



Discussion

The grand challenges of social work: Deaf children in the child welfare system



Miriam Elizabeth Bowman¹

Gallaudet University, Hall Memorial Building, S338D, 800 Florida Avenue NE, Washington, D.C. 20002, USA.

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ABSTRACT

Deaf children involved with child welfare systems are often overlooked both in terms of tracking and service delivery. These systems frequently do not offer accessible and equitable services to deaf children. The current paper explores this in terms of the Social Work Grand Challenge: Healthy growth and development of all youth. Literature regarding child welfare services for deaf children is discussed. Recommendations are proposed for prevention and intervention efforts which will promote the healthy development of deaf children involved with child welfare systems.

1. Introduction

The Grand Challenges of the Profession of Social Work have called to action members of the profession to investigate complex issues and offer solutions (Barth, Gilmore, Flynn, Fraser, & Brekke, 2014). Ensuring healthy development for all youth means all children, including deaf children who are so often overlooked in child welfare systems. In the United States, nearly 15% of children, ages 6 to 19, are identified as having some degree of hearing loss (Niskar et al., 1998). Due to lack of consistent tracking within child welfare systems and unclear definitions of the terms “deaf,” “hard of hearing,” and “hearing impairment”, it is difficult to determine how many children with hearing loss are involved in child welfare systems in the United States (Sullivan & Knutson, 1998, 2000; Child Welfare Information Gateway (CWIG), 2012). This group of children will hereafter be referred to as “deaf” to encompass varying degrees of hearing loss as well as potential cultural considerations. Both of these factors should be addressed by child welfare professionals to ensure that there is full linguistic access and cultural sensitivity provided to deaf children in practice.

Deaf children involved in child welfare systems rarely receive equitable access and overall treatment compared to hearing children because of various institutional inadequacies. This may include lack of staff training regarding communication access and cultural competence, the availability of appropriate foster placements, and availability of accessible therapeutic support services. Child welfare agencies are comprised primarily of three main elements: abuse and neglect investigations or child protective services, monitoring and support of biological families or in-home services, and out-of-home foster

placements (CWIG, 2013). It is important to consider each of these areas of child welfare agency practice as they relate to accessible and equitable service delivery for deaf children.

Child Protective Services workers who investigate allegations of abuse and neglect may be unaware of cultural considerations when working with D/deaf families, as well as the linguistic needs of the children they interview. Interpreter services, cultural competence, and direct linguistic access between CPS worker and child are all important considerations in adequate investigation of potential maltreatment (National Association of the Deaf, 2017). This type of linguistic access and cultural competence is equally important for deaf children as for other linguistic minority groups, such as children who are native Spanish speakers.

When investigations determine that the family is in need of services in the home, communication is critical to ensure appropriate assessment of the family needs, goals and evaluation of progress. Ideally, social workers providing services to deaf children should be able to provide culturally competent services and offer linguistic fluency due to the direct service nature of all types of child welfare work. When such provision of accessible services is not possible, certified interpreters should be utilized to ensure communication access.

In cases requiring removal from the home, deaf children may not be informed about the removal process and further, may be placed in foster homes where the foster parents are unable to communicate in American Sign Language (ASL). It is important to note here that ASL is not a universal sign language; international deaf children may use other signed languages and therefore may require interpreters for their signed language of origin. Mental health issues related to the history of abuse

¹ M. Elizabeth Bowman, MSW, LICSW, LCSW-C is an instructor in the Masters of Social Work Program in the Social Work Department of Gallaudet University.
E-mail address: m.elizabeth.bowman@gallaudet.edu.

or neglect, or from the trauma of removal itself, may go unidentified by the child welfare system due to this lack of communication.

Service availability is another challenge for deaf children struggling with behavioral or mental health challenges. Early intervention to address trauma is critical in promoting mental wellness across the lifespan (Wachs, Georgieff, Cusick, & McEwen, 2014). Child welfare professionals who provide ongoing services to children, both placed in out-of-home foster placements and maintained in their homes, must be able to identify potential needs for trauma-informed therapy and other services and advocate for appropriate community services, when unavailable, to address those needs. This suggests case workers would need knowledge of not only ASL and cultural factors but also area resources available for deaf children.

The Grand Challenge to ensure healthy development for all youth focuses improving developmental and psychosocial outcomes for children. Deaf children involved with child welfare systems are a vulnerable subgroup which should be considered within this Grand Challenge. Therefore, it is critical to look at how child welfare systems manage service provision to deaf children and to assess the efficacy of current maltreatment prevention efforts. In the section to follow, the current research regarding child welfare services for deaf children will be discussed.

2. Review of the literature

The precise number of deaf children involved with child welfare systems in the United States is unclear (Sullivan & Knutson, 1998, 2000; CWIG, 2012). This is due partially to varying degrees of hearing loss being categorized as separate groups based on audiological designation (i.e. hard of hearing, deaf) which leaves out any cultural identification of Deafhood/Deafness, but also due to the lack of tracking of children with hearing loss on a national scale. It is important for child welfare agencies to be aware of the presence of the deaf children they serve in order to ensure appropriate service delivery.

Much of the literature regarding child welfare services to deaf children combines this population with various other physical conditions, labeling the overall group “disabled”. The commonly used medical-pathologic model of disability is incomplete and ineffective in practice as it does not take into consideration the unique needs of deaf populations (Humphries et al., 2016). The cultural model of Deafhood shifts away from such pathologic and oppressive perspectives of audiological deafness focusing instead on a more cultural and experiential, strengths perspective which emphasizes the presence of abilities rather than disabilities (Ladd, 2003).

Hearing loss from an audiological perspective is a consideration for practitioners; however, it is not the only consideration. When working with deaf children in child welfare interventions, several issues may arise. First, communication may be limited depending on the age of the child, level of language exposure, and the potential presence of cognitive disability. Deaf children of hearing parents who do not communicate with ASL may have limited access to language leading to a lack of ability to communicate effectively (Humphries et al., 2016). Second, written language may also be limited for a multitude of reasons including lack of language exposure but also potentially, for ASL fluent children, English not being their first language. Therefore, written English should not be used as the primary means to communicate in child abuse investigations (Edwards, Vaughn, & Rotabi, 2006). Third, children who have limited exposure to language or social situations may be unable to describe any experiences of abuse due to communication deficits as well as a lack of awareness regarding terms for body parts (Kennedy, 1992).

2.1. Child abuse and neglect investigations

When child welfare workers encounter these limitations, the ability to directly interview the child is inhibited. Instead, investigative social

workers often interview the caregiver (Lomas & Johnson, 2012). This can be problematic given allegations of abuse or neglect frequently involve the caregiver, who may deny any maltreatment or even identify the child as the problem (Lomas & Johnson, 2012; Manders & Stoneman, 2009). The most appropriate approach is to bring in certified interpreters who are trained to work with young children and who are proficient in gestural communication (Edwards et al., 2006; Grossman & Embry, 2007; Kennedy, 1992; McEntee, 1995).

In order for initial investigations of child maltreatment to be accurate and effective, communication with both the child and family must be clear. This requires the message of both parties to be easily understood. Only then, will the investigator be able to conclude whether child maltreatment is founded or unfounded. The child protective services family assessment determines where needs exist and the most appropriate approach to addressing those needs by utilizing various decision-making tools and clinical interviews. This first encounter with the child welfare system can set the tone for all other interactions between the child and the system.

Lomas and Johnson (2012) note that the lack of communication with trained child protective services (CPS) workers creates barriers to service delivery and that the overall experience of this interaction can be traumatic for the child. Children who are removed as a result of maltreatment have experienced both the trauma of the abuse and the trauma of being removed from the family of origin (Conradi, Wherry, & Kiesel, 2011). Deaf children who are denied accessible child welfare services may experience the added trauma of being removed without explanation, placed in a home where the foster parents cannot communicate and, where there is a lack of appropriate services, inability to address these traumas (Lomas & Johnson, 2012).

Children with disabilities, a conceptual grouping which often includes deaf children, are more likely to be maltreated than children without disabilities (Corr & Santos, 2017; Sullivan & Knutson, 2000). These children are also two times more likely to be placed in out-of-home foster placements than children without disabilities when abuse is substantiated (Lightfoot, Hill, & LaLiberte, 2011). This may be related to higher perceived maltreatment risk, lack of parental social support in the home environment, and/or the investigative process itself (Lightfoot et al., 2011). As this group of children is at greater risk for abuse and removal, suggesting CPS workers should be well trained in serving children with various abilities.

CPS workers are the first responders in cases of abuse and neglect, as they investigate allegations of maltreatment, refer families to services to stabilize the children in-home where possible, and remove children when safety cannot be assured. Despite the direct service nature of the work and the high likelihood that they will encounter a child with disabilities, social workers are rarely provided information related to disabilities in CPS training (Manders & Stoneman, 2009; Shannon & Tappan, 2011). Social work training programs should address how to work with interpreters, provide appropriate service referrals, and other cultural considerations, to ensure CPS workers are able to effectively work with deaf children when investigating abuse and neglect (Grossman & Embry, 2007; Kennedy, 1992; Lightfoot, 2014).

In cases where children must be removed and placed in the care of the state, additional issues may arise. The ongoing social worker becomes the primary manager of the case at this point in the child welfare system as CPS investigations would be complete. Working closely with this worker is the foster parent, who will be the primary source of information on daily functioning of the child.

2.2. Caregivers and placement considerations

Foster home environments for deaf children should provide full communication access. This means foster parents should be able to sign in order to promote full and direct communication with the child. If ASL proficiency is not present, foster parents should participate in ASL training. In addition, the agency should ensure that the home itself is

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