



SIXTH ANNUAL  
**SYMPOSIUM ON FAIRNESS AND EQUITY ISSUES  
IN CHILD WELFARE TRAINING AND EDUCATION**

***Regional Panel Presentation***

**Working with the African American Father, the Forgotten Parent**

Public Child Welfare Training Academy (PCWTA), Academy for Professional  
Excellence

Summary

April 16, 2008

The panel was introduced by **Elizabeth Quinnett, M.S.W., PCWTA's Program Coordinator**. Ms. Quinnett affirmed PCWTA's commitment to the values of fairness and equity and commented on the joy of joining together with others who share similar values at the annual Symposium on Fairness and Equity Issues. PCWTA is prioritizing the development of curricula and training regarding overrepresented populations in child welfare. Ms. Quinnett introduced Deborah Fitch and Kahalifa King, who are developing the CalSWEC-funded curriculum entitled, "Working with African American Fathers, The Forgotten Parent." Through this curriculum, PCWTA hopes to tackle bias that has prevented the child welfare system from engaging African American fathers. The curriculum also addresses the role of the African American father in the well-being of Black children.

**Deborah Fitch, M.S.W., Training and Curriculum Specialist**

Ms. Fitch worked for Child Protective Services in the County of San Diego for over 26 years before joining PCWTA. By not talking and thinking about fathers, Ms. Fitch advises, the child welfare field foregoes 50% of the resources available for reducing disproportionality within child welfare. She often feels as though many social workers act as if Black children do not have fathers. They may find it easier not to work with the fathers, or prefer to think that the fathers don't care about their children. Ms. Fitch does not believe that African American fathers do not care about their children and reiterated that the child welfare field must begin to examine critically the exclusion of this population.

Ms. Fitch's father provided the inspiration for her work regarding African American fathers. Ms. Fitch referred to her own childhood to make a point about the contribution of African American fathers. Ms. Fitch's father married her mother in 1949 and several years later, the couple began having children. The couple parented nine children, six biological and three adopted (both formally through the County as well as informally). Ms. Fitch's father provided a positive role model for her and her siblings. He was an

involved parent who made every effort to support his children's activities and interests, working hard to instill positive moral and ethical values in all of his children. She and her siblings knew they were loved, cared about, and that their parents would do anything for them.

With her family life as a foundation, Ms. Fitch entered the field of child welfare with the expectation that she could work competently with families, particularly with Black families. However, beginning with her first case, Ms. Fitch was surprised to find that this was not always true. Ms. Fitch was assigned a family of four: a working mother and father, and their two children. Ms. Fitch explained that the family's 15-year-old son had just been released from residential care and a family maintenance plan was to be initiated. The child had a history of pyromania and a serious medical condition concerning his thyroid which presented symptomatically as a large goiter on his neck. Additionally, a petition had been filed regarding the family's 9-year-old daughter who had a medical condition that related to severe obesity.

Ms. Fitch visited the family on a weekly basis. She described multiple challenges in the case: the family was not taking their son to therapy, not scheduling or keeping necessary medical and dental appointments, and not complying with prescribed medication regimes. She depicted the family as polite and agreeable, but found that they were not compliant with the case plan. After a few months of not seeing improvement, Ms. Fitch became frustrated.

On one of her visits, Ms. Fitch found the father home alone while his wife and children were running errands. She confessed to the father that she did not understand his and the mother's lack of compliance. She spoke plainly with him about the needs of the family and his children. Ms. Fitch left the home unaware of any affect this conversation had on the father. However, when she visited the family a month later, she saw that the health of both children had visibly improved. The father explained that as a consequence of her frank conversation with him, he had decided that he needed to take control of his family's situation. It was through work with this father that Ms. Fitch was able to engage successfully with the family and witness the positive results of their efforts.

Ms. Fitch described another case she handled as a supervisor of a continuing services unit later in her career. The case involved a seven-year-old boy with autism who had been placed with his father upon the death of his mother. The father had a history of drug abuse, but had completed a program and proved able to care for his child. Unfortunately, this soon changed, and the father once again began abusing drugs which affected his abilities to care for his son. In discussing the case with the worker, Ms. Fitch inquired about relatives that might be able to provide care for the child. The worker, however, stated that the child's father had no relatives. It was at this point that Ms. Fitch discovered that the child was related to her husband, and realized that the child's father had at least 100 adult relatives living in the county. It was not apparent whose fault it was, or in what part of the "system," the failure to engage paternal relatives became a barrier to finding a home within the child's extended family. However, Ms. Fitch knew

that there were relatives willing and able to care for this child and that they could have been recognized much earlier in the process by pursuing the father's family network.

**Charles Kahalifa King, M.A., MFT, Training Consultant**

Mr. King began by sharing personal challenges he encountered in his exploration of African American fathers in the process of designing a training curriculum. Despite his pride in being a part of this project and his belief that such curricula about engaging with African American fathers were sorely needed, he also felt emotionally overwhelmed by this task. When Mr. King began researching the topic, he found that most of the literature was quite negative. Eventually, he realized that much of his difficulty with the project was generated from the fact that he is that African American father, the forgotten parent and the focus of his own study.

Mr. King commented on the biased judgments and personal values that all child welfare workers bring with them to their jobs, often playing a part in determining professional choices and behaviors. While it is human to default to stereotypes when confronted with clients and families, Mr. King advises that one must strongly guard against such tendencies as a child welfare practitioner. Making judgments and decisions that are based on stereotypes or values that are not universal is a significant contributor to cultural and racial disproportionality and disparity in service delivery. It is Mr. King's hope that such 'default' behaviors will be challenged by the will of the policy makers, training institutions, academics, and at all levels of personnel in the child welfare system.

The new curriculum is designed to raise awareness among trainers and trainees about historical and current child welfare practices that excluded, or continue to exclude, the African American father. Such practices are destructive not only to Black fathers, but to Black families as a whole. Mr. King suggests that the framework of child welfare practice must change, for men in general and African American fathers in particular. Mr. King closed by paying tribute to the thousands of Black fathers who are hoping for a chance to manifest the love in their hearts for their children. African American fathers are viable contributors to the safety, permanence and well-being of their children, and an untapped resource for reducing disparities and disproportionality in the child welfare system.