

THE PREVENTION REPORT

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Revisiting the Concept of Community

It is an opportune time to revisit our set of assumptions and working definitions about community. The passage of the Adoption and Safe Families Act, and the re-authorization of Title IV-B, Subpart 2, as Promoting Safe and Stable Families will have a substantial impact on recent attempts to strengthen the links between public child welfare and community-based services. Over the past several years federal, State and local governments, along with philanthropic foundations, have encouraged public child welfare authorities to create more permeable boundaries around their work, to reach out to community-based organizations for the purpose of establishing dialogue, building effective partnerships, and strengthening the service continuum for families. The potential benefits of community based partnerships — responsiveness to the needs of children and families, improvements in service provision, fundamental changes in service delivery systems— fed excitement and optimism that continues to grow. Ground breaking and promising reform work is going on in numerous settings throughout the country.

At the same time, issues and challenges which no one could have anticipated have surfaced and raised a number of perplexing questions. As policy makers, professionals, advocates, and consumers sort through the experiences of the past couple of years and try to distill lessons from what has taken place, a more sobering and pragmatic assessment is occurring, focused on both the prospects *and* the dilemmas involved in forging and sustaining effective relationships within a community based services system. Among the issues States and communities continue to wrestle with:

- Harmonizing multiple mandates and interests to allow child welfare to work effectively with community-based organizations in an increasingly decentralized service system.
- Deriving suitable governance processes in light of public child welfare's statutory responsibilities for children
- Calculating a formula which balances management and capacity-building to ensure effective implementation
- Attaining clarity on reasonable and significant next steps in the evolving relationships

Our goal in this issue of the Prevention Report is to contribute to the current discussion of community and its role in child and family services. We begin by briefly highlighting the past and future of the federal Title IV-B Subpart 2 Program, because its family support component has been the major federal force promoting public system/community linkages across the nation. This is followed by several pieces which, while supportive of the concept of community-based reform, are willing to raise matters that are too often overlooked and not duly considered. Finally, in the Research Exchange we confront a number of quandaries associated with generating outcomes for accountability and oversight purposes. We hope this collection of articles sharpens our thinking and contributes useful resources to the everyday work of reform.

In this issue...

- ◆ **Promoting Safe and Stable Families: Is it a Renewed— or a New—Title IV-B, Subpart 2?**
- ◆ **Romanticizing Localism in Contemporary Systems Reform**
- ◆ **From the Patch Approach to Managing Change**
- ◆ **Community Responsibility for Protecting Children: What Does It Mean Now, What Can it Mean in the Future?**
- ◆ **Are Communities the Problem or the Solution for High-Risk Families and Children?**
- ◆ **Illinois' Family and Community Development Programs**
- ◆ **Family Centered TANF Reform: Implications for Staff Development**

PLUS

- ◆ **Research Exchange**
- ◆ **Resource Review**
- ◆ **Materials Available**



PROMOTING SAFE AND STABLE FAMILIES IS IT A RENEWED—OR A NEW—TITLE IV-B, SUBPART 2?

by: Marc Mannes

(This article is adapted from a presentation at the December meeting of the National Association of Public Child Welfare Administrators in San Francisco.)

According to management expert Charles Handy, we live in an “Age of Unreason” with the following characteristics:

- ♦ The only prediction that will hold true is that no prediction will hold true
- ♦ There is not just constant change, but discontinuous change - change with no discernable pattern
- ♦ On numerous occasions the smallest change will make a big difference, and other times the biggest change will make absolutely no difference

When we consider the multiple reforms in child and family services, especially the recent reauthorization of Title IV-B, Subpart 2, I believe the characteristics of the “Age of Unreason” apply. Individually, each child and family reform responds to a particular need. Each reform initiative by itself makes sense. But when we step back and consider what it is like to experience all of the reforms together, we begin to realize how perplexing and complicated this reform business has become.

This is certainly the case when we consider the reauthorization which brings the curtain down on Act 1 of Title IV-B, Subpart 2 — Family Preservation and Support Services — and raises the curtain on a suspenseful Act 2: Promoting Safe and Stable Families. Assessing the transition from Family Preservation and Support Services to Promoting Safe and Stable Families requires some thinking on what has transpired up until now and some conjecture as to what is likely to occur next.

LOOKING BACK AT ACT I

Let’s revisit the plot of Act 1. A federal initiative around family preservation was predictable. For several years prior to the passage of the legislation in 1993 there had been a great deal of advocacy at the national level in support of family preservation. There was momentum in key States. Legislation had passed the congress once, only to be vetoed by then President Bush. Expectations for family preservation reform remained high. But, who could have predicted the sudden turn of events which saw family preservation and community-based family support cast as co-stars? It was far from a natural match.

Bringing these decidedly different worlds together in Act 1 created challenges for many jurisdictions. Prior to the Family Preservation and Support Services Program (FPSSP), these two sets of players were either detached and naturally ambivalent or at odds with one another. Reform initiatives which preceded FPSSP tended to target family preservation and family support independently and helped reinforce the separation between the public child welfare context for family preservation and the community-based setting of family support.

FPSSP often reminded me of the movie “Twins” with Danny Devito and Arnold Swartznegger in the role of long separated biological twins. It was stretch to believe that Danny and Arnold shared the same parents, just as it was a stretch to accept the “genetic” similarity between family preservation and family support—the assumption that set them up as the reunited twins of child and family service reform. Part of the drama in Act 1 resulted from efforts to overcome the organizational and

practice differences between placement prevention and primary prevention in order to forge a blended prevention family.

Although funding was slight relative to federal expenditures on foster care, FPSSP heightened the prestige of prevention programming throughout the country. The emphasis on collaborative planning and the ongoing technical assistance support during implementation raised the profile of the initiative and underscored a renewed emphasis on system reform. The program was not supposed to be more of the same services through an existing delivery system, but a new way of working consistent with a new administration in Washington and attuned to the rhetoric of reinvention then gaining credence across the public and non profit sectors. There have been noteworthy results. Surveying the child and family services landscape since 1993 reveals a growing number of effective partnerships involving family preservation and family support services, as well as a lot of valuable prevention projects and support programs—all attributable to the FPSSP. Even with these accomplishments, however, prevention programming too often has not been integrated with or linked to larger segments of the child and family service continuum. More common is the formation of collaboratives linking certain agencies but leaving relationships with large public service bureaucracies unaffected.

This, however, shouldn’t spawn a rush to judgement. There are good reasons for the degree of progress made to date. First, we are only a few years into the process of a major reform. Second, even with the existence of the FPSSP and related State initiatives, funding to implement widespread



prevention efforts is inadequate. Demand continues to far exceed supply.

Despite these constraints, the next "reasonable effort" for States and counties would be to develop more coherence at the front-end of their systems. There is a need to adopt strategies which can weave prevention efforts together into a consistent fabric. Ongoing training, technical assistance, and process consultation delivered as a reform management program is a promising strategy advocated by the National Resource Center for Family Centered Practice.

TRENDS IN CHILD WELFARE SERVICES

At the same time, the promotion of prevention services occurring during Act I needs to be placed in historical perspective. The "National Study of Protective, Preventive, and Reunification Services Delivered to Children and Their Families," the 1994 installment of a federal study begun in 1977, recently released by HHS, presents several findings relevant to this discussion of Title IV-B, Subpart 2.

Between 1977 and 1994 there was a dramatic decline in the number of children receiving child welfare services. An estimated 1 million children were being served on March 1, 1994, down from 1.8 million children being served on April 1, 1977. There are a number of plausible explanations for this apparent reduction in the number of children being served:

- Since 1977 the Child Abuse Prevention and Treatment Act has contributed to narrowing the public child welfare service population to children primarily experiencing maltreatment and endangerment.
- After 1977, an era of repeated and sizeable social service cutbacks began. The result: less funds available to serve greater numbers of young people in the public child welfare system.

The decrease in the number of children being served at these two points in time twenty years apart is all the more startling considering the fact that child and family

poverty levels have risen at an alarming rate since the decade of the seventies, irrespective of the general condition of the economy, and given the acceleration of other risk factors in the lives of many vulnerable families.

The second relevant finding from the recent HHS report is that even though there has been little change in the number of children in foster care between 1977 and 1994, there has been, approximately, a 60% decline in the number of children receiving in-home services. The estimated drop is from 1.2 million to about half a million children being served in the home. The overall decline in the number of children served by public child welfare appears to be directly related to the decrease in the number of children receiving in-home services.

Considered in relation to this data, the Family Preservation and Support Services Program can be interpreted as a modestly funded effort to recreate the broader, more proactive child welfare service system which used to exist, one which dealt with more than investigations and substitute care. Yet, even though FPSSP has been limited in its ability to reconstruct a more expansive approach within child welfare, and even though (according to the national Implementation Study of the program) the federal allocation accounts for only about 10% of all funds spent on family preservation and family support, FPSSP has had a strong presence. As a "bully pulpit" for family-based services reform, it has conferred a significant degree of stature to family-centered prevention efforts.

WILL THE PROMOTING SAFE AND STABLE FAMILIES PROGRAM CONTINUE THIS TREND?

We begin Act II with Title IV-B, Subpart 2, reconstituted as the Promoting Safe and Stable Families Program (PSSFP). This new plot emphasizes safety. The cast for Act II has doubled. Now, with only a very small rise in funding levels, States are being asked to "feed a family of four." The statute tells States to continue devoting significant portions of their federal allocation to family preservation and family support. But, in addition to

funding these two service areas, the law calls for states to significantly fund time-limited reunification efforts and a range of adoption services. However, the additional federal investment in Title IV-B, Subpart 2—approximately 20 million dollars per year for three additional years—hardly seems to have risen sufficiently to adequately maintain existing family preservation and family support efforts and accommodate a renewed emphasis on adoption and reunification. How will priorities shift?

Separate from the question of the overall budget is the matter of how the funds will be distributed. Program Instruction from the Children's Bureau calls for a minimum allocation of 20% of the funds to each of the four services areas, or substantive justification for an alternative plan. This places community-based primary prevention efforts in a dicey situation given that figures suggest States have devoted more than \$2 to family support for every dollar they spent on family preservation. The picture changes dramatically, though, if States take into account both Title IV-B Subparts 1 and 2 as they consider the mix of child and family services they will offer with their federal IV-B allocations. The importance of thinking about both portions of Title IV-B is all the more important given that PSSFP is a highly prescriptive program, whereas Title IV-B, Subpart 1 remains more flexible and offers much greater discretion.

In light of the new circumstances brought about by reauthorization are there forces capable of sustaining commitments to prevention? The degree of influence wielded by various constituencies could very well effect the distribution of funds across both Subparts 1 and 2. There are well organized and vocal constituencies for adoption and family support. The constituency for family preservation is on the defensive after unfair press and misread evaluation reports. It's especially difficult to locate an advocacy or interest group working on behalf of reunification services. It is possible that the politics of funding could shift resources in a way that conflicts with other indicators of need.

Other questions arise. Perhaps more



important than how much money there is and how the money is divided, is the issue of the philosophical orientation of programs actually implemented with the funds. Time-limited family reunification and adoption services can be family centered—but will they? Family support provides critical connective tissue between families, the communities which sustain them, and the service system. Family support is especially valuable for a family seeking to sustain a special needs adoption, or a family trying to successfully reunify under difficult circumstances. But will family support receive its due within service systems focused on the need to meet the newer and more stringent time lines?

This emphasis on hastened permanency decisions and termination of parental rights in the Adoption and Safe Families Act (the bill containing the new Promoting Safe and Stable Families program), creates a new urgency about the timeliness and the quality of investigations and/or assessments, the efficient development of case plans, and the outcome of services—an urgency which has heretofore been lacking. States and counties will need to strengthen family centered reunification practice and programs. Otherwise, disadvantaged parents of color, and their children, could very well bear the brunt of the harshest impact of the legislation. Although certain provisions of the legislation offer respite from the clock ticking towards compulsory TPR's, States will still have to turn greater attention toward termination proceedings. Reaching a practice consensus on TPR decisions while keeping agency staff, prosecutors, and judges from working at cross purposes appears especially daunting.

The sobering truth is that there hasn't ever really been enough attention paid to providing reunification to the families that will now need to receive those services. And family centered time-limited reunifications face difficult issues:

- Which families and children will be targeted for time-limited reunification in light of research findings which indicate that 50 to 75% of young people in foster care eventually return home, and anywhere from 25 to 40 % end up back in

out-of-home care?

- Will designers of reunification services account for research findings which show a connection between reasons for placement and reasons for exiting care? Will they pay attention to factors linked to successfully promoting or unintentionally impeding reunification?
- What interventions will actually comprise reunification given the research citing that successful reunifications may be tied to: the quality of the child's psychosocial functioning, the level of parenting skills and the degree of social support available to the family or primary caregivers, and factors such as parental visitation during foster placement?
- How will the shortened time frame for attaining permanency be reconciled with the lack of rapid access to parental substance abuse treatment as well as the reality of relapse?
- What delivery mechanisms will be used to provide time-limited reunification services?

In the realm of adoption, recruitment becomes especially critical. Without adequate numbers of adoptive families there is the real potential that "freed for adoption drift" could replace "foster care drift" as a new child welfare crisis. Even with a boom in the successful recruitment of adoptive families that would allow us to avoid the specter of a wave of legal orphans, family-centered programs and practice will be needed to increase the number of successful adoptions. In addition to the range of pre-adoptive and adoption support services, post-adoption efforts will be especially important to deal with a potential increase in the number of adoption disruptions. Studies conducted in the early part of this decade show disruption rates for younger children ages 3-6 have typically remained under 10%, while the rate for adolescents comes close to 25%. The rate is even higher for children who have experienced a disruption.

With the house lights signaling the beginning of Act II, the National Resource

Center for Family Centered Practice is ready to assist States in sustaining family centered system reform efforts, strengthening prevention programs, and planning what roles time-limited reunifications and adoptions will play. Process consultation and change management strategies will be especially helpful to States as they seek to steer a course amidst legislative mandates and competing interests. The NRC/FCP is available to support the thoughtful and grounded work needed to properly design programs, sequence services, assess effectiveness, and train staff.

In the "Age of Unreason," with its unpredictability and discontinuity, we are all curious—and understandably somewhat anxious—to see if the Promoting Safe and Stable Families Program is a reauthorization of FPSSP, or whether PSSFP will spawn another new reform agenda. Stay tuned.



Romanticizing Localism in Contemporary Systems Reform

by: John Zalenski and Marc Mannes

DEVOLUTION: OUR NEW NATIONAL PASTIME

For years the human service reform agenda gathered under the peculiar heading “devolution” has been gaining momentum. Devolution, the passing of responsibility and (partial) authority for activities and services of the federal government to state government, and from state to local governments, has become the standard premise of our collective thinking on reform. A number of factors have contributed to making it basic to our fabric of thought:

- ◆ an erosion of faith in the ability of public institutions to solve social problems effectively
- ◆ the widespread promotion of efforts to privatize government services
- ◆ the perception underscored by the work of advocates, researchers, and national commissions that addressing crisis hardened social problems requires dramatic new approaches
- ◆ a growing rhetoric of civic responsibility
- ◆ a resurgent interest in states rights.

The way in which a progressive approach to growing localism through intermediary planning and governance groups has been overtaken by the more recent rush to devolve through comparatively crude means such as block granting, has done little to temper reformers’ belief in decentralized government. And the cornerstone of the belief in devolution is the belief in the normative and restorative promise of community. However, this current preoccupation with devolution—our romance with localism in service system reform—raises many issues.

A JOURNEY WITHOUT MAPS

The political rhetoric touting the virtues of devolution often highlights the notion first articulated by Supreme Court Justice Louis Brandeis that states serve as laboratories of democracy. If experimentation is good for states, why not pursue the same in regional jurisdictions within states; why not support it at the county level; why not promote the autonomy of communities and neighborhoods? Promoting laboratories of democracy through devolution may be attractive, but, if we’re frank, we’ve got to acknowledge that the prognosis is uncertain. We then have to turn that acknowledgment into an effort to learn from anywhere and everywhere about the dynamics of decentralization and the prospects for sustaining community-based authority.

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The prospective optimism that accompanies visions of a radically decentralized community-based system of family centered supports and services carries with it the responsibility to think critically about such a system. When we envision community-based social service reform we assume certain things will change, certain things will remain the same. We also have a tendency to identify what will change and what will stay the same in generally self-serving ways. We imagine the advantages of a decentralized system—the accessibility, the flexibility, the responsiveness, a strengths orientation—without fully understanding (and how could we?) everything that implies about the expectations for authority, control and

accountability which we associate (accurately or not) with centralized bureaucracies.

This is not to say the changes associated with building a community based system are not promising. It is simply to acknowledge that the deep reforms proposed by advocates of devolution and community based reform do not come with recipes that we know with certainty will “work.” These reforms represent risk and opportunity on a scale that is sobering to say the least. Responding to that risk and opportunity requires the use of new, perhaps unconventional critical perspectives that help to provide the basis for developing good strategy. This implies that every jurisdiction hosting substantive community-based reform efforts must become not just focused on a process of learning, but, more importantly, on a process of *learning how to learn*. Developing this trait as a working habit of thought requires an investment in process and change management consultation necessary to discover, create, and discern the best path of reform—while the journey is in progress.

STRATEGY—TO SURVIVE AND THRIVE

In the multiple reform efforts currently underway we are all strategists, formulating changes that harbor the potential to upend our professional and even personal lives. Within the discussion and debate about reform, especially the articulation of visions of transformed communities, an emphasis is placed on possibilities freed from normal social constraints. But adequate strategy also requires a certain appraisal of constraints. As a counterpoint to visions of transformation, we need to consider the set of social values embedded so deeply into how our institutions “think”, how our political culture “behaves”, and how we “act” as to be in a collective sense



“untranscendable.” As visions of community transformation early in a reform process give way to these intransigent political, institutional and human factors, the implementation of community based service system reform becomes increasingly complicated.

For this discussion, consider how progress in the community based children and family services reform agenda depends upon the interactions among social values attached to the four following areas:

- 1) family privacy
- 2) State authority
- 3) the public space of community and neighborhood settings
- 4) the marketplace

THE RIGHT TO PRIVACY: A CORE AMERICAN VALUE

The issue of family sovereignty and right to privacy has consistently engendered intense and heated differences of opinion among various constituencies in our society. Tensions over the extent and the limits of this presumed family sovereignty are readily apparent in child and family services, and they have fueled an ongoing and contentious debate. Traditionalists and advocates for conservatively coded “family values” argue the sphere of familial autonomy and privilege has been greatly reduced as the State has expanded its reach into the privacy of family affairs. Indeed, many of the movements for social development seen as the hallmark of our social progress—historical movements for the rights of children, the rights of women, the rights of the disabled, the rights of the consumer—can be seen, from another point on the social spectrum as a slow and steady erosion of the authority and integrity of the traditional family. It is no coincidence that significant opposition to the original passage of the Child Abuse Prevention and Treatment Act (CAPTA) derived from arguments that it represented an unwarranted and potentially unchecked governmental intrusion into family life. How could an imperfect, but nevertheless strong, self-sufficient and “good enough” family maintain respect and control if patterns of traditional discipline could be second

guessed by cadres of “mandated reporters” peppered throughout the community?

TURNING POINTS IN THE POLICY DEBATE: THE NEED TO ASSURE SAFETY

Of course, the necessary counterclaim is that the State has a compelling interest in protecting individual members of families from destructive and damaging acts. Child protection, and, much later, domestic violence legislation criminalized damage inflicted within the privacy of the sovereign family, justifying swift and certain State intrusion.

Because the belief in the need to protect the privacy of the family remains strong, and because Americans have more than a grudging reluctance to cede power to the State, the courts are a critical forum for a continuous reprise over the relationship between the privacy of the family and the prerogatives of the State. Individual court cases of the sort that become dense with ramifications for policy, demonstrate how the judiciary upholds the principle of family autonomy. The case of Joseph Wallace, reported in Newsweek magazine several years back, showed the deep reluctance of the court to terminate parental rights for reasons of abuse and neglect. Despite ample evidence of severe family problems, Joey, a child well known to Chicago’s child welfare authorities, was returned by the court to his family. He died as a result of that decision.

Individual events such as this are often transformed into turning points within critical cultural debates. Because Joey’s death was linked to family preservation services in the pages of Newsweek magazine, family preservation became exhibit A in a case charging that certain social ideologies were restricting the legitimate prerogatives of the State to deal adequately with “bad families” that hurt kids.

Family preservation is not the only arena in which these issues play out. Seemingly benign universal home visiting programs have in certain cases found themselves cast as agents of an invasive social agenda. Family support programs, with their

“Mention of the word community in policy or program conversation currently is a mention of all good things.”

emphasis on mutual aid, reciprocal exchange, and cooperation may have a certain natural ideological limit to the scale of their development because of how they may be seen to call into question the privacy of family life. When, and where, does the informal support of a neighbor become a form of official surveillance?

COMMUNITY: ITS ROLE AS INTERMEDIARY

Mention of the word community in policy or program conversation currently is a mention of all good things. Advocates for “reinventing government” make this quite plain for governmental reform as a whole:

- ◆ Communities have more commitment to their members than service-delivery systems have to their clients.
- ◆ Communities understand their problems better than service professionals.
- ◆ Professionals and bureaucracies deliver services; communities solve problems.
- ◆ Institutions and professionals offer service; communities offer care.
- ◆ Communities are more flexible and creative than service professionals.
- ◆ Communities enforce standards of behavior more effectively than bureaucracies or service professionals
- ◆ Communities focus on capacities; service systems focus on deficiencies.

(Osborne and Plastrik)

Community is seen as the source of solutions to vexing problems. However, when you look beyond a connotative usage of “community” (a usage effective in



building interest, raising consciousness, and promoting inclusivity), and when you look to a strategic application of the concept, "community" becomes much more tentative, raising many more questions than answers. Models of community are diverse. Chaskin surveys multiple analytical models of community. His review (and Wattenberg's article in this issue) raises questions about the fit between our normative and restorative expectations of community and the types of distressed inner city communities in which we most need to meet those expectations. These expectations are joined to the patterns of relationship comprising the fabric of everyday life lived within community settings. Relationships, however, are endlessly variable. The nature of social relationships, and the support value of "social embeddedness" varies greatly, and is little understood (Beeman). Close relationships, simply by virtue of their closeness, are not developmentally healthy or personally beneficial per se. Numerous variables effect the quality and value of close relationships. For a variety of reasons, the ability of community based initiatives to impact the social problems against which they set themselves bears serious consideration.

COMMUNITY: MANUFACTURING CONSENSUS OR NEGOTIATING DISSENT

Perhaps most significantly for this discussion, it is important to recognize that communities are not, generally speaking, settings for a natural consensus about anything, let alone "family values" or the right way to raise kids. This desire for a natural consensus to emerge within communities, the hope for a degree of social integration strong enough to hold families together, is a part of the romance with localism that characterizes our systems reform agenda. It draws, in part, upon a conception of social integration and cultural intensity characteristic of traditional communities, immigrant communities, or ethnic enclaves (the shtetl comes to mind, or traditional pueblo communities, immigrant neighborhoods, or certain close-knit African American communities like the one in which Marion Wright Edelman writes about having grown up). These are rich examples of community, no doubt, but such

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communities are often fostered by exclusion from the larger society. To a degree, the forced isolation becomes essential to retaining a shared identity. Such communities, also, are maintained to a significant degree by the threat of external enemies. That is, social integration in many small communities is an effect, arguably, of deliberate segregation and very real (or fully credible) danger from the outside world.

COMMUNITY: IDENTITY AND EXCLUSION

In more familiar settings, when a consensus does emerge over community standards for family behavior, it does not necessarily converge with the enlightened views of far-thinking human development specialists. "Community standards" may complement the knowledge of elite, progressive intellectuals, but it is just as likely to consist of the imposition of a dominant social ideology upon a less powerful minority. This is just the type of "moral suasion" (a.k.a. coercion) which has stigmatized small town communities as backwaters of bigotry and intolerance, causing generations of young people to long for the city and leading reformers to look to the national government to leverage social progress at the local level. While it may be valuable to extol the virtues of certain characteristics of the community and neighborhood—the security in knowing people in one's immediate environment and having positive relationships with them—there is at the same time discomfort at the thought of receiving guidance from other people who are privy to quite personal information about you. What degree of allegiance to community developed norms of appropriate child rearing is ultimately expected of parents? How might compliance be monitored? The rush towards all things

community-based retains the potential to spawn some of the worst attributes of small town life.

A majority consensus around "community standards" is very likely to express itself through the exclusion or expulsion of those who refuse to meet those standards. When residents of a community organize behind a courageous leader to take on local drug dealers and, as a result, close down a crack house, a neighborhood is improved, and local people feel empowered. But, from a public policy perspective, is this significant if the same drug dealers open a new outlet in an adjacent neighborhood?

COMMUNITY: THE UNTAPPED RESOURCES

Of course, the motivation, the energy and interest, for many who tout community as the solution to pressing social problems come from the real (and legitimate) belief in the undiscovered and untapped resources which we hope to find in communities. These are the natural networks of informal support: embracing everything from child care to home repair. They include cultural resources: foodways, stories, ceremonies, traditional values (certain ones anyway). They explore funds of knowledge (Ibanez): the skills and learning locked away by weakened intercultural understanding. These are all compelling and exciting prospects because they hold out promise of novel, yet familiar solutions, the potential for a breakthrough, a transition away from the age of residual approaches to social welfare towards a sustainable developmental approach to families. This is an area of exciting exploration. No doubt these resources exist—to a degree greater than the nay sayers will claim, and to a degree less than the great promoters of the community solution would have it. *In addition to whatever else we discover in the process of drawing on these untapped resources, we will discover that natural networks of support are not perpetually or mystically replenished; they need to be sustained.* To call them natural is only to say we don't see immediately how they are created, resourced, and maintained. *That is, to call them "natural" is to acknowledge ignorance about the key facts of the existence of these*



untapped resources, especially how fragile they may be to overuse.

DECENTRALIZED GOVERNANCE: AN EXAMPLE FROM A PARALLEL SYSTEM

A perspective from a parallel public system, the education system may be instructive. Educational reformers have been wrestling with these very same issues for over a century. At the turn of the last century reformers transformed an educational system comprised of more than 100,000 school districts by consolidating units and producing larger school districts managed by small and efficient school boards and professionally trained administrators. This reform lasted for over five decades. Beginning in the 1960's, however, civil rights activists understandably questioned the legitimacy of these small boards governing the educational experiences of minority children steeped in poverty. Principles of professionalism and efficiency gave way to principles of equity and involvement as administrative decentralization and community control took center stage (Mosle).

The results from New York City, for example, are especially noteworthy. The state legislature decentralized the school system into semiautonomous districts run by locally elected boards. In a number of districts the reform played out positively and innovative schools were established. But in other settings mismanagement and corruption flourished. When this diversity of results is likely, how can we reliably and usefully determine what went right from what went wrong? According to Sarah Mosle, in many of the city's most impoverished communities, schools are one of the few decent employers, and locally elected boards feel intense pressure to reward jobs to members of the family or political pals in order to insure their reelection. Data suggests that instead of reducing inequalities among rich and poor districts, decentralization actually accentuated them (Mosle).

Moreover, decentralization did not inspire widespread parent participation—as low voter turnout at school board elections amply demonstrated—and in the absence of

substantial parental involvement political machines and profiteers assumed control. If people aren't willing to get involved with their own children's education how inclined are they going to be to worry about the well being of other people's kids? The hope of energized neighbors stepping out of their private family lives and becoming actively engaged in the public arena of community affairs may not necessarily materialize. If it doesn't who will step into the power vacuum? If family members and neighborhood residents remain within their private spheres, a way is opened for demagogues and charlatans to prosper.

People struggling to change against long histories of abuse and disadvantage will always be caught between the "decency of their intentions" to change, and "depth of their wounds"....

THE GLOBAL MARKET AND DEVOLUTION

Any reflection on devolution, social policy and the localization of child and family reforms needs to acknowledge the influence of market forces. At the same time that we are, as a nation, rushing to devolve powers of governance to increasingly local contexts, we are also increasingly subject to the consequences of linking social development to an emergent global market. This has some major implications.

Devolved political power has consequences for the distribution of economic power. Some analysts of market driven patterns of development are pessimistic about the outcome of this process. They doubt that states will be able to generate the economic and social policy needed to sustain the broad based middle class essential to our social stability (Donahue, Kuttner). One of the primary reasons for strong centralized government is to aggregate power in order to effectively pursue common purposes. One of those common purposes is regulation intended to mitigate some of the

harsher side effects of free markets. Markets abandon unprofitable populations; they have no incentive to do otherwise. We have become all too familiar with the "race to the bottom" that occurs when states and localities offer tax write-offs, diminish environmental standards, compromise work standards, and cut social benefits in order to lure employers away from competing states while discouraging "undesirable" migration. At the same time there is compelling evidence of the way free market ideology continues to concentrate an increasing percentage of the nation's wealth in the hands of an increasingly small, elite group. Projects intended to build "local governance" and foster the "empowerment" of neighborhood residents cannot redress the economic abandonment of depressed inner cities and desolate rural outposts. Relative to the scale of the problems they are addressing, these projects are limited experiments and have to be seen in the light of other macroeconomic forces at work.

Securing a modest share of social power for the residents of disadvantaged communities is eminently worthwhile, but it has serious limitations when the levers of meaningful political and economic power hover far above the grasp of the players. As David Gergen points out, with half the nation's voters now living in suburbia—and far more than half of likely voters—neither political party has to respond to the needs of inner cities, furthering the erosion of interest and resources. The middle class itself, threatened by the insecurities of the growing global labor market, must attend to its own "fear of falling" (Ehrenreich). The soaring stock market has created a buoyant national mood. Yet our current prosperity only exacerbates the "tale of two trends" Bruner talks about: lavish prosperity for a few, increasing vulnerability for many. Child poverty is at an all time high. Countless families are still confronted with the problem of finding a job with a wage sufficient to support a family. The difficulty of that task is captured in the grim reality that cities like Chicago, New York, Philadelphia and Detroit have, on average, lost 58 percent of their manufacturing jobs over the last thirty years. In the face of this economic reality, policies based on boosting the employment rates of single mothers, and



forcing child support from non-custodial, and possibly unemployed, fathers begin to seem more than a little disingenuous. And what do these facts mean for fractious community collaboratives debating the meaning of empowerment?

At the most immediate level, these issues of wealth and poverty remain central to many child and family reforms, given consistent research findings that income remains the best predictor of publicly documented child abuse and neglect. Regrettably, embracing devolution may unintentionally contribute to the problem of the growing disparities in wealth and questionable patterns of economic development by shifting our focus to proximate social relationships and community empowerment at the expense of other issues which have greater and more long lasting economic and social repercussions.

CONCLUSION

It is not news to comment on the fact that our reform process encourages the search for a cure-all. Many people have commented on it, perhaps most recently Schorr (1997). We know there is no single solution for the social ills that ail us, and we shouldn't be taken in by the promise of any panacea. People struggling to change against long histories of abuse and disadvantage will always be caught between the "decency of their intentions" to change, and "depth of their wounds" holding them back, as the journalist Jason DeParle puts it in a piece on the prospect of welfare reform.

The community based reform agenda is potent. But making it "work" will require a different approach than we have ever brought to the process of reform. A British advocate for locality based services comments on this.

"The idea of neighborhood care accredits a fusion of the formal and informal, of egoism and altruism, of reciprocity and patronage, of autonomy and social control, of tradition and innovation, of self-help and dependency. Such a package of antitheses is bound to be riddled with moral ambiguity and a rich mine of evaluative conflict....Those of us who believe in neighborhood care are stuck

with the task of defending an enterprise which devotees of simple moralities will assail from all sides. We can do so, in my view only by asserting strenuously the pragmatic desirability of contradiction." (Abrams in Bulmer)

The *pragmatic desirability of contradiction* should perhaps become a part of our thinking on the systems reform agenda: no panaceas, no utopian visions, no quick fixes. Instead, a commitment to honestly participate in constant negotiations, skill in managing both incremental and dramatic changes, a whimsical appreciation for the paradoxical, and a willingness to expect the unexpected—coupled with the tenacity to deal with it.

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National Black Child Development Institute's Twenty-eighth Annual Conference.
"Miles to Go, Promises to Keep in the New Millennium,"
in Chicago, Illinois, October 10-13, 1998, at the Hyatt Regency Chicago

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From the Patch Approach to Managing Change

This "Patch page" started through the Center's work with the "Decat" project in Linn County, Iowa, on an Innovations in American Government award. It remains a feature of the Prevention Report, a part of the Center's effort to promote and develop community social work around the country. To learn more, contact John Zalenski; Phone: (319) 335-2200; e-mail: john-zalenski@uiowa.edu

Last Fall, The NRC/FCP began a program of training and consultation on managing change. In Philadelphia, under the auspices of the Children's Cabinet, Gerald Smale, Director of Development at National Institute for Social Work in London, and John Zalenski, Program Associate at NRC, began training a group of local consultants in the core skills of managing change through innovation. There we met the talented staff of Philadelphia's Community Family Centers Initiative.

INTRODUCTION

Leann Ayers, Executive Director of Family Service System Reform for the Mayor's Children and Families Cabinet

In 1993, Philadelphia Mayor Edward G. Rendell established the Mayor's Cabinet on Children and Families (the Children's Cabinet). This Cabinet runs many interagency collaborative initiatives, the largest of which is the Community Family Centers. Community Family Centers now serve 13 communities in Philadelphia, and will grow to serve 17 communities by June 1998. Family Centers in Philadelphia are voluntary, preventive community centers (located in public schools) which provide family support, access to services, and activities for children and families.

In November of 1997, we sponsored a three-day writing retreat for 42 members of our 'extended family' who represented every type of key stakeholder involved in Family Centers. A collection of these writings is forthcoming. The following is a piece written by Robert Sussen, a community social worker at one of our Family Centers. Formerly a social worker carrying a child protective services caseload, Bob has voluntarily transferred to a newly created division within our child welfare agency which focuses on prevention through

Family Centers. His writings reflect themes that each of us is experiencing in our own way.

TRANSITIONS: A PERSONAL PERSPECTIVE

Robert Sussen, Community Social Worker

In September, 1996, I transferred from my position as a child protective services worker to a new initiative. I had grown frustrated with the limitations of a system which added to the confusion of confronting families problems.

Too often, families entering protective services become entrenched in a bureaucracy which offers little access to independence. Additionally, different components of the service delivery system (i.e., Family Court, Child Welfare, Public Housing, Mental Health/Mental Retardation, Welfare, Health) often seemed to contradict one another; each with their own separate qualifications, enrollment procedures, and a morass of paperwork. All of these systems seemed to have conflicting objectives and goals. This system in many cases caused redundancy and waste of resources. These conflicts in system delivery along with an escalating demand for more paperwork began to exact a toll on my spirit and my beliefs. I had entered social work to help families; but, the main focus of my work seemed to have become the gathering of data and the production of mountains of paperwork. Ultimately, it came down to a difficult choice: continue to produce volumes of paper or find other creative avenues to do the work I wanted to do.

In November 1995, I noticed a job posting for a Community Social Worker position with a new venture, the Office of Community Family Centers, an initiative of the Mayor's Children and Families

Cabinet. Family Centers presented a new vision or as it has become known, 'a new way of doing business'.

Family Centers offered the opportunity to practice social work by attacking the root causes that pushed people into the system. Family Centers pushed goals of education and prevention; It was a community identified, community driven and culturally appropriate response to community issues. Feeling that family centers were an opportunity to do creative and pro-active social work, I responded to the job posting. Infused with optimism, I was certain that I would make a major difference.

I was assigned to the Family Development Center (FDC) in South Philadelphia, a multiracial, multicultural, low income area with few social services. All the ills commonly found in poor urban areas such as generational poverty, chronic unemployment and teen pregnancy were there. As I have watched the community mobilize around our center, I have become an enthusiastic proponent in our struggle for safety and dignity. Our arsenal is growing; today we offer nutritional education and a supercupboard which educates, as it provides food to families in need, life skills and job readiness classes, along with ABE/GED instruction. It is a center that is accessible by and responsible to all of our community partners.

Making the leap of faith from institutional thinking to the community social work paradigm was more difficult than I had anticipated. Before, I assumed and expected resources to be available. It created a culture shock when I discovered that I had to "make do". I also discovered that I had the capacity to develop active listening skills. I enjoyed the luxury of taking the time to hear what people were really saying to me, not just hearing their words. I became aware that they knew much better



than I what was really needed. The job has also forced me develop skills that I never had to use before, along with aching muscles as I pitched in to clean, move furniture, and haul and distribute food supplies.

Along the way, I have gained a new found respect for the community, its residents and myself. I look forward to going to work every day, even though I don't have a clue as to what the day will bring. I feel that the work I am doing matters, that I am doing good for myself, not just for the families who comprise my family center's community. I feel like I'm part of a large and supportive family, that my opinions matter, that my work is appreciated and that more is expected of me today than was expected yesterday.

The fourteen months since I came to this project have been a whirlwind. I have seen changes in the structure and focus of our central Office of Family Centers. Some of these changes have been confusing to me. I enjoyed the informality of the organization when I first came onboard and resented what I saw as the establishment of a bureaucracy that separated the people in the centers from the central office.

This was due to inexperience on my part. Had I more management experience, I would have seen many of these changes for what they were — the growing pains of a good idea becoming an organizational reality. In order for this concept of family centers to survive and grow it must have a strong foundation.

I believe that the only way to combat the problems of our cities is to attack them neighborhood by neighborhood, and to mobilize residents to join the struggle. I hope family centers are successful, and I believe we will be. As we begin to measure our successes, other neighborhoods will learn about empowerment from within, the philosophy of family centers, and how they can become agents of change for their families, their streets and city. It is then that every community in the city of Philadelphia will have its own family center and everyone in need will know that they can go for help to a place that they are the owners of, staffed by people they know.

Community Responsibility for Protecting Children What Does it Mean Now, What Can it Mean in the Future?

by: Frank Farrow,
Center for the Study of Social Policy

In Jacksonville, Florida, a young mother who has been reported by her neighbor to Child Protective Services has entered into a "community support agreement" with her minister. Under this agreement, the minister visits the mother three times each week, makes sure the mother is participating in a family support program at the church, and is available to the mother any time she is feeling stress and needs to call him. "I've always had a strong feeling for this family," the minister says about this arrangement, "but now I feel responsible in a new way. In this community, we're trying to say that we're all responsible for children's safety."

child abuse and neglect reports continue to rise in almost all states, child protection agencies are eager to have other people and organizations join with them to safeguard children. Behind the attractive terminology, however, what does "community responsibility" for child safety really mean? Who is the "community?" And, what exactly are they responsible for? To whom? With what accountability?

Creating an operational version of "community responsibility" is just starting to occur in states and communities across the country. It is not too early, however, to begin to look at the ideas that people are developing and to frame a number of ways in which communities can, in fact, be "responsible." The remainder of this article examines what parents and professionals who are grappling with this issue mean when they talk about community responsibility, and suggests a number of ways in which this responsibility can actually be carried out.

THE CASE FOR GREATER COMMUNITY INVOLVEMENT IN PROTECTING CHILDREN

Many recent calls for change in child protective services urge a greater degree of community involvement in service delivery. From the National Advisory Committee on Child Abuse and Neglect in 1995, to the recently convened Executive Session at Harvard's Kennedy School of Government, reform proponents recommend that child protective services "re-engage" with local communities.

The reasons for this are straightforward. Put simply, child protective service (CPS) agencies alone cannot keep children safe. Only if parents, families, friends, schools, houses of worship, doctors, police officers and others are committed to child safety can children really be protected. *Families keep children safe*—and the likelihood that families can nurture their children increases markedly when parents have the income, the opportunities, and the supports they

Community responsibility for children's safety. It's a phrase that a number of states and communities are using to describe their new directions in child protection. On the face of it, "community responsibility" sounds good. Certainly, as



need. In short, child safety is much more likely when families are strong, and when families live in supportive communities.

MOVING TOWARD COMMUNITY-BASED PROTECTION

As communities' central role in protect-
ing children is recognized, this role is being emphasized in state and local policy and practice changes. The nation's approach to child protection is beginning to shift, after almost thirty years of remarkably uniform approaches being installed in all 50 states. State legislatures are altering the rules for CPS investigations, and inviting greater community involvement in CPS services. Local program initiatives are demonstrating ways that many new partners—from neighbors to specialized professional—can do more to assure child safety. Just some of the initiatives that are blazing the trail for greater community involvement include:

- ⇒ *Florida's* legislation, implementing a Family Service Response System instead of traditional CPS investigations, encourages local jurisdictions to hand-tailor their approaches to child protection. Each region in Florida has developed its own system within state parameters, in order to take best advantage of community resources;
- ⇒ *Missouri's* legislation implementing "dual track" response to abuse and neglect reports calls on their seven pilot sites to "use community resources fully." Each of the local initiatives is collaboratively planned by schools, health providers, substance abuse and mental health agencies, and civic leaders, as well as by public CPS administrators and staff;
- ⇒ *Michigan* is retooling its entire child protection system by training workers in use of community resources and by inviting new connections between the CPS agency and local community boards (called Multipurpose Collaborative Bodies) which are charged with improving overall results for families and children;

⇒ Four cities, with support from the Edna McConnell Clark Foundation, are developing "community partnerships" for child protection. *Jacksonville, FL, Cedar Rapids, IA, Louisville, KY, and St. Louis, MO,* have embarked on multi-year efforts to engage neighborhood residents and a wide array of public agencies and private service providers into a new constellation committed to keeping children safe.

These comprehensive efforts aim to reduce the incidence of abuse and neglect in local neighborhoods, as well as prevent its reoccurrence in families where abuse or neglect has been substantiated. The strategies used by these cities suggest the breadth of effort needed to deliver on the promise of community responsibility. Their strategies include:

- ⇒ Family resource centers as "welcoming places" in neighborhoods where all families can gain support, and where families under stress get the help they need;
- ⇒ Intensive, wraparound action plans for children and families where significant risk of harm exists. In particular, these cities are emphasizing the need for linking safety interventions with domestic violence and substance abuse services;
- ⇒ Outstationing of child protection staff in neighborhoods, as part of teams with community workers and other professionals. CPS staff walk the streets, get to know neighborhood residents before problems occur, and are familiar with each neighborhood's assets and resources;
- ⇒ Neighborhood networks of formal providers and informal supports. Network members identify risk of maltreatment earlier, and assign responsibilities among their many members to respond preventively as well as after abuse or neglect has occurred.

These examples suggest a definition of *community responsibility for child protection. It occurs when stakeholders in*

a community—most importantly parents themselves, but including other community residents, schools, health agencies, mental health providers, substance abuse treatment resources, domestic violence shelters, police, faith communities, block clubs, community organizations, and others—commit themselves to doing "whatever it takes" to keep children safe. Together these partners identify risks to children earlier; they mobilize community assets and services to support families; they work with the child protection agency in helping families where child safety is identified as an issue; and they join hands with the child protection agency, even when tragedies occur, to say that "we are all, together, responsible for ensuring that our community can keep children safe"

A LADDER OF COMMUNITY RESPONSIBILITY

This definition of community responsibility envisions a "ladder" of opportunities, in which people and organizations decide what type and what level of responsibilities for child safety they want to assume. The steps on this ladder include:

⇒ *Neighbors helping neighbors, informally.*

When parents in a neighborhood are asked how they want to participate in keeping children safe, they first say they want to "lend a helping hand" to a neighbor who's having problems. Spontaneous acts of assistance are the bedrock of community child protection.

⇒ *Neighbors committing to helping neighbors, with clear follow-up responsibility.*

The example provided at the start of this article illustrates how neighborhoods, friends, and other caring individuals can put themselves on the line for supporting a parent and safeguarding a child. The Jacksonville Community Partnership for Child Protection has created community support agreements as a vehicle that allows friends and neighbors to *commit* to help one another to protect children. This is also a work-saver for the CPS



agency; administrators have found that when a community support agreement is in place, CPS workers can devote their time to other, even more serious family situations.

⇒ *Community agencies and organizations teaming together to serve families and protect children.* This involves creating a formal network in which mutual roles and responsibilities for child safety are defined and implemented. Usually, new family support centers—like Louisville, Kentucky's "Neighborhood Place"—are also multiple created, so that agencies and staff of community volunteers can work together to assist families.

⇒ *Agencies sharing investigatory responsibility with CPS.*

One of the functions usually reserved strictly for the CPS agency is investigation of suspected child maltreatment, but some communities are testing how this responsibility, too, might be shared. In St. Louis, for example, CPS has delegated responsibility for investigating reports of child abuse and neglect that occur for families attending a neighborhood day care center to that center (unless the allegation is extremely serious, in which case a joint investigation is done). Day care center staff know the families and are trusted by them. After having developed clear protocols for the day care staff's work, the CPS agency believes that they can obtain more information, more quickly about a child's safety than CPS agency staff would be able to do. This test is being watched closely by CPS to determine if they approach can be used more widely.

If this makes so much sense, why isn't everyone doing it?

Implementing community responsibility for protecting children is not simple. For these changes to occur, agencies will have to broaden their missions; professionals must learn new ways of working together; public CPS agencies will be challenged to learn how to be "of" rather than just "in" communities; and the media must recognize

that child protection involves more than just what the formal CPS agency does. All of us committed to safer children must learn new skills.

Most importantly, child protection must be seen as involving a sustained and well-supported process of community engagement and organization. Community responsibility will not emerge unless parents and neighborhood residents have new ways to become involved in supporting one another and thus safeguarding their own and their neighbors' children. How often are CPS agencies given funding and staff to help communities to organize themselves? How frequently are child protection staff and their agency partners trained in how to engage residents in community activities, or to map the assets of a local community? How many agencies have staffing patterns and workloads that permit CPS workers just to visit with (not investigate) neighborhood residents in their homes, in family support centers, at community dinners and celebrations? These are the activities that create and support genuine "community" among people, and they are essential for community responsibility to emerge.

Community engagement takes time. Legislators and agency administrators need to recognize that and build time into their innovations. The greatest danger for community-based approaches to child protection will occur if the rhetoric and general concept are adopted, but communities are not given the time, expertise, and encouragement to change traditional ways of doing business that are necessary for this approach to take root and flourish.

IS STRATEGY NECESSARY?

Community responsibility for child protection does not necessarily alter the CPS agency's formal legal responsibility for child protection. That step—i.e., actually designating a network of community agencies to be partially responsible for child protection, rather than lodging legal responsibility only with CPS—may, however, occur in the future, as some of the innovations described above move forward. If community child protection proves

successful, it is at least possible that some states may experiment with having a "collaborative community board," led by the CPS agency and made up of many partners, be responsible for defined child protection responsibilities.

Such fundamental legal change may not be necessary, however. A CPS administrator in one of the pioneering communities described above commented recently, "I don't mind having the legal responsibility. We can't all be responsible under the law, and I don't mind having the buck ultimately stop here. But, day-to-day what I need to know is that I'm not in this alone. I'll know I have real partners when a tragedy occurs and I'm not the only one facing the media. When all the people and agencies who are working together now—schools, day care centers, parents' organizations, hospital clinics, family resource centers—are willing to join hands with me and say, 'We're all responsible for fixing the system', then I'll know that this community IS responsible."

Are Communities the Problem or the Solution for High-Risk Families and Children?

by: Esther Wattenberg,
Center for Advanced Studies in Child Welfare

INTRODUCTION

"Child centered, family focused, community based, and culturally sensitive" has become a familiar mantra used to describe the goals of the community partnership movement. Yet the assumption that a "community based" child welfare system can be developed to provide outreach, prevention, and a source of support for high-risk families and children has remained largely unexamined in a critical sense.

Reliable evaluations of this current approach are sparse (Usher, 1997, p. 22). Occasionally, however, a sharp reminder of the realities embedded in the communities that have the highest rates of maltreatment reports surface in news accounts. Consider a recent news report appearing in the Minneapolis Star Tribune (January 14, 1998, B7).

Two children, a boy and a girl both under 5, witnessed the murder of a neighbor, himself the father of a 3-month-old daughter. The local problems were not new. Neighbors had issued complaints of "loitering, harassment, and loud noises" for over a year. Nearby, a 10-unit apartment which housed numerous young families, had been the site of hundreds of police calls to handle drug dealing, gunplay, and assaults. The response to these trouble spots in the neighborhood was to declare the buildings housing the young families a public nuisance. The neighbors asked not to be identified for their safety, the article reports. In other words, the neighbors did not rush to embrace these young families. They wanted the troublesome families removed.

Against this not-uncommon site of trouble in a low-income urban community, the question can be fairly asked: Is the community the problem or the solution? Are child welfare agencies failing to work

knowledgeably with communities to help keep children safe? Or are the risks to children caused or exacerbated by the problems of the communities themselves? This question cannot be approached without providing some understanding of the current context of the child welfare system:

- ◆ disappointment in the performance of the child welfare system in reducing out-of-home care
- ◆ frustration over the unresponsive nature of child protection toward the overwhelming numbers of maltreatment reports
- ◆ investigations and assessments that expose complex and chronic family problems involving poverty, drug abuse, and mental illness
- ◆ impatience with a byzantine thicket of mandates and rules in the continuing effort to regulate the courts, juvenile justice, and the child protection system

The search for a simple solution to a complex set of problems would appear to be irresistible. Currently, "community partnerships" are the latest "magic bullet"—the single strategy advocated to improve a faltering child welfare system. Threaded throughout federal and state legislation and embraced within the "vision statements" of various reform plans at the local level, are references to creating a community-based system of services for families and children through partnerships that draw on the local assets of communities.

For example, the passage of the Family Preservation and Support Services Program (Title IV-B, subpart 2) stressed the importance of experimenting with both the organization and delivery of child welfare services in a manner "moving toward

greater community direction and control of services." Except for guidance to "collaborate" and "coordinate" with children's mental health services (as well as a variety of other "stakeholder" groups), the articulation of the mandate in this legislation is vague and uncertain. Strategies to create a community based system of child welfare services rest on the assumption that substantial opportunities to assure a child's well-being exist at the intersection of a troubled family and the community in which the family lives. These opportunities, the reasoning goes, need to be the focus of reform efforts.

Powerful forces challenge this assumption. Patricia Schene (1997) outlines some of them both inside and outside of the child welfare system. First, a diverse set of social forces is changing the structure and organization of human services. Among these are:

- ◆ welfare reform (the effects of increasing child poverty could overwhelm child welfare)
- ◆ managed care (which may constrict access to needed services through narrowed eligibility and diagnostic criteria)
- ◆ devolution (the federal withdrawal of resources and the states' shaky response to county and local fiscal crises).

Moreover, the intractable problems of chemical abuse, poverty, and family violence provide a contemporary context of daunting complexity.

Acknowledging these changes erupting at every level of social services, complicates the prospects for the development of community partnerships. This only emphasizes that the concept is in a very early, promotional stage, and the extent to



which community partnerships might provide the basis for a redesign of child welfare services system-wide is yet to be fully tested. Yet, the community as a source of solutions persists.

In part, this is because the concept has a vivid history. A community-based system of care for high-risk families and children most recently can be traced to the "War on Poverty" in the 1960s. Model Cities, Community Action Programs, and neighborhood revitalization efforts were all developed on the notion that local communities know best how to respond to the troubles of poor families and children and that the informal helping networks offer a more effective and coherent alternative to the bureaucratic, cumbersome, and regulated system of public social services.

It's a long story of mixed success, well documented by Robert Halpern (1996b). By the late 1980's, however, the plight of inner-city neighborhoods devastated by the invasion of illegal drugs, particularly crack cocaine, shattered the concept of benign neighborhoods ready and willing to assure the safety and well-being of young families. The epidemic of substance abuse was just one piece of the unraveling. The disappearance of union wage manufacturing jobs (Wilson, 1996), the flight of white ethnics and the black middle class to the seemingly more wholesome suburbs, the consequent erosion of a tax base, and the onset of ancillary disinvestment all played a part.

Concurrently, the ecological theory of human development which assumes that conditions in neighborhoods play a major role in child maltreatment came into prominence. A powerful consideration emerged: certain local environments could be as much of a risk factor in child abuse and neglect as the behavior of parents within the household.

CONDITIONS IN THE NEIGHBORHOOD: THE PROBLEM

In his 1987 book, *The truly disadvantaged: The inner city, the underclass, and public policy*, William J. Wilson advanced the idea that the effects of concentrated poverty in

certain neighborhoods, commonly referred to as "inner-city communities," induced antisocial and self-destructive behaviors.

Garbarino (1992), a proponent of the ecological perspective of human development, emphasizes the role of deteriorating communities in the escalating number of seriously maltreated children. Pelton (1992, p. 28) argues that maltreatment of children is strongly related to poverty, its stressors, and material hardships embedded in the neighborhood. At some point these factors make an environment so inhospitable that it constitutes a serious risk.

CONDITIONS IN THE NEIGHBORHOOD: THE SOLUTION

Contradicting this negative characterization of neighborhoods, and almost at the same time, the local community was designated in policy and program initiatives as the indispensable protective shield for high-risk children. The theory was straightforward, buttressed by an application of "strengths-based" philosophy to community settings and by the focus on community assets in the work of John McKnight, among others. Family-centered values associated with family preservation and family support services are best expressed through the accessible helping networks of a local community. The voluntary, non-stigmatizing services of "culturally sensitive" community agencies; the watchful and caring presence of residents; and the representatives of institutions such as schools, churches, and parks form the wraparound defense for vulnerable families. With these elements in place, the authoritative and formal intervention of the child protection system could be substantially diminished.

Interestingly, the conflicting views of the community as the source of problems or the location of solutions have not been reconciled. It is this inherent contradiction that provides the shifting ground on which "a community-based child welfare system" rests. A clearer understanding of the issues is to be found in the implementation phase of the community-partnerships effort.

It is from the street-level phase of project

implementation that we now glean the challenges to the theory of the community as a solution to safeguarding the well-being of high-risk families and children. The most striking observation appearing in local reports is the unevenness in neighborhood capacity to deliver social services (Owen & Fercello, 1997).

While the family preservation orientation in child welfare emphasizes the use of community assets and a strengths perspective, there are neighborhoods so trapped in the crossfire of violence, drugs, and disorder that young families despair of their personal safety. The power of regeneration which depends on a collective sense of a shared identity and aspirations is limited. Coordination of services and collaboration strategies may be insufficient to create fundamental community change (Halpern, 1996a, pp. 76-77).

In those neighborhoods that lack a coherent quality of a shared responsibility for children, there may be reluctance to confront, chastise, or even offer help to a child. The anonymous report to child protection of child abuse and neglect may in fact be the singular expression of responsibility. This may explain the high number of child maltreatment reports in neighborhoods of extreme disorder: informal interventions on behalf of children may be perceived to be too risky, leaving an anonymous report with the appropriate public agency the only acceptable civic response.

Advocates of a strengths-based perspective could claim that even in "bad" neighborhoods there are resources for helping young families. However, we still await research data, observations and insights about the complex nature of neighborhood life to tell us why some poor families in distressed neighborhoods rear children within a framework of community standards and why others are profoundly isolated from mainstream influences. In this regard, Coulton's work (1996) in measuring the context of neighborhoods is an important contribution. The attempts to measure a neighborhood's confidence in being involved in the public behavior of children requires closer attention.



Illustratively, Coulton proposes measuring the residents' likelihood of intervening in the misbehavior of a child or teenager and the constraint that is engendered by the fear of retaliation.

Two factors may explain the uneven capacity of neighborhoods to focus program attention to their needs, establish priorities, cut "red tape," and be effective in reducing the authority of the central bureaucracy: The rapid mobility of residents within neighborhoods and the settlement of new populations. Community-driven judgments about what is useful to sustain young families in caring safely for their children is diverse and often conflicting. Many neighborhoods are in flux: New arrivals are attempting to create meaningful lives in an unfamiliar environment, and old settlers are attempting to cling to a stable, coherent community they once knew. Tony Wagner (1997), the president of a vigorous and expanding settlement house in Minneapolis, observes:

"...a transformation in neighborhoods is taking place across the country, and it is a 'bottoms-up' transformation. It's emanating from the community. Those of us who fancy ourselves professionals and part of the child welfare system need to understand that it is happening with or without us, and it will happen...It is not about business, government and the nonprofit sector. This is about...people who are responding to needs in their own way in their communities....Last night at our annual meeting, I'm struggling with names, faces, places, languages that I had never known...existed....I'm learning [to say hello and good-bye in] Amharric, Oromo, Somali. This is the world that we now live in."

Indeed, the target area may contain several neighborhoods with varying concerns, ethnicities, cultures, and needs (Mulroy, 1997). Area residents present needs that are different from those of traditional social services. Basic human needs come first: Food, clothing, shelter, drop-in child care, and protection for personal safety in their violent neighborhoods.

The tension between the wide range of

community-based requests coming from diverse neighborhoods and the narrow response of public social services bound by legal requirements of their mandates is the source of aggravation and frustration in the current context of the community partnership movement.

The capacity of neighborhoods to be engaged in a partnership with child protection differs in ways we have not yet fully documented. Informal surveys of community agencies note their reluctance to participate in referrals from child protection lest their community reputation be "tainted" by a collaboration with child protection, a governmental agency that is the focus of suspicion and is intensely feared in inner-city neighborhoods. Indeed, some, perhaps many, neighborhood resource offices and walk-in service centers deliberately maintain a distance from child protection.

Perhaps we have not fully recognized the ambivalence surrounding the role of child protection in the lives of young families. Consider these perceptions:

- ◆ Residents sitting on boards of community agencies are fearful of child protection's intrusion in the privacy of family matters. In their judgment, attention should be paid to poverty, employment, housing, and personal safety before dealing with child welfare issues.
- ◆ Community agencies take their role as "case-finders" seriously, as mandated reporters they are required to identify children at risk.

When child protection limits their response only to children in "imminent harm," in order to narrow the numbers of families and children to be served, community agencies such as schools, health clinics, and Head Start assert that child protection as a system is unresponsive. The discrete use of public authority to calibrate its response to maltreatment reports, depending on resources, is the source of considerable anger in the network of neighborhood social services. Under these circumstances, can we encourage the community to continue to exert its role as "case finders" using a

proactive outreach strategy, only to face an unresponsive public child welfare system in the grips of a fiscal crisis?

AUTHORITY AND ACCOUNTABILITY ISSUES

In sum, the partnership concept suffers not only from differing perceptions of child protection's role in safeguarding the well-being of children but also in a fundamental and historic distrust between nonprofit community agencies and public social services. This uneasiness is anchored in the unequal power of the so-called partners as measured by fiscal resources: the county or state is the financier and the community agency is the dependent client. For Tony Wagner (1997), a community-based child welfare system is a hollow concept, not only because of the fiscal inequalities between the partners but also because of the profound difference in orientation. Community agencies encourage clients to be the driving force in shaping programs, but public programs are responding to governmental mandates and agendas shaped by legislation, rules and regulations. Still to be understood is how authority and governance are shared in partnership developments.

While there is a flourishing environment of experiments in community partnerships, Usher (1997) points out that it has been difficult to capture information on the complex negotiations of authority between the child welfare system and the community. Missing from beginning accounts are the various attributes of neighborhoods that diminish the "power gap."

SOME CONCLUDING REMARKS

In recalling the history of the contemporary partnership movement to reform child welfare, a parallel neighborhood effort known as "neighborhood revitalization programs" (NRPs) becomes apparent. The philosophical basis of revitalization projects is grounded in "bricks and mortar": housing, improved facilities, and safe streets to promote the retention of stable families. Young families who participate in revitalization activities are concerned with preserving their "sweat equity," i.e., the



property values of their first investment in home ownership; older families are active in revitalization plans to maintain the value of their home ownership.

In most neighborhoods, NRPs and community partnerships are moving side by side with little interaction. Of 81 neighborhood plans submitted for revitalization projects in Minneapolis, only three specifically targeted services for families and children (Nelson, 1997).

When NRP participants see signs of deterioration—rental properties that are known to be “crack houses,” unsupervised children, overcrowding—they are alarmed. There is little disposition to respond to the young families in trouble associated with these signals of distress. Indeed, the presence of large numbers of social service programs, halfway houses, or battered women’s shelters in neighborhoods are likely to earn a reputation of “high risk,” with high numbers of child maltreatment and police reports. One of the most frequent observations of residents of these neighborhoods is that the professional staffs of these social programs do not live in the neighborhood and thus cannot fairly present the point of view of threatened residents.

Systematic studies of the interaction between the community partnership developments and the neighborhood revitalization efforts are few, if any. Anecdotal information, however, suggests that participants in block clubs, crime patrols, and economic development tasks forces are not hospitable toward young families enmeshed in child protection and the criminal justice system.

In sum, what the above suggests is that we must develop a relevant and accurate profile of local communities and their willingness or capacity to take on the crucial tasks of a community-based child welfare system.

The assumption that all neighborhoods have the capacity to be benign for young families should be carefully examined. A differential assessment of neighborhoods is required. The premise that community partnerships will transform child welfare

into a responsive and responsible system awaits detailed implementation studies which measure the capacity of a neighborhood to be hospitable to troubled families and their children.

To be sure, the community partnership concept is a work in progress. Reports from various projects suggest that alliances are being forged, and there are examples of strong and creative work between public social services and community agencies. Linking these promising efforts to neighborhood profiles will contribute to our understanding of what is possible.

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Illinois' Family and Community Development Program

by: Jim Paoni, Manager

Training and Technical Assistance, Illinois Community Action Association

INTRODUCTION

In 1995, members of the Illinois Community Action Association (ICAA) established a Family and Community Development (FCD) Program for the state's network of Community Action Agencies (CAAs). The Illinois program uses the Family Development Specialist Certification Program from the National Resource Center for Family Centered Practice (NRC) as its foundation. On this foundation, the ICAA designed a twelve-day certification program for its CAA staff. This article explains how ICAA built its program, adding to NRC's training outcome-based program planning/measurement tools.

THE MOVEMENT TO OUTCOMES

When the ICAA began developing its FCD program and certification training, it was in response to several national trends. First were the inevitable but unknown changes that would be part of welfare restructuring at the national, and, by way of block grants, state levels. ICAA member agencies saw FCD programs and certification as a way to position themselves as statewide leaders in family development

and to strengthen the work they were already doing in case-managed services (editor's note: see also Barb Christensen's article in this issue for more on family-centered welfare reform).

Second, the FCD programs were a response to mandates tied to the CAAs core funding stream, the Community Service Block Grant (CSBG). Since the CSBG Act was implemented in the early 80s as one of the first block grant programs, funders have been asking CAAs to improve accountability. The CSBG Act requires CAAs to adopt "outcome measures to be used to monitor success in promoting self-sufficiency, family stability, and community revitalization." Added to this requirement are the regulations of the Government Performance and Results Act of 1993 (GPRA). These regulations require Federal Agencies, including the Department of Health and Human Services (HHS), to establish outcome-based program monitoring and performance measures for their funded programs by the year 2000.

In addition to welfare reform and program mandates, the Office of Community Services within HHS convened a national

CSBG Task Force on Monitoring and Assessment. The Task Force helped to create a national plan for the CAAs' Community Services Network. The plan included goals and methods for measuring outcomes for CSBG programs. These developments led the Illinois Community Action Association to their plan to customize NRC's Family Development Specialist Certification Program. ICAA added an additional four days of training to include instruction on outcome-based program planning and measurement tools. With the addition of these components, ICAA created its "Family and Community Development Program," and the "Family and Community Development Specialist Certification Training."

THE TOOL FOR MEASURING

After the ICAA adopted the NRC Family Development Certification training as the core of its program, a search was made for tools that would measure how families' self-sufficiency had changed as a result of receiving FCD services. ICAA searched specifically for models that other Community Action Agencies in the nation had already implemented. The final choice

The Family Development Specialist Certification is a competency based program for training community action staff in key areas of family centered practice: engaging families, successful interviewing techniques, identifying and building on strengths, assessing family systems, understanding the role of community and extended family support networks, coaching effective problem solving approaches, and promoting movement toward self-sufficiency in a culturally sensitive manner. In addition, the Family Development Specialist Certification Training is consistent with Head Start Performance Standards (enacted nationally in 1997), and serves as an excellent resource for developing and sustaining family partnerships, community partnerships and supporting cultural diversity. Over the last nine years, the NRCFCP has trained thousands of staff across the country in the Family Development Specialist Certification program. For more information, call Sarah Nash at the National Resource Center for Family Centered Practice, 112 North Hall, Iowa City, IA 52242; Phone (319) 335-2200 or Fax (319) 335-2204.

was the Family Self-Sufficiency Scale (FSS Scale) created by the Bucks County Opportunity Council of Doylestown, Pennsylvania. This scale, in use for several years, had been independently tested for reliability and validity. In brief, the scale breaks down a family's self-sufficiency by weighted scores in ten areas: employment, income, education, shelter, transportation, social functioning, substance abuse, mental health, health insurance and subsistence (nutrition). The 100-point scale also accounts for other community related achievements and barriers.

The scale is administered at intake, at quarterly intervals and at exit from the program. From the scale, the FCD Specialist and the family are able to identify high priority areas and begin the goal setting processes of family development. The scale has been modified to be more adaptable in scaling the transportation

section for urban and rural families. FCD Specialists are trained to use the scale as a component of their family development work.

A second part of the "outcomes" training provides participants with instruction in applying outcome-based program planning skills. In this section, Specialists learn to put performance measurement in the forefront of the planning process. Specialists plan for services on the basis of desired results for a particular population on an specifically identified problem. This method of planning has been challenging because the human service providers, including CAAs, often use available services as the starting point for planning programs—with outcomes attached to those existing services. By putting outcomes first, CAAs using this approach are better able to focus on results, and work specifically on issues that arise in connection with results based service development.

THE FUTURE

Last year was the first for implementing FCD programs in Illinois' Community Action Agencies. In 1996, most Illinois CAAs were certifying staff through the training program and planning to implement FCD statewide. Grant applications show that 21 of Illinois' 36 Community Action Agencies implemented the program this year.

By the end of FY1998, the Illinois Community Action Association will have certified over 270 Family and Community Development Specialists. The ICAA expects that additional agencies will start up programs next year. The ICAA has promised to share the results of upcoming evaluations with the rest of the Community Services Network and with Prevention Report readers.

**FAMILY DEVELOPMENT SPECIALIST CERTIFICATION
SCHEDULE OF TRAINING**

FAMILY DEVELOPMENT SPECIALIST CERTIFICATION

May 13-15, 1998 Des Moines, Iowa
June 24-26, 1998
July 23 & 24, 1998

June 2-5, 1998 Ventura, California
July 28-31, 1998

June 8-11, 1998 Farmington, New Mexico
August 3-6, 1998

October 21-23, 1998 Des Moines, Iowa
November 11-13, 1998
December 10 & 11, 1998

RECERTIFICATION TRAINING

September 9-11, 1998 Des Moines, Iowa

For information on fees, to set up a training at your site, or to obtain a registration form, please contact Sarah Nash at the National Resource Center for Family Centered Practice, 112 North Hall, Iowa City, IA 52242; Phone (319) 335-2200; FAX (319) 335-2204.

Family Centered TANF Reform: Implications for Staff Development

by: **Barbara Christensen**

FAMILY CENTERED SELF-SUFFICIENCY

The repeal of the 60 year old AFDC program and the introduction of Temporary Assistance to Needy Families (TANF) challenges social service professionals, both public and private, to carry out welfare reform while supporting existing advances in a family centered practice approach. AFDC was never intended as a system for long term dependency, but as a safety net to buffer children from the worst effects of family poverty. It was maintained as an entitlement in order to offer a degree of unconditional support to the country's children to help ensure child well-being. Over time, however, a conservative policy consensus emerged that viewed AFDC as a system that has maintained and created the problems it sought to alleviate (i.e., locking children into disadvantaged circumstances through creating patterns of family dependency). This increasingly popular conception of "welfare dependency" shaped the reform agenda.

The difficult task of passing legislation at the federal level often makes it impossible for policy makers to consider the full range of consequences of a piece of legislation as it is implemented in the context of other new or existing policy initiatives. These consequences are multiplied in the case of the TANF program by 1) the magnitude of the federal legislation, and 2) by the fact that the legislated policy requires devolved approaches to implementation. In other words, we have both large scale change, and increasingly varied ways in which it is played out. In its key provisions, TANF mandates caseload reduction, limits the continuous amount of time a family is eligible for assistance (two years), places a lifetime cap on access to the system (five years), and block grants federal program funds to the states. What this means is that the program has stringent requirements, and that the states will have an unprecedented role in determining how to make the program requirements work.

The test of this reform initiative will not be to remove from caseloads individuals needing some transitional assistance—to finish education or training, to care for a critically ill child, to recover from divorce, or some other personal or social dislocation. This group, which makes up the majority of public assistance recipients, is generally in and out of the system within two years. Critical to the success of TANF will be the development of innovative practice techniques to work with families struggling with multiple issues and multiple service systems: chronic poverty, substance abuse, child abuse, domestic violence, and/or mental and physical health problems. Under the terms of the TANF legislation, these families with multiple issues, like others, are required to attain self-sufficiency. For TANF to become a part of a viable reform process, self-sufficiency must be understood to go beyond a narrowly conceived "economic independence" and be defined from a family-centered perspective with child well-being as the primary goal. A full articulation of a family-centered definition of self-sufficiency is beyond this article. However, in addition to economic independence from state income support, a family-centered definition of self-sufficiency would likely include:

- ◆ safety and well-being for children and all family members
- ◆ family stability
- ◆ developmentally sound and appropriate baby-sitting, daycare, or nursery school
- ◆ decent and secure housing
- ◆ basic and preventive health care
- ◆ some degree of healthy attachment to social and community networks

If self-sufficiency is defined in this broader family centered context, a shift in relationships must occur both for clients conditioned to long term support and within the TANF service delivery system. Clients must move from thinking of themselves as "passive recipients to proactive participants."

... For TANF to become a part of a viable reform process, self-sufficiency must be understood to go beyond a narrowly conceived "economic independence" and be defined from a family-centered perspective with child well-being as the primary goal.

TANF staff must move from "officers determining eligibility" to "partners in the change process." Successful outcomes of TANF legislation will be measured not only in job placement but job retention and family stability, resulting in self-sufficiency without return to dependency on the system. This will require that TANF staff, in partnership with the client, have the ability to quickly and accurately identify barriers to job retention and put an appropriate case plan into place. For those clients who have been dependent on the welfare system for their support for some time, the identification of barriers will need to go beyond job skills, education, child care, and transportation, and examine the systemic issues that are supporting the dependency. Leaving welfare is a process, not an event, with child well-being as the primary indicator of success.

NEW ROLES FOR TANF WORKERS

TANF workers, child welfare professionals and other service systems will be challenged to find ways of integrating service delivery, partnering with families, and supporting self-sufficiency within legislative guidelines. If some level of integration of services is not achieved, providers may find themselves working at cross purposes as the service continuum reorganizes against itself, generating potentially negative consequences. It is, unfortunately, not too difficult to imagine a "TANF expired" family,



dismembered to multiple foster homes on a finding of severe neglect due to homelessness. Or to imagine a TANF worker limiting benefits as a CPS worker closes the file on a fragile but improved family that will not be able to maintain stability under reduced financial support. A system turned on itself runs the risk of multiplying poor outcomes, escalating costs, and ensuring new generations of existing family problems. Adults working to support their families economically while they also attempt to change family systems to address health and safety, should at least be working with a service delivery system that does not overwhelm them with its own conflicting mandates.

For many TANF workers, the new legislation will substantially change the way that they are expected to function in their jobs. These workers must be supported by the system in order to develop the skills necessary to implement the new legislative mandates. They will now be entering into a case management process which must include the components of joining/interviewing, assessment, case plan development, plan implementation, and termination. Some form of this process may not be new for TANF staff, especially those who have been previously responsible for ongoing case management. However, responsibility for the entire process, including the in-depth assessment of the client and family system, has historically rested with the child protective service social worker in human service agencies or with outside referral sources. It is now time to review this practice and consider the case management process with systemic assessment a necessity of practice both within child welfare and across human service delivery systems in the community.

FAMILY CENTERED ASSESSMENT

While TANF staff may not need to assess the client/family system with the same intensity or depth as a child protective service worker, they will need to identify the systemic issues that impact the ability to change (i.e., domestic violence, substance abuse, mental health, family roles/rules) and connect the client with the most appropriate services to minimize barriers to employment. If these barriers are not iden-

tified and dealt with early within the two-year limit, there is the risk that the eventual denial of benefits will impact safety issues for children/families with potentially negative outcomes. A preventive approach will require putting more energy up front in the form of family centered assessment—rather than waiting until the family system is un- or underemployed without benefits.

In order to be successful, TANF staff must have an understanding of the systemic impact of the family and community systems, the client's ability to function within these systems and an understanding of how change occurs. For many TANF workers, this will require training beyond understanding the new legislation and its impact on the mechanics of their role in the department. In addition, staff must be skilled in teaming both within the agency and with community partners in case plan implementation and monitoring. Skilled in accurate systemic assessment and its appropriate application to self sufficiency plans, TANF staff will be better able to:

- identify barriers to self sufficiency/family stability
- initiate appropriate services to minimize barriers
- support self-sufficiency within legislated time limits

Exactly which assessment tools/techniques will be most beneficial to TANF staff should be determined by what information is most needed to facilitate long term self-sufficiency and family stability. In other words, which tools/techniques most efficiently tell us about the barriers (individually and systemically) that will impede long term self-sufficiency and family stability?

Clients presenting to a TANF worker can be categorized as follows:

1. Temporarily needing assistance: This group will most likely represent the majority of applicants. Clients will be between jobs, laid off or out of the workforce for a period, or never having worked but with some skills to begin moving toward self-sufficiency. Barriers will be minimal (i.e., child care and transportation) and can be dealt with while searching for and obtaining employment.

2. Risk of not reaching self-sufficiency:

This group may have one or combinations of more significant challenges/barriers such as substance abuse, domestic violence, housing/neighborhood conditions, either large numbers of children or children with problems, remedial education/skills training needs, illiteracy.

3. Long term chronic: Challenges/barriers in this group are distinguished by the fact that they have been imbedded for long periods of time and will be more resistant to change. They include issues as isolation, intergenerational abuse/neglect, chronic health/mental health problems.

4. Long term dependency as the result of serious disabilities, mental and physical.

These categories differentiate service and support needs for the TANF population. Barriers to self-sufficiency, however, are possible in each of these categories. TANF staff will need to be skilled in assessing challenges to self-sufficiency in each of them. Successful outcomes for all families in this population must be measured as change in family self-sufficiency, including job retention, family safety and stability, and child well-being.

Example:

Consider a TANF client living in a family system that includes a substance abuse history, where the client has historically taken the role of caretaker/enabler. Family systems tend to seek homeostatic balance—to keep things the same. If change is forced on one part of the system, another part must also change to keep this balance. The stress on the family system when a member takes on a new role (provider in the workforce, for example, rather than caretaker) will demand either that other members of the family system behave differently or that the family system return this member to their previous role. The homeostatic balance depends on this. If a (covert or overt) family rule asserts that loyalty to the family outweighs all other obligations, and if other family members are resisting necessary changes in family rules and relationships, then the TANF recipient could be forced to make a choice not to show for work, or to leave work, whenever a



typical substance abuse crisis arises at home—just as the family system “expects.” The individual’s role as “enabler” of the substance abuser, defines her/his purpose in the family and will be recognized and rewarded more than the new role of provider.

Without identification of underlying issues and appropriate services early in the process of case management, this client is at risk of moving in and out of jobs in a recurrent cycle that uses up time limited benefits. On the other hand, if the issues of substance abuse and rigid family roles are identified early and addressed, such a client would have a better chance of addressing structural issues in the family system that pull away from self-sufficiency.

CURRICULUM FOR TANF CASE MANAGEMENT

In order to address these issues, The National Resource Center for Family Centered Practice in cooperation with the State of Missouri has developed a curriculum which focuses on the training of TANF staff in the case management process. The curriculum emphasizes assessment skills and the application of these skills to case plan development, implementation, and measurement of outcomes. Assessment skills selected are time efficient, focus on barriers to employment, and allow for accurate referral to community services.

Listed below are brief descriptions of the content and rationale, theoretical base and skills/tools included in the curriculum. The overall purpose of this training curriculum is to provide the TANF staff with the skills/techniques and basic theoretical background to assess, empower, and jointly develop a plan with the client to minimize barriers and maximize the chances for long term self-sufficiency in the shortest period of time, keeping child well-being as a primary focus.

1. Joining/interviewing skills:

As with all assisting relationships, interview skills which lead to joining with the client to form a trusting relationship are critical to the case management process. Client motivation and empowerment, shared decision making, and staying out of the rescue role are also included.

While most TANF workers have had training in basic interviewing, this is considered such a critical component that it is worth revisiting. Teaching the worker to stay out of the rescue role is even more important than ever due to the time limits of the TANF legislation.

2. Systems thinking:

While the curriculum is weighted toward the acquisition of practice skills, basic theory provides a foundation for understanding and assessing the pull of the family system and its impact on long term self-sufficiency. In addition, family systems theory assists with sorting out how individuals function in larger systems, as well as how these systems themselves function.

3. Solution focused approach to client strengths:

A solution focused approach to interviewing and problem solving provides an expedient method of approaching and directing the focus for both the worker and the client participant. Participants are taught the basic theory behind a solution focused approach, based on the work of Insoo Kim Berg, and then introduced to specific skills in asking questions, use of language and the technique of scaling.

The solution focused approach was selected because it provides the most productive mechanism to finding and supporting client strengths and movement in a time limited fashion. It is straightforward and easy to understand and apply.

4. Family map and ecomap:

Clear, quick techniques in assessing for the family network and its historic relationship to the larger community are invaluable in facilitating a support network and identifying potential barriers to long term independent functioning.

5. Problem solving:

The emphasis of this content is on assessing the ability to problem solve the identified barriers that will confront clients in the effort to get and maintain employment. A problem solving format is presented that can be taught to and used by clients to facilitate their own solutions

rather than the worker solving the problem. Problem solving is a basic skill that is critical to long term success. TANF staff not only have an obligation to facilitate immediate self-sufficiency efforts but also the integration of client skills for the long term.

6. Stress levels:

It is becoming increasingly obvious that the stress level of the individual and the family system impacts the ability to mobilize efforts to change. Included in assessing for stressors will be techniques for asking about domestic violence, substance abuse, and other abuse/neglect. The techniques for assessing stress provide a non-threatening mechanism for asking difficult questions to tease out issues that may be more covert but powerful. Again, staff is given tools to assist in their assessment and the client’s self-assessment. Stress level determination not only assists the worker in evaluating the client’s ability to deal with change in the present but also serves as a tool to predict future barriers when new stressors are added.

7. Family rules/roles/boundaries:

If a solution focused approach to barrier identification and minimization is not solving issues, it is important for the TANF worker to have other approaches. Borrowing from traditional structural techniques, the examining of family roles, rules and boundaries and their relationship to how the individual takes past learning and transfers it into the workplace can be invaluable.

The focus of this section will be on the assessment of the rigidity or chaotic nature of learned roles, rules and boundaries and what the client may have to do differently in order to be successful in the workforce. It is also critical that TANF staff is able to decide what can be handled as part of their case management function and what will need to be referred out for additional support.

8. Writing of behavioral goals/case plan development:

The gathering of pertinent information is only as useful as TANF staff can take that

information and apply it to an effective case plan. Goals should reflect the information gathered including using client strengths. They must be written behaviorally, be clear and specific, show increments of change and be measurable.

9. *Planning for termination:*

It is imperative that TANF staff recognize and effectively plan for termination of services. Without this preparation, the loss of support has the potential for increasing the stress on the client and family system with the accompanying danger of the client being unable to maintain self-sufficiency. Skills taught in this area include preparing the client to recognize and avoid reverting back to ineffective ways of handling problems which might lead to a return to welfare dependency.

... For many TANF workers, the new legislation will substantially change the way that they are expected to function in their jobs. These workers must be supported by the system in order to develop the skills necessary to implement the new legislative mandates.

Imbedded in this training is ample time for case example demonstration and practice for solidification of skills. It is set up to be a 2 ½ day training with a follow up day 2-3 months post training to reinforce skill development, revisit areas where participants are struggling and support the skills of monitoring case plans including teaming with the larger child welfare agency and community resources. States may decide that it is in their best interest to engage in a training of the trainer approach or other options for large scale training. These include use of fiber optic networks, use of video taped training as a model, and initial co-training with resource staff moving to the state taking over the process. The curriculum is designed to be easily adapted to specific state legislation, skill development needs and desired outcomes.

Critical to the entire process of changing roles and skills development for TANF staff

will be training and support for supervisors. New roles and legislation will change not only what but how the supervision process takes place. The NRC/FCP is currently in the process of developing a supervisory component to the TANF curriculum. This will ideally be a two-day format with the training days spaced 1-3 months apart. The curriculum will focus on giving supervisors specific skills through a developmental approach to worker evaluation and growth, with emphasis on their roles of consultant and trainer to enhance the skill level of their staff.

A family centered approach to self-sufficiency will also need to include examining other system supports which impact the change process. Key to the success of TANF will be the efficient sharing of information and integration/teaming of service across the divisions of child welfare. While requiring an initial investment of time and money, this training/skill development process should provide long term benefits. The initial investment will be in large part returned if the skill of the staff promotes more efficient and timely moves to self-sufficiency and decreases the chance that clients will return to dependence by removing barriers rather than circumventing them. Of equal importance is that child and family well-being will not get lost in the effort to "get a job."

CONCLUSION

TANF workers' job roles will change. How much of a change will vary tremendously across states. It is important to continue to view case management in the context of the larger picture. Ideally, income eligibility and case management functions will become one continuum of self-sufficiency support, each with specific job roles but connected through common language, assessment skills and integrated case planning. Agency policies must allow front-line income eligibility workers the time and caseload size to consider assessment functions. If caseloads remain very high with minimal flexibility for time management, there will be little that this initial interview with clients will be able to accomplish. If the agency chooses to not have eligibility workers get involved in assessment, this function may be accomplished but will only be avail-

able to clients who have been referred on to whatever case management component is in place. This presents the possibility that: 1) some clients will be missed; and 2) valuable time in the two year limit may be lost. Early identification of barriers to self-sufficiency and family stability will be a critical factor in the success of welfare reform.

The child welfare system has the choice of promoting a family centered approach to TANF implementation or reverting to a punitive approach that focuses on imposing the time limits without the facilitating constructive change in families. The worst case scenario of the long term effects of TANF legislation will be an increase in abuse, homelessness, and domestic violence if participants in the program are not able to obtain sustainable employment and benefits are discontinued. The potential result could be a large increase in the foster care population and the accompanying disruption of families and children. These potential effects reinforce the fact that economic security is only a part of the issue. Social stability will also be required.

However, with a sound economic environment in many areas of the country at this time, the opportunity existed to be farsighted, to use the favorable economic environment to set the stage for long term TANF success, including both economic and social stability. For those areas not in a favorable economic environment, creative solutions to meeting guidelines will only increase the need for skilled cross systems case management. If TANF legislation is to be a success, family stability and child well-being must be the desired outcome. Self-sufficiency through employment is one means to this end.

For more detailed information about the TANF curriculum and its application to specific programs, contact Barbara Christensen or Sarah Nash at the National Resource Center for Family Centered Practice @ 319-335-2200 or E-mail at: barbara-christensen@uiowa.edu.

Resource Review

by: Brett Cloyd

Gullotta, Thomas P., Gerald R. Adams, and Raymond Montemayor. (1998) *Delinquent Violent Youth: Theory and Interventions*. Thousand Oaks, California: Sage Publications. ISBN 0-7619-1335-1.

Latest in the annual book series "Advances in Adolescent Development," this volume explores the issue of violence and criminal behavior among young people. With chapters from scholars and researchers of diverse backgrounds, the collection offers an interesting and critical account of violence and our perception of it. Chapters include an exploration of Twain's and Dicken's Victorian understanding of juvenile delinquency, community-based approaches to treat juvenile offenders, and television's role in violent behavior. Aimed at graduate students, program directors, and clinicians who want to increase their knowledge of violent delinquent behavior among youth, this volume's comprehensive nature and accessible language will prove beneficial to program development and will be thought-provoking to interested readers.

Wolfe, David A., Christine Wekerle, and Katreena Scott. *Alternatives to Violence: Empowering Youth to Develop Healthy Relationships*. Thousand Oaks, California: Sage Publications, 1997. ISBN 0-8039-7030-7.

This text focuses on a preventive model to reduce violence among young people. Arguing against the popular media designation of violence as action between strangers, the authors raise five key issues: (1) The expression of violence is most commonly seen in the context of relationships. (2) Current policies to address personal violence are outdated and superficial. (3) Violence does not affect everyone equally—it is ingrained in cultural expressions of power and inequality, and affects women, children and minorities most significantly. (4) Prevention of violence entails building on the positive. (5) Youth are important resources and are part of the solution. The

text holds reader's interest, and is also well-cited. By providing an academically challenging and socially responsible account, this is an intellectually probing re-examination of violence in today's society.

Emenhiser, David L. and Donna Walgren King, Stephen A. Joffe, and Kathleen S. Penkert. *Networks, Mergers, & Partnerships in a Managed Care*. Washington, DC: CWLA Press. ISBN 0-87868-686-X

Building on the earlier book, *Managed Care: An Agency Guide to Surviving and Thriving* [1995], the authors aim to identify issues of managed care in the context of child welfare. The work outlines a shift towards managed care in the social services. Because of economic pressures, the authors believe this shift is inevitable. Included in the volume are a managed care readiness checklist, a group of case studies from the midwest (Iowa, Minnesota, Indiana, and Ohio), and a "network" focused bibliography. The intended audience is child welfare executives and stakeholder's who will be involved in crafting a strategic plan that works in the managed care environment.

Rog, Debra J., Ariana M. Gilbert-Mongelli, and Ezell Lundy. *The Family Unification Program: Final Evaluation Report*. Washington, D.C.: CWLA Press. ISBN 0-87868-726-2

This volume details the impact of the Family Unification Program's attempts to increase housing resources for families in child welfare systems. The federally funded program has been authorized since 1990 and involves an allocation of funding to housing agencies for Section 8 rental assistance. Without the program, many children may have been at risk of separation from their families due to lack of adequate housing. This report gives insight into the successes and failures by highlighting the status of families utilizing the services. Especially impressive are statistics showing 89% of the families were still housed after 1

year. The appendices provide detailed geographic summaries of families involved with the program.

Baker, Christena B., Ray V. Burke, Ron W. Herron, and Mariam A. Mott. *Rebuilding Children's Lives: A Blueprint for Treatment Foster Parents*. Boystown, NE: Boystown Press. ISBN 0-938510-76-2

This guide describes Boys Town's treatment approach for foster parents who care for youth and children. The emphasis is on helping children with behavioral problems and offering support to those caring for them. Subject headings include: "Parents as Teachers," "Encouraging Positive Behavior," "Responding to Problem Behavior," "Providing Treatment," and "Understanding the Child and the Family." This is a hands-on guide. In it are practical exercises, activities and checklists for current foster parents. A glossary, index, and appendices contribute to the organization. There is also plenty of room to make notes and follow some of the examples.

Atwood, Joan D. *Challenging Family Therapy Situations: Perspectives in Social Construction*. New York: Springer Publishing Company. ISBN 0-8261-9820-1

Using social construction theory approaches, this book examines family therapy situations most commonly seen by therapists. Chapters written by Dr. Atwood, and others, include topics such as: extramarital affairs, AIDS, depression, suicide, domestic violence, divorce, and chronic illness. Each chapter includes a well-cited reference list to provide additional reading. The intended audience is both students wishing to gain an introduction to the skills and knowledge they will need, and family therapists who can use a concise reference to common family problems.

RESEARCH EXCHANGE

A Publication for Researchers in Family Based Services

1998 #1

NOT ANOTHER ARTICLE ABOUT OUTCOMES!!

By: Miriam J. Landsman

It's hard to pick up a human services newsletter lately that doesn't contain at least one article extolling the virtues of outcome evaluation--why you should do it, how to do it yourself, what it will do for your program, and so on. Performance measurement, results based accountability, contracting for outcomes, are just some of the expressions being tossed around amidst the current fervor to not only demonstrate that our programs are worthwhile, but to claim to have scientific evidence of their worth (or at least numbers).

As an outcomes enthusiast for many years, I'm not trying to disparage the progress that our field has made toward creating an important role for evaluation. In fact, it is heartening to see widespread endorsement of the notion that good practice--whether at the level of the individual client or family, programs or multiple programs within an agency, or community-wide initiatives--is enhanced when programs are working systematically toward desired results and are specifying a priori what those results should be. Outcome evaluation becomes the method for measuring how well we're staying on track and progressing toward achievement of these desired results.

What I find problematic about the current focus on outcomes is the oversimplification of evaluation and avoidance of some of the complex conceptual and methodological issues that come with the territory. I'd like to offer, then, not another argument for why everyone

should be evaluating outcomes, but a discussion of just a few of the many dilemmas with which community based programs struggle as they are pulled onto the outcomes bandwagon.

The dilemma of who defines outcomes

There is generally agreement with the premise that outcomes should be defined by a program's stakeholders, a group which, depending on the program, might range in composition from private or governmental funders to state agencies, local governance structures, community representatives, program administrators, supervisors and line staff, program consumers and others. An assumption is that a diverse group of stakeholders, each representing a different interest group, will reach consensus on the results to which the program will ultimately be held accountable. In the contemporary era of self-evaluation, we see more and more frequently that programs are being asked to define their own outcomes and to demonstrate measurable progress toward achieving these outcomes. Much of this work falls to those responsible for developing and carrying out the program.

Regardless of who defines program outcomes, it is essential that outcomes flow logically from the program itself. In working with programs to develop outcomes, many evaluators use a "logic model" or similar framework which allows for articulation of a program's underlying assumptions or needs prompting establishment of the program, the

goals which a program has set for itself, the specific activities and interventions that will be used to achieve those goals, and immediate and longer-term outcomes which will be used to measure progress. One must be able to describe the connections between each of these steps in the process, i.e., how the specific interventions used by the program will lead to the specified outcomes. Developing outcomes from the ground up helps to ensure that outcomes are appropriate to the program and feasible within the various constraints of time and resources.

Currently outcomes initiatives are emerging at various levels--state, local, and in the private non-profit sector, and not necessarily in a coordinated fashion. State agencies are establishing goals and outcomes and simultaneously requesting that local programs under their jurisdiction develop their own goals and outcomes. What's missing is a clear linkage between these parallel endeavors--the mechanism by which outcomes defined by community-based programs will "fit" with the outcomes defined by state agencies or other overseeing entities. Community-based program staff work to develop outcomes in a climate of uncertainty about whether these outcomes will be altered by overseeing entities.

The dilemma of outcomes in relation to program scope

One of the results of pressure to measure outcomes is a tendency to

overstate what can be delivered in order to justify the worth of the program. A community based family resource center might be highly successful in working with a small number of families to access resources and to help families get their children to school on time. However, it is unlikely that this family resource center will reduce the rate of child abuse and neglect reporting or school graduation for the county within a year of funding.

When developing outcomes for a program, it is important to look at the level at which outcomes can be expected and the timing at which outcomes may be reached. The amount of resources and length of the funding period are two key variables that influence the program's scope and which will determine how outcomes are defined. Smaller programs funded on a year to year basis will focus on short-term outcomes for program participants only, while heavily funded community initiatives which are expected to reach a large proportion of a carefully defined population may be able to specify changes in community level indicators over an extended period of time.

As we work with small community based programs, many of which are funded on a year to year basis, the dilemma of outcomes in relation to program scope is raised continually. While we teach program staff how to establish outcomes that are realistic given the nature of the intervention, level of funding and time constraints, we frequently hear concerns that outcomes must be grander, lest the program be vulnerable to funding cuts. Thus, while it may be much more logical to attribute to a parent support group outcomes related to improved social support and locus of control, program staff are often wary of promising anything less than reducing child abuse and neglect.

The dilemma of prevention as primary outcome

This leads to the third dilemma under discussion -- that of using prevention as the primary outcome. Human services

programs are frequently promoted on the basis that they will help to prevent some socially undesirable and costly events from occurring. These events may include child abuse and neglect (noted earlier), but also, for example, infant mortality, out of home placement, teenaged pregnancy, dropping out of school, juvenile offenses, and so on. Demonstrating that any program caused such events not to occur, however, is no small task.

Primary prevention programs believe themselves to be particularly vulnerable to the dilemma of using avoidance of undesirable events as measures of program outcomes because primary prevention programs are, by design and intent, farther removed from these events. These services have been designed to reach people early enough so that the risk of experiencing the event remains slim. Curiously, though, tertiary prevention programs are on no firmer methodological ground than primary prevention programs in this area.

As an example, let's take three programs with a defined outcome as prevention of juvenile offenses among at-risk youth. The primary prevention program works out of a neighborhood center established in a "high risk" neighborhood, using outreach workers to engage youths in an after school and weekend program. Another program, working out of a high school, serves youths identified by the school counselor as being at risk for juvenile offenses based on other associated risk factors. Finally, a tertiary prevention program provides counseling to youths who have had at least one incident involving the legal system, with the purpose of preventing subsequent legal involvement. Each of these programs will report, as the key outcome, the percentage of youth participating in the program who successfully avoid juvenile offenses during the period of their involvement with the program. Each program may claim success on the basis of these reported outcomes, but in the absence of control or comparison groups, none can claim with confidence that the program was responsible for

preventing juvenile offenses.

Here, the lesson of family preservation should serve as a reminder of how vulnerable programs can become when they claim to prevent occurrences. For years advocates of family preservation promoted the services on the basis of successful outcomes--usually defined as 80% or more of families having been prevented from an out of home placement of a child at imminent risk. Once family preservation programs were asked to demonstrate their effectiveness through more scientifically rigorous experimental designs, however, we learned that proving that family preservation prevented placement from occurring was actually very difficult to do. Negative events are not especially predictable, identifying children who are almost certain to be placed in out of home care unless a particular service is offered is not an exact science. The same holds true, then, for being able to claim with confidence that a program is preventing child abuse and neglect, teenaged pregnancy, juvenile delinquency, etc.

To deal with this problem, we shifted from a focus on a single indicator to the use of multiple outcomes, measuring not simply avoidance of negative behaviors but positive changes as well, such as improved parent, child, and family well-being, increased social support, etc. The use of multiple outcomes has the advantage of measuring multiple results that a program expects to achieve; the key drawback is that the more outcomes one proposes, the more extensive the data collection and reporting requirements,

The dilemma of outcomes evaluation in relation to resource allocation

This leads to the dilemma of keeping evaluation activities in line with the resources available for these activities. One of the most pressing challenges to community based programs is moving from the relatively manageable task of specifying outcomes and developing ways to measure these outcomes to being able to implement a system of gathering,

analyzing, and reporting data to be able to make outcome data useful to the program.

Many programs come up with good evaluation plans and viable measurement strategies, but fall apart at some point in the implementation process. Sometimes the critical point is at data collection--perhaps the program has identified the measures but finds it difficult to get organized around gathering the desired data. Or, the problem can be with what to do with data that have been amassed--(I've had the experience of going into an agency to look at their outcomes, only to be directed to a stack of papers sitting in a box). Or, there may be spreadsheets full of numbers, but program staff may not have sufficient technical expertise to be able to present this in a form that is useful for the program. The use of multiple outcomes brings certain advantages to a program, but also carries additional data collection burdens--obviously, the more outcomes one specifies, the more measures must be taken.

The effort that goes into compiling, analyzing and presenting data is vastly underestimated. As outcome evaluation continues to remain a focus for programs at all levels, greater consideration needs to be given to allocating resources for program evaluation activities as one component of program implementation--including budgeting staff time for data collection activities, purchasing appropriate hardware and software to make data management efficient, and technical resources to help staff analyze, interpret, and report data. Allocation of resources for evaluation will become an ever more pressing concern when outcome evaluation moves from the expectation of reporting results to *demonstrating* results. At that point, community based programs will need to be prepared to participate in more rigorous evaluation designs, including randomized experiments, comparison group and time series designs. In the current effort to promote outcome evaluation, the emphasis has been on self-evaluation and simple one-group designs.

The dilemma of outcomes as a double-edged sword

The last dilemma I'd like to address here is the uncertainty that surrounds the question "how will outcomes be used"? For or against the program? For ongoing program improvement or for weeding out those programs that fail to achieve their stated outcomes? When programs are asked to develop clear, measurable outcomes and to report on their results, programs are placing themselves at risk, making themselves vulnerable. Funders and other overseeing entities need to carefully consider and to be very clear with programs about how their outcomes will be used.

If we are to make real progress in outcome evaluation, programs must be given sufficient time to develop outcomes and to become familiar and comfortable with the evaluation process. In the short term (for example, programs funded on a year to year basis), funding decisions can not reasonably be tied to program outcomes, because fledgling programs need time to get up and running and to resolve implementation issues. If outcomes are used as a threat to program viability rather than as a tool for program improvement, this can only create incentives for programs to establish such easily achievable outcomes as to make the entire effort useless.

Instead, we should be encouraging programs to use outcomes as a way of measuring how they're doing on an ongoing basis, and to use outcomes to make changes in ways that will make the services more likely to achieve the desired results. Programs should be rewarded for making use of outcomes, for turning problems around, and for learning from their lack of success as much as from their achievements.

Now what?

Having raised some of these dilemmas for discussion, I'm not suggesting that we return to the "dark ages" of counting units of service and numbers of clients as

evidence of program results. Instead, I'm offering a few suggestions to make this transition to outcome evaluation a little smoother:

- 1) If there are specific outcomes desired of programs, make this clear during the program planning process so that activities and interventions can be designed toward achieving these outcomes.
- 2) For programs charged with developing their own outcomes, be sure that these are not only clear and measurable, but also logically related to program activities and appropriate to the level of funding and time period of the funding.
- 3) For prevention programs, whenever possible use positive change instead of relying solely on avoidance of negative occurrences.
- 4) Keep in mind the distinction between descriptive program results and causal relationships between programs and outcomes.
- 5) Allocate sufficient resources to the collection, analysis, and reporting of data.
- 6) Take the strength-based approach to the use of outcomes--rewards, not threats.

“OUTCOMES AND ACCOUNTABILITY” THROUGH THE EYES OF A FOSTER PARENT

By: Pat Chubbuck

Iowa foster parent Pat Chubbuck offers her perspective on the meaning of “outcomes and accountability.” She presented this at the FPSS/Decategorization State Conference, October 9, 1997, in Panora, Iowa.

In getting ready for today, I looked up accountability and the meaning was answerability. So I looked up answerability which means 1) a spoken or written reply as to a question. I thought that was okay. 2) was a solution or result as to a problem. This couldn't be right because I never have any problems. 3) to serve and to be responsible for. I really liked this one. Now, I know why I am a Foster Parent. Of course, being 60% bloodhound doesn't hurt either.

I am so excited when I am asked to speak about the children. I believe I was asked here today to put a child's face on Outcomes and Accountabilities. As a Foster Parent, I thought my biggest job was the care of the children. To my surprise, it was the paperwork. Ha! Ha! The problem is I never was a person to explain why you should clean a bathroom first. You are just supposed to do it first. Now, here I am trying to explain why, what, who, where, when Aunt Rody was doing something or did something.

Above all, they wanted it documented every day in a journal. To my surprise, little things you write down that don't look like anything important can turn out to be the key that throws doors open for children's growth. I have the best job because 24 hours a day, 7 days a week, for richer and poorer, in sickness and health and holidays I live with children that have more baggage than even the new Denver airport could lose. I have two children and somewhere around 37 foster children and countless respite care children. I know we need goals and outcomes to watch where the money

goes to do the best job. I know money is getting hard to get and to hold onto. Please believe me, trying to take six children to the circus is good training for budgeting. And, when you can't get them all the neon pink and green flash blaster that lights up; you have broken their hearts and tears flow. If you get really lucky, at least one of them will kick you in the shins. That way it will take your mind off how rotten you feel that you are not Daddy Warbucks. But it is important to set and keep limits. Even more important, is to teach them the reality that life has limits.

Last April I was invited to work on Iowa Title IV-B Child and Family Service Plan. Talk about a duck out of water! I am not sure if it was the benchmarks or all the adults to talk to. The first meeting I went home completely confused. Being the true blue bloodhound that I am, I couldn't give up. I read everything that was given to me and I began to understand. With a vision statement of “Children will have a safe, permanent home,” what could go wrong? Setting objectives went fairly easy. Everybody knows family reunification is first because each child that comes into Foster Care, comes to us with outcomes for a permanency plan. The team of people to collaborate has already been put into place (the courts, DHS, Social worker, biological parents, Foster Parents and service providers). Our plan is for permanency for that child. If for any reason, the plan fails, the team didn't fail and the child didn't fail, the plan failed. So, we just need to revise a new plan. By this time, we have learned more, we should have more tools and

more people to add to the plan. Only then, we can achieve this permanency plan outcome.

Further into the process, we got to benchmarks and I was confused again. I know they are used to measure accountability, but the percents didn't match up with the hands and hearts I hold so dear each day. I guess I almost could see any one of my children falling into one of the decreasing or increasing percents and their faces would be lost forever. The subgroup ended up with no numbers in the percentages. As a Foster Parent, I was content by not putting unrealistic goals on both the children and the administration in our system. Percentages seem to do that. I have been asked if I want to continue working with the groups and I have said “yes.” I feel it is important because we all need to be accountable, and we all need a way to measure that accountability. I feel our biggest goal achieved was not the lack of any amounts in the percentage columns, but working together with so many diverse people. I'll just name a few. (Judges, DHS, Public Health Department, Head Start, IFADA, Iowa Coalition and Foster Parents). Growing up I was told to walk a mile in the other person's shoes before I could try to tell him how to walk. I feel that subgroup helped us all learn to walk with everybody and how to grow in understanding of how we can help the children together. I believe when the subgroup was all said and done, the vision statement, “Children will have a safe and permanent home,” was foremost on all our minds and will continue to be so as we go back to our communities and homes.

As I returned to my community, I couldn't help but think about how we all know children can't be raised totally at home. One thing I had to learn was to ask the community and church to help our children. They are our children; not the courts, not DHS', not yours, not mine, but our children.

The court first orders a safe home. The Department of Human Services furnishes money for clothes and food. They also do supervision and set up counseling. I know it takes special birthday party and presents, bicycles, prom dress, gymnastic lessons, etc., with lots of hugs and understanding to make them feel like one of the family. It is part of nurturing they may never have had.

Bear with me for a moment, I would like to tell a few stories. They all had the same goals, the same outcomes for permanency, but they all achieved permanency in different ways. The first story is a 16-year-old runaway girl with an abusive stepfather in too many ways to count. Her answer was to run away. She had attended only about 80 days of school at the end of her sophomore year. The last day of her Junior year, she ran in the house jumping up and down sobbing while holding this 3 x 7 piece of paper. I said, "What on earth is wrong?" She replied, "Nothing, I just got this award for perfect attendance and I have never gotten one before in my life." She wasn't as excited when she got her second one on graduation day, but she did tuck it away very carefully with her diploma. Her permanency plan was to go to Job Corp and she is there today!

The second story was to be a little girl, who was not even born yet, when her brothers came into our lives. After six months of Team Collaboration, the plan worked. She was born drug free. She was the first child in a family of three to be born drug free. All three children's permanency plan was to return home.

The third story was on December 22nd when three children came to live with us because Mom was arrested for drug and weapon charges. They came with only

the clothes on their backs. At the last minute, we scrambled to make Christmas for them. My community, my church, my family and my friends came together to make Santa come alive right before their eyes. Later, after opening presents of new clothes and toys, I was tucking in the oldest boy. As we talked, he had tears in his eyes. I asked, "It's pretty hard being here without your Mom on Christmas, isn't it?" He said, "No, not really, she usually didn't make Christmas day anyway." I asked, "Are you sick?" He said "No." He went on to say that this was the first time Santa ever spelled his name right and he couldn't understand why all those strangers would do this for his brother, sister and him. With tears in my eyes, I said "Because you are all so special and it's our way to say thanks for you just being with us to love." That kindness changed him like the tiny mustard seed blooming. Their permanency plan was to live with their grandmother since their mother was sentenced to fourteen years. When I talk with the grandmother, she says that young man is always wanting to help someone. What better gift could anybody be given or receive than this kind of display of compassion and love?

The final story today is about a two-year-old boy and a three-year-old girl. They were born into an unsafe and not nurturing home. The older half-siblings had been in need of assistance for over seven years by the time these two were born into the family. The half-siblings were removed and placed with their natural mother. For the next two years, the little boy and girl went for visits trying to make collaborative permanency team plans work. We went through many changes in that plan. Their goal for permanency ended up being adoption, and I am their proud mother.

Our goal should be how well and how many children we can serve (when the need arises) and make sure they never return to an unsafe or not a permanent home. When we give permanency, then we have achieved accountability. I hope I have put faces on outcomes and

accountability because God reminds me several times every day whose children they are, and that they are the most precious and priceless gifts in the world that we all share.

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This collection of papers from the Second University Educators Conference on Family Preservation explores issues on the effective relationship between family preservation practice and academic training.

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This publication, the result of a collaboration of the National Foster Care Resource Center, and The National Resource Center on Family Based Services, provides annotations of resources focused on "Family Continuity," a new paradigm for permanency planning for the 1990's.

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Descriptions of 370 family-based service programs across the country, including information on program goals, background, services, client characteristics, staff, funding and contact person.

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This resource brief from the National Center for Service Integration addresses the basic components of an effective community assessment.

CHILDREN, FAMILIES, AND COMMUNI- TIES—A NEW APPROACH TO SOCIAL SERVICES

(1994) \$8.00

This publication from the Chapin Hall Center for Children presents a framework for community-based service systems that includes and builds upon community networks of support, community institutions, and more formal service providers.

CHILDREN, FAMILIES, AND COMMUNI-

TIES: EARLY LESSONS FROM A NEW APPROACH TO SOCIAL SERVICES

(1995) \$5.00

This is a street level view of the experience of implementing a system of comprehensive community-based services. Another report in a series on the Chicago Community Trust demonstration.

CHRONIC NEGLECT IN PERSPECTIVE: A STUDY OF CHRONICALLY NEGLECT- ING FAMILIES IN A LARGE METROPOLI- TAN COUNTY:

EXEC SUMMARY: (1990) no charge

FINAL REPORT: (1990) \$15.00

A research study examining three groups of families referred for child neglect: chronic neglect, new neglect, and unconfirmed neglect. The report presents descriptive data about these groups of families, changes over time and differences between the three groups. The study was conducted in Allegheny County, PA, and funded by OHDS and the Vira I. Heinz Endowment.

COMMUNITY RESPONSE TO HOMELESS- NESS: EVALUATION OF THE HACAP TRANSITIONAL HOUSING PROGRAM EXECUTIVE SUMMARY (1996) no charge

FINAL REPORT (1996) \$8.00

An evaluation of a HUD-funded demonstration project of the Hawkeye Area Community Action Program (1990-1995). This project provided transitional housing and supportive services for homeless families with the objectives of achieving housing stability and economic self-sufficiency. Data include background information from participants obtained through structured interviews, and self-sufficiency measures at intake, termination, and six month follow-up to evaluate progress in housing, job, education, and income stability.

COMMUNITY SOCIAL WORK: A PARA- DIGM FOR CHANGE (1988) \$7.50

This book is a collective product of a work group in Great Britain set up to articulate core characteristics of community social work.

COST EFFECTIVENESS OF FAMILY- BASED SERVICES (1995) \$3.00

This paper describes the data and cost calculation methods used to determine cost effectiveness in a study of three family preservation programs.

CREATING CULTURES OF FAMILY SUP- PORT AND PRESERVATION: FOUR CASE

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This document explores issues relevant to the effective integration of family preservation and family support programs called for in new federal legislation.

DEVELOPING LINKAGES BETWEEN FAMILY SUPPORT & FAMILY PRESER- VATION SERVICES: A BRIEFING PAPER FOR PLANNERS, PROVIDERS, AND PRACTITIONERS

(1994) \$2.00

This working paper explores the connections in policy, program design, and practice needed to enhance the chances for success of linked programs.

EMPOWERING FAMILIES: PAPERS FROM THE FOURTH ANNUAL CONFER- ENCE ON FAMILY-BASED SERVICES (1990) \$10.00

A collection representing the second published proceedings from the annual Empowering Families Conference sponsored by the National Association for Family Based Services. Major sections address Programs and Practices, Program Issues, and Practice Issues—reflecting new and continuing developments in family-based services.

EMPOWERING FAMILIES: PAPERS FROM THE FIFTH ANNUAL CONFER- ENCE ON FAMILY-BASED SERVICES (1991) \$10.00

A collection representing the third published proceedings from the annual Empowering Families Conference sponsored by the National Association for Family Based Services. Five major sections—Training and Education, Research, Practice Issues, Program and Practice Issues, and Program and Policy Issues.

EMPOWERING FAMILIES: PAPERS FROM THE SIXTH ANNUAL CONFER- ENCE ON FAMILY-BASED SERVICES (1992) \$10.00

A collection representing the fourth published proceedings from the annual Empowering Families Conference sponsored by the National Association for Family Based Services. Major sections address Diversity, Research, and Expansion in family-based services.

EMPOWERING FAMILIES: PAPERS FROM THE SEVENTH ANNUAL CONFER- ENCE ON FAMILY-BASED SERVICES (1993) \$10.00

This is the latest collection of papers from the NAFBS conference in Ft. Lauderdale. Chapters address family empowerment and systems change, child protection and family preservation, determining outcomes for community-based services, and wraparound services for SED youth.

EMPOWERING FAMILIES: PAPERS FROM THE EIGHTH ANNUAL CONFERENCE ON FAMILY-BASED SERVICES (1994) \$10.00

This collection presents the best from the national conference. Key issues include reunification practice, family-centered residential treatment, culture and therapy, and a variety of research and evaluation issues.

EMPOWERMENT EVALUATION: KNOWLEDGE AND TOOLS FOR SELF-ASSESSMENT AND ACCOUNTABILITY (1996) \$27.00

This volume derives from a conference of the American Evaluation Association. It addresses the concepts, methods, and tools needed to integrate evaluation into the everyday practices of running programs.

EVALUATING FAMILY BASED SERVICES (1995) \$35.00

Major researchers in the field of family based services contribute chapters on all aspects of the evaluation process appropriate to a variety of program models.

FACTORS CONTRIBUTING TO SUCCESS AND FAILURE IN FAMILY-BASED CHILD WELFARE SERVICES:

EXEC SUMMARY (1988) \$2.50

FINAL REPORT (1988) \$15.00

(Includes the Executive Summary)

Summary and final report of a 2-year federally funded study analyzing social worker characteristics, family characteristics, services provided, outcomes, and the relationship between these factors in eleven family-based placement prevention programs.

FAMILY-BASED JOB DESCRIPTIONS

(1986) \$7.50

A compilation of job descriptions for family-based service workers (including social workers, supervisors, administrators, family therapists and paraprofessionals) which are currently in use by selected public and private family-based programs throughout the country.

FAMILY-BASED SERVICES FOR JUVENILE OFFENDERS (1990) no charge

An analysis of family characteristics, service characteristics, and case outcomes of fami-

lies referred for status offenses or juvenile delinquency in eight family-based placement prevention programs. In *Children and Youth Services*, Vol. 12, No. 3, 1990.

FAMILY-CENTERED SERVICES: A HANDBOOK FOR PRACTITIONERS

(1994) \$15.00

This completely revised edition of the Practitioners Handbook addresses core issues in family centered practice, from assessment through terminating services. Also included are a series of chapters on various topics such as neglect, substance abuse, sexual abuse, and others.

FAMILY-CENTERED SERVICES EMPLOYEES MANUAL, IOWA DEPARTMENT OF HUMAN SERVICES (1985—Rev. Jan, 1991)

\$5.00

Iowa Department of Human Services family-centered services regulations, which define and structure the Department's preventive services program, and accompanying procedures manual.

FAMILY FUNCTIONING OF NEGLECTFUL FAMILIES: FAMILY ASSESSMENT MANUAL (1994) \$5.00

This manual describes the methodology and includes the structured interview and all standardized instruments administered in this NCCAN-funded research study.

FAMILY FUNCTIONING OF NEGLECTFUL FAMILIES: FINAL REPORT

(1994) \$8.00

Final report from NCCAN-funded research study on family functioning and child neglect, conducted by the NRC/FBS in collaboration with the Northwest Indian Child Welfare Association. The study is based on structured interviews with neglecting and comparison families in Indian and non-Indian samples in two states.

FAMILY GROUP CONFERENCE

(1996) \$20.00

This volume offers a complete presentation of the Family Group Conference, the extended family network child protection model from New Zealand.

GUIDE FOR PLANNING: MAKING STRATEGIC USE OF THE FAMILY PRESERVATION AND SUPPORT SERVICES PROGRAM

(1994) \$8.00

This document presents a comprehensive framework for implementing the federal family preservation and support services pro-

gram.

HEAD START OUTCOMES FOR HOMELESS FAMILIES & CHILDREN: EVALUATION OF THE HACAP HOMELESS HEAD START DEMONSTRATION PROJECT

(1996) \$6.00

This study reports findings of a transitional housing program for homeless women and children.

HOME-BASED SERVICES FOR TROUBLED CHILDREN

(1995) \$35.00 [includes s/h]

This collection situates home-based services within the system of child welfare services. It examines the role of family preservation, family resource programs, family-centered interventions for juveniles, issues in the purchase of services, and others.

INTENSIVE FAMILY PRESERVATION SERVICES RESEARCH CONFERENCE; CLEVELAND, OHIO—SEPTEMBER 25-26, 1989; FINAL OR BRIEF REPORT

(1990) no charge

Final report of a two-day conference on family preservation services research, co-sponsored by the Bellefaire Jewish Children's Bureau, the Mandel School of Applied Social Sciences at Case Western Reserve University, and the Treu-Mart Fund. The final report includes the history and definition of family preservation, implementation in child welfare, juvenile justice and mental health systems, review of existing research and recommendations for future research. The brief report focuses exclusively on needed research in the area.

INTENSIVE FAMILY SERVICES: A FAMILY PRESERVATION SERVICE DELIVERY MODEL (1987) \$2.75

Manual providing detailed descriptions of the State of Maryland's Department of Human Resources Intensive Family Services (IFS) pilot projects in eight local departments of social services—including chapters on funding principles, interventions, closure and evaluation. This program was implemented in 1985 and expanded to 14 jurisdictions in 1986.

KEY CHARACTERISTICS AND FEATURES OF COMMUNITY-BASED FAMILY SUPPORT PROGRAMS

(1995) \$6.00

This is a thorough review of issues determining the success of Family Support programs.

KNOW YOUR COMMUNITY: A STEP-BY-STEP GUIDE TO COMMUNITY NEEDS



AND RESOURCES ASSESSMENT

(1995) **\$28.00**
This is a manual and tool kit for conducting a community needs and capacities assessment. The price includes a computer diskette containing sample forms. Please indicate Mac or DOS version.

LENGTH OF SERVICE & COST EFFECTIVENESS IN THREE INTENSIVE FAMILY SERVICE PROGRAMS

SUMMARY REPORT (1996) \$2.00
FINAL REPORT (1996) \$17.00
Report of an experimental research study testing the effect of length of service on case outcomes and cost-effectiveness in three family based treatment programs.

LINKING FAMILY SUPPORT AND EARLY CHILDHOOD PROGRAMS: ISSUES, EXPERIENCES, OPPORTUNITIES

(1995) **\$6.00**
This monograph examines opportunities for family support in child care settings.

MAKING A DIFFERENCE: MOVING TO OUTCOME BASED ACCOUNTABILITY FOR COMPREHENSIVE SERVICE REFORMS

(1994) **\$4.00**
This resource brief from the National Center for Service Integration presents the basic components of a program level outcomes based accountability system.

MAKING IT SIMPLER: STREAMLINING INTAKE AND ELIGIBILITY SYSTEMS

(1993) **\$4.00**
This working paper from the National Center for Service Integration outlines a process for integrating intake & eligibility systems across agencies.

MAKING WELFARE WORK: A FAMILY APPROACH (1992) \$3.15

This is an account of Iowa's Family Development and self-sufficiency Demonstration Grant Program (FaDDS). It describes a family support approach to welfare reform.

MANAGING CHANGE THROUGH INNOVATION: TOWARDS A MODEL FOR DEVELOPING AND REFORMING SOCIAL WORK PRACTICE AND SOCIAL SERVICE DELIVERY (1992) \$7.50

This manual treats the dynamics of the change process in a variety of settings.

MULTISYSTEMIC THERAPY: USING HOME-BASED SERVICES: A CLINICALLY EFFECTIVE AND COST EFFECTIVE

STRATEGY FOR TREATING SERIOUS CLINICAL PROBLEMS IN YOUTH

(1996) **no charge**
This brief manual provides an overview of the multisystemic approach to treating serious antisocial behavior in adolescents and their multineed families. Dr. Henggeler outlines the focus of the approach on the family, the youth's peer group, the schools, and the individual youth, along with the structure of the family preservation program, and the research which documents the program's effectiveness.

NEW APPROACHES TO EVALUATING COMMUNITY INITIATIVES: CONCEPTS, METHODS, AND CONTEXTS

(1995) **\$12.00**
Evaluating coordinated service interventions is a complex process. This volume examines a set of key issues related to evaluating community initiatives.

POST ADOPTION FAMILY THERAPY (PAFT): A PRACTICE MANUAL; Oregon Children's Services Division

(1990) **\$3.00**
Discusses the conception, development and implementation of the PAFT project including positive research findings for 50 at-risk families. Part two describes therapeutic challenges of adoption, intervention techniques, and the treatment model developed by the project.

POST ADOPTION RESOURCES FOR TRAINING, NETWORKING, AND EVALUATION SERVICES (PARTNERS): WORKING WITH SPECIAL NEEDS ADOPTIVE FAMILIES IN STRESS; Four Oaks, Inc., Cedar Rapids, Iowa (1992) \$4.25

Information about the PARTNERS model for adoptive families with special needs children. Includes a description of support services, screening, assessment, treatment planning, treatment and termination phases of the project, and descriptive statistics of the 39 families served. Part two describes therapeutic challenges of adoption.

PROGRAM BLUEPRINT FOR NEGLECTFUL FAMILIES, Oregon Children's Services Division (1987) no charge

Presents a program model based on recurring evidence about the nature of neglectful families.

PUBLIC-PRIVATE PROVISION OF FAMILY-BASED SERVICES: RESEARCH FINDINGS (1989) no charge

A paper presented at the NAFBS Third An-

nual Empowering Families Conference (Charlotte, NC) discussing research findings on differences between family-based services provided by public and private providers.

RACIAL INEQUALITY AND CHILD NEGLECT: FINDINGS IN A METROPOLITAN AREA

(1993) **no charge**
Despite contradictory evidence, child neglect is believed to occur with greater frequency among African-Americans for a variety of reasons. This article describes racial differences among 182 families referred for neglect in a large metropolitan area.

REALIZING A VISION

(1996) **\$5.00**
This working paper positions the progressive children and family services reform agenda within a complex welter of change, and it poses a provocative answer to the question: "Where do we go from here?"

REINVENTING HUMAN SERVICES: COMMUNITY- AND FAMILY-CENTERED PRACTICE

(1995) **\$25.00**
This collection of articles explores aspects of the move towards a community-based service system. The book explores social work, economic development, school-linked services, and community policing. Crossing these different service sectors is a common understanding of community- and family-centered practice.

REPAIR: REASONABLE EFFORTS TO PERMANENCY THROUGH ADOPTION AND REUNIFICATION ENDEAVORS

Executive Summary (1996) \$4.00
Final Report (1996) \$17.00

REPAIR created a family based approach to residential treatment characterized by reduced length of stay, integration of family preservation and family support principles, and community based aftercare services to expedite permanency. The Final Report describes the conceptual approach and project design, lessons learned from implementation, and evaluation results (including instruments). [Funded by ACYF, Grant #90CW1072].

RISING ABOVE GANGS AND DRUGS: HOW TO START A COMMUNITY RECLA-



MATION PROJECT (1990) \$2.00

This is a how-to manual for building & sustaining a community collaboration focused on youth issues.

THE SELF-SUFFICIENCY PROJECT: FINAL REPORT (1992) \$5.00

Final evaluation report of a federally-funded demonstration project in rural Oregon serving families experiencing recurring neglect. Includes background and description of project, findings from group and single subject analyses, and evaluation instruments. (See the Self-Sufficiency Project: Practice Manual below).

THE SELF-SUFFICIENCY PROJECT: PRACTICE MANUAL (1992) \$3.15

This manual describes a treatment program for working with families experiencing recurring neglect, based on a federally-funded demonstration project in rural Oregon. Includes project philosophy and design, staffing, discussion, and descriptive case studies (See the Self-Sufficiency Project: Final Report above).

SOURCEBOOK: ANNOTATED RESOURCES FOR FAMILY BASED SERVICE PRACTICE: 4th Edition (1993) \$5.00

Descriptions and ordering information for selected resources on: family therapy, FBS theory and practice, research and evaluation, legal issues, family-based services management, and training. Lists FBS service associations and program directories. Includes many unpublished materials prepared by social service departments, not generally available in libraries, which can be ordered from those agencies.

STATE LEGISLATIVE LEADERS: KEYS TO EFFECTIVE LEGISLATION FOR CHILDREN & FAMILIES: A REPORT (1995) \$1.00

This is the report of an eye-opening survey on how far children and family advocates have to go towards building a sustained legislative agenda.

STATE SURVEY ON PLACEMENT PREVENTION & FAMILY REUNIFICATION PROGRAMS: FINAL REPORT (1990) \$5.00

Results of a 1989-90 nationwide survey of state child welfare administrators and specialists regarding the extent to which placement prevention/reunification services have been implemented. Includes data from 37 states. Issues include eligibility requirements, exclusions, costs, service length and availability, state expenditures and state legislation regarding placement prevention and

reunification services. Similarities and differences between public agencies and purchase of service programs are featured.

STRENGTHENING FAMILIES & NEIGHBORHOODS: A COMMUNITY-CENTERED APPROACH (1995) \$8.00

This is the final report of the "Patch" demonstration project, a model for community-centered social work practice that is now generating national attention.

STRENGTHENING HIGH-RISK FAMILIES (A HANDBOOK FOR PRACTITIONERS); Authors: Lisa Kaplan and Judith L. Girard (1994) \$35.00

This accessible handbook on family-centered practice addresses the range of issues to be considered in working with high-risk families. Practice strategies are set within the context of the development of family preservation services.

TECHNICAL ASSISTANCE RESOURCE GUIDE (1994) \$3.00

This guide presents a variety of materials important to implementing the family preservation and support services program. Topics addressed include organizational change, program development, community assessment, family-centered practice, cultural competence, and evaluation.

THREE MODELS OF FAMILY-CENTERED PLACEMENT PREVENTION SERVICES (1990) no charge

An analysis that defines and compares family-centered services by identifying three models whose primary goal is tertiary prevention, the prevention of out-of-home placement of children from seriously troubled families, or reunification once placement has occurred. Also examines data from 11 family-centered placement prevention programs that further specifies and compares these models. Reprinted with permission from *Child Welfare*, Vol. LXIX: No. 1, (Jan/Feb 1990).

TOGETHER WE CAN: A GUIDE FOR CRAFTING A PROFAMILY SYSTEM OF EDUCATION AND HUMAN SERVICES (1993) \$11.00

This is a guidebook to a five stage process for creating and sustaining community collaborations.

TO LOVE A CHILD (1992) \$6.00

This book describes the many ways in which responsible and caring adults can contribute to the lives of children: mentoring adoption,

family foster care, kinship care and others.

TRAINING MANUAL FOR FOSTER PARENTS (1990) \$12.00

Created by Dr. Patricia Minuchin at Family Studies in New York, the Manual includes a theoretical section describing the rationale, goals, themes and skills, and a training section that describes eight sessions. The activities of the sessions are experiential, including role playing, small groups, simulated cases, and discussions. The sessions are focused on understanding families and on exploring attitudes about families, on the skills of making and keeping contact with biological families, and on the liaison between foster parents and professional workers as they function in the foster care network.

TRAINING RESOURCES: FAMILY CONTINUITY (1993) \$2.00

A bibliography of training resources of the National Resource Center for Family Centered Practice, The National Foster Care Resource Center, The National Resource Center for Special Needs Adoption, and other organizations.

WHO SHOULD KNOW WHAT? CONFIDENTIALITY AND INFORMATION SHARING IN SERVICE INTEGRATION (1993) \$4.00

Analyzes issues pertaining to confidentiality in collaborative projects. The paper includes a checklist of key questions.

For a detailed description of audiovisual materials, see page 35.



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Creating Cultures of Family Support and Preservation: Four Case Studies (1993)	3.50	_____	_____
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Family Functioning of Neglectful Families: Family Assessment Manual (1994)	5.00	_____	_____
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Family Group Conferences in Child Abuse and Neglect Cases (1996)	20.00	_____	_____
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Rising Above Gangs and Drugs: How to Start a Community Reclamation Project (1990)	2.00	_____	_____
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AUDIOVISUAL MATERIALS:

Video Tapes--

Circularity & Sequences of Behavior (1992) [price includes s/h]	\$25.00	_____	_____
Family-Based Services: A Special Presentation (1990) [add \$5.00 for s/h]	\$80.00	_____	_____

Slide Show--

Home-Based Family-Centered Services: A Basic View (1980)--Rental Only [add \$5.00 s/h]	\$10.00/mo	_____	_____
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Audiotapes--

Empowering Families 1989 Pre-Conference Institute: Research Roundtable			
Audiotape 1 (sessions 1 & 2)	\$6.00	_____	_____
Audiotape 2 (sessions 3 & 4)	\$6.00	_____	_____
	\$10.00/both	_____	_____

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AUDIOVISUAL MATERIALS

CIRCULARITY AND SEQUENCES OF BEHAVIOR (1992) (*includes s/h) \$25.00*
This 30-minute training videotape describes the family systems concepts of circularity and sequences of behavior, and then demonstrates how the concepts are utilized in a child protection interview with a family where inadequate supervision of young children is an issue. Useful for training family-centered practitioners in any human services program.

FAMILY-BASED SERVICES: A SPECIAL PRESENTATION (1990) \$80.00*
(*Plus \$5.00 shipping)
Videotape: 24 minutes. A lively introduction

to the history, philosophy, and practice of family-based services featuring interviews with policy-makers, agency administrators, family-based service workers and families who have received services. For use by advocacy and civic groups, boards of directors, legislators and social service workers. A video guide accompanies the taped presentation.

HOME-BASED FAMILY-CENTERED SERVICES: A BASIC VIEW (1980)
Rental Only \$10.00/mo
An 18-minute, 80-slide synchronized presentation providing an introductory overview; for use by advocacy and civic groups, boards

of directors, and policy-makers. Includes an 8-page study guide.

EMPOWERING FAMILIES 1989 PRE-CONFERENCE INSTITUTE: THE RESEARCH ROUNDTABLE--AUDIOTAPE 1: SESSIONS 1 & 2; AUDIOTAPE 2: SESSIONS 3 & 4

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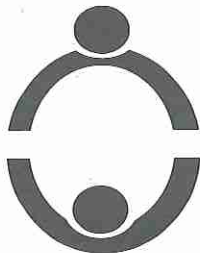
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