse to make eye contact, push away or fight to avoid being close with another individual. When this type of child is distressed, they may not seek out a caregiver for soothing or comfort, or they may seek satisfaction from any potential caregiver, including a total stranger.

PREVALENT SIGNS AND SYMPTOMS OF DISRUPTED ATTACHMENT

- Lack of trust for caregivers or others in a position of authority
- Resistance to being nurtured or cared for
- Difficulty giving or receiving genuine affection
- Difficulty or inability to interpret facial or social cues
- Poor social skills
- Constant requests for reassurance or approval of worth
- Reduced ability to recognize the emotions of others
- Poor or reduced emotional self-regulation
- Low self-esteem or feelings of inadequacy
- Demanding, clingy or over-controlling behaviors
- Chronic lying, stealing or other behaviors to provoke anger in others
- Impulsive behavior
- Difficulty understanding cause and effect
- Decreased capacity for emotional self-reflection
- Limited compassion, empathy and remorse

DEVELOPMENTAL VARIATIONS IN CHILDREN WITH DISRUPTED ATTACHMENT

Early Childhood

- Delayed development of motor skills
- Severe colic and/or feeding difficulties; failure to thrive
- Resistance to being held, touched, cuddled or comforted

- Lack of response to smiles or other attempts to interact
- Lack of comfort-seeking when scared, hurt or sick
- Excessive independence; failure to re-establish connection after separation

Elementary and Middle School Years

- Frequent complaints about aches and pains
- Age-inappropriate demands for attention
- Disinvestment in school and/or homework
- Inability to reflect on feelings or motives regarding behaviors
- Inability to understand the impact of behavior on others, lack of response to consequences
- Inability to concentrate or sit still
- Difficulty with reciprocity (give and take) in relationships
- May appear immoral
- Lying and stealing

Adolescence

- May exhibit aggressive, antisocial, delinquent or risk-taking behaviors
- May use alcohol or substances
- At risk for related depression and anxiety
- Shows higher levels of disengagement
- May become involved in abusive or harmful relationships

Adapted from Students First Project: Quick Facts on Disrupted Attachment

Recognizing Child Abuse and Neglect

WHAT CONSTITUTES ABUSE AND NEGLECT?

It is not the CASA/GAL volunteer's role to determine whether or not certain actions constitute child abuse or neglect; the court will decide this. However, CASA/GAL volunteers need to be able to recognize signs of abuse and neglect in order to advocate for a safe home for a child. Some of these indicators, although often associated with abuse, are not specific to abuse and neglect and can occur with other kinds of trauma or stress. In any case, they indicate that a child is in need of help and support. The following information will assist you in identifying potential signs of abuse or neglect.

Child abuse can be seen as part of a continuum of behaviors. At the low end of the continuum are behaviors one might consider poor parenting or disrespectful behavior; at the high end are behaviors that lead directly or indirectly to the death of a child. See the table on the following pages in order to examine some specific examples of various types of child maltreatment.

TYPE	DESCRIPTION	INDICATORS
PHYSICAL ABUSE	Intentionally harming a child, use of excessive force, reckless endangerment	• Unexplained bruises, welts and scars • Injuries in various stages of healing • Bite marks • Unexplained burns • Fractures • Injuries not fitting explanation • Internal damage or head injury
SEXUAL ABUSE	Child sexual abuse is a form of child abuse that includes any kind of sexual activity with a minor. A child cannot consent to any form of sexual activity, period. Child sexual abuse does not need to include physical contact between a perpetrator and a child. Often an abuser might tell the child that the activity is normal or that they enjoyed it or may make threats if the child refuses to participate or plans to tell another adult. Child sexual abuse is not only a physical violation, it is a violation of trust and/or authority.	• Age-inappropriate sexual knowledge • Sexual acting out • Child's disclosure of abuse • Excessive masturbation • Physical injury to genital area • Pregnancy or STD at a young age • Torn, stained or bloody underclothing • Depression, distress or trauma • Extreme fear
EMOTIONAL ABUSE	The systematic diminishment of a child. It is designed to reduce a child's self-concept to the point where the child feels unworthy of respect, friendship, love and protection: the natural birthrights of all children.	• Habit disorders (thumb sucking, biting, rocking, picking scabs or skin, soiling or wetting clothes or bedding) • Conduct disorders (withdrawal or antisocial behavior) • Behavior extremes • Overly adaptive behavior • Lags in emotional or intellectual development • Low self-esteem • Depression, suicide attempts
NEGLECT	Failure of a person responsible for a child's welfare to provide necessary food, care, clothing, shelter, or medical attention. Can also be failure to act when such failure interferes with a child's health and safety.	• Consistent dirtiness • Constant tiredness or listlessness • Insufficient or improper clothing • Filthy living conditions • Inadequate shelter • Insufficient food or poor nutrition • Lack of medical or dental care • Lack of supervision

Risk Factors for Child Abuse and Neglect

There is rarely a single cause of child abuse or neglect. Risk factors for child abuse and neglect include child-related factors (factors that may increase a child's vulnerability to maltreatment), parent/caretaker-related factors, social-situational factors, family factors and triggering situations. These factors frequently coexist.

CHILD-RELATED FACTORS

- Chronological age of child: 50 percent of abused children are younger than 3 years old; 90 percent of children who die from abuse are younger than 1 year old; firstborn children are most vulnerable.
- Mismatch between child's temperament or behavior and parent's temperament or expectations
- Physical or mental disabilities
- Attachment problems or separation from parent during critical periods or reduced positive interaction between parent and child
- Premature birth or illness at birth can lead to financial stress, inability to bond, and parental feelings of guilt, failure, or inadequacy
- Unwanted child or child who reminds parent of absent partner or spouse

PARENT/CARETAKER-RELATED FACTORS

- Low self-esteem: Neglectful parents often neglect themselves and see themselves as worthless people.
- Abuse as a child: Parents may repeat their own childhood experience if no intervention occurred in their case and no new or adaptive skills were learned
- Depression: may be related to brain chemistry and/or a result of having major problems and limited emotional resources to deal with them. Parents who are

abusive or neglectful are often seen and considered by themselves and others to be depressed people.

- Impulsiveness: Parents who are abusive often have a marked inability to channel anger or sexual feelings.
- Substance abuse: Drug and/or alcohol use serves as a temporary relief from insurmountable problems but, in fact, creates new and bigger problems.

MENTAL ILLNESS

- Ignorance of child-development norms: A parent may have unrealistic expectations of a child, such as expecting a 4-year-old to wash their own clothes.
- Isolation: Families who are abusive or neglectful may tend to avoid community contact and have few family ties to provide support. Distance from, or disintegration of, an extended family that traditionally played a significant role in child rearing may increase isolation.
- Sense of entitlement: Some people believe that it's acceptable to use violence to ensure a child's or partner's compliance.
- Intellectual disability or borderline mental functioning

SOCIAL-SITUATIONAL FACTORS

- Structural/economic factors: The stressors of poverty, unemployment, restricted mobility and poor housing can be instrumental in a parent's ability to adequately care for a child. This is not an acceptable form of advocacy, and it also operates as a common bias. It is important to be aware of this in oneself and others. Abuse can occur in any family situation, and poverty should not be equated with abuse. Values and norms concerning violence and force, including domestic violence; acceptability of corporal punishment and of family violence

- Devaluation of children and other dependents
- Overdrawn values of honor, with intolerance of perceived disrespect
- Unacceptable child-rearing practices (e.g., genital mutilation of female children, father sexually "initiating" female children)
- Cruelty in child-rearing practices (e.g., putting hot peppers in child's mouth, depriving child of water, confining child to room for days or taping mouth with duct tape for "back talk")
- Institutional manifestations of inequalities and prejudice in law, healthcare, education, the welfare system, sports, entertainment, etc.

FAMILY FACTORS

- Domestic violence: Children may be injured while trying to intervene to protect a battered parent or while in the arms or proximity of a parent being assaulted. Domestic violence can indicate one parent's inability to protect the child from another's abuse, because the parent is also being abused. This is a complex situation, and the parent being abused may need services.
- Stepparent, or blended, families are at greater risk: There is some indication that adult partners who are not the parents of the child are more likely to maltreat them. Changes in family structure can also create stress in the family.
- Single parents are highly represented in abuse and neglect cases: Economic status is typically lower in single-parent families, and the single parent is at a disadvantage in trying to perform the functions of two parents.
- Adolescent parents are at high risk because their own developmental growth has been disrupted: They may be ill-prepared to respond to the needs of the child because their own needs have not been met.
- Punishment-centered child-rearing styles have greater risk of promoting abuse.
- Scapegoating of a particular child will tend to give the family permission to see

that child as the "bad" one.

- Adoptions: Children adopted late in childhood, children who have special needs, children with a temperamental mismatch, or children not given a culturally responsible placement may be at higher risk of experiencing abuse and neglect.

TRIGGERING SITUATIONS

Any of the previously mentioned factors can contribute to a situation in which an abusive event occurs. There has been no systematic study of what happens to trigger abusive events. Some instances are acute, happen very quickly and end suddenly. Other cases are of long duration. Examples of possible triggering situations include:

- A baby will not stop crying.
- A parent is frustrated with toilet training.
- An alcoholic parent is fired from a job.
- The child tries to intervene in domestic violence.
- A teenager demonstrates rebellion.
- A parent is served an eviction notice.
- A prescription drug used to control mental illness is stopped.
- A parent feels disrespected by another adult and takes it out on the child.

Texas Family Code: Definition of Abuse*

**The following definitions were modified during the 87th Legislative Session. Please see Addendum 1 for the most up to date version of the Texas Family Code.*

Title 5. The Parent-Child Relationship and the Suit Affecting the Parent-Child Relationship
Subtitle E. Protection of the Child
Chapter 261. Investigation of Report of Child Abuse or Neglect
Subchapter A. General Provisions

(1) "Abuse" includes the following acts or omissions by a person:

(A) mental or emotional injury to a child that results in an observable and material impairment in the child's growth, development, or psychological functioning;

(B) causing or permitting the child to be in a situation in which the child sustains a mental or emotional injury that results in an observable and material impairment in the child's growth, development, or psychological functioning;

(C) physical injury that results in substantial harm to the child, or the genuine threat of substantial harm from physical injury to the child, including an injury that is at variance with the history or explanation given and excluding an accident or reasonable discipline by a parent, guardian, or managing or possessory conservator that does not expose the child to a substantial risk of harm;

(D) failure to make a reasonable effort to prevent an action by another person that results in physical injury that results in substantial harm to the child;

(E) sexual conduct harmful to a child's mental, emotional, or physical welfare, including conduct that constitutes the offense of continuous sexual abuse of young child or children under Section 21.02, Penal Code, indecency with a child under Section 21.11, Penal Code, sexual assault under Section 22.011, Penal Code, or aggravated sexual assault under Section 22.021, Penal Code;

(F) failure to make a reasonable effort to prevent sexual conduct harmful to a child;

(G) compelling or encouraging the child to engage in sexual conduct as defined by Section 43.01, Penal Code, including compelling or encouraging the child in a manner that constitutes an offense of trafficking of persons under Section 20A.02(a)(7) or (8), Penal Code, prostitution under Section 43.02(b) 43.02(a)(2), Penal Code, or compelling prostitution under Section 43.05(a)(2), Penal Code;

(H) causing, permitting, encouraging, engaging in, or allowing the photographing, filming, or depicting of the child if the person knew or should have known that the resulting photograph, film, or depiction of the child is obscene as defined by Section 43.21, Penal Code, or pornographic;

(I) the current use by a person of a controlled substance as defined by Chapter 481, Health and Safety Code, in a manner or to the extent that the use results in physical, mental, or emotional injury to a child;

(J) causing, expressly permitting, or encouraging a child to use a controlled substance as defined by Chapter 481, Health and Safety Code;

(K) causing, permitting, encouraging, engaging in, or allowing a sexual performance by a child as defined by Section 43.25, Penal Code; or

(L) knowingly causing, permitting, encouraging, engaging in, or allowing a child to be trafficked in a manner punishable as an offense under Section 20A.02(a)(5), (6), (7), or (8), Penal Code, or the failure to make a reasonable effort to prevent a child from being trafficked in a manner punishable as an offense under any of those sections.

(2) "Department" means the Department of Family and Protective Services.

(3) Repealed by Acts 2015, 84th Leg., ch. 1 (S.B. 219), § 1.203(4).

(4) "Neglect":

(A) includes:

(i) the leaving of a child in a situation where the child would be exposed to a substantial risk of physical or mental harm, without arranging for necessary care for the child, and the demonstration of an intent not to return by a parent, guardian, or managing or

possessory conservator of the child;

(ii) the following acts or omissions by a person:

(a) placing a child in or failing to remove a child from a situation that a reasonable person would realize requires judgment or actions beyond the child's level of maturity, physical condition, or mental abilities and that results in bodily injury or a substantial risk of immediate harm to the child;

(b) failing to seek, obtain, or follow through with medical care for a child, with the failure resulting in or presenting a substantial risk of death, disfigurement, or bodily injury or with the failure resulting in an observable and material impairment to the growth, development, or functioning of the child;

(c) the failure to provide a child with food, clothing, or shelter necessary to sustain the life or health of the child, excluding failure caused primarily by financial inability unless relief services had been offered and refused;

(d) placing a child in or failing to remove the child from a situation in which the child would be exposed to a substantial risk of sexual conduct harmful to the child; or

(e) placing a child in or failing to remove the child from a situation in which the child would be exposed to acts or omissions that constitute abuse under Subdivision (1)(E), (F), (G), (H), or

(iii) committed against another child; or

(a) the failure by the person responsible for a child's care, custody, or welfare to permit the child to return to the child's home without arranging for the necessary care for the child after the child has been absent from the home for any reason, including having been in residential placement or having run away; and

(B) does not include the refusal by a person responsible for a child's care,

custody, or welfare to permit the child to remain in or return to the child's home resulting in the placement of the child in the conservatorship of the department if:

(i) the child has a severe emotional disturbance

(ii) the person's refusal is based solely on the person's inability to obtain mental health services necessary to protect the safety and well-being of the child; and

(iii) the person has exhausted all reasonable means available to the person to obtain the mental health services described by Subparagraph (ii).

(5) "Person responsible for a child's care, custody, or welfare" means a person who traditionally is responsible for a child's care, custody, or welfare, including:

(A) a parent, guardian, managing or possessory conservator, or foster parent of the child;

(B) a member of the child's family or household as defined by Chapter 71;

(C) a person with whom the child's parent cohabits;

(D) school personnel or a volunteer at the child's school; or

(E) personnel or a volunteer at a public or private child-care facility that provides services for the child or at a public or private residential institution or facility where the child resides.

(6) "Report" means a report that alleged or suspected abuse or neglect of a child has occurred or may occur.

(7) "Executive commissioner" means the executive commissioner of the Health and Human Services Commission.

(8) Repealed by Acts 2015, 84th Leg., ch. 1 (S.B. 219), § 1.203(4).

(9) "Severe emotional disturbance" means a mental, behavioral, or emotional disorder of sufficient duration to result in functional impairment that substantially interferes with or limits a person's role or ability to function in family, school, or community activities.

Texas Family Code: Mandatory Reporting*

**The following definitions were modified during the 87th Legislative Session. Please see Addendum 2 for the most up to date version of the Texas Family Code.*

Title 5. The Parent-Child Relationship and the Suit Affecting the Parent-Child Relationship
Subtitle E. Protection of The Child
Chapter 261. Investigation of Report of Child Abuse or Neglect
Subchapter B. Report of Abuse or Neglect; Immunities
Sec. 261.101. Persons Required to Report; Time to Report.

CASA volunteers and staff members are mandatory reporters.

(a) A person having cause to believe that a child's physical or mental health or welfare has been adversely affected by abuse or neglect by any person shall immediately make a report as provided by this subchapter.

(b) If a professional has cause to believe that a child has been abused or neglected or may be abused or neglected, or that a child is a victim of an offense under Section 21.11, Penal Code, and the professional has cause to believe that the child has been abused as defined by Section 261.001, the professional shall make a report not later than the 48th hour after the hour the professional first suspects that the child has been or may be abused or neglected or is a victim of an offense under Section 21.11, Penal Code. A professional may not delegate to or rely on another person to make the report. In this subsection, "professional" means an individual who is licensed or certified by the state or who is an employee of a facility licensed, certified, or operated by the state and who, in the normal course of official duties or duties for which a license or certification is required, has direct contact with children. The term includes teachers, nurses, doctors, day-care employees, employees of a clinic or health care facility that provides reproductive services, juvenile probation officers, and juvenile detention or correctional officers.

(b-1) In addition to the duty to make a report under Subsection (a) or (b), a person or professional shall make a report in the manner required by Subsection (a) or (b), as applicable, if the person or professional has cause to believe that an adult was a victim of abuse or neglect as a child and the person or professional determines in good faith that disclosure of the information is necessary to protect the health

and safety of:

(1) another child; or

(2) an elderly person or person with a disability as defined by Section 48.002, Human Resources Code.

(c) The requirement to report under this section applies without exception to an individual whose personal communications may otherwise be privileged, including an attorney, a member of the clergy, a medical practitioner, a social worker, a mental health professional, an employee or member of a board that licenses or certifies a professional, and an employee of a clinic or health care facility that provides reproductive services.

(d) Unless waived in writing by the person making the report, the identity of an individual making a report under this chapter is confidential and may be disclosed only:

(1) as provided by Section 261.201; or

(2) to a law enforcement officer for the purposes of conducting a criminal investigation of the report.

The Importance of Family Engagement

Laws require that family members be notified when a child is removed from parents' care. However, extended family members are often unaware a child is in foster care. This locating and engagement of extended family is of crucial importance, and taking the time to do that work is one way that an advocate can have a profound impact on a case. The overarching goals of family engagement are to avoid removing children from their biological family whenever possible and to help children achieve strong connectivity and permanency faster, preferably with relatives.

According to the Child Welfare Information Gateway, "Family engagement is a family-centered, strength-based approach to establishing and maintaining relationships with families and accomplishing change together. At the practice level, this includes setting goals, developing case plans, making joint decisions, and working with families to ensure their children's safety, permanency, and well-being. It encompasses the inclusion of children and youth (when age-appropriate), as well as adult family members, in case-planning and case activities, and also involves supporting the development of relationships between resource families and biological families. On an organizational or system level, family engagement means including families as key stakeholders and advisors in policy development, service design, and program and service evaluation.

"Effective family empowerment is the act of engaging, involving, and lifting up the voice of families throughout the child welfare continuum—at the practice and system level. It promotes family buy-in; enhances the helping relationship; and promotes the safety, permanency, and well-being of children and families. When families feel they are a part of the process, they are more motivated to make needed changes. Family empowerment allows them to be the drivers of the decision-making process rather than being told what to do. When family buy-in is achieved, reunification rates are improved and overall family outcomes are better."

THE COLLABORATIVE FAMILY ENGAGEMENT INITIATIVE IN TEXAS

In 2016, Texas CASA and DFPS created a partnership called Collaborative Family Engagement (CFE) that trains child advocates to find relatives, engage family members in the decision-making process, and help create lifetime support networks for children and families. Although this initiative may not have reached your program or regional area, there are a number of helpful basic tools and strategies below that all CASA advocates can practice (with their supervisor's support and guidance). You can learn more by searching Collaborative Family Engagement at Texas CASA's Learning Center.

FAMILY ENGAGEMENT TOOLS

CASA advocates identify and locate relatives and fictive kin that may have become disconnected from children in care, by searching with online tools, carefully mining case records and researching family connections in a variety of ways. Although we characterize these efforts as "family" engagement, we recognize the importance of bonds outside of biological relatives, and we work to include others with whom the children and parents have close relationships, such as teachers, caregivers, safe family friends and close neighbors, positive role models, faith leaders or faith community members, and those who may have been in a supportive role in the child's life. This is "family" in the larger human sense; those who care about the child.

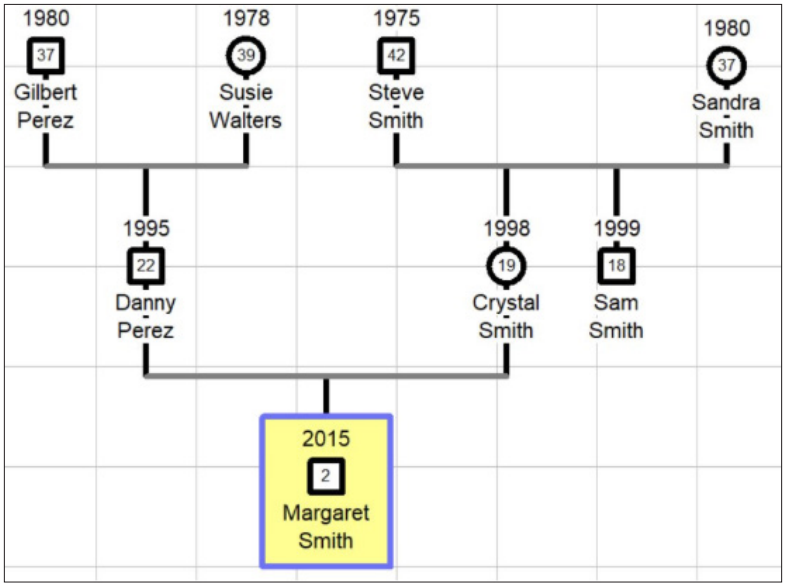
By working to re-engage these family members and fictive kin, volunteers can position them as resources, building healthy connections where youth may have otherwise been isolated. Creating a family support network that continues past case closure can help to prevent a young person's re-entry into child protective services. The support system can be the grounds for their healing and growth.

During your initial review of the case file, carefully document the names and contact information for any family or community members noted in the file. As you review the file, consider these questions:

- Have relatives on both the maternal and paternal sides been identified, including fathers?
- What involvement has there been with extended family?
- How much contact have investigators and workers had with fathers, family members and others close to the child?
- Is there a focus on family strengths?

Family Trees

Creating a family tree or genogram is an excellent way to capture information about family connections as you learn more about a child's family. One easy way to do this is by using GenoPro, a user-friendly software application compatible with PC computers that creates family trees. Advocates can gather information about family connections from youth, parents and other family members and then transfer this information into GenoPro to build out the family tree. Search for GenoPro in the Learning Center on Texas CASA's website to instantly download GenoPro for free and start creating a genogram.



Texas CASA also has accounts with Ancestry.com and WhitePages.com, which can be used to search for family information. These accounts are available to any advocate in Texas to use. These sites can help uncover names and contact information of relatives,

as well as information about family heritage. For log in information, contact training@texascasa.org.

Talk with your supervisor about your program's policies regarding use of social media sites to locate and contact relatives.

The Importance of Contacting Fathers

Although all children have a biological father, it's not uncommon for fathers to be "out of the picture." Establishing contact with fathers in order to assess their ability and willingness to care for their children is critical to our family engagement work, and can lead to further connections with members of the child's paternal family. It's important to remember that fathers, whether or not they have been actively involved in their children's lives, have legal rights that must be addressed, and they may be willing to provide for their children if they knew that their children needed them.

Out-of-State Relatives: the Interstate Compact on the Placement of Children

When relatives, fictive kin or other potential placements live out of state, an approved ICPC home study must be completed on the potential placement before the child(ren) can be placed in their care. ICPC stands for the Interstate Compact on the Placement of Children, a law established to ensure that when children are placed out of state, they receive the same protection and services that would be provided in their home state.

An ICPC home study can take six months or longer to be completed and approved before a child can be placed out of state. Because this can create delays in placing children with out-of-state family members, it's important that the process is started as early as possible for any potential out-of-state placements. When appropriate, CASA volunteers can advocate that the judge order the ICPC home study be expedited, which will shorten the timeline states have to complete the required paperwork. It's important to establish and maintain communication with the ICPC coordinator for your region to stay updated on the status of the home study. Once the ICPC packet has been submitted to the receiving state, establish contact with the ICPC coordinator in the receiving region to continue to track the progress of the home study.

Locating Relatives in Mexico

When working with Mexican minors or children of Mexican origin who are in the custody of Texas Child Protective Services, there are special pathways to help with family finding. Texas CASA and the Consulates of Mexico in Texas engage in mutual collaboration in these cases, based on a Memorandum of Understanding. The joint aim of the collaboration is to help every child benefit from the connections and support that family provides, regardless of whether the family resides in Mexico or the United States.

For support with locating and contacting family members residing in Mexico, talk with your supervisor about submitting a Mexican Consulate Referral Form to your local consulate office.

Contacting Relatives

Before making initial contact with family members, always talk with your supervisor for guidance. Keep in mind that family members can offer different types of support, connection and insights, whether or not they are appropriate relative placements. The overarching goals of establishing communication are to assess if this person wants to connect or reconnect with the child, find out whether there are other people that this person can connect us with who would want to be involved, and to learn more about child's family.

When contacting family members, be careful to follow these parameters around confidentiality:

What you CAN share:

- Information about your role
- The child's age and gender
- The parents' names
- That the family is involved with CPS
- The name and contact info for CPS caseworker

What you CAN'T share:

- Location of the child
- Information about why the case began or the parents' challenges
- Information about parents' engagement in services
- Child's diagnoses or other personal information

Keep in mind that your goal is to gather information rather than to disseminate information. If a family member asks you a question and you are uncertain whether the answer is confidential, let them know you need to check with your supervisor before sharing that information.

Carefully preparing with your supervisor before attempting to contact family members can help you gain confidence in your family engagement efforts. Below is a sample script for a phone call with a family member:

> *"Hello, may I please speak with [name of relative]? My name is [your name] I am with an organization called CASA, and we help children involved in the child welfare system. I am calling because I believe you are a relative of a child/children that CASA is helping. The parents of the child/children are [name of parents]. Do you know these parents and their child/children?"*

If they are able to confirm that they know the child(ren), explain your goal in reaching out to them:

> *"This child is currently not living with family, and I'm hoping to connect with some family support for the child. I'm calling you today to find out if you would be interested in learning more about connecting with this child, and if you would be open to talking with CASA again in the future. I'd also like to ask if there are there other people you know of who you believe care about this child and that you think would be good for me to contact. If so, could you provide me with their contact information? I'm putting together a family tree for the child, so I would appreciate any information you can share about who is related to this child."*

At end of call, make sure the relative has your name and contact information, and let them know that they are welcome to call you back with any questions or to share additional information. Also, let the relative know that you'll provide their contact info to the child's caseworker, and let them know that they are welcome to contact the caseworker directly.

Adapted from the CASA of Travis County Family Engagement Program

UNDERSTANDING FAMILY BACKGROUNDS

When working with families, it's important to recognize that their backgrounds may differ from our own. Our life experiences will often vary, so approaching each connection with mindfulness, respect and an open mind is crucial for building trust and advocating for children's best interests.

As advocates, we have a powerful voice in the experiences and outcomes for the families and youth we work with, and this comes with a great responsibility to ensure we're continually working to practice and expand our awareness skills and ensure that our efforts to engage families are respectful and welcoming to all.

END OF PRE-WORK FOR CHAPTER 2

What Is "Minimum Sufficient Level of Care" (MSL)?

Removing a child from their home because of abuse and/or neglect is a drastic remedy. Because removal is so traumatic for the child, both the law and good practice require that agencies keep the child in the home when it is possible to do so and still keep the child safe. Children should be removed only when parents cannot provide the minimum sufficient level of care required by that child.

The concept of the minimum sufficient level of care is based in the idea that we focus our attention on the child's basic needs and whether or not they are being met. This is true even when the family's lifestyle, beliefs, resources and actions are very different from our own or from what we are used to. We are not deciding if the child is in a home with access to extracurricular activities and enrichments, or a home that looks like the homes we grew up in. We each come to this advocacy work with our own unique experiences, worldviews and personal standards, so it is important that we have a reference point to mitigate personal biases and personal value judgments in determining what constitutes a safe home for each child we serve.

The MSL is a baseline that is determined by a number of factors, each of which must be looked at specifically in relation to each unique child. It is an assessment that describes what must be in place for this child to remain in the home, and the same standard is also used to determine whether or not parents have made sufficient progress so that a child can be safely returned to the family home. It is also important that we take into consideration social, cultural and community norms.

FACTORS TO CONSIDER INCLUDE:

The Child's Needs

Is the parent providing for the following needs at a basic level?

- Physical (food, clothing, shelter, medical care, safety, protection, freedom from abuse)
- Emotional (attachment between parent and child)
- Developmental (education, special help for children with disabilities)

Social Standards

Does the parent's behavior inside or outside of the home reflect commonly accepted child-rearing practices in our society?

There are many lenses through which to look at commonly accepted practices. Our society has norms, broadly, that help us determine how to raise kids. In terms of discipline, whipping a child with a belt was generally thought to be appropriate during the first half of the 20th century. This practice is now widely considered abusive in Western societies. Contemporary families frequently use a verbal reprimand, withholding of a extra privilege, or a short "time-out" as a punishment for children. A parent who whips their child with a belt is falling outside of social standards.

Community Standards

Does the parent's behavior fall within reasonable limits, given the specific community in which the family resides?

Here are some examples: The age at which it is deemed safe for a child to be left alone varies significantly from urban to suburban to rural communities. The age at which a child is considered old enough to care for other children is largely determined by family and community norms. Even something as simple as sending a 9-year-old child to the store might fall within or outside those standards, depending on neighborhood safety, the distance and traffic patterns, the weather, the child's clothing, the time of day or night, the ability of the child and the necessity of the purchase.

Communities can be geographical. An example of a community is a Native American tribe in which members live in a variety of locales but still share common child-rearing standards.

According to the Indian Child Welfare Act, the minimum sufficient level of care standard must reflect the community standards of the child's tribe.

WHY THE THE MSL STANDARD IS USED

- It maintains the child's right to safety and permanence while not ignoring the parents' right to raise their children.
- It is required by law (as a practical way to interpret the "reasonable efforts" provision of the Adoption Assistance and Child Welfare Act).
- It is a reasonable expectation for parents to reach.
- It provides a reference point for decision makers.
- It helps ensure fair and thoughtful decision-making, focusing on the strengths and needs of each individual situation.
- It discourages unnecessary removal from the family home.
- It discourages unnecessarily long placements in foster care.
- It keeps decision makers focused on what is the least detrimental alternative for the child.
- It is sensitive across different family traditions, practices and backgrounds.

KEY PARAMETERS OF THE MSL STANDARD

- The standard takes into consideration the particular circumstances and needs of each child.
- It is a set of minimum conditions, not an ideal situation.
- It is a relative standard, depending on the child's needs, social standards and community standards. It will not be the same for every family or every child in a particular family.
- It remains the same when considering removal and when considering reunification.

UNDERSTANDING FAMILY PRACTICES

It's important to understand the specific needs and practices of each family when considering the MSL standard. For children who are Alaska Native or American Indian, gathering information about family practices may involve speaking with the parents, the tribal child welfare worker, relatives, or other community members. For children from immigrant families, or if the parents are immigrants, it may be helpful to connect with service providers who work with those specific communities. To ensure that the MSL standard is applied consistently, you may also want to:

- Discuss the MSL standard with your supervisor.
- Learn more about the various communities in your area.
- Compare the standard for removal and the standard for reunifying a child in the home of origin to ensure alignment.

The "Best Interest Principle"

WHAT IS THE BEST INTEREST PRINCIPLE?

- A safe home
- A permanent home
- As quickly as possible

Parents typically decide what is best for their children and then provide it for them to the extent that they can. They are their children's best advocates. The child protection system intervenes in families' lives when parents cannot or will not protect, promote and provide for their children's basic needs. A CASA/GAL volunteer becomes the advocate when the parents cannot—or will not—fulfill this role.

Judges use the "best interest of the child" standard when making their decisions in child abuse and neglect cases. Child welfare and juvenile court practitioners and scholars have debated the meaning of "best interest of the child" for years. Books have

been written on the subject; however, there is still no concise legal definition for this standard.

In cases where the Indian Child Welfare Act (ICWA) applies, the law presumes that it is always in the best interest of an Indian child to have the tribe determine what is best for the child's future.

THE BEST INTEREST PRINCIPLE: WHAT THE NATIONAL CASA ASSOCIATION SAYS

The CASA/GAL volunteer is guided by the "best interest principle" when advocating for a child. This means that the volunteer knows the child well enough to identify the child's needs. The volunteer makes fact-based recommendations to the court about appropriate resources to meet those needs and informs the court of the child's wishes, whether or not those wishes are, in the opinion of the CASA/GAL volunteer, in the child's best interest.

In order to use the "best interest principle" to determine the best interest of the children we serve, we must understand the true meaning of the word "home." In the "best interest principle," "home" does not just refer to the physical dwelling. "Home" refers to all the things that make up a home or home life for the child. This not only includes the elements of safety and permanency as stated in the "best interest principle" but also includes all the elements of minimum sufficient level of care (MSL).

MSL requires that a child's basic physical needs (food, clothing, shelter, medical care, safety, protection and security) be met but also includes the requirement that a child's developmental (education, special needs) and emotional (attachment, identity, belonging) needs be met as well. Because all the aspects of MSL are an integral part of determining the best interest of the children, it is imperative that we consider family when determining best interest.

We know that it's best for children when they are placed with family, be it parents, biological relatives or fictive kin (symbolic family) who can meet the MSL. This is due to the child's emotional needs for connection and a feeling of belonging.

CHECKLIST FOR APPLYING THE "BEST INTEREST PRINCIPLE"

As a CASA/GAL volunteer, you can use the following categories and questions to evaluate and advocate for the best interest of children:

Safety: Child safety is paramount and best achieved by supporting parents within their community. Ask yourself, "Is the child emotionally and physically safe?" and "What is required to maintain the safety of this child?"

Permanence: Children and youth need and have the right to lifelong nurturing and secure relationships that are provided by families who have the skills and resources to meet their specific needs. Efforts to identify and secure permanence for children are continuous and integrated into all stages of involvement with children and families. Ask yourself, "Who are the child's main attachment figures?", "Is the child receiving the emotional nurturance necessary for healthy brain development?" and "Is the child's unique sense of time being honored?"

Well-Being: Children's well-being is dependent upon strong families and communities meeting their physical, mental, behavioral health, educational and cultural needs. Ask yourself, "What are the special needs of this child, and are they being met?" and "Is the child receiving the educational support they require?"

Fostering Connections for Youth: As youth transition to adulthood, they benefit from services that promote healthy development, academic success, and safe living conditions, as well as establish connections to caring adults who will commit to lasting, supportive relationships.

Family Focus: Families are the primary providers for children's needs. The safety and well-being of children is dependent upon the safety and well-being of all family members. Ask yourself, "What are the needs of the family?"

Partnership: Families, communities and the child welfare system are primary and essential partners in creating and supporting meaningful connections in a safe and nurturing environment for children and youth.

Respectful Engagement: Children, youth, and families are best served when advocates actively listen to them and invite participation in decision making. Respectful

engagement includes understanding and honoring of the family's history, practices and traditions, as well as empowering them to meet their unique and individual needs through utilization of family strengths, and educating them regarding the child welfare process. Ask yourself, "What are this child's/family's strengths, and how can we address areas for growth?"

Professional Competence: Children are best served by advocates who respond to the evolving needs of communities, are knowledgeable of the historical context within which the child welfare system operates, provide respectful treatment to families and continually strive for professional excellence through critical self-examination.

Respecting Family Context: Achieving positive outcomes for children, youth, and families involves understanding each family within the context of their own unique circumstances and community. This includes considering the family's beliefs, values, history, traditions, religion, language, and other aspects that influence their experiences. Ask yourself, "Am I respecting the child's and family's unique background and needs?"

Holley Factors

Holley v. Adams, 544 S.W.2d 367, 371-72 (Tex 1976) is a Texas Supreme Court case that is most often used to provide a "non-exhaustive" list of factors to be considered in determining best interest. All the "Holley factors" listed below are considerations that every CASA volunteer must investigate for every child they serve.

The nine factors identified in Holley include:

1. The desires of the child
2. The emotional and physical needs of the child now and in the future
3. The emotional and physical danger to the child now and in the future
4. The plans for the child by the party seeking the change
5. The stability of the home or the proposed placement
6. The parental abilities of the individuals seeking custody
7. The programs available to assist these individuals and to promote the best interest of the child
8. The acts or omissions of the parent that may indicate that the existing parent-child relationship is not a proper one
9. Any excuse for the acts or omissions of the parent

Resources vs. Deficits: Choosing Our Lens

It is equally important to identify the strengths and the resources in a family as it is to evaluate problems. Your ability to identify strengths in families depends partially on which lens—the resource lens or the deficit lens—you use in your work with families. The lens you choose will also influence your work with others involved in the case.

RESOURCES VS. DEFICITS	
If I look through a RESOURCES lens, I am likely to . . .	**If I look through a DEFICITS lens, I am likely to . . .**
Look for positive aspects	Look for negative aspects
Empower families	Take control or rescue
Create options	Give ultimatums or advice
Listen	Tell
Focus on strengths	Focus on problems
Put the responsibility on the family	See the family as incapable
Acknowledge progress	Wait for the finished product
See the family as experts	See service providers as experts
See the family invested in change	Impose change or limits
Help identify resources	Expect inaction or failure
Avoid labeling	Label
Inspire with hope	Deflate the family's hope

Adapted from materials developed by CASA for Children, Inc., Portland, Oregon.

How Can You See the Strengths and Resources in Families?

Using a strengths-based approach means acknowledging the resources that exist within a family (including extended family) and tapping into them. For instance, you may identify a relative who can provide a temporary or permanent home for a child, you may help a parent reconnect with a past support system, or you may identify healthy adults who in the past were important to a child or family. Using a resource lens creates more options for resolution, and it empowers and supports children and families.

Here are a few questions you can ask when using the resource lens to assess a family:

- How has this family solved problems in the past?
- What has the family or parent done or overcome to get where they are now?
- What network of community, such as religious groups, does the family have?
- What do the family members see as their strengths and positive qualities?
- What are the family members or parent(s) proud of?
- What court-ordered activities have family members completed?
- Does the family have extended family or non-relative kin who could be a resource?
- How are family members coping with their present circumstances?

UNDERSTANDING FAMILY VALUES AND STRUCTURES

Strengths don't look the same in every family. Family structures, rules, roles, customs, boundaries, communication styles, problem-solving approaches, parenting techniques and values may be based on family norms and accepted community standards.

For instance, in a deficit model, a family with a sole female head of household may be viewed as dysfunctional or lacking. But using a resources lens, the female-head-of-household structure is appreciated for the strength and survival skills of the mother,

and there is a deeper examination of historical and institutional factors that have contributed to the prevalence of matriarchal families.

In another example, some communities believe that children should have a bed to themselves, if not an entire room. In contrast, many other communities believe that such a practice is detrimental to a child's development and potentially dangerous.

Additionally, in the United States, the ideal of the nuclear family dominates. However, in many communities, extended family have a greater role in child-rearing, and family may include members of a faith community or others who are not blood relatives.

People from different backgrounds and life circumstances may use various skills and resources to cope with stress and challenges. Material goods are one kind of resource, but some individuals and communities prize other resources above material wealth. For example:

- Emotional resources provide support and strength in difficult times.
- Spiritual resources give purpose and meaning to people's lives.
- Musical traditions, crafts, art and performance add depth and connection.
- Good health and physical mobility allow for self-sufficiency.
- Each family's unique heritage provides context, values and morals for living in the world.
- Informal support systems provide a safety net (e.g., money in tight times, care for a sick child, job advice).
- Healthy relationships nurture and support everyone.
- Role models provide examples and practical advice on achieving success.

Asking Strengths-Based Questions

Parents may feel more comfortable voicing concerns or needs and exploring solutions when we:

- Focus on the parents' own hopes and goals for their children
- Help parents identify and build on their strengths in parenting
- Model nurturing behavior by acknowledging frustrations and recognizing the parents' efforts.

Here are some questions to help explore strengths, challenges and resources as you talk with the parents on your case. Remember to use the child(ren)'s names when speaking with their parents.

IN ORDER TO EXPLORE...	ASK THE PARENT...
• How the parent observes and attends to the child • Specific play or stimulation behaviors	• How much time are you able to spend with your child or teen? • When you spend time with your child or teen, what do you like to do together? • How do you engage your child or teen during everyday activities (diapering, meals, driving in the car)? • What games or activities does your child or teen like?
• How the parent responds to the child's behavior	• What does your child or teen do when they are (sad, angry, tired)? • What happens when your child (cries for a long time, has a tantrum, wets the bed, skips school)?
• How the parent demonstrates affection • How the parent models caring behavior	• How do you show affection in your family? • How do you let your child know that you love them?

IN ORDER TO EXPLORE...	ASK THE PARENT...
• How the parent recognizes accomplishments	• What are your child's greatest gifts and talents? • How do you encourage these talents? • What do you do when your child does something great?
• The parent's view of their child's strengths	• What does your child do best? • What do you like about your child?
• How the parent views their own role	• What do you like about being a parent of an infant (preschooler, teenager)? • What are some of the things that you find challenging as a parent?
• How the parent observes and interprets the child's behavior	• What kinds of things make your child happy (frustrated, sad, angry)? • Why do you think your child (cries, eats slowly, says "no," breaks rules)?
• How the parent encourages positive behavior through praise and modeling	• How have you let your child know what you expect? • What happens when they do what you ask?
• Whether the parent can identify alternative solutions for addressing difficult behaviors • Community expectations and practices about parenting	• How have you seen other parents handle this? What would your parents have done in this situation? • How do you learn about parenting skills? • What teaching (discipline) methods work best for you? • How does your child respond?

IN ORDER TO EXPLORE...	ASK THE PARENT...
• How the parent understands the child's development • Any parental concern that the child's behavior appears to be outside the normal range	• How do you learn about your child's development? • How do you think your child compares to other children their age? • Are there things that worry you about your child? • Have others expressed concern about your child's behavior?
• How the parent encourages healthy development	• How do you encourage your child to explore their surroundings, try new things, and do things on their own?
• What the parent identifies as their coping strengths and resilience • The parent's strengths in parenting	• What helps you cope with everyday life? • Where do you draw your strength? • How does this help you in parenting?
• What the parent identifies as everyday stressors • Problem-solving skills • Stressors precipitated by crises	• What kinds of frustrations or worries do you deal with during the day? • How do you solve these everyday problems as they come up? • Has something happened recently that has made life more difficult?
• Impact of stress on parenting	• How are you able to meet your children's needs when you are dealing with stress? • How are your children reacting to crisis?
• How the parent communicates with their spouse or partner • Whether there is marital stress or conflict	• How do you and your spouse or partner communicate and support each other in times of stress? • What happens when you and your spouse or partner disagree?

IN ORDER TO EXPLORE...	ASK THE PARENT...
• Needs that might be identified by a different family member (not all family members may identify the same needs) • Actions that a parent may need to take when additional needs are identified	• Are other family members experiencing stress or concern? • Has anyone in your family expressed concern about drug and alcohol abuse, domestic violence or mental health issues? • What steps have you taken to address those concerns?
• Short-term supports (respite care, help with a new baby, help during an illness) • Long-term strategies (job training, marital counseling, religious or spiritual practices)	• What do you do to take care of yourself when you are stressed? • Do you have family or friends who help out from time to time? • Where in the community can you find help?
• The parent's ability to set and work toward personal goals	• What are your dreams (long-term goals) for yourself and your family? • What are your goals for your family or children in the next week (or month)? • What steps might you take toward those goals in the next week (or month)?
• The parent's current social support system, including family, friends, and membership in any formal groups	• Do you have family members or friends nearby who help you out once in a while? • Do you belong to a church, temple, mosque, women's group or men's group? • Do you have a child in the local school or Head Start program?

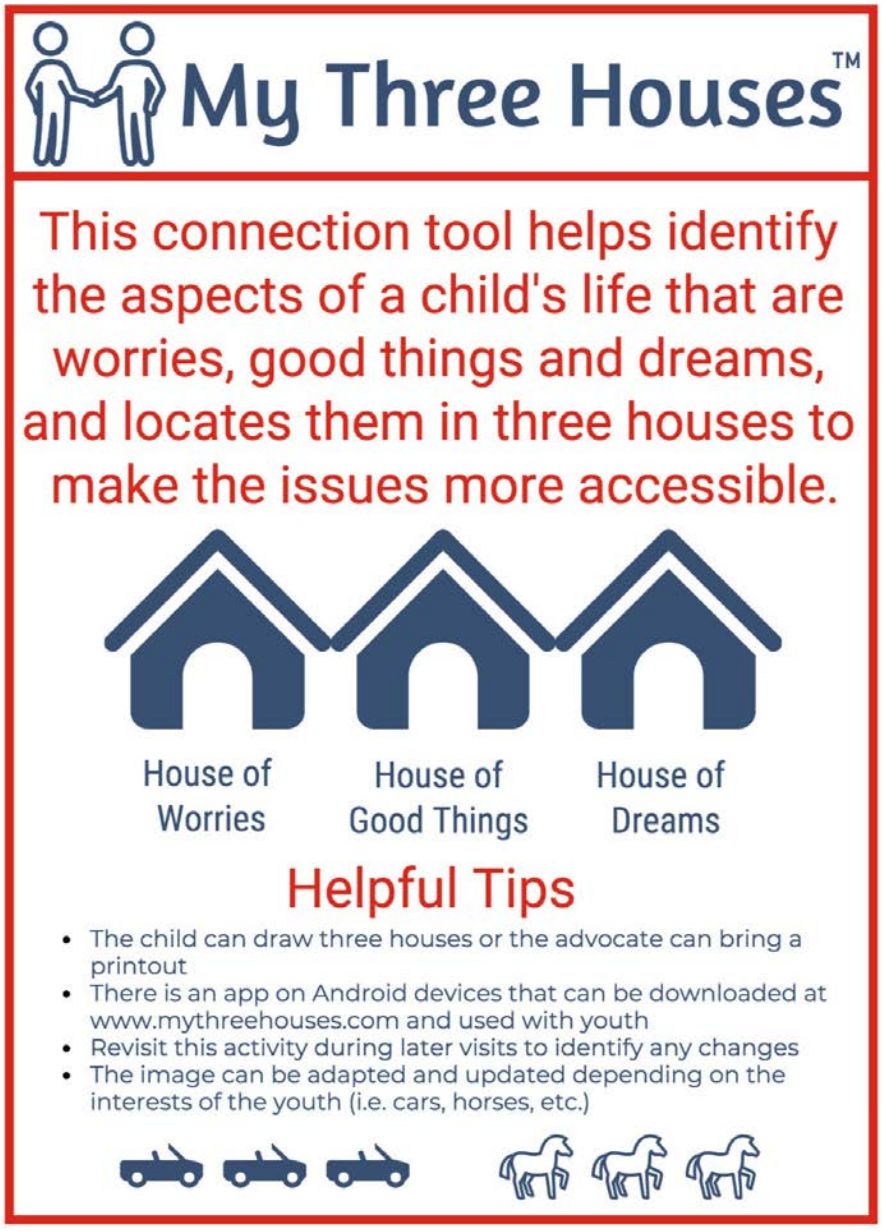
Adapted from U.S. Department of Health and Human Services Administration for Children and Families, Making Meaningful Connections: 2015 Prevention Resource Guide www.childwelfare.gov/pubPDFs/2015guide.pdf

Supplemental Materials

ASKING THE RIGHT QUESTIONS & PLANNING YOUR NEXT STEPS

When working with younger children, one way to engage them in sharing information about their family relationships is to invite them to draw their family with you, if they're comfortable. This can provide insights into who they see as important figures within their family and fictive kin network, and help inform your family engagement efforts.

Another engagement tool for youth is called My Three Houses. See the visual below and visit www.mythreehouses.com for further information:



INITIAL INVESTIGATION PLAN

This worksheet is a helpful tool for creating your investigation plan. Remember, the plan for your investigation will be different in each case because each child's situation is unique.

Date of Next Court Hearing:		
Type/Purpose of Hearing:		
Court Report Is Due:		
Questions I Would Like to Address	**Possible Sources of Information**	**Priority #**
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		

SOURCES OF INFORMATION

CHILD	
Child Interviews	**Child Observations**
Please note that it is not your role as a CASA/GAL volunteer to interview a child about the allegations; many of the children have been interviewed many times, and additional interviews may be harmful to the child and to any potential criminal prosecution. **Type of Information/Assistance:** If the child is verbal: • History of the family situation • Information about relationships (parents, families, foster families) • Wishes and desires for the future • Challenges or areas in need of help • Likes/dislikes • Information regarding visits with parents, siblings, other family • Other _____ **Best way to contact source:**	*Visits with parents, visits with siblings, child in current setting, child at school or daycare, etc.* **Type of Information/Assistance:** • Affect • Moods, mood changes • Developmental stages • Verbal ability • Relationships, interactions with others • Intellectual ability • Other _____ **Best way to arrange observation:**

FOSTER PARENTS AND INDEPENDENT LIVING COORDINATORS

Type of Information/Assistance
• Specific information about the child's daily life and about the child's behavior related to:
  • Visits with parents and siblings
  • Adjustments in school
  • Behavior problems and strengths
  • Medical concerns
  • Contact made by parents through letters, phone calls, etc.
  • Child's daily functioning
  • Adjustment to separation/loss
  • Other _____
Best way to contact source:

PARENTS AND FAMILY	

Parents
 	
When parents are represented by an attorney, follow program protocol before speaking with the parents.
 	
Type of Information/Assistance:
• Their version of the events stated on the petition
• Omissions or extenuating circumstances they feel are important
• Their child's developmental milestones, joys, fears, etc.
• Specific information about the child's behavior related to:
  • Visitations with parents and siblings
  • Adjustments in school
  • Behavior problems and strengths
  • Medical concerns
• Adjustment to separation/loss
• Their background
• Other _____
 	
Best way to contact source:
	Family
	
	Type of Information/Assistance:
	• What they've seen happening as it relates to the life of the child
	• Potential resources for the child and family
	• Other _____
	
	Best way to contact source:

TRIBE
Applies only if you are working with an Indian child as defined by the Indian Child Welfare Act. **Type of Information/Assistance** • Potential service resources • Tribal enrollment issues • Potential transfer of jurisdiction • Information regarding whether anyone is going to appear in court for the tribe and whether the tribe is going to formally intervene, send a representative, or make a written recommendation; information regarding recommendations • Potential tribal responses to the current family problem • Extended family or members of the tribe who may be a potential placement alternative for the Indian child • Other _____ **Best way to contact source:**

PROFESSIONALS	
Child Protection Agency Caseworkers	**Child's Teacher or Childcare Provider**
Type of Information/Assistance • Where the child is placed • Documentation, case record • Case plan within 30 days of placement • Names, addresses, and phone numbers of other principals in the case • Contact information (e.g., for foster parents, parents, etc.) • Response to your observations • Community or educational resources • Progress of case plan • Safety issues, if any • Medical status of child • Educational status of child • Anything else the CASA/GAL volunteer should know • Other **Best way to contact source:**	**Type of Information/Assistance** • Child's behavior at school • Educational problems or delays, strengths • Changes in behavior • Child's appearance • Peer relationships • Grades • Parental involvement • Likes/dislikes • Attendance prior to/post removal • School nurse reports • School counselor reports • Other _____ **Best way to contact source:**

PROFESSIONALS	
CASA Advocate Supervisor **Type of Information/Assistance** • Coaches and supports volunteer throughout case assignment • Reviews all documentation written by volunteer • Reviews case recommendations and legal complexities throughout case • Attends hearings and meetings alongside CASA volunteer • Other **Best way to contact source:**	**Attorney ad Litem** **Type of Information/Assistance** • Represents child's expressed wishes and/or desired case outcomes in and out of court if child is verbal • Assists in negotiating settlements in preparation for trial • Files legal documents • Other **Best way to contact source:**
District Attorney **Type of Information/Assistance** • Criminal records, other court records • Preparation for trial • Other **Best way to contact source:**	**Attorneys for the Parents** **Type of Information/Assistance** • Arrangements to talk to their clients • Anything the volunteer should know about the client • Other _____ **Best way to contact source:**

PROFESSIONALS	
Medical Personnel	**Psychological/Psychiatric Professionals**
Type of Information/Assistance • Child's medical condition as related to the abuse and/or neglect • Past medical history, medical records • Follow-up services that may be required to address medical conditions resulting from abuse and/or neglect • A particular medical condition that should come to the attention of the caseworker, foster parents, courts, etc. • Contact with parent(s), if any • Other **Best way to contact source:**	**Type of Information/Assistance** • Nature of referral information they received • How they came to a particular conclusion • What the diagnosis means in practical terms and how progress is measured • Discrepancies in opinion • Possible counseling or therapeutic models being recommended for the child, parents, family, etc. • Other **Best way to contact source:**