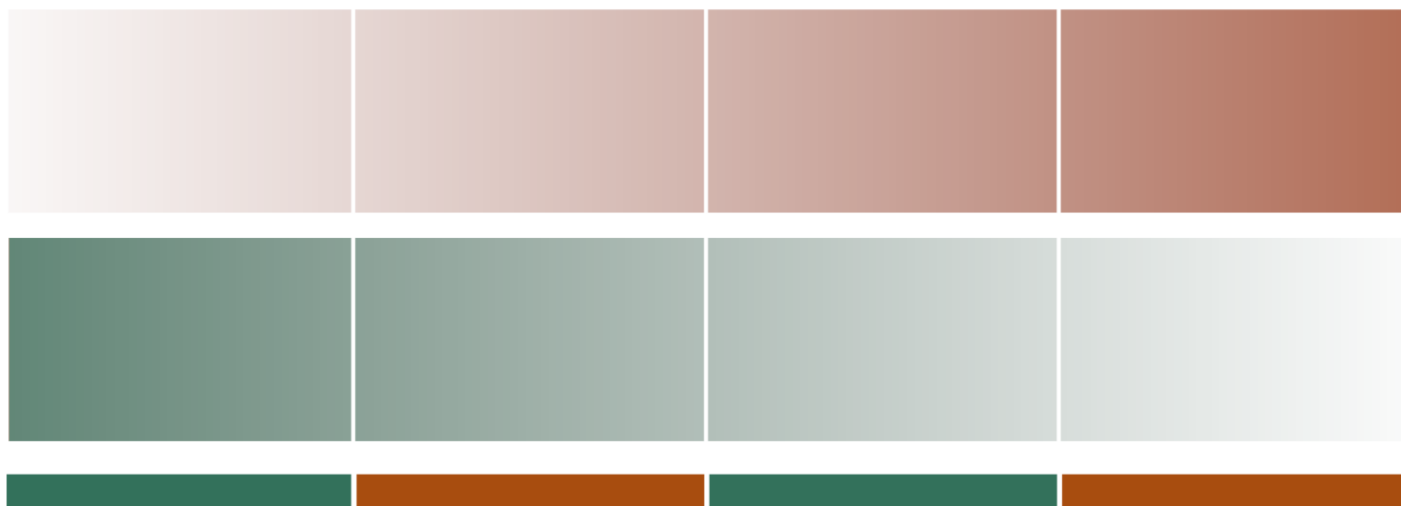


Linn County, Iowa

Institutional Analysis Report



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This report is a product of CSSP. We acknowledge that the findings and conclusions presented are those of the authors alone and do not necessarily reflect the opinions of Casey Family Programs.

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Overview

For the last several years the state of Iowa has been attempting to tackle racial disproportionality and disparities in child welfare through various initiatives funded by Casey Family Programs (CFP), including the Casey Family Breakthrough Series Collaborative on Disproportionality¹, as well as emerging work by Iowa's Children's Justice Initiative. To further their efforts, in early fall 2010, the Children's Justice Initiative, CFP and the Iowa Department of Human Services (DHS) requested that the Center for the Study of Social Policy (CSSP) conduct an Institutional Analysis (IA) in Linn County, Iowa. Reviews of Cedar Rapids DHS quantitative data and qualitative data determined that African American children are the population of children most likely to have their case of neglect founded and are also most likely to be removed from their homes. The IA seeks to understand and address organizational and structural contributors to poor outcomes for particular populations of children and families involved with the child welfare system and its community partners. A review team consisting of staff from CSSP, the Children's Justice Initiative and CFP was formed and oriented to the IA in March 2011. The IA data collection occurred the week of March 28 – April 1, 2011.

This overview section describes the purpose of the study and provides a brief introduction to the methodology employed.

The report identifies themes that emerged from the analysis to inform the reform efforts of DHS and its partners.

Purpose of the Study and Methodology

The goal of the IA is to identify organizational structures—such as policies, protocols, job descriptions, forms, and tools—that may contribute to or produce poor outcomes for a particular population involved in the child welfare system. The IA is an approach that uses ethnographic methods to discover how the ways in which institutions organize their workers to describe, document and act on “cases” (families) can inadvertently contribute to poor outcomes and experiences. It is guided and grounded by the viewpoints of members of the affected population—children, fathers, mothers and other primary caregivers. In the child welfare system for example, the IA seeks to understand and highlight the gap between *what works* for family members to be successful in reunification or establishing a permanent home where children thrive and *how* the workers acting on cases have been coordinated and organized by the system(s) to intervene.

The body of work supporting the IA suggests that there are at least eight primary, or core standardizing methods² of child welfare systems that organize how workers get to know families, work with them, and have the capacity to act in a way that supports safety, reunification or

¹Iowa and twelve other public child welfare agencies participated in the Casey Family Breakthrough Series Collaborative on Disproportionality with the aim of highlighting and developing solutions to the problem of disproportionality and disparities for children and families of color in the child welfare system.

²For a more thorough description of these core standardizing methods, see the forthcoming article from Ellen Pence and Dorothy Smith, *The Institutional Analysis: Matching what institutions do with what people need*. Publication forthcoming.

alternative permanency, and nurturance. Problems in any one or combination of these methods can interfere with achieving positive outcomes for all families. The methods explored in an IA include:

1. ***Mission, purpose and job function***— Agency missions translate into case management practices and worker job descriptions. The IA examines how mission statements, worker’s job descriptions, tasks assignments, and defined job functions match the reality of what will work for individuals and families who being “processed as a case” within and across systems.
2. ***Rules and regulations***— The IA examines how laws, regulations and other governmental requirements and local policy drives workers’ practices. The IA looks to see how regulations act to enhance or limit the worker’s ability and capacity to intervene effectively with families.
3. ***Administrative practices***— Administrative practices coordinate the relationship between the institution (represented by the worker) and the client; as such, they can enhance the worker-client relationship or impede it. These practices include internal administrative policies, protocols and procedures such as team decision making meeting protocols, assessment tools, decision making panels, formats for case plans and court reports, and case recording.
4. ***Concepts and theories***— Institutional values, theories of change, conceptual frameworks and assumptions undergird and guide policy, administrative tools and job expectations and duties. IA analysts are trained to look for the operative theories at all points of intervention.
5. ***Education and training***— The IA examines how education, training and skill development for workers and supervisors, educational requirements, mentoring opportunities and participation in local, state and/or national forums shape how workers think about, talk about and act on a family’s case.
6. ***Resources***— Management allocates resources to support both workers and clients. Resources include everything necessary for workers to carry out their job responsibilities and for children and families to receive effective services and supports to enhance children’s safety, permanency and well being. Resources are not limited to budget dollars, but also include such things as interventions to improve parenting, visits from workers, health care services, home assistance, tutoring, emergency funds, child care, substance abuse evaluation and treatment and staff time (as measured by worker caseload).
7. ***Linkages***— Organized linkages connect a workers to other practitioners with prior or subsequent involvement in the case. For example, an IA might examine how information collected by a hotline worker influences the work of the investigative worker. The IA examines how successfully management has built procedures for communication (passing along critical information about families) among workers, among providers, and with family members.

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8. **Accountability**— The IA examines the accountability structures and processes in an organization to determine how workers at each point of case processing are held accountable for the well being and success of their clients. Additionally, the IA looks for accountability to other workers and practitioners and to the overall intervention goals.
 9. **Other factors** may influence organizational behavior in a specific location.³

To examine the effect of these core standardizing methods, an IA employs ethnographic methods of data collection (observation, interviews, text and data analyses) focusing on producing a clear detailed description of how managerial processes have been put together to organize and coordinate the actions of the many workers who touch cases.⁴ Using these data collection methods the IA explored how the child welfare system and some of their partners, as they are institutionally organized in Cedar Rapids, may contribute to poor outcomes for African American children in the child welfare system. The focus of the IA was not on identifying the shortcomings or failures of individual caseworkers, judges, or lawyers. Instead the IA sought to identify and examine problematic institutional assumptions, policies, protocols, information gathering and sharing, and decision making processes that organize or drive practitioner action. Specifically the lens of inquiry is on what might be contributing to the observed racial disparity which in turn can lead to institutional remedies (policies, programs, administrative protocols, etc.) that can be crafted to improve results for children and families.⁵ This IA is not intended to uncover all sources of racial disparity but strives to explain a significant piece of a bigger puzzle and, more importantly, the piece local agencies and communities have the most power to change.

Quantitative and qualitative data has been reviewed at both the county and state levels to determine which populations of children and families involved with the child protection agency have the poorest outcomes. From that data analysis and in consultation with Iowa state and county leadership and Casey Family Programs, it was determined that African American children are most likely to have their case of neglect founded and are also most likely to be removed from their homes. The planning team decided to focus the IA on the following question:

How are the child welfare system and its partners equipped to assess and meet the needs faced by African American families in their initial months of involvement with the system?

³ For example, in an IA study in a different jurisdiction, the IA found that as a result of numerous tragic child deaths, subsequent media coverage, and the impact of this on agency leadership and workers, workers' behavior was driven by a culture of fear. That is, based on multiple interviews with a wide variety of professionals, workers felt compelled to remove children or were hesitant to return children to their families not because the children were unsafe or at high risk of maltreatment, but because they feared liability should something happen to that child as a result of their actions or inactions.

⁴ The field of institutional ethnography is often attributed to the thinking and work of Dorothy Smith. See Smith, D.E. (2005). *Institutional Ethnography: Sociology for People* (Toronto: AltaMira Press).

⁵ Further, as a case study, the IA is valuable in pointing to possible new directions for research and hypothesis testing in the field at large.

Table 1 below describes the number and type of data collected and analyzed for the IA.

**Table 1: Summary of IA Data Collection Activities
Cedar Rapids, Iowa**

Activity	Purpose
Big Picture Interviews with 17 individuals	Interviews with Department leadership, Community Partners, Technical Assistance Providers and foundation leadership to provide an understanding of funding streams, local political structure, court and DCFS structure, local data, missions and directives of the child protection agency and its partners.
Work Practice Interviews with 11 agency social work staff, private providers, community partners	These interviews were designed to understand the everyday case processing and managing routines of child welfare practitioners and their partners. Interview participants were selected to gain perspectives from the provider community, system partners (court officers, attorneys, child advocates) and staff who were currently processing cases as frontline workers and who were considered by the agency to be competent workers.
Observations of juvenile court and post-removal conference	Observations provided the opportunity to see practitioners of different experience and skill level performing the tasks and duties and responsibilities discussed in the work practice interviews. Observations served to flesh out the interviews by identifying when and why practitioners may deviate from stated work practices and to provide a better understanding of the work conditions, time pressures, interactions among interveners (i.e. judges, family members, workers, attorneys, etc.) and availability of resources to get the job done.
2 Group Interviews: one with youth, one with birth parents	This group session was designed to gain perspectives on how the system worked for “clients” and to gain understanding about what was happening in families’ lives as they proceeded through various points of case processing.
18 Group Interviews with CASA workers, county counsel, attorneys for children, frontline workers and supervisors, community partners	These groups were composed of individuals who perform the same function or are involved in the same process and were designed to obtain reflections and observations of their work and to prompt exchanges about the intent of the process, the institutional organization of the process, the relationship of various players in managing a case through that specific part of an overall process and the eight core standardizing methods (regulations; resource allocation; administrative tools; lines of accountability; training; linkages to each other and others; institutional assumptions, concepts and operating theories).
Guided Review of 11 Case Files	Data collection from case files was intended to learn how the caseworkers come to know families, what forms are used, how interaction with families and service providers are documented and what knowledge is gained and recorded about families.
In depth review of 4 cases	Four cases were selected for in depth examination of case processing, the perspectives of those persons providing services and the perspective of those served. For each case, as many persons as possible who provided formal and informal services to the family, as well as family members themselves were interviewed. This process is termed the Iowa Decision Point Analysis/DPA.

Note: Parents and youth interviewed were African American (or had children who identified as African American) and all case files involved African American families.

Building Blocks for Improvement

The review team identified several processes that provide fertile ground for improved practice. They include:

- ***Family Team Meetings***
Family Team Meetings are occurring at DHS and at Harambee House, a neighborhood DHS office located in a community where many African American families live. If conducted with appropriate family engagement skills and with the flexibility to include all informal team members from family and community, this tool can help to strengthen families and forge a better working relationship with DHS.
- ***Family Advocates***
Iowa has developed a strong Family Advocate model with skilled staff and strong parent support. DHS, contractors providing Family Safety Risk and Permanency (FSRP) services and families would benefit by incorporating these Family Advocates more intentionally into overall DHS and FSRP case planning meetings.
- ***Parent Partner Program***
DHS provides support to parents involved in the child welfare system by matching them with other parents who have previously been involved with DHS. These *parent partners* serve as advocates and mentors for parents working to reunify with their children. Due to resources this program is not available to all parents, but for those matched this partnership appeared to support parents in negotiating the child welfare system.
- ***Neighborhood Office***
Having DHS staff located at Harambee House offers an opportunity for deeper and more meaningful community involvement. Meetings between Family Advocates and parents often occur in this office, as well as other activities. With expanded use of this office, DHS has the opportunity for engaging the community in new and creative ways.
- ***Post Removal Conference***
The emerging practice of Post Removal Conferences provides DHS with an opportunity to work with the family at the very initial stages of a case, to assess and plan for meeting the family's needs. Success in these conferences will require training and implementation of effective engagement skills and a move away from the *culture of caution* referred to in more detail later in this report.
- ***Visits within 24 Hours***
The new court-ordered visits are intended to occur with the parent, child and worker within 24 hours of a removal. These visits can provide an early opportunity for workers to understand more about their clients and the family as a whole. With greater attention to staff engagement and assessment skills, these visits could contribute to establishing a productive and helping relationship between workers and the families they serve.

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- ***African American Family Preservation and Resource Committee (AAFPRC)***
The AAFPRC holds promise to be an even stronger partner to DHS in its work with African American families in Cedar Rapids. Opportunities to assess and develop this partnership further should be explored, including looking at other jurisdictions that have “cultural broker” programs in place.

Findings

The Institutional Analysis (IA) primarily focused on ways in which the child welfare system and all of its partners are organized to support (or not support) successful outcomes for African American families. Three themes which negatively affect the experiences of African American families in their initial months of involvement with the child welfare system emerged from the review of the data collected for the Linn County IA.

- There is a pervasive *culture of caution* at the Department of Human Services (DHS), within the legal community, and some partner agencies, resulting in families’ experiencing a threat of, or actual excessive state intervention, coercion and monitoring.
- Resources do not meet the underlying and basic needs of families. Families are offered resources that exist in the community, but that do not necessarily support or promote stability and unity.
- Professionals do not have clarity about the difference between safety of children and risk of future harm. This lack of clarity is further complicated by stigma, labeling, and negative inferences drawn based on a family’s history, sometimes resulting in decision making that keeps families apart for unnecessarily long periods of time.

Each theme is described in more depth below. To illustrate each theme, we provide specific examples from different types of data collected. It is important to emphasize that, although we present individual examples, findings detailed in this report are based on multiple sources and were identified multiple times.

Theme 1: *There is a pervasive culture of caution at the Department of Human Services (DHS) and some of its partners, resulting in families experiencing a threat of, or actual excessive state intervention, coercion and monitoring.*

The IA found that the Cedar Rapids child welfare community, which includes DHS, the courts and legal partners, community providers, community activists, and families, does not have a shared vision and mission about how families struggling to care for their children should be supported in the context of safety and risk. African American families are the group most likely to experience the removal of a child and are therefore highly affected. Reviewers found no consensus on the role of the state in intervening in families’ lives. Some professionals and community members articulate that parental rights are paramount, the child protection system is too intrusive, and that there are too many unnecessary removals of children from their homes; while others believe that struggling parents provide unsafe environments for children and that children should be removed from their home and community to ensure their safety and a “better life.” While reviewers found potential building blocks in place in the form of some resources and administrative practices aimed at engaging and supporting families, this lack of consensus is a barrier to effectively using these building blocks in such a way that families experience the difference. Instead the IA found that a *culture of caution* has developed as a result of this lack of shared vision.

This *culture of caution* appears firmly established within DHS and directs how staff work with families. Workers described being left without support to act according to what they determine the facts of a case demand, and supervisors were observed to have insufficient authority to make critical decisions without getting prior approval from leadership. For example, staff reported that supervisors are not empowered to support workers in making decisions such as whether to perform a hair drug test on a child versus drug testing a parent or caretaker. This culture of caution appears to slow decision making and leads to extensive monitoring and control of families. In areas such as visitation and case closure, decisions appear to take longer than necessary and lead to extensive and frequently prolonged state intervention in families' lives. Additionally, workers expressed that the intensive level of control by leadership, from their dress code to paperwork oversight, contributed to high worker turnover. Workers described this as unique to Linn County and noted that staff transfer to other counties as a result.

Extensive intervention:

The IA found that the child protection system and its partners intervened with some African American families in extensive ways with no clear reason or rationale. This occurs despite a prevailing philosophy that state intervention into the children and families' lives should occur only when necessary to keep children safe from abuse and neglect. Examples of such interventions include:

- In cases reviewed and interviews with service providers, African American parents directed to participate in substance abuse screening and treatment, even when there were no presenting or past substance abuse issues.
- Providers made new child abuse/neglect referrals to DHS on families with whom they were working when there were minor new concerns, rather than first assessing the situation and trying to work with the family. For example, a parent found her child playing with a lighter, discussed this with the provider, who then reported it to CPS as evidence of alleged child neglect, rather than first seeking to work with the parent on effective ways to monitor the child's activities and child proof the child's surroundings.

Extensive monitoring:

Families experience multiple professionals in their lives when they come to the attention of the child protection system. In Cedar Rapids these professionals frequently acted in monitoring roles—caseworkers monitored compliance with court orders, substance abuse professionals monitored drug testing, health professionals monitored compliance with medical appointments. While monitoring is an important role to ensuring child safety, it is also important for workers to be consistently oriented to support and advocate for parents and children. The IA found examples of an excessive reliance on monitoring, particularly around parent-child visits. Examples include:

- An African American mother was permitted only supervised visits with her children for one year despite no documented safety concern.

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- According to providers, caseworkers and other records, an African American mother's children were safely in her care for an entire year, yet service providers continued to conduct unannounced safety checks three to four times a week. As the mother's attorney indicated, it is nearly impossible for clients to "prove they are not doing something."

Coercion:

Coercion exists in circumstances of control, where one party dominates or forces the actions of another, however benevolent or even unintentional. A family engaged in the change process who is motivated by a desire to address underlying needs should not necessarily need the coercion of the state to follow case plans or develop necessary skills or relationships. Reviewers identified the following as examples of coercion:

- Parents were pressured by professionals to plea or admit to an allegation in order to receive assistance. These parents were told they could not receive help without an adjudication hearing.
- Termination of parental rights (TPR) proceedings were used to "motivate" parents; courts accept termination petitions even when the DHS plan for the family is reunification.
- Family team meetings were described to be more like pre-trial conferences, with the focus of the observed meetings on fact-finding and negotiation of placement, rather than on engaging families, identifying with families' their strengths and needs, and jointly working to make case planning decisions.

Theme 2: Resources do not meet the underlying and basic needs of families. Families are offered resources that exist in the community, but that do not actually support or promote stability and unity.

Overall Linn County needs an array of formal and informal methods to assess and provide for the basic needs of the families being referred to DHS, whether in the area of mental health, domestic violence, substance abuse or exposure to trauma. Currently, workers are not adequately supported to build their assessment skills and meaningfully understand the complexity of a family's issues. Without adequate assessment skills and understanding a family's needs and strengths, individualized case planning cannot occur. Reviewers observed similar case plans for families whose needs, assets and conditions were very diverse.

Even if assessments were properly performed, Linn County lacks basic services such as housing and transportation and a coordinated mental health service system

Mental Health Services:

While Linn County offers limited mental health services, there is no coordinated mental health system. This results in young children ending up in out-of-home placement rather than having the opportunity for intensive in home assistance. For example, in a case review, a six year old African American boy with behavioral issues was placed in a residential program. Professionals working with the mother on this case determined that a residential setting was the only available service to meet this young child's needs. After nine months, when this boy was being prepared to exit placement, it was unclear what, if any, at home and in school supports would be available. Further, it was unclear if residential placement could have been avoided altogether if meaningful, intensive in home and community based services had been available.

Services to address domestic violence:

The lack of specialized training in domestic violence for DHS workers is a problem in Linn County. Assessing domestic violence and the most efficacious way to address it involves a specialized skill set. For this reason, many jurisdictions form public/private partnerships to address this community issue. Child protection agencies have deployed domestic violence specialists to assess and serve families when domestic violence is a presenting problem. Staff are also trained and supported to address cases involving domestic violence. Without the necessary skill set in Linn County, DHS cases as coded as involving "domestic violence" were treated similarly regardless of the situation. For example, an isolated incident of domestic violence is treated the same as ongoing serious battering. Not consistently having and supporting these skills and partnerships can result in excessive state intervention, such as keeping cases open and monitoring families where children were safe and there was no domestic violence. Further, data indicated that African American women who defend themselves in battering situations are often assessed as the aggressor and their case plans then require them to attend anger management classes, rather than providing them assistance as victims of domestic violence.

Substance Abuse:

Linn County's child welfare system predominantly operates under the theory that parents must be sober to safely care for their children and any use of drugs or alcohol can compromise their ability to parent. As a result, the IA found an excessive use of drug testing and significant ramifications for a single relapse. While safety of children is paramount, data showed that most parents, regardless of any substance abuse history or other indication of substance abuse, were drug tested. Parents continued to be tested for months and years, even when screening negative, with significant hardship to the parents and great expense to DHS. Parents and providers reported that the one DHS approved drug testing facility available in Linn County has limited hours and those relying on public transportation have difficulty getting to this facility before it closes. Parents in drug treatment, who are routinely tested as part of their treatment program, or on probation/parole are sometimes simultaneously court-ordered to submit to additional testing.

For parents who experience relapse, the IA found that one such relapse can trigger a host of interventions, including increased monitoring and drug testing and removal of children from their homes. For parents involved in the drug court program, the intensity of monitoring particularly increased. There was no evidence that single relapses were weighted, triggered an assessment, or

were otherwise incorporated into case planning. Relapse was treated punitively without an assessment of the imminent risk to the child.

These practices point to a need to build consensus and a better understanding about substance abuse and treatment modalities. DHS and the courts could more successfully work with treatment providers to address safety concerns and eliminate duplicative and invasive drug testing.

Trauma:

Children and their parents involved with the child welfare system have varying levels and experiences of trauma. Some children face significant trauma and feelings of grief and loss as a result of significant abuse and neglect, chronic poverty, and/or the loss of and separation from their parent(s). Parents may also have their own unaddressed history of trauma that impacts their ability to function and care for their children. Even a recent move from another state may be cause for feelings of grief and loss that should be explored. The IA found that workers were not supported to meaningfully inquire about, explore or assess for trauma in its many and varying forms. Most striking was that the trauma most children experience when separated from their parents or caregivers was not accounted for in decision making.

- In one Decision Point Analysis case, a three month old infant was removed when the child's mother called the hospital because the infant had fallen from a bed. DHS filed a report and removed the infant after the mother failed to bring the infant to the hospital, even though the child's mother had called her own mother – a nurse – the night of the fall for medical advice. The infant sustained no injury, a visiting nurse was in the home at the request of the mother, and the mother brought the infant to the doctor the next day. Although the infant was currently safe and the mother had significant community based supports in place, the hospital, the DHS worker, and the court all supported a decision to remove the infant from the care of this young mother. Six months later, the infant had experienced two foster home placements and was not gaining weight in foster care.
- Another young child in a residential treatment program misbehaved after returning from an overnight visit with her parent, resulting in DHS denying overnight visits rather than considering that the behavior might be related to a child missing her family and working with the family to get to the root cause of the behavior.

African American Foster Homes, Housing and Transportation:

Reviewers found some basic resource gaps in Linn County including the lack of African American foster homes. Community members and parents spoke about youth being placed in Caucasian homes in more rural settings, far away from their family and neighborhoods. This created both major and minor inconveniences. For example, parents were concerned that in these homes their children's grooming needs, hair and skin care needs were inadequately met.

Additionally, DHS staff and partners reported safe and affordable housing to be a significant barrier to safe case closure. The housing crisis in Linn County was reportedly made worse by a local ordinance that appeared to make landlords responsible for the behavior of their tenants, which has

resulted in many low income people and families of color not being able to find suitable places to rent for their families.⁶

Transportation is another service that necessitates review by the community. Public transportation is not sufficient to meet the demands imposed on clients to comply with drug testing and other activities, such as visits with children, caseworkers, and other providers. Reviewers were frequently told that there is no substance abuse testing facility near where clients live, and many families do not have a car or the means to get to the testing center. The lack of public transportation during hours that low income people need in order to work and support their families is a significant barrier to reunification and safe case closure.

Training/Skill Development:

The lack of resources also applies to the DHS workforce. Specifically, an institutional mechanism for in-service training and skill development is lacking. Supervisors in particular need to be more involved in assessing and developing staff skills, and staff needs to be supported in the development of their assessment capability. As previously mentioned, Linn County needs additional training to provide workers with skills required to assess and treat trauma. Staff need a better understanding of the effect of trauma on children generally, and of the trauma children experience as a result of being removed from their homes. Assessment and understanding of the dynamics of domestic violence, mental illness, and substance abuse are also critical areas requiring additional support.

While community partners may be able to provide some training in these areas, a more comprehensive and regular training/skill development plan is needed, particularly given the high staff turnover at DHS. In collaboration with its partners (including attorneys, judges and community), DHS needs to establish a new learning environment to meet the challenges of high turnover and to move from the *culture of caution* to a culture of *engagement and trust*, where mistakes are treated as learning opportunities and high standards of performance are expected.

Theme 3: Professionals do not have clarity about the difference between safety of children and risk of future harm. This lack of clarity is further complicated by stigma, labeling, and negative inferences drawn by a family's history, sometimes resulting in decision making that keeps families apart for unnecessarily long periods of time.

A portion of the IA looks at how workers are accountable to their clients, the families they serve, and ultimately to the success of the agency's mission to keep families together or reunite them whenever possible. In a system with weak accountability, issues of stigma and bias are permitted to flourish and become part of the agency's culture, resulting in a troubling lack of consensus about policy and practice in Linn County. The following topics illustrate how this lack of accountability allows issues such as stigma and bias to have a significant effect on the practice of assessing safety and risk.

⁶ It is our understanding that this ordinance, which was in effect during the onsite review, has since been struck down by the courts.

Criminal Background:

Appropriate safety and risk assessments assist workers in making individualized determinations. In Linn County there is no consensus about which criminal activities create a risk or safety concern and which do not. Reviewers observed that a recent criminal conviction was treated the same as a criminal conviction from many years ago with regard to assessing safety and risk, even if there had been no criminal activity in the intervening years. Without a consensus as to how to assess a risk or safety concern stemming from a criminal conviction, decisions about removing children, levels of supervision of visits and whether and when to reunify are all highly susceptible to generalizations and unfounded assumptions about parenting and safety.

Stigma:

Stigma seems to play an unfortunately large role in making safety and risk assessments, an issue that seems particularly true for fathers. Reviewers documented many examples of stigma or labels becoming attached to families without sufficient evidence to support or contextualize the description. Examples include:

- African American families are openly referred to as “urban immigrants” who have moved to Cedar Rapids from larger cities such as Chicago to cause trouble. A newspaper article several years ago used this term, which was widely known in the larger community. In one of the case files examined, the word CHICAGO was written across the top without additional context.
- One therapist described a “loud,” “emotional” father as being perceived as “risky” and “hostile.”
- An African American youth described how he hoped to change his last name when he became an adult because his family had a “reputation” in the community.
- An African American father was told that the only way he could prove he was not seeking reunification to benefit financially from his son’s public assistance was by using his own money to purchase a car seat for his son.
- An African American mother had her infant removed from her on the sole basis of the prior termination of her first child. This mother was assessed as a current flight risk based on her running away from her foster home as a pregnant teen in the past. In the more immediate past, she had not left the area while pregnant with her second child, had prenatal care during her pregnancy, and was living with a two parent family who was committed to her, supportive of her pregnancy and her continuing to care for her infant.

Incarcerated Parents:

Specialized services for and consideration of the needs of incarcerated parents are all but invisible in Linn County, particularly alarming given the high incarceration rate of African Americans in Iowa.⁷ There is little to no engagement of incarcerated parents, even, as in one case, when a parent's release date is only a few months away. Visits between children in foster care and incarcerated parents do not occur with any regularity. It is not clear whether this is an issue of safety and/or risk, the rules of various jails and prisons, or other factors. One reason frequently discussed was that incarcerated parents fail to put their children on lists of persons authorized to visit, but consistent efforts to engage with parents and explain the possibility of visits were lacking. Incarcerated parents routinely are not able to participate even by phone in court hearings or important meetings at DHS, such as Family Team Meetings. While incarcerated parents are expected to show the same kind of progress towards a permanency plan as parents who are not behind bars, there are little to no services in the local jail, raising questions about the low priority of this population, also disproportionately African American. Working with criminal justice systems and individual facilities is challenging, but successful models that provide regular contact between incarcerated parents and their children and involvement in planning are available from other jurisdictions and should be considered for adoption in Linn County. Examples include areas in jails designated for visits between incarcerated parents and children, relaxed rules around days and hours for visits and phone calls with children, and facilitating ongoing participation in team decision and court proceedings.

⁷In 2007, Iowa had the second highest rate of incarceration of African Americans in the nation and the ratio of African Americans incarcerated to whites is 13.6 to 1. *Uneven Justice: State rates of incarceration by race and ethnicity*. The Sentencing Project.

Conclusion

At a time when Iowa is looking to tackle disproportionality and disparity and DHS is committed to organizational change, it is critical that Linn County as a whole take the opportunity to collectively develop a shared vision for the future that will end the kind of *culture of caution* discussed in this report. Having a shared vision will help to reallocate and realign resources where they are truly needed, instead of simply where they are used most. The broader Cedar Rapids community needs to address issues of housing and transportation to better serve families. Finally, in order to maintain the shared vision, DHS will need to build monitoring and tracking systems to inform the progress towards eliminating stigma and bias in decision making and promote engagement and relationship building with the children and families they serve.

This document is intended to provide DHS, the courts, community members, parents, youth, and other partners information to initiate practical, concrete action plans. Action plans may very well require state or even federal level advocacy, additional resources, or major shifts in practitioners' job duties, daily case processing routines, and local and externally produced policy.