Module 1: Introductions

Counting Activity
Module 1: Introductions

Cultural competence

DEFINITIONS OF CULTURE AND CULTURAL COMPETENCE

CULTURE is the sharing of knowledge and meaning that influences beliefs and behaviors.

CULTURE is a learned, shared and symbolically transmitted design for living. It includes language, class, race, ethnic background, religion, and other diverse factors that are taught and shared by a group of people.

CULTURAL COMPETENCE is the process by which individuals and organizations learn to respond respectfully and effectively to all people, even those who differ from them, in a manner that affirms and values their worth while protecting and preserving the dignity of each.
Module 1: Introductions

Bennett Model of Cultural Competence

**ETHNOCENTRIC**  🔄 🔄 🔄  **ETHNORELATIVE**

- **Denial Stage:** An individual denies that cultural differences exist.
- **Defense Stage:** An individual acknowledges cultural differences but is threatened by them. They use *denigration, superiority and reversal* to defend against their uncomfortable feelings.
- **Minimization:** An individual acknowledges cultural differences, but trivializes them, believing that similarities outweigh differences.
- **Acceptance:** An individual recognizes and values cultural differences with evaluating them as positive or negative.
- **Adaptation:** Individuals develop and improve skills for interacting and communicating with people of other cultures.
- **Integration:** Individuals not only value a variety of cultures, but redefine their own identity and feel comfortable interacting with a variety of cultures.

**CROSS MODEL OF CULTURAL COMPETENCE**

This model was originally developed to describe stages of competence at the organizational level, but was later adapted to be used at the individual level. Some of the labels may be considered harsh or inappropriate (e.g. *blindness*), however it is a useful to explain the stages in the progression toward cultural competence in the workplace.

**STAGE 1: CULTURAL DESTRUCTIVENESS**
This is the most negative end of the continuum. People at this stage view culture as a problem and are very ethnocentric. At the societal level, this stage was exemplified by the boarding schools which taught young Native American’s that their culture of origin was “savage” and wrong.

**STAGE 2: CULTURAL INCAPACITY** (Corresponds with Bennett’s Denial stage)
Individuals lack cultural awareness and skills. They believe in racial superiority of a dominant group and maintain stereotypes. They support segregation and lower expectations of persons from other cultures.

**STAGE 3: CULTURAL BLINDNESS** (Corresponds with Bennett’s Minimization stage)
Individuals believe that culture makes no difference. At the organizational level, services are ethnocentric and unresponsive to diversity in cultures other than the dominant one.

**STAGE 4: CULTURAL PRE-COMPETENCE** (corresponds with Bennett’s Acceptance stage)
Individuals begin to recognize cultural differences and educate themselves and others. They may become complacent in their efforts. At the organizational level, they may hire diverse staff, offer cultural sensitivity training, promote diverse staff, etc.

**STAGE 5: BASIC CULTURAL COMPETENCE** (corresponds to Bennett’s Adaptation stage)
Individuals accept, appreciate and accommodate cultural differences. They value diversity and respect differences. They are willing to engage in cross-cultural interactions. At the organizational level, they hire unbiased employees, seek advice from communities of color, and assess provision of services for diverse clients.

**STAGE 6: ADVANCED CULTURAL COMPETENCE**
Individuals move beyond acceptance of other cultures, to education of less informed individuals. They seek out knowledge, develop skills to interact in diverse environments and become comfortable interacting in multicultural settings. At the organizational level, this may entail conducting research, hiring specialist in cultural competence and acting as an advocate.

The following is a diagram that can assist you in thinking of the many ways in which we are different and similar, and the various levels at which this diversity impacts both the private and public spheres of our lives:

Module 2: Framework for practice

Systems theory

**FRAMEWORK FOR PRACTICE: ECOLOGICAL SYSTEMS AND INTERSECTIONS**

- **Macroe level:** Social, political, historical
- **Mezzo level:** Community, extended family
- **Micro level:** Individual, family
- **Family/individual**
- **School**
- **Work**
- **Extended family**
- **Historical events**
- **Social trends and issues**
Module 2: Family-Centered Practice

What is Family-Centered Practice in Child Welfare?  

A family-centered perspective in child welfare services is a conceptual approach — a way to think about what is helpful for children and families in the child welfare system. It is not only a set of specific strategies or models (for example, service plan reviews, family conferencing or family preservation) but also a framework based on the belief that the best way to protect children in the long run is to strengthen and support their families, whether they be nuclear, extended, foster care, or adoptive. It requires specialized knowledge and skills to build family resources for strength and resilience by providing services to the family, extended family, and kinship group, and mobilizing informal resources in the community. Family-centered practice advances the objectives of establishing safe, stable, and permanent families to promote the well-being of children. Building and enhancing family-centered practice is based on the following premises:

1. The safety, permanency, and well-being of children are the leading criteria in child welfare decision-making.
2. Whenever possible, families are seen as providing the best care and protection for children.
3. The family as a unit—as well as its individual members—is the focus of the child welfare casework process (intake, assessment, planning, service provision, monitoring of progress and closure).
4. Successful outcomes of the interventions in child welfare are demonstrated in the child’s developmental progress and well-being, and in the increased capacity of the parents to nurture and protect the children.
5. Families need to be at the center of decision-making and actively engaged in developing, implementing, and monitoring their service plan.
6. Respect for families’ ethnic and racial backgrounds, values, and customs are built into organizational structures and service delivery.

Tasks involved in family centered practice include:
1. Forming relationships with all family members.
2. Working with the family regarding when and where to hold case planning meetings.
3. Working with families to developing a service plan which includes all family members when possible and appropriate, including both parents, non-relatives (godparents, unmarried partners, Clan or Tribal leaders or other community supports).
4. Working with families to overcome obstacles when identifying and contacting biological parents, grandparents, aunts, uncles, older siblings or other relatives.
5. Gathering information on characteristics of the family system.
6. Linking families to community supports.

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Family Characteristics

**Family Power Structure:** All families develop a power structure that defines how much influence members will have upon one another and how decisions are made. These power structures and social-cultural norms help maintain individual behavior. The power structure within a family can change as the family and circumstances change.

**Boundaries:** Boundaries help define the family unit; they also define the roles and subsystems within the family. They are invisible lines that shape how a family "operates." Boundaries can be open or closed and families have internal and external boundaries. Boundaries impact how family members attempt to get their needs met.

**Family Homeostasis:** This is the balance, or status quo, within a family. Striving to maintain homeostasis is what can be interpreted as "resistance" to change and can be an impediment to the achievement of the child welfare outcomes. Often, even if behaviors or interactions are harmful to the family unit, the need to remain with what is "known" instead of what is "unknown" has a powerful impact on a family’s behavior.

**Subsystems:** These are hidden or conspicuous attachments or alignments that occur among family members within the family as a whole.

**Family Rules:** Family rules can be spoken or unspoken. They define behavior within the family as well as defining how members will conduct themselves outside the family.

**Communication Patterns:** They can be verbal, non-verbal and contextual. How various family members communicate with each other is determined by many other family characteristics, i.e., family rules, family roles, subsystems, etc., and well as family and individual experience of oppression.

**Family Roles:** Family roles can be fluid and, regardless of the role each member has within the family (positive or negative), there is generally a "pay off" for remaining in that role.

**Triangulation:** When a family member is "scape-goated" by other family members in order to allow the other members not to attend to their own real issue, problem or dysfunction.

**Family Myths:** Family members often hold on to these myths as reality while not based on truth or facts. These myths can effect how members see themselves as well as how they view the outside world. Myths can be culturally biased; the “truth” is subjective.
Module 2: Family-Centered Practice
Men and Fathers

Child Welfare Casework Practice with Men and Fathers

Background

“Although it is important not to overvalue the importance of fathers, it is equally important not to dismiss their significance.”

Historically, men’s relationships with their children have been dependent on their relationship with the mother, whereas a mother’s bond to her child is assumed. This view is unfair to both parents – it can lead to a greater parenting burden on mothers and deprive men of a valued and equal status as a parent. However, these gender norms are deeply embedded in our past and present social structure. For example, while men’s important role as parents is now getting more attention, additional supports, expectations or role models for men have not increased. Thus, meeting new expectations of the role of father remains a challenge for many men, especially those who have the added challenges of unemployment, under-education and racial discrimination.

Benefits of Father Involvement

Many men are deeply committed and involved parents. Research indicates that men’s involvement in children’s lives can be beneficial to children, whether they are non-custodial parents or live with their children. While benefits vary based on traits of the parent, in general the benefits of father involvement include healthy child development and higher academic achievement. Men bring specific strengths to parenting, such as helping to increase confidence in children through risk taking and exposure to the outside world.

Beyond Biology

Not all men who fill a fatherhood role are biologically related to the child. For example, father-figures to children in the African-American community can include uncles, church leaders, mentors, and men in black fraternal organizations. In addition, stepfathers can contribute significant time and financial support to stepchildren.

Engaging men in casework practice

While it is important to involve fathers as early as possible in casework, it is never too late to include dads. In some cases it may be difficult to identify, locate or make contact the father. If he is not involved early in the case, be prepared to explain why.

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2 Silverstein, 1996, p. 10
3 Risley-Curtiss, 2003
Even if a father resists involvement, give him every opportunity that you would give the mother. He may need to work through his feelings about being a parent before he can commit to fatherhood; supporting him through this process can help with engagement. A father may want to be involved with his child but uncertain how to proceed. The mother’s feelings about his involvement can play a role in how the father responds to engagement.

Many mothers support increased involvement of resident and non-resident fathers in their children’s lives. However, some mothers have legitimate concerns regarding father involvement. Be understanding and patient in dealing with the mother’s objections to father’s involvement. It is important to ask the mother about her relationship with the father and understand the reasons behind her resistance. It may be helpful to have the mother identify the benefits for her child(ren) and herself if the father is involved (i.e., relieve her of some of the child-rearing burden). If she is being pressured by her family or friends to exclude the father, she may need help advocating for his involvement.

**Supporting men as fathers**

The message that fathers are an important part of communities and families can be conveyed in many ways. For example, posters of men and magazines that appeal to men should be prominent in common areas. Simply verbalizing the importance of fathers in the lives of children can remind people that fathers’ contributions are valuable.

Many fathers can benefit from community and church programs that support fatherhood involvement in children’s lives. Seeking resources and programs for men and fathers can help empower and encourage fathers, especially if they are new fathers or struggling to understand their role as parents. A parenting program geared towards men can help build confidence in his parenting and show him ways to discipline and interact with his child appropriately.

Unemployment can be especially hard on men, given society’s expectations of men as breadwinners. Connecting men to employment or training programs can help a family financially, but can also help fathers regain their sense of self-esteem and self-worth. Discuss custody dispute here.

A father’s extended family can be a valuable resource. Family members can support him in the role of father or provide additional emotional support for the children. Even if the father is unavailable for some reason, his family may be a resource to his child.

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6 *National Family Preservation Network, Fatherhood Training Curriculum*
Child Welfare Casework Practice with Couples

While many families involved in child welfare services are headed by single mothers, many also include intact couples. One national study found that 31% of parents who had children living at home were married and 16% reported a live-in partner\(^7\). Couples in families receiving child welfare services may be married, living together, or in a romantic relationship.

**Some information on marriage between couples who are parents together\(^8\):**

1. Many unmarried parents value marriage and plan to marry in the future. Studies indicate that couples have high expectations for marriage and weigh emotional and financial stability heavily as pre-requisites for marriage.

2. There is a gap in couples’ marriage expectations and actual rates of marriage. A study of couples who were unmarried at the time of their child’s birth and expected to marry their current partner found relatively few had married one year later.

3. Marriage decisions are determined by both economic and cultural factors. The couples in the study identified reasons for not marrying that fell into three areas: financial, relational and timing. Couples in the study say marriage is “an indicator that a couple has “arrived” both financially and emotionally. To these couples, marriage means that a couple has accumulated considerable savings and assets as well as a high level of commitment.

**Research shows the relationship between parents can affect their parenting skills, so efforts to strengthen couples' interaction could increase positive parenting and child well-being:**\(^9\)

1. Supportiveness in the parents' relationship was associated with higher engagement with the child for both married and unmarried couples.

2. Relationship quality was just as important for parents having a second or third child as for parents having a first child.

3. The effects of relationship quality on parenting were similar for both mothers and fathers.

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\(^7\) National Survey of Child and Adolescent Well-being data, unpublished analysis.


Child Welfare Casework Practice with Couples

Supporting couples and marriages can take many forms, including:

1. Acknowledging the importance of a relationship. This can take the form of simply asking about the couples’ relationship and listening to the answer.

2. Knowledge of and referral to local services for couples, such as counseling or classes that support healthy relationships and marriages, can help improve family stability. Patterns of behavior for individuals and couples strongly predict the success of relationships, both for married and cohabiting couples. Early intervention for couples can improve outcomes.

Cohabiting and Romantic Couples

While many unmarried parents value marriage and plan to marry in the future, not all couples who have children choose to marry. Many couples with children live together. Other parents maintain separate households, but both remain actively engaged in childrearing.

Recent research on a sample of new parents who were not married to each other at the time of their child’s birth offers insights into unseen obstacles to healthy marriage and relationships for couples who are parents. There is a recorded gap in couples’ marriage expectations and actual rates of marriage. Most couples who were unmarried at the time of their child’s birth expected to marry their child’s other parent. However, of those couples who expected to get married, less than 15% had done so one year later.

Marriage decisions are determined by both economic and cultural factors. The couples in the study identified reasons for not marrying that fell into three areas: financial, relational and timing. Couples in the study say marriage is “an indicator that a couple has “arrived” both financially and emotionally. To these couples, marriage means that a couple has accumulated considerable savings and assets as well as a high level of commitment. That expectation can lead couples with fewer economic resources to substantially delay marriage.

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Supporting Couples
Healthy marriages and intimate partnerships build on parents’ individual strengths to sustain healthy supportive relationships with spouses and potential spouses, including attention to the emotional and physical safety for both parents, the individual and joint capacity to understand and control fertility choices, and the individual and joint capacity to manage and plan their financial lives.

Supporting couples, whether married, cohabiting, or living separately, can contribute to a stable environment for children. Several supportive tactics include:

- Identifying resources for referring a couple to relationship counseling.
- Respecting the value of both members of the couple by sharing case information with each one and reaching mutual understanding regarding the role of their relationship in case dynamics.
- Helping the couple identify strengths within their relationship
- Helping the couple identify resources for their relationship.

Challenges in Work with Couples
In working with families, it is important to assess the emotional and physical safety of both partners early in the helping process in order to determine the appropriateness of sharing information and holding joint sessions.

When working with the non-offending parent, it is important to:

- Let them know that they are not responsible for the violence; it is not their responsibility to stop perpetrator’s behavior.
- Assist the non-offending parent in planning for the safety for the children, as well as, their safety.
- Determine the non-offending parent’s ability to keep the children safe.
- Make appropriate referrals to shelter, support services, legal assistance, financial assistance, substance treatment, or other services.
When working with the offending parent, it is important to:

- Work with law enforcement to hold the perpetrator accountable for the violence and support appropriate sanctions (such as stay-away or protective orders).

- Assess the offender’s ability to remain safely involved with the family, including child-exchange or visits and remaining in the household.

- Make referrals to batterers programs, substance abuse treatment or other needed services.
Module 2: Family-Centered Practice

Child Welfare Casework Practice with Kin and Community Members

Many children live in kinship care situations. While separation from their parent is difficult for most children, being placed with someone they already know and have a relationship with may moderate some of the stress associated with placement.  

Scope:
In 1997, approximately 200,000 children who were taken into state custody were placed with relatives, and an additional 300,000 lived with relatives informally (without first being taken into custody). Many of these children fare well. For example, a study of 990 adolescents living in Los Angeles found that teens in kinship care placements were more stable and were less likely to have serious mental health problems than adolescents placed in non-kin foster homes. Children in kinship care are more likely to have ongoing contact with their parent, the church they attended prior to placement and the community they are familiar with than children who are placed in non-kin foster care.

Challenges:
For the kinship family, services (i.e. educational, health service, legal/judicial, and economic support systems) are often difficult to access; many service systems are structured for traditional families. The head of the kinship family, often a grandparent, has little or no standing in these service systems when acting in the role of parent.

Support:
The 2000 National Caregiver Support Act provides support for Americans over the age of 60 who are grandparents of a child under the age of 18, where the grandparent is the primary caretaker of the child and has a legal relationship such as legal custody, guardianship or is raising the child informally. Federal and local funds provide:

- Information regarding services,
- Assistance in gaining access to services, counseling, support groups,
- Caregiver training on decision making skills and problem solving,
- Respite care and support services

A demonstration project in Michigan found that using a systems approach which utilized cultural sensitivity was very successful when working with kinship care providers. The project used eco-maps, genograms and case conferencing with extended family to identify need and resources for the families.

References:

14 DHHS, Report to Congress (2000) Kinship Foster Care
Adoption and Safe Family Act (ASFA)

Primary Intent: To promote safety and permanency for children. Also permits and encourages concurrent planning in cases.

Effective Date: Federal Legislation (PL 105-89), signed into law November 1997, took effect immediately. New York State passed its ASFA related legislation in February 1999.

Key Provisions:

- ASFA is an amendment to the Adoption Assistance and Child Welfare Act.
- Written case plans must address child safety throughout the life of the case.
- For children in foster care, court orders must include a description of the child's visitation plan and a statement of the parents' right to participate in Service Plan Reviews and bring their lawyer or other support person. Parents must also receive a copy of the court order and service plan.
- The state has an obligation to provide reasonable efforts to prevent placement and reunite children in care with their families.
- All children in foster care must have a 12 month permanency hearing.

Practice Considerations:

- The state must petition the court to terminate parental rights or support a petition filed by another party if the child has been in care 15 out of 22 months.

- The court can not act on Termination of Parental Rights until a child has been in care for six months.
The Indian Child Welfare Act (ICWA)

Primary Intent: The primary purpose of ICWA is to protect the best interest of Indian children. ICWA promotes the security and stability of Indian tribes by maintaining and/or reestablishing connections between Native American children and their tribal heritage. It establishes federal standards that must be followed in the instance an Indian child is removed from their home.

Effective Date: The Indian Child Welfare Act (ICWA) was passed in 1978. New York State Social Services Law and state regulations were then amended to reflect the federal standards.

Key Provisions:

1. There shall be Indian Tribal jurisdiction over child welfare proceedings involving Indian Children who reside on Indian Reservations.
2. Proceedings involving Indian children not resident on reservations may transfer from state to tribal courts.
3. Tribal acts, records and judicial proceedings have full faith and credit, which means they are recognized as legitimate by federal and state courts.
4. Notice is to be provided to the parent, or Indian custodian and tribe, in any involuntary proceedings in a state court when an Indian child is involved. When the custodian or tribe is not known, then the Secretary of Interior is to be notified.
5. Indigent parents in any child removal, placement or termination of parental rights proceeding are entitled to a Court-Appointed Attorney.
6. Procedures for placement in foster care or termination of parental rights must follow the minimum federal evidentiary standards, and placement standards.

Historical Background:

1. Indian Nations are sovereign nations; they vary in customs, structure of government and communication styles.

2. While permanency is still of goal of child welfare cases that involve Native American Children, ICWA takes precedence over ASFA. However, involving a Native American child’s Nation early in the case can prevent multiple placements and reduce trauma for the child, which reflects ASFA goals.

3. The impact of institutionalized discrimination has hit Native American families at a catastrophic level; national data from studies in states with high Native American populations reported that between 25 to 35 percent of all Indian children were permanently separated from their tribes and families (Earle, 2000).
GRANDPARENT RIGHTS:
Modifications to Family Court Act 1017, 1035d, and
Domestic Relations Law 72

Primary Intent: To give all grandparents, relatives and non-respondent parents notice of an Article 10 proceeding (Abuse/Neglect Removal proceeding) and their right to be heard during the disposition.

Effective Date: January 5, 2004

Key Provisions (FCA 1017):

× Court must order DSS to investigate if child is to be or has been removed.

× “Relatives” includes all grandparents, maternal and paternal.

× Court must notify relatives that a petition has been filed, inform them of the "opportunity" to become foster parents or to seek custody, AND that the child may be adopted by foster parents if attempts at reunification are unsuccessful.

× New statute may facilitate grandparents to seek Article 6 custody as it defines "extraordinary circumstances" for the first time. Among other possibilities, "extraordinary circumstances" is defined as two years of "voluntary custody."

Key Provisions (FCA 1035d):

× Notice should provide Non-Respondent Parent with the following information:

× Non-Respondent parent has the right to appear and participate in the proceeding as an interested party for the purpose of seeking custody, seeking visitation, and enforcing any visitation right they may have by court order or written agreement.

Practice Considerations:

× Caseworkers should document that they have provided written notice to non-respondent parent, all grandparents and relatives.

× Caseworkers should advise all relatives, including ALL grandparents, regardless of agency's intentions to support relative placement or not, of their options (including kinship foster care and Article 6). This should be documented in case record.

× Document all relative contact and relative response.
Module 2: Family Centered Practice

Ecomap

MACRO SYSTEMS LEVEL

MEZZO SYSTEMS LEVEL

MICRO SYSTEMS LEVEL

INDIVIDUAL
Module 2: Family Centered Practice

Ecomap

MACRO SYSTEMS LEVEL

MEZZO SYSTEMS LEVEL

MICRO SYSTEMS LEVEL

INDIVIDUAL
Module 3: Fuller Family Scenario

John and Maria Fuller were recently “Hot-lined” for leaving their ten year old daughter, Robin home alone. Maria’s mother and father, Lydia Perez and Miguel Perez, will occasionally watch Robin, but Maria and John don’t like to ask them very often due to Miguel’s poor health. John’s parents Ruth and George Fuller live nearby, but do not have much contact with John and Maria.

Robin stopped attending the after school program at the Community Center. Robin’s teacher, Mrs. Albert said that Robin’s grades have dropped since she stopped getting help from Mrs. Rodriquez, the after school program’s homework support person.

Robin meets with Mrs. Hanson, the school social worker to discuss feelings about not seeing her biological father, Tom Garner. Tom’s brother, Paul, and sister-in-law, Tina, are Robin’s godparents. Tina likes to take Robin shopping, and ice skating.

Maria has contacted Linda, her VESID counselor to find training for a new job. John attends AA meetings almost everyday with his sponsor and meets with his probation officer, Mr. Harris weekly. While Maria attends Al-anon meetings, Robin meets with a children’s counselor, Amy.

John and Maria’s priest, Father McCullough is very supportive of the families in his parish and has often been there to help John and Maria with their family problems.
Module 3: Fuller Family Scenario

Fuller Family and Community Supports

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<td>1.</td>
<td>Mother – Maria Fuller</td>
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<td>3.</td>
<td>Maria’s Mother – Lydia Perez</td>
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<td>5.</td>
<td>John’s Mother – Ruth Fuller</td>
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<td>7.</td>
<td>Robin’s Godmother- Aunt Tina</td>
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<td>9.</td>
<td>Robin’s biological father – Tom Garner</td>
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<td>11.</td>
<td>Robin’s Teacher – Mrs. Albert</td>
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<td>13.</td>
<td>Homework Support – Mrs. Rodriguez</td>
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<td>15.</td>
<td>Robin’s counselor- Amy</td>
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<td>17.</td>
<td>John’s P.O. – Mr. Harris</td>
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<td>2.</td>
<td>Father – John Fuller</td>
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<td>4.</td>
<td>Maria’s dad – Miguel Perez</td>
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<td>6.</td>
<td>John’s father – George Fuller</td>
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<td>8.</td>
<td>Robin’s Godfather- Uncle Paul</td>
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<td>10.</td>
<td>School S.W. – Ms. Hanson</td>
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<td>12.</td>
<td>VESID counselor - Linda</td>
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<td>14.</td>
<td>AA Sponsor</td>
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<tr>
<td>16.</td>
<td>Father McCullough</td>
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Module 3: ICWA True or False

T F 1. American Indians share one culture that is different from Europeans.

T F 2. Indians were conquered because of their lack of immunity to European diseases.

T F 3. If Indians had united, they could have prevented the European invasion.

T F 4. Europeans brought civilization to the Indians, who were warlike and treacherous.

T F 5. All Indians share one religion and welcome outsiders to observe and participate in their religious ceremonies.

T F 6. Indian women often held powerful positions in the tribe.

T F 7. Indians are easily identified by their long, black hair, braids and facial features.

T F 8. Indians are a vanished race.

T F 9. The contributions of American Indians have changed and enriched the world.

T F 10. Most American Indians are confined to reservations in the United States.

T F 11. Indians cannot vote or hold office except in their tribe.

T F 12. Indians have a tendency toward alcoholism.
Module 4 Cultural Competence

Oppression

OPPRESSION

Oppression defined: The systematic mistreatment of an individual or group by other individuals and groups and by society and its institutions. There must be systematic support for the oppression in order for it to be considered such.

Types of oppression include:
- Homophobia, Heterosexism, Sexism
- Ageism, weightism
- Young People’s Oppression,
- Ableism

Manifestations of Oppression include:

Internalized oppression – refers to members of oppressed groups believing and/or acting on oppressed messages. It is manifest in both attitudes and behaviors.

Social oppression – refers to the impact of oppression on social interactions, i.e. discomfort around people from various oppressed groups, behaviors that reflect lack of acknowledgement of or disregard for people from oppressed groups.

Institutionalized Oppression – refers to the systemic manifestation of oppression. It is the disregard for and/or the exploitation of people from oppressed groups. For example, much oppression is institutionalized via a capitalistic system which exploits people from oppressed groups. Institutionalized oppression also is demonstrated by the lack of representation of oppressed groups in professional and managerial positions across disciplines.
Module 6: Action Plan

Items 1-3: Write your responses on the worksheet

1. Identify one area in which your awareness or knowledge has been enhanced as a result of this training.

2. Identify one area that your skill level has improved as a result of this training.

3. Identify one area where you will use your enhanced awareness and apply your improved skills in your casework practice.

Items 4-6: Write your responses on Index Cards.

4. As a result of this training, identify an area that you would like to continue to work on enhancing your knowledge and improving your skills in order to increase the quality of your casework practice.

5. Identify ways or steps that you can take that will assist you with achieving this goal.

6. Develop a timeline for the next 30 days that will put your “Action Plan” into ACTION!!
The National Resource Center for Family-Centered Practice & Permanency Planning focuses on increasing the capacity & resources of State, Tribal & other publicly supported child welfare agencies to promote family-centered practices that contribute to the safety, permanency & well-being of children while meeting the needs of their families.

The NRFCPPP helps states & tribes
to implement strategies to expand knowledge, increase competencies, and change attitudes of child welfare professionals at all levels, with the goal of infusing family-centered principles and practices in their work with children, youth and families who enter the child welfare system.

On-site training & technical assistance
The NRFCPPP offers on-site training and technical assistance to States, Territories, Tribes, and other publicly supported child welfare agencies on a wide range of issues which promote sustainable systemic reform in child welfare. The NRFCPPP is particularly focused on working with states throughout all stages of the Child and Family Services Reviews (CFSRs), including the development and implementation of the States' Program Improvement Plans (PIPs).

The NRFCPPP is committed
to increasing the capacity and resources of State, Tribal, and other publicly supported child welfare agencies to integrate family-centered practices into the child welfare system and to promote permanency for youth and children in out-of-home care. To do this, we advocate for a mix of:
- family-centered & strengths-based practice approaches
- community-based service delivery
- cultural competency & respect for all families

AREAS OF TRAINING & TECHNICAL ASSISTANCE INCLUDE:
- Practices that engage families in assessment, case planning, case review & timely decision making about reunification, adoption, guardianship, kin placement or appropriate use of APPLA
- Strategies to engage parents and community partners in the provision of safety-focused, family-centered services to children, youth & families
- Strategies to develop skills in the practice of family group conferencing & family group decision making
- Home-based services to preserve families
- Working with and involving parent/foster/kin visiting
- Visiting between children & youth in care & their parents
- Permanency planning & goal achievement
- Concurrent permanency planning
- Recruitment & retention of resource families
- Placement Stability
- Post-permanency services
- Disproportional Representation of Children & Youth of Color in Foster Care
- Cultural competency to increase understanding of Indian culture
- State compliance with ICWA
- Facilitating JVE agreements between states & tribes
- Engaging fathers & paternal resources in permanency planning
- Permanency for older adolescents
- Sibling issues: maintaining connections
- Working with birth families to promote reunification
- Health & mental health care issues for children & youth in foster care
- Expanding the service array & improving accessibility to services
- Linkages with courts/legal personnel

INFORMATION SERVICES:
The NRFCPPP also offers “cutting edge” information services to States, Tribals, and other publicly supported child welfare agencies. Information is provided in the following formats:
- NRFCPPP Web-Based Information Services with links to our partner organizations CWLA & NCIWA: www.nrfcppp.org
- NRFCPPP Weekly Update: an electronic weekly newsletter provided at no charge to subscribers
- NRFCPPP State Information Response: the NRFCPPP responds to information requests from States & Tribes
- Child Welfare Publications: topicaly arranged on our website, downloadable for free
- Training Curriculum in English/Spanish: downloadable for free on our website
- NRFCPPP Quarterly Webcasts: focusing on a wide range of family-centered practice & permanency planning related issues, these are broadcast live & then archived on our website
- NRFCPPP Semi-Annual Newsletter: shines the spotlight on national promising & best practices in
Expanding the Family Circle

OVERVIEW
According to the 2000 U.S. Census there are 4.1 million American Indian/Alaska Natives (AI/AN) residing in the United States (alone or in combination with another race). While 4 out of 10 Indians live in western states, every state in the nation has a measurable AI/AN population. There are currently 563 federally recognized Indian tribes and approximately 245 tribes currently petitioning for federal recognition. Each of these tribes is a distinct sovereign nation that determines its own membership (citizenship) and exercises the powers of government. The Urban Indian Health Institute estimates that 66% of the AI/AN population lives in metropolitan areas (over 2.7 million). The Indian Health Service contracts with 34 Urban Indian Health Clinics.

The U.S. Constitution (Article 1 Section 8) sets the foundation for the federal government’s trust responsibility to Indian nations, which has been reinforced over the years through various treaties, laws, and court rulings. Despite this, AI/AN people continue to be underserved due to a lack of adequate federal funding. The Indian Health Service appropriation meets less than 60% of the need, and of that Behavioral Health typically represents about 1% of their total budget. The Bureau of Indian Affairs continues to eliminate or cut programs due to decreased funding.

Since Indian people are also citizens of the states in which they reside, local government agencies and entities have the responsibility to serve AI/AN populations that reside in their cities, counties, or states. In states that have federally or state recognized tribes, government-to-government relationships should be fostered in ways that promote the principle of tribal self-determination. In other states, efforts should be made to reach out to Urban Indian organizations or other community-based AI/AN organizations. Cities should seek partnerships and offer contracts to Urban Indian organizations. The National Indian Child Welfare Association is available to provide assistance to cities, counties, and states seeking to develop partnerships with AI/AN communities.

State Map (2000 U.S. Census)
### Demographics (2000 U.S. Census)

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total AI/AN population (alone or in any combination)</td>
<td>176,348</td>
</tr>
<tr>
<td>Total AI/AN population under age 19 (alone or in any combination)</td>
<td>58,951</td>
</tr>
<tr>
<td>Number of AI/AN on all NY reservations except Oil Spring and Onanda (AI/AN race alone or in combination with one or more races)</td>
<td>15,032</td>
</tr>
<tr>
<td>Urban Indian population in New York, Queens, Bronx, Richmond, Kings, and Nassau counties</td>
<td>43,401</td>
</tr>
<tr>
<td>Urban Indian population in Syracuse metropolitan service area (MSA)</td>
<td>9,715</td>
</tr>
<tr>
<td>Urban Indian population in Albany—Schenectady—Troy, NY MSA</td>
<td>8,333</td>
</tr>
</tbody>
</table>

**Disclaimer**—Census data may have some inaccuracies related to the population on reservations. Contact tribe for the official tribal statistics.

### Contact Information for Tribes

<table>
<thead>
<tr>
<th>Tribe</th>
<th>Contact Information</th>
</tr>
</thead>
</table>
| Cayuga Nation of Indians | Vernon Isaac, Chief  
P.O. Box 11, Versailles, NY 14468  
Phone: (716) 532-4847  
Fax: (716) 532-5417 |
| Oneida Indian Nation | Ray Halbritter, Representative  
223 Genesee Street, Ames Plaza  
Oneida, NY 13421  
Phone: (315) 361-6300  
F: 315-361-6333  
http://www.oneida-nation.net/ |
| Onondaga Nation | Irving Powless, Jr., Chief  
P.O. Box 319-B, Nedrow, NY 13120  
Phone: (315) 436-9950  
http://www.onondaganation.org/ |
| St. Regis Mohawk Tribe | James W. Ransom, Chief  
412 State Route 37, Akwesasne, NY 13655  
Phone: (518) 350-2272  
Fax: (518) 358-3273  
http://stregis.mohawktribe.org/ |
| Seneca Nation of Indians | Rickey L. Armstrong, Sr. President  
PO Box 231, Salamanca, NY 14779  
Phone: (716) 945-1790  
Fax: (716) 945-1565  
http://www.sni.org/ |
| Tonawanda Band of Senecas | Emerson Weisner, Chief  
7027 Meadville Road, Batavia, NY 14013  
Phone: (716) 542-4244  
Fax: (716) 542-4244 |
| Tuscarora Nation | Leo R. Henry, Chief  
200 Mt. Hope Road, Lewiston, NY 14092  
Phone: (716) 522-7061  
Fax: (716) 297-7355 |
| Shinnecock Tribe (state-recognized tribe) | Randy King, Chairman  
Shinnecock Indian Reservation  
PO Box 5006, Southampton, New York, 11969  
Phone: (631) 283-8143  
Fax: (631) 283-0751  
http://www.shinnecocknation.com |
| Kim M. Thomas, Native American Affairs Specialist NY State Office of Children and Family Services (OCFS) | 295 Main Street, Suite 545, Buffalo, New York 14203  
Phone: (716) 847-5123  
Fax: (716) 847-3812  
Email: Kim.Thomas@ocfs.state.ny.us  
http://www.ocfs.state.ny.us/main/ocfs/ |
| Nashville Area Indian Health Service (Health services for American Indians and Alaska Natives in the Southern and Eastern United States) | Richie Grinnell, Director  
711 Stewarts Ferry Pike, Nashville, TN 37214-2634  
Phone: (615) 467-1500  
Fax: (615) 467-1501  
http://www.hs.ge.gov/FacilitiesServices/StateOffices/Nashville/ |

For contact information on urban Indian health programs and other Indian organizations, refer to A Proud Heritage: Native American Services in New York State, found at the following website: [http://www.ocfs.state.ny.us/main/publications/Pub505/ProudHeritage.cdf](http://www.ocfs.state.ny.us/main/publications/Pub505/ProudHeritage.cdf)

For more information, contact the National Indian Child Welfare Association at (503) 222-4044 or visit our website at [www.nicwa.org](http://www.nicwa.org).

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3. Level of Need Funded Study by the LNF Work Group Report II, December 1999 Indian Health Service.
CULTURAL CONTACT AGREEMENT
Makah Tribe
And
(Adoptive/Foster Parent(s))

THIS AGREEMENT is entered into this _____ day of __________, 20___ by and between
(Adoptive/Foster Parent(s)) and the Makah Tribe, regarding the adoption/placement of (child), minor
child.

RECITALS

1. It is in the child’s best interest to establish and maintain contact with extended Makah
   family members and cultural heritage. Continued family, cultural and tribal ties are
   within the spirit of the Indian Child Welfare Act.

2. The Makah Tribe has also determined that the best interests of the child require long-
   term, stable placement.

3. Based on this agreement to maintain the child’s family, cultural and tribal contacts, as
   set forth below, the Makah Tribe will consent to the adoption/placement of (child) by
   (Adoptive/Foster Parent(s)).

AGREEMENT

THEREFORE, in mutual consideration of the agreement set forth herein, (Adoptive/Foster
Parent(s)), and the Makah Tribe hereby agree as follows:

1. Makah Family Services agrees to pursue the enrollment of (child) as a member of the
   Makah Tribe in accordance with the tribe’s usual enrollment procedures.

2. (Adoptive/Foster Parent(s)) agrees to assist and encourage (child) in learning about
   Makah family, culture and heritage. Specifically, (Adoptive/Foster Parent(s)) agrees
to facilitate and encourage the child’s participation, through the child’s 18th birthday,
in tribal events and family visitations.

3. (Adoptive/Foster Parent(s)) is encouraged to consult with the designated tribal
   representative in an informal and on-going fashion to keep apprised of family and
   cultural events. (Adoptive/Foster Parent(s)) (and siblings) are welcome to
   accompany (child) on visitations to the tribe and extended family in Neah Bay,
   Washington.

4. The tribal representative and (Adoptive/Foster Parent(s)) will communicate and
   resolve questions concerning the logistics, financing, and the date of events or
   meetings in which the tribal representative seeks the child’s participation. The tribal
   representative and (Adoptive/Foster Parent(s)) shall openly communicate concerning
   a particular event or meeting a minimum of 30 days in advance. Events with shorter
   notice (such as funerals, etc.) shall be considered for attendance, but unavailability at
   such short notice is understandable.

5. The Makah Days Celebration takes place each year at the end of August. If at all
   possible, (child) is to attend this weekend celebration in Neah Bay, Washington.
6. Should (Adoptive/Foster Parent(s)) relocate a significant distance from Washington State, restricting ability to transport (child) to scheduled events and visitations, this Cultural Contact Agreement shall be followed to the extent possible. This includes exposing (child) to Makah culture through videotapes, books, etc. This also involves keeping contact with (child’s) Makah family through telephone calls, letters, etc.

7. The tribal representative is hereby designated as (Relative (child’s relationship)). In the event that (Relative) is unable to serve as tribal representative, another tribal representative shall be designated, in accordance with tribal and family tradition. (Adoptive/Foster Parent(s)) shall be informed of any re-designations of the tribal representative.

8. Should (Adoptive/Foster Parent(s)) or the tribal representative’s mailing address and/or phone number change; they are to keep the other party and Makah Family Services updated as such.

RELATIVE VISITATION

(Adoptive/Foster Parent(s)) will consult with tribal representative and Makah Family Services regarding relative visitation. Relatives are encouraged to visit with (child). They should keep regular contact by phone or letters so they remain known. Visitation may have to be phased-in if little contact has been made. They must be alcohol/drug free. They cannot make negative remarks about each other or the adoptive family. They should pre-arrange visitation.

1. Visitation language with family and siblings will be developed. If (Child) has future siblings, regular visitation would be encouraged. (Adoptive/Foster Parent(s)) and (Biological Parent(s)) shall consult with Makah Family Services to arrange such visitations. All parties must be alcohol/drug free and respectful to the family.

2. (Adoptive/Foster Parent(s)), Makah Family Services and the tribal representative shall each having the right to enforce this agreement in a court of competent jurisdiction.

By signing below all parties concur to abide by this Agreement.

Makah Family Services Caseworker: Phone: __________
PO Box
Neah Bay, WA.

Adoptive/Foster Parent(s): Phone: __________

Mailing Address

Tribal representative: Phone: __________

Mailing Address
Expanding the Family Circle

The Ladder of Inference

I take Actions based on my beliefs

I adopt Beliefs about the work

I draw Conclusions

I make Assumptions based on the meanings I added

I add Meanings (cultural and personal)

I select “Data” from what I observe

Observable “data” and experiences (as a videotape recorder might capture it)

Reflective Loop
Check beliefs ensure broad data selection the next time.

Reflexive Loop
Our beliefs affect what data we select the next time.

Expanding the Family Circle

Key for Genogram

Basic components

- Males are designated by a square
- Females are designated by a circle
- Unborn children are designated by a triangle
- Pets are designated by a diamond shape

- Marriage is designated by a solid line between the male and female, with the male located on the left. The date may be written on the line. M 4/20/1989

- Divorce is indicated by slashes through the line with the date of divorce written on the line. d. 9/23/2003

Children are suspended under the line and are represented by squares for males, circles for females, and triangles for unborn, or unknown gender.

Foster children are connected to the line above by a broken line: | and/or an F

Adopted children are designated by a double connecting line and/or an A: ||

Death is indicated by putting an x over the symbol representing that person, and the date they died.

Emotional connections

- Close relationships are indicated by double lines between the individuals, with arrows indicating the direction of the affection
- Enmeshment is indicated with a triple line, and conflict by slashes on the line between the individuals.