**Chapter 11: Becoming Policy Advocates in the Child and Family Sector**

***Policy Advocacy Learning Challenges and Exercises***

***Excerpted from the book***

**POLICY ADVOCACY LEARNING CHALLENGE 11.1**

**Connecting Micro, Mezzo, and Macro Policy Advocacy**

Who Will Uphold the Rights of a Native American Child?

A. J. is a four-year-old American Indian child in foster care within the purview of the Indian Child Welfare Act (ICWA). The newborn was considered a medically fragile child, experienced drug withdrawal symptoms, and exhibited signs of fetal alcohol syndrome. The mother denied serious drug use and did not want to participate in services or raise A. J., and his father wanted custody but was deemed unfit to raise a medically fragile child. It was under these circumstances and because no other family member offered to care for A. J. that he was detained in foster care, and dependency proceedings were initiated.

Based on the mother’s membership in her tribe, the child welfare agency in that county notified the tribe of the dependency proceedings pursuant to ICWA. Meanwhile, A. J. was moved to a foster home at the age of one. Although A. J. pre­sented with a flat affect and did not engage with his parents, A. J. engaged with his foster mother and used her as a reference base for most of his activities. According to the child’s therapist, A. J. needed to be either reunited with his parents or placed in a permanent placement as soon as possible to reduce attachment difficulties and avoid future mental health problems. The tribe, however, first wanted to explore options within the tribe, and A. J.’s grandmother was put forward as a possible option. The tribe’s council approved a resolution-authorizing placement of A. J. with the grandmother for the purposes of legal guardianship.

In the meantime, the child protective services agency modified its recommended per­manent plan for A. J. and alternatively recommended legal guardianship with the foster mother or adoption by the foster mother because A. J. had no relationship with the grandmother. In addition, A. J. had been in his current placement for two years and had developed a significant bond with his foster mother. In conflict with ICWA, the ASFA indicates that “the child’s well-being, safety and security shall be of paramount concern in arriving at a decision regarding the child’s permanency options.” However, the social worker attached to this case discovered that ICWA has a provision that would allow ASFA to take precedence if she could prove that it was in the child’s best interest for him to remain with his foster mom. The social worker was able to get expert testimony from bonding experts and ICWA experts, who testified that whereas the law prefers placement with an American Indian family, they could see how this could prove to be counterproduc­tive to A. J.’s developmental goals and was, therefore, not in the right spirit of the ASFA.

The courts agreed with the testimony of the expert witnesses and the social worker and gave the following ruling:

It is obvious that the grandmother has had very limited contact with A. J. and her failure to engage him in any meaningful way. Her lack of effort to visit, interact and develop a relationship with A. J. was striking. Although there was evidence that a child who has an attachment can attach to another care provider, it was undisputed a child’s ability to attach also depended on the new care provider’s skill. Under the circumstances of this case, the juvenile court reasonably could infer it was unlikely A. J. could develop a healthy attachment to the grandmother. (Fearnotlaw.com, n.d.)

**Learning Exercise**

1. How does this vignette illustrate the conflicting provisions of the two laws and the reasoning that the
   1. safety of the child needs to be of paramount concern?
2. Which skills came in handy for the social worker in this situation to advocate for this child?
3. Could the social worker have taken any other steps to resolve the situation?

**POLICY ADVOCACY LEARNING CHALLENGE 11.2**

**Connecting Micro, Mezzo, and Macro Policy Advocacy to Address a Lack of Community Resources**

Imagine that you are an emergency response social worker for the Los Angeles Department of Children and Family Services (DCFS). Your client needs a parenting class that caters to parents with children with developmental disabilities. After completing your child abuse investigation and finding no evidence of abuse, you have to close the case but need to find appropriate services to help the family, which is difficult because you are able to find only generic parenting classes. After reviewing the policy on com­munity response and alternative response services (DCFS, 2014) and noting that the investigation should be closed once a family links to services, you decide to engage in micro advocacy. As a micro policy advocate, you should be detailed and specific when locating resources for the family so that the receiving agency can easily understand the identified problem. You contact the agency beforehand and explain the extent of the problem and see if they can cater their services to the client’s need. It helps to ask the parenting class instructor to address particular issues. As part of mezzo policy advocacy, you discuss the lack of specialized classes with a supervisor and with an administrator, once given approval by a supervisor. If the problem appears to be common and affects many clients, you should inquire about the process of changing a policy within the agency. As a macro policy advocate, you might check into statewide regulations regard­ing parenting classes and advocate new legislation that permits such parenting groups to customize their services to the needs of particular clients. This legislation should also provide additional funding to design, implement, and evaluate those services.

**Learning Exercise**

1. How does this vignette illustrate the difficulties of finding resources that meet a client’s need?
2. Why does the social worker call the agency beforehand instead of just providing the client with the
   1. telephone number for the agency?
3. When would it be appropriate for a social worker at DCFS to engage in mezzo or macro policy
   1. advocacy to address a limitation of services?

**POLICY ADVOCACY LEARNING CHALLENGE 11.3**

**Connecting Micro and Macro Policy Advocacy to Provide Culturally Sensitive Services**

Anastacia is a 13-year-old Romanian girl who identifies herself as a “gypsy.” She was removed from her parents on allegations that they had intentionally allowed her to be molested by an influential older man (who was a family friend) and videotaped the entire incident to financially blackmail that person. Anastacia is bilingual and conver­sational in both English and Romanian. The parents are, however, not very fluent in English. In addition, because they strongly identify with the gypsy culture, they believe that a girl should be homeschooled and have refused to send their daughter to a regular school. The social worker does not take the necessary steps of under­standing the culture of the family and accuses the family of *educational neglect* along with the abuse charges. In addition, the social worker does not offer interpreter services to the parents and uses Anastacia to interpret for her parents.

**Learning Exercise**

1. How does this vignette illustrate a tendency to ignore culture in defining parental responsibilities and
   1. providing relevant services?
2. What laws could have protected this family and the child’s best interests?
3. Could a social worker in this clinic have engaged in macro policy advocacy to resolve this situation?

**POLICY ADVOCACY LEARNING CHALLENGE 11.4**

**Connecting Micro, Mezzo, and Macro Policy Advocacy to Expand Preventive Services**

Imagine that you are a social worker for the Los Angeles DCFS and you screen tele­phone calls from people calling to report suspected abuse and neglect. A grand­mother calls the child protection hotline concerned that her daughter, a 19-year-old first-time mother, is not properly caring for her one-year-old child. When asked for more details, the grandmother states that her daughter parties a lot, and that they argue about how to raise the child. After ascertaining that the young mother does not abuse her child, does not leave the child alone, and is meeting the child’s medical needs, you decide that the call does not meet the criteria for abuse or neglect and determine that the family would benefit from assistance. As you speak with the grandmother further, she indicates that she and her daughter have communication problems, and she wishes her daughter would enroll in a parenting class.

As part of micro and mezzo advocacy, you consult your resource guides and pro­vide the family with several telephone numbers to local agencies within their vicinity, including 211, a Los Angeles County–operated 24/7 telephone system. Before provid­ing the family with a list of numbers, you call them to ensure that the family is eli­gible for services and that there is no wait list. You also make a follow-up telephone call to speak with the young mother and inform her of the services in her area. After listening to her discuss how she and her mother argue about how to raise her daugh­ter, you empathize with her and discuss the many services of the close-by agencies. In addition, you provide her websites such as www.healthycity.org, where agencies can be located according to zip codes and services. You recommend that she contact the agencies for assistance with childcare, baby food, baby clothing, parenting classes, and education. She agrees to call the agency, and you follow up with her in a week to ask whether she had any trouble obtaining assistance.

Regarding mezzo and macro policy advocacy, the social worker speaks to the supervisor and administrators regarding the possibility of creating a new policy or protocol that would provide services to families who need assistance but do not meet the criteria for abuse and neglect. You also discuss the possibility of forming partner­ships with other agencies for the creation of primary preventive services for families at risk for child maltreatment that come to the attention of community agencies early.

**Learning Exercise**

1. How does this vignette illustrate the difficulty of providing preventive services?
2. Would you describe these services as preventive or reactive services?
3. What are some disadvantages to providing services only if a family meets the criteria for child abuse
   1. and neglect?
4. Can you think of additional micro, mezzo, or macro policy advocacy that could be done in this
   1. situation?

**POLICY ADVOCACY LEARNING CHALLENGE 11.5**

**Connecting Micro, Mezzo, and Macro Policy Advocacy**

Funding Substance Abuse Services for Jose’s Father

Jose is a 10-year-old Hispanic male who has been in the foster care system for a year; he was removed from his father’s care because of his father’s substance abuse problems. His mother’s whereabouts are unknown, and Jose is receiving family reunification services. His father was court ordered to attend a residential substance abuse program; he was motivated and completed his program quickly. The father relapsed soon after, and Jose was placed back in foster care. Upon investigation, it was found that Jose’s father could not access continued substance abuse and mental health services because he did not qualify for services under Medi-Cal. With no support, Jose’s father returned to his drug abuse.

As a social worker assigned to this case, you try to find the resources through which Jose’s father can access drug counseling or support groups. You find that Medicaid is no longer an option because of its regulations. Therefore, you look for other nonprofits in the community and find one that offers counseling and support groups for free if the client offers to volunteer for one of its services. However, you are still frustrated that there is no broad-based policy at the department level that might be able to help Jose’s father. You find that Delaware used their Title IV-E funds to hire substance abuse spe­cialists in each of their offices to take care of cases like this one (USDHHS, 2010). You present a plan to the director of the agency, detailing a similar program with data sup­porting the programmatic benefits and cost-effectiveness of such programs.

**Learning Exercise**

1. How does this vignette highlight the risks of not supporting families in recovery?
2. What are some disadvantages of having short-term case planning?
3. What type of policy advocacy needs to be done here?

**POLICY ADVOCACY LEARNING CHALLENGE 11.6**

**Connecting Micro, Mezzo, and Macro Policy Advocacy**

The Rodriguez Family Needs Mental Health Services

The Rodriguez family consists of 47-year-old Jennifer Rodriguez, 15-year-old Julie Rodriguez, and 12-year-old Bobby Rodriguez. The family came to the attention of the Los Angeles DCFS because of an allegation of general neglect after Julie was admitted to a psychiatric hospital for attempting to overdose on sleeping pills. As part of the allegation, it was reported that the mother was not meeting Julie’s unique psychiatric needs and constantly yelled at her children.

After reading the relevant policy and identifying the mental health concerns to be addressed by the Department of Mental Health (DMH), the social worker immediately called the psychiatric hospital to find out when Julie would be released. Due to the mental health concerns and the three previous referrals for general neglect, the social worker and supervisor decided that this referral needed a team decision meeting (TDM) to best coordinate services with the family’s participation. In preparation for the TDM, the social worker summarized the DCFS history and the psychiatric treat­ment recommendations. At the TDM, the social worker presented the information and discussed all the possible options with the family, the DMH worker, and the DCFS supervisor to come to a mutual agreement. The mother felt she could not con­trol her daughter’s behavior and was worried that her daughter would run away as soon as she got home. Because of the seriousness of Julie’s mental health problems and because her mother felt as if she could not handle Julie on her own, it was agreed to open up a voluntary case and to voluntarily place Julie with a foster family while her mother received support to deal with Julie’s unique mental health needs.

The social worker attempted to make Julie’s transition into foster care as easy as possible by explaining the process and by having her family visit on a regular basis. Her mother was enrolled in parenting classes, and Julie began receiving therapy immediately because of the coordination with DMH. After the situation stabilized, Julie was returned to her family, and they received family preservation services to assist with the transition back home.

**Learning Exercise**

1. How does this vignette illustrate the importance of coordination/collaboration between various service
   1. agencies?
2. What examples of micro policy advocacy did you notice in this vignette? What other type of micro
   1. policy advocacy could the social worker have done for the family?
3. Could a social worker in this clinic have engaged in mezzo or macro policy advocacy in this scenario?
   1. Give some examples.

**POLICY ADVOCACY LEARNING CHALLENGE 11.7**

**Connecting Micro, Mezzo, and Macro Policy Advocacy**

Finding Community Resources

Imagine that you are a social worker in the Department of Children and Family Services (DCFS) who has been assigned to 17-year-old Tommy Jones. Tommy is African American, and he walked into your office today after running away for one month. He will not say where he was and states that he returned to the office because he was tired of living on the streets. Tommy has not participated in therapy and has not taken his psychotropic medication since he went AWOL from his last group home. You look in his file and note that he was last prescribed Seroquel for psychotic disorder not otherwise specified. He also has not been in school in over six months and was on probation, although it is unclear whether it is still active.

While sitting at your desk, you notice that Tommy is staring at people and laugh­ing for no reason at all. You ask him about drug use, and he states that he smokes tobacco and marijuana every once in a while. You ask him whether he has ever been in a psychiatric hospital, and he states that he has been hospitalized twice in the last six months (he reports that he does not remember why). You ask Tommy about whether he’ll go talk to a psychiatrist to get his medication filled again, and he states that he does not want to take medication because he is Christian and God will take care of him. You further read in his file that his aunt dropped him off at a DCFS office when he was 16 because she could no longer handle his strange behav­ior. He still visits her once a month, but she states that she can’t have him at her house for more than a few hours at a time because of his strange behavior. Aside from this aunt, his relatives’ whereabouts are unknown. When you ask him what he wants, Tommy says that he just wants a place to stay.

**Learning Exercise**

1. How does this vignette illustrate the multiple sectors that a client can be involved with?
2. Before any type of policy advocacy can occur, what is the first step that should be taken when

working with Tommy?

1. What kind of policy advocacy needs to be done with Tommy, considering he is a crossover youth?