

A Caseworker's Day

The child protection process begins with a call to 241-KIDS, Hamilton County's 24-hour abuse and neglect reporting line. Investigations begin within 24 hours after the call is received and must be completed within 45 days. If investigators conclude there is a continued risk to a child, they transfer the case to an "ongoing" unit. Each month, 20 to 30 percent of the investigation cases are transferred. The job of ongoing caseworkers is to protect children while engaging their families in services and monitoring their progress or lack of it.

Ongoing workers are front-line fighters in the battle against society's ills: addiction, abuse, neglect, poverty, domestic violence and family disintegration. The following is an account of several days in the life of an ongoing caseworker. Names have been changed to protect privacy.

Friday afternoon: Caseworker Clare Holiday sat in a waiting room at Hamilton County Juvenile Court, chatting with lawyers and other caseworkers as she waited to be called into a child custody hearing. The talk veered from that day's cases to the previous night's college basketball game to the quirks of various court magistrates and back to the cases. It was punctuated with words like placement, Day One, TC (temporary custody), TPR (termination of parental rights) – the special language of child protection professionals.

"This is our room where we catch up on cases and vent," Ms. Holiday said. "It can be crass and cynical in here sometimes, but it's nice to be able to talk out your cases. Everyone gets along – at least in here."

In the courtroom, it can be another story. In the child protection field, Hamilton County is known for the relatively good working relationship among partners – Juvenile Court, Children's Services, police, other legal professionals and other social service agencies – but there is still a certain tension between caseworkers and magistrates. Caseworkers, represented by the County Prosecutor's Office, have the burden of proof if, for example, they want to remove a child from home for safety. Even when caseworkers believe they have a strong case, they may not have enough evidence to convince the court. The court may hold them in contempt, in another example, if they fail to get a family into services quickly, even if the delay is caused by a waiting list.

This day's hearing would be straightforward. It involved a three-year-old boy who had been in foster care because his mother is mentally ill

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and addicted to crack. The child was so neglected that, at 18 months old when he went into foster care, he could not walk or talk and was significantly underweight. The boy's father, who was separated from the mother, had recently come forward and said he wanted to take care of the child. He already had the boy's older brother and appeared to be capable.

Children's Services had temporary custody of the boy, and Ms. Holiday had set up a schedule of visits between the boy and the father. She wanted to increase the frequency of visits before closing the case. The prosecutor and public defender representing the child's mother agreed to this arrangement. After a few questions for Ms. Holiday and the father, the magistrate granted the request to extend Children's Services' custody for another six weeks.

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In her 17 cases, Ms. Holiday is responsible for protecting 50 children.

With three years as an ongoing caseworker, Ms. Holiday is considered a veteran in a field with high employee turnover. "Everything I love about the job is everything I hate," she said. "Everyone hates the paperwork – writing down every phone call you have, every visit you make. I love working with the kids, but a lot of the parents drive me batty."

Monday morning: Ms. Holiday drove to Children's Hospital for a transfer conference with a sex abuse investigator. The agency's sex abuse investigation team of seven caseworkers and a supervisor works out of the Mayerson Center for Safe and Healthy Children, located at Children's Hospital. They investigate some 800 sex abuse allegations a year and transfer about 20 percent to ongoing caseworkers. A transfer conference takes place when an investigator hands off a case to an ongoing worker. It's usually followed by a joint visit – together the workers visit the child wherever he or she is living.

This day's transfer involved a baby born two months prematurely to a 14-year-old girl and her 26-year-old "boyfriend." It had come through Children's Hospital, not because of sex abuse, but because the mother had seemingly abandoned the baby. The teen mother had been in and out of the child protection system herself—a common scenario—and her troubled family had been known to Children's Services for generations. Ms. Holiday thought she would eventually seek a court order to terminate the mother's rights so the baby could be available for adoption.

Ms. Holiday and the investigator drove to the foster home and found the baby asleep. The foster mother asked to have the child qualified as "special needs," which would increase her daily board rate. "I've had to have a respite provider (to watch the other foster children in her home) because I've got so many doctor appointments for (the baby)," she said. "We've been to the ENT (ear-nose-throat doctor) six times in the past two weeks. We have a suction machine now, but I have to beat on her back to loosen the mucus from the rib cage and then suction her. She has croup, too...and some projectile vomiting through the nose. We're on our third formula...It's sad. This child is just wrapped up in sad."

Leaving the foster home at 11 a.m., Ms. Holiday returned to the office where nine voicemail messages awaited her. At noon, as they do nearly every day, the caseworkers in Ms. Holiday's unit gathered in their supervisor's office for lunch.

Monday afternoon: Ms. Holiday drove to a school to interview two siblings for a custody investigation. The parents were separated, and the children were living with their mother, but their father wanted custody. Children's Services became involved because of domestic violence and the father's mental illness.

Seated in the school auditorium, Ms. Holiday talked to the children about their life with their mother and weekend visits with their father. Bright and chatty, the children freely answered the questions until one of them mentioned their father gave "whippings."

"What do you mean, 'whippings'?" Ms. Holiday asked. The little boy turned his back to her and covered his face with his hands. "I'm embarrassed," he said.

"Does he hit you with something?"

The boy whispered, "A belt."

Later, Ms. Holiday said, "I believe what every child tells me until I catch them in a lie...I can't tell the dad not to strike the child with a belt. All I can do is say, 'You can't hit hard enough to leave a mark.'"

Because the court hearing was scheduled for the next day, Ms. Holiday planned to write her recommendation at home that evening. She would recommend against the father's custody.

From the school, Ms. Holiday headed to another school where she was to pick up a seven-year-old boy to take him to a psychiatrist for an evaluation of his medications. Daniel's story is one of the most complex and tragic that Ms. Holiday has ever experienced. The little boy in the plaid shirt riding in the backseat of her car was alive by some kind of miracle.

Daniel's mother had a long history with Children's Services because she drank, used drugs and neglected her seven children. A cycle developed where the children would go to foster homes or relatives while she received drug treatment. They would return home, she would eventually relapse and the cycle would begin again.

In the fall of 1999, Daniel, then six, was living with his aunt. One day, he lied about an incident at school. Daniel's aunt proceeded to beat him with a belt and an extension cord and kept it up for half an hour while he ran around the room trying to escape. He was taken to the hospital and went into cardiac arrest in the parking lot. For two weeks, he hovered near death.

The aunt received a five-year prison sentence, and Daniel and his siblings went to live in several different foster homes. One of his brothers, then 11, had witnessed the attack on Daniel, and for months afterward suffered from flashbacks and thoughts of suicide. Although hospital tests found that Daniel did not appear to have permanent brain damage, school was an uphill battle and he continued to have emotional and behavioral problems.

In late 2000, Children's Services filed in Juvenile Court to terminate the parental rights of Daniel's mother. Before the trial, another aunt insisted that she wanted to take care of all seven children. Children's Services could not talk her out of it and, as an assistant prosecutor said, "If we didn't at least try, the court would throw it right back in our face." Children's Services is required by law to place children in the "least restrictive, most family-like setting" that can meet their needs. If appropriate relatives are willing, they must be tried first.

So, a few at a time, Ms. Holiday moved the children out of their foster homes and into the aunt's home. By March, 2001, the aunt had all seven children, ages 15 to 7. She knew the rules. Among them: three of the children, including Daniel, required daily psychotropic medications; and the children's mother could visit, but she was not to live with them or be alone with them.

Lately, it had become clear to Ms. Holiday that the aunt was overwhelmed, yet she had refused help from Children's Services. Among the signs was Daniel's erratic behavior at school. Ms. Holiday suspected the aunt was not giving him his medications, although she insisted she was.

Driving to the psychiatrist's office, Ms. Holiday talked with Daniel. He'd been to the circus and liked the tiger that jumped through the burning

hoop. They talked about living at the aunt's house, where Daniel had been only about a week. He said it was OK, but he liked his foster home better and wanted to go back. Then Daniel dropped two bombshells. He said two of his cousins were also living at his aunt's house, which Ms. Holiday has expressly forbidden, and that his mother was also living there.

"Her clothes be there," he said. "She sleeps on the couch."

At the office, the psychiatrist questioned Daniel and asked him to draw a picture. Then he gave

Ms. Holiday some bad news. In his judgment, Daniel had a profound fear of abandonment, was depressed, had no friends, couldn't think logically and might have brain damage. He didn't think Daniel was getting the right medications. The doctor handed Ms. Holiday

prescriptions for tests and recommended a neuro-psychological exam.

"That one will be expensive, and I don't know who will pay," he said.

"What's important to me is putting this child in a family with six other kids and a woman he can't connect with," the doctor said. "I know what's ahead – he's headed down the toilet."

"So I'll be subpoenaing you and every other professional to testify," Ms. Holiday replied, "because I can't walk into a courtroom and say that."

Ms. Holiday drove Daniel back to his aunt's house where she found two of his brothers sitting in corners because they had been suspended from school. School reports in hand, Ms. Holiday sat on the couch with the boys to talk about what had happened. She also asked if they were seeing their mother every day. They said they were. "I don't want to stay here," the younger boy said, and a tear slid down his cheek.

Returning to the office shortly after 5 p.m., Ms. Holiday told her supervisor, Gabriella Suarez, that the situation in the aunt's home had deteriorated and that the mother appeared to be living there. They wondered whether to pull the children out that night, but decided it would be

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Tuesday morning: Ms. Holiday, Ms. Suarez and six other professionals gathered for a case staffing. The children's aunt and mother did not show up, although they had been invited to the meeting. A case staffing is a formal meeting held at critical points in Children's Services cases.

After Ms. Holiday presented the facts and everyone talked it over, they decided to place the children in foster homes and to reinstate Children's Services' request in Juvenile Court to terminate parental rights. Children's Services' foster care unit began looking for homes.

By mid-morning, a crisis was brewing. When the aunt told the children they were going back into foster care, they took off. Ms. Holiday spent the day on the telephone trying to track the children and talking with police. That evening, she and other caseworkers visited several addresses supplied by the aunt, but found no one.

Wednesday: The search continued until 3:30 p.m. when the aunt walked into Children's Services offices with the children. They had spent the night with a cousin. While the children waited restlessly in a play room designated for such emergencies, Ms. Holiday called the foster parents. Her desk was covered with pink placement packets – information and official forms for the foster parents. One foster parent decided she had changed her mind. Another had a family emergency and was no longer available.

"The kids are angry. We're all angry. At least we're angry together!" Ms. Holiday said. She dropped her head into her hands.

Sitting in Ms. Holiday's office, the aunt looked wrung out. She denied the children's mother was living with her.

In late afternoon, Ms. Holiday and another caseworker took three of the children to their foster homes after stopping by the aunt's house to gather their clothing and medications. Back at the office, Ms. Holiday stacked bottles on a desk and began to count pills. It soon became clear that the aunt had not been dispensing them.

Meanwhile, three other children had come into the unit after being removed from a violent home on an emergency court order. They too would have to be placed in a foster home that night. Caseworkers pooled their pocket money to feed all the children. And in the midst of it all, Ms. Holiday received a call from a child on her caseload whose mother had failed to pick him up at a therapist's office.

By 10:30 p.m. the crisis was over. Daniel and his six siblings had been placed in five different foster homes. It had been a long day, requiring teamwork from Ms. Suarez and all the caseworkers in Ms. Holiday's unit. The next morning, Ms. Holiday would arrange for a nurse to visit each child, as required within 24 hours of a foster care placement, and would begin transferring school records. She had a nagging suspicion that two of the five foster placements would not work out.

"But," she said, "at least Daniel's will be great."

"We get frustrated like anybody would; we're not martyrs," said another caseworker. "But we're here for the kids. If you weren't, you just could not do this job."