

PREVENTION REPORT

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The Parent-Aide Concept in Family-Centered Child Welfare Services

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A fundamental proposition of family-centered services is that service delivery systems be designed to permit workers sufficient flexibility to tailor the intervention to the family's real needs, thereby facilitating growth and change. Flexibility, the antonym of rigidity, implies creativity and a willingness to respond to client-family needs through timely, sometimes inventive, responses by the collectivity of community resources.

Family-centered programs frequently include trained parent aides as members of the service team which emphasizes coordinated training, role delineation, and service provision according to an integrated service plan.

The term "parent aide" in this context refers to trained, paid practitioners who work in a team partnership with social workers and family therapists. Parent aides on a family-centered team are seldom unpaid volunteers. Qualifications sought for parent aides vary from those agencies where personal qualities and life experiences are the primary determinant to agencies which require bachelor's degrees in social work or related fields.

Various titles are given such workers including "teaching homemakers," "family guides," "family-life specialists," "family support workers," "family care workers," and "in-home parent trainers."

The use of parent aides has emerged as an important method of providing a number of key elements of family-centered services including (1) service flexibility; (2) ethnic, racial, and cultural sensitivity; and (3) cost-efficiency, especially when time-intensive service is required.

Service flexibility means it is expansive and is responsive to both individual and systemic variables such as culture, values, cognitive styles, and developmental attributes.

Although time-limited family-centered counseling has proven effective for many families, there are types of growth and change which are rooted in developmental processes which occur over time and which are best effected through repeated interpersonal interactions in relationships with respected role models. Parent aides most frequently serve in the nurturing/reparenting role and the teaching/training role.

The Nurturing/Reparenting Role. In the process of reparenting parents, goals for parents are to gain self-esteem, the ability to trust others, to eventually meet their own emotional needs, and to achieve the sense of self which is necessary to parent adequately. The parent aide truly accepts and cares about the needy parent, providing a safe atmosphere in which the parent may learn, perhaps for the first time, to depend on another person. This process is adequately described in the literature and is important in helping the majority of neglectful and abusive parents.

Nurturing/reparenting may begin as an aspect of short-term treatment for many parents, but ongoing support and feedback on relationship skills are crucial to maintaining change. The nurturing/reparenting role assists the family in developing and sustaining social support systems (networks) which will remain in place after the intensive involvement of the family-centered team ends. The ecological approach underscores the importance of support systems on which the family can depend.

The Teaching/Training Role. In this role, the parent aide teaches the specific skills of parenting, home management, and personal and family-life skills. Equally important for some clients in their success as parents is the development of less obvious, more basic developmental skills on which effective mastery of other skills depend.

For example, a precursor to the development of adequate housekeeping standards is the ability to achieve a sense of order and establish priorities among daily activities. These skills are generally gained by young people through repeated interactions with respected role models over time. Similar developmental needs among client parents may necessitate longer, more intensive service which can be provided by parent aides.

The advantages of parent aides, whether volunteer or paid, are maximized when they are integrated into the family-centered service team. Research suggests that when parent aides are not carefully trained and integrated into the service system, they may experience a lack of clarity regarding their role and may

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Lucas County Children's Services Board

At the Lucas County Children's Services Board, serving the Toledo, Ohio, area, the entire agency has modified its service approach to provide family-centered services.

Family guides, a major component of the service program, are employed by the agency to work with troubled families in many important aspects of day-to-day living. Currently, there are six full-time family guides; because of the high demand for their services, the agency hopes to add at least one more to the staff in the near future.

The family guides' activities include demonstrating home management and parenting skills; seeking housing; advocating in the community (with utility companies, in particular); budgeting; meal planning; grocery shopping; cooking and

food preparation; nutrition; and child care and feeding techniques.

With case loads of approximately 15 families each, the time spent by a family guide with each family varies from three days a week to only a few hours per month, depending on the family's particular needs.

Family guides come from a range of educational backgrounds and life experiences and are chosen for their desire to build relationships with troubled families. All take great pride in their work and are willing to learn new skills to improve their effectiveness. Recently, they were trained in the Systematic Training for Effective Parenting (STEP) program; the agency intends to expand this training component significantly in the next year.

Lucas County Children's Service Board also plans to develop more effective teamwork between social workers and family guides—including more frequent team visiting with families and improved communication between the social worker and family guide.

Lucas County has successfully experimented with running evening client groups at the agency focusing on specific topics such as budgeting and cooking. These group meetings, which are well received by clients, enable them to learn specific skills in an informal and interactive setting, with the family guide providing instruction. An agency spokesperson believes that family guides have proven to be valuable resources for both the agency's social workers and for the families whom they serve.

Nebraska Department of Social Services

The Nebraska Department of Social Services has initiated two family-based service pilot projects—one in Lincoln, an urban area, and one in McCook, a rural county. The Intensive Service Programs are separate units within these county agencies and both use *family support workers* as part of the treatment process for protective service families.

Family support workers are individually contracted with, rather than permanently employed, by the agency. At the present time, there are six family support workers in Lincoln and one in McCook (the latter having a much smaller service population).

The family support workers provide services similar to those of a parent aide or family guide. Tasks are diverse, including teaching home management techniques; hygiene; helping the family develop a structure; dealing with self-esteem issues; serving as role models, particularly in the

area of parenting; and offering friendship and support for a family experiencing problems.

Family support workers are engaged in a partnership with intensive service social workers to provide services to families. The intensive service social worker is responsible for service planning and provides supervision and guidance to the family support worker. Upon initiating services with a family, the intensive service worker and the family support worker meet to decide on the roles and responsibilities of each. Occurring at least weekly, subsequent meetings between teamworkers are informal discussions of progress and difficulties.

To the greatest extent possible, family support workers are "matched" with families of similar backgrounds and compatible needs. For example, one family support worker, who is male, is working with a female-headed, single-parent family

with a teenaged son. In this case, he is able to serve as a role model for the son.

New family support workers receive two days of training focusing on the dynamics of child abuse and neglect and attitudes towards working with protective service families. The program hopes to expand training available to family support workers to include specific skills development.

The program will also be inviting all family support workers to a meeting early in the year to explore the possibility of setting up a support group which will provide a time for socializing with each other, discussing mutual concerns, and sharing their techniques. Since family support workers are individual contractees, they do not currently have the opportunity to interact with one another. Nebraska's experience, thus far, with the intensive service projects indicates that family support workers are making a major contribution to the families' progress.

Parent Aide, *continued*

be called upon to intervene in circumstances for which they are unprepared and untrained, and they may feel they lack authority (Andrews and Swanson 1979). Similarly, social workers must be trained to work constructively with parent aides and to utilize this valuable resource appropriately. Ideally, family service workers and parent aides are trained jointly in the family-centered philosophy and methods. Initial sessions may include team-building exercises which assist both the family-service worker and the parent aide in clarifying their roles, defining role

expectations, and developing procedures to establish mutually complementary goals and intervention strategies on a case-by-case basis.

Several program models have been developed using parent aides teamed with social workers. In one model, the family-centered program trains the family-service worker/parent-aide team to function as a special unit, supervised by a team leader. Both members of the team customarily are assigned to one family.

Another family-centered model relies on a core support unit of parent aides man-

aged by a parent aide supervisor. In this model, the parent aide may be teamed with more than one social worker at a time.

In a third model the agency purchases the services of parent aides either from a private agency or through personal services contracts. In this model, joint training is particularly important to insure shared philosophical and goal orientations.

The National Resource Center on Family Based Services currently is developing comprehensive training materials for the family-centered parent-aide program. For more information contact June Lloyd at the Resource Center.

The Alternative-to-Foster-Care Project States

New Jersey in Profile

New Jersey's Division of Youth and Family Services (DYFS) has been undergoing extensive reorganization from the upper management through direct service levels. An outside management consultant team assisted in this process, resulting in the addition of 300 direct service workers and the elimination of some middle management positions.

DYFS is a state-administered system, providing day care, child protective services, foster care, and juvenile services through more than 30 district offices. At any given time, there are 35,000 children actively being served throughout the state, with 6,700 in foster homes and 1,300 in other types of out-of-home placements.

One accomplishment of the management team was the formation of a paperwork committee which is charged with revising the case recording forms currently in use. This committee consists of approximately 15 people representing a geographical and functional cross-section: social workers, supervisors, administrators, and clerical staff from a range of district offices. The National Resource Center on Family Based Services is focusing technical assistance on working with this committee. The two goals are (1) to reduce duplication in paperwork by scrutinizing all forms used in case recording and (2) to comply with P.L. 96-272 and create a case recording system that accurately tracks cases, documents what a worker does with a family, and justifies a placement or non-placement decision. The target date for meeting these goals is September 1984.

DYFS is also concerned with devising a strategy for introducing the new case recording system to staff. From previous experience, the division has learned that mandating compliance with a new system without first laying the groundwork and providing staff training may not be the most effective means of gaining workers' confidence and cooperation. The division will be publishing a newsletter (beginning in January) to inform staff of directions the division is taking and to report on the progress of the paperwork committee. When the new system is ready for implementation, the National Resource Center will assist in developing staff training programs.

Future goals of DYFS are to develop a generic central intake system in each district office which would be based on functions rather than categorical services and to develop performance contracting stan-

dards for preventive services, both in-house and purchased.

As part of the process of developing and implementing the case recording system and training approach, the National Resource Center is interested in reviewing systems developed by other states. Readers are requested to send materials to the National Resource Center on Family Based Services at The University of Iowa, N118 Oakdale Hall, Iowa City, Iowa 52242, or phone (319) 353-5076.

Arkansas in Profile

The Arkansas Division of Social Services, headquartered in Little Rock, began working with the Resource Center in spring 1983, when a two-day Family-Based Services Workshop was held for county directors and supervisors. Subsequently, three county agencies were chosen as project sites: Clark and White counties, serving largely rural communities, and Pulaski South, serving the greater portion of Little Rock.

All three agencies plan to adopt the generalist-specialist model proposed by the Resource Center and have begun the process of reorganizing their worker task structures as a first step to reducing case load size. The initial objectives in this process are to relieve workers of paperwork tasks that can be handled by clerical personnel and to reallocate cases based on their relation to treatment and nontreatment functions.

Clark County has already teamed up with their local community mental health facility to develop a process for diagnostic assessment of families to determine the most appropriate mode of intervention. They have also opened discussions with their juvenile court to lay the groundwork for judicial determination of reasonable efforts prior to placement and to this end have developed a matrix based on Fallor and Tickner's theory of differential diagnosis. (Presented in "Permanency Planning with Scarce Resources: The Necessity of Mental Health-Legal Collaboration," Kathleen Coulborn Fallor and Ellen Tickner, University of Michigan School of Social Work, 1983, Unpublished).

The Division of Social Services is analyzing the need for additional parent-aide support services for the pilot counties. Parent aides will team up with family service workers to provide supportive services to high-risk families, particularly in teaching home management and parenting skills. The pilot counties will also adopt flex time to better meet the needs of client families

in their homes. Kathleen Underwood, administrator of Supportive Services, reports that the Division of Special Services is hopeful that the pilot counties' family-based services projects will become models for statewide implementation of family-centered preplacement prevention programming.

Missouri in Profile

The Division of Family Services (DFS) of the Missouri Department of Social Services issued a request for proposals to county agencies in August 1982 intended to develop home-based services for protective services families. The program, called the Children's Initiative, was designed to (1) change the emphasis of areas of responsibility of DFS staff from direct treatment to case planning, monitoring, and evaluation; (2) involve the provider community in treatment in a more effective manner; and (3) relate client performance to provider reimbursement.

The Boone County DFS agency in Columbia was awarded a Children's Initiative grant to purchase services from a private counseling agency, Family and Children's Services of Mid-Missouri. The program began in early 1983, following a six-month delay in funding. Three part-time treatment teams were established to work with families referred by DFS protective services. The primary service was in-home family therapy with homemaker, respite care, and day care offered through the DFS agency. Although there was general agreement that the project could achieve its intended objectives to prevent out-of-home placements and to ensure successful reunification of children in foster care with their families, funding constraints in the beginning of the second project year forced a realignment of services.

The Resource Center became involved with Boone County DFS at this point and began working with agency staff to adopt the generalist-specialist configuration of family-based services, in house. Currently, the administrative staff is analyzing the functions of the three protective services units to determine how best to realign treatment and nontreatment tasks. The decision to incorporate the family-based approach into the protective services units does not mean that purchase of services arrangements will be abandoned. It is, rather, an attempt to achieve a balanced program that takes optimal advantage of all the service opportunities available in Columbia, a community that is rich in family resources.

Family-Centered Services with Black Families

Family-centered services are effective with most client populations whose needs are often not met by traditional service delivery systems.

The problems of Black families who are experiencing socioeconomic stress are compounded by racial discrimination and the attitudes of social workers who tend to view Black families from a deficit perspective. Altering the negativism evidenced by many child welfare workers toward client families is basic to implementing a family-centered program.

It is well recognized that Black children are overrepresented in all types of out-of-home placements (foster homes, group homes, and residential treatment centers) and their average length of stay in such placements is considerably longer than that of White children. Institutionalized racism in child welfare practice can be combated with a family-centered service approach that is prevention oriented and builds on the sometimes misunderstood or overlooked strengths of Black families and communities.

For example, in working with a single mother who has been reported for child neglect due to lack of supervision, a social worker/parent-aide team may draw on the natural helping networks such as family and friends. A cousin, neighbor, or brother might be willing to watch the children for limited periods of time—while the mother works, attends school, or meets with the treatment team. Strong kinship bonds, family role adaptability, and the willingness to lend a hand are strengths which are characteristic of Black families and communities, and which, when recognized and understood, can be called upon to prevent unnecessary family breakup.

As targets of long-standing discrimination, Black families may experience environmental barriers to family well-being. The parent-aide/social worker team may engage in advocacy activities for and with the family, such as negotiating with landlords, utility companies, or schools. Agency leadership must recognize the social and economic threats to Black families manifested in housing and job discrimination and should be willing to assume a broad advocacy role in their communities on behalf of their client families. Furthermore, agency leadership must examine the systemic barriers, including attitudes and practices at all levels in the organization that are in any sense discriminatory, beginning with hiring and promotion practices.

The parent-aide/social worker team, in working with the family to resolve the issues which prompted intervention, can focus on the family's individual needs and develop a plan which is specifically tailored for them. Generally, in family-centered programs, the

family's workers are available at any time of day and for as many hours of service as are needed. Workers have lower case loads than most child welfare agencies, which facilitates the development of worker/client relationships. Social workers and parent aides practice from an ecological, family systems approach which views the family in the context of its own members, family heritage, and the larger community of which they are a part.

Agencies which provide family-centered services need to pay special attention to hiring minority workers and preparing non-minority workers for providing ethnic-sensitive service. Social workers, parent aides, family therapists, and supervisors need to be educated about the strengths, family structure, communication patterns (both verbal and nonverbal), values, and socioeconomic positions of Black families and need to confront and resolve their own prejudices if they are to effectively serve Black families. Staff development programs focusing specifically on service provision to minorities representative of the client population are mandatory if agencies hope to stop the practices which result in unnecessary family separation.

Ethnic awareness and sensitivity training materials written specifically for social workers include *Permanency Planning: The Black Experience*, Patricia A. Sipp and Mary H. Whaley (University of Tennessee School of Social Work, 1983) and *An Afrocentric Educational Manual*, Jualynne E. Dodson (Atlanta University School of Social Work, 1983). These materials and others are available from the National Child Welfare Training Center, University of Michigan, School of Social Work, 1015 East Huron, Ann Arbor, Michigan 48104.

Resources for Prevention

The Legal Framework for Ending Foster Care Drift: A Guide to Evaluating and Improving State Laws, Regulations, and Court Rules is now available from the American Bar Association, Planning for Children in Foster Care Project. It contains narrative discussions, checklists, and detailed, annotated resource guides.

The cost for the total document is \$25; individual chapters are also available. Of the 14 chapters, the following may be of special interest to readers: "Prevention and Reunification Services," "Emergency Removal," "Voluntary Placement," and "Visitation."

To order or to obtain a price list of individual chapters, write National Legal Resource Center for Child Advocacy and Protection, 1800 M Street, NW, Washington, D.C. 20036

The following are available from the National Homecaring Council, 235 Park Avenue South, New York, New York 10003 (212) 674-4990:

Training Curriculum for Homemaker-Home Health Aides

This 500-page instructor's guide for training homemaker-home health aides was published in 1981 and is widely used. Cost, including postage and handling, is \$20.

Supervision in Home Care

Two books for supervisors of homemaker-home health aides are available: one, a guide, is for the instructor and contains many examples and exhibit materials that can be duplicated. The other, a manual, is for the supervisor/student and sets out the course content. The guide sells for \$35, and the manual for \$20 (including postage and handling).

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Return this form to The National Resource Center on Family Based Services, N118 Oakdale Hall, The University of Iowa, Iowa City, Iowa 52242.

Materials Available from the National Resource Center

A Comparative Analysis of the Costs of Substitute Care and Family Based Services (1982) No Charge. Describes a method for comparing the costs of foster care and family-based services using the present value of money concept to demonstrate savings in foster care maintenance expenditures.

Annotated Bibliography of Family Based Services (1982) \$3. Lists over 70 references with a brief annotation of each.

Family-Centered Social Services: A Model for Child Welfare Agencies (1983) \$7. Describes planning and implementing family-centered services for the public child welfare agency administrator. Includes a proposed model of service delivery, family typology for use in allocating cases, discussion of client needs assessment and data-gathering instruments, personnel utilization, comparative cost analysis of family-centered services and substitute care, and an extensive bibliography.

Measuring the Cost-Effectiveness of Family Based Services and Out-of-Home Care (1983) \$5. Analyzes the cost-effectiveness of family-based services as compared with foster care services, using data from the state of Maryland.

Placement Prevention and Family Unification: A Practitioner's Handbook (1980) \$7. Addresses applications of family-centered services; initiating the program, family assessment, and functions and activities of the in-home worker. Staff supports, case closure, and service techniques are included.

Placement Prevention and Family Unification: A View from the Child Welfare Sector. \$2. Summarizes the reasons for and the advantages of home-based family-centered services. For use with legislators, boards, advocacy, and civic organizations.

Proceedings from the National Dissemination Conference on Alternatives to Foster Care (May 25-26, 1983) \$5. Transcripts from most of the sessions from this conference sponsored by the National Resource Center on Family Based Services.

Audiovisual Materials

Home Based Family Centered Service: A Basic View (1980) \$75. Audiovisual presentation: High quality. 80 color slides, synchronized, 18 minutes. An introductory overview of the home-based, family-centered service approach for use with advocacy and civic groups, boards of directors, legislators, and policymakers.

Home Based Family Centered Preplacement Prevention and Family Reunification:

A Basic View (1980) Booklet, 19 pages. \$2. A study guide originally developed to supplement the audiovisual presentation. May be used separately as an information booklet.

To order, send check or money order payable to National Resource Center.
Mail to: National Resource Center on Family Based Services
N118 Oakdale Hall
The University of Iowa
Iowa City, Iowa 52242
(319) 353-5076

Soon to Be Available from the National Resource Center

Parent Aide/Professional Training Curriculum

These materials, which are being developed under a 426 grant with the University of Nebraska, provide a comprehensive training program for parent-aide and social worker teams using a family-centered service approach. Topics include family and community systems, team building, dynamics of parenting, a systems approach to understanding child abuse and neglect, ecological information gathering, legal and ethical issues, cross-cultural perspectives, the nurturing/reparenting role, the teaching role, and developing family support systems. (Price to be announced in the spring 1984 *Prevention Report*.)

Revised Annotated Directory of Family-Based Service Programs

The National Resource Center on Family Based Services has been surveying agencies nationwide to identify new or previously unknown family-centered preventive programs. A revised version of the Annotated Directory (originally published in 1982) will include a larger number of programs and will be presented in a more complete format. (Price to be announced in the spring 1984 *Prevention Report*.)

REMINDER

Administrators who have not yet returned the program questionnaire are requested to do so as soon as possible in order for their family-based service programs to be considered for inclusion in the directory. Additional copies of the questionnaire are available from the National Resource Center.

Book Review

Social Support Networks: Informal Helping in the Human Services. Edited by James K. Whittaker and James Garbarino. New York: Aldine Publishing Company, 1983. 479 pp. \$29.95 cloth, \$14.95 paperback.

"All of us in the human services need to acknowledge that we are in the very early stages of the development of a new social technology" (p. 66).

By this statement, coeditor/author James K. Whittaker summarizes the movement to combine the best elements of formal and informal helping to meet the needs of individuals and families in distress. In this ambitious volume, Whittaker, a social worker, and James Garbarino, a developmental psychologist, bring together the work of 12 young scholars whose experience and research range broadly across the human services. Their purpose is to answer basic questions concerning the "state of the art" of social support networks—their potential, limits, and where they fit in the overall service framework.

It is an important book to both planners and practitioners of family-centered services, since it offers concrete guidance in developing systems of social support for troubled families which will endure beyond service termination.

The introductory chapters by the editors review the rapidly growing research on the positive effects of informal supports in the mastery of stress. With reference to child maltreatment, Cohn (1979) is cited with the following conclusion:

"Evaluation research shows that, on the average, self-help or mutual help support groups can be as effective or even more effective than casework or individual therapy approaches in dealing with child maltreatment. In terms of cost-effectiveness, they are the clear winners." Allowing for variations across the spectrum of human services, Garbarino concludes that the potential power of the social network approach is almost always greater than we typically acknowledge.

It is not surprising, then, that the authors build their conceptual base from the same perspective as the family-centered philosophy—the awareness of the importance of approaching helping families from an ecological perspective. The book provides a useful theoretical framework for what is customary practice in family-centered programs—simultaneously directing assessment and intervention to the person and the situation by establishing teams in which clients, informal helpers, paraprofessionals, and professionals work together as partners. Whittaker predicts that time-limited competency-oriented skills training and social support networks will increasingly be packaged as complemen-

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Child and Family Welfare Research

Child Welfare Workers' Attitudes toward Children's Rights

Attitudes about children and their rights may influence outcomes in utilizing a family-based service approach. A recent study of the attitudes of the child welfare workers conducted by Perry (1983) in a major metropolitan city indicated that workers with certain characteristics were more likely to support the rights of a child to health, education, and protection than other workers.

The need and right to nurturance, which included rights to protection from neglect or abandonment, to housing of good quality, to adequate clothing, and to mental health and social services were acknowledged by most, although surprisingly not all, of the child welfare workers in the study. The most positive attitudes toward children's rights were held by child welfare workers over 35 years of age, men, parents, and minority workers. The group that proved to have slightly more negative at-

titudes were "mid-careerist" (between four and nine years of experience). Foster-care workers tended to have more conservative attitudes than those providing protective services, counseling, or adoption.

The study suggests that agency administrators (who tended to have somewhat more positive attitudes than direct service workers) must look carefully at the attitudes of workers staffing prevention programs. The concept of children's rights is not synonymous with permissiveness, but stresses children's rights to humanistic, sensitive services. Participation whenever possible in decisions affecting the child's life is emphasized.

The power of a child welfare worker to irrevocably affect the destiny of a child *must* be tempered with a commitment to the stability and quality of that destiny. Additional information about this study can be obtained from Doris Perry, Ph.D., The University of Iowa, School of Social Work, North Hall, Iowa City, Iowa 52242.

Book Review, *continued*

tary interventions. The overall implication for practitioners appears to be an increasing need for flexibility in defining problems, in the roles practitioners assume, and in interventions chosen. The authors strongly suggest that the problems of integrating lay and professional help result from inhibiting service structures and from the lack of professional training for this function rather than from problems innate to informal helping.

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**Coming Up in the Spring 1984
Prevention Report:**
Focus on Family-Centered Residential
Treatment

Upcoming Conferences

1984 Central Regional Child Welfare League of America Conference May 13-16, 1984, Charleston, West Virginia

"Children: Braving a New World" is the theme for this conference to be held at the Marriott Hotel in Charleston. A workshop, presented by June Lloyd of the National Resource Center on Family Based Services, entitled "The Family-Based Approach to Placement Prevention and Family Unification" may be of special interest. Details can be obtained from Ann Burds, Program Chair, Central Regional Conference, P.O. Box 5028, Charleston, West Virginia 25311.

1984 Southern Regional Child Welfare League of America Conference May 22-25, 1984, Charleston, South Carolina

This year's conference, entitled "Children: The Finest Works of Art," will focus on creative solutions/challenging issues in the areas of traditional child welfare, juvenile justice, family services, and the management and use of volunteers. "A Systems Approach to Training for Family-Centered Preventive Services" will be one of the presentations. Further information can be obtained from Ramona Foley, Program Chairperson, c/o Children's Bureau, 1001 Harden Street, Suite 225, Columbia, South Carolina 29205 (803) 758-8593.

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