THE PREVENTION REPORT

The National Resource Center for Family Centered Practice   1998 #2

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Of Practice Improvement and Reforming Reforms

After a lot of feedback from child welfare professionals across the country about their desire to learn more about the national experience of implementing the Family Preservation and Support Services Program (FPSSP)—not second hand, from newsletters, planning documents, or report summaries—but from other professionals engaged directly in the work, the National Resource Center for Family Centered Practice (NRCFCP) hosted a National Meeting of States in New Orleans on June 9th and 10th of this year. Representatives and delegations from 41 States comprised of people closely involved in the implementation of the FPSSP over the past four years convened to engage in a peer exchange: to learn about different approaches to implementation of the numerous features of FPSSP, to hear about innovations in direct service, programs or service delivery strategies, to share approaches to problem solving at many levels of the implementation process.

Of course, this process of looking back at the variety of lessons being learned from the FPSSP was also, in large measure, a way to look forward. Looking forward, in fact, had acquired a new urgency because in the fourth year of its existence, as the result of legislation passed in November of 1997, FPSSP had been transformed into the Promoting Safe and Stable Families Program (PSSP).   This meant that in addition to managing the reforms in progress as a result of three years of FPSSP, States found themselves confronting legislation that required them to reform the reforms. This presented a new challenge. If States were to maintain their efforts to continue to promote community-based child welfare systems, if States were going to meet the goals of the new legislation calling for expanded reunification and adoption services, and, if States were to successfully limit the time any given child spends in the child welfare system to 15 months, then there was a need to understand the important gains that had been made under FPSSP, modify them as needed, consolidate those gains, and pursue the new reforms by building on the capacity put in place by these earlier successes. This would be the one sure way of protecting and advancing accomplishments as well as to avoid pitting the older and the newer reform efforts against each other. The New Orleans National Meeting of States was intended to help understand and accomplish this goal.

The discussions with and between the national meeting participants were energetic and productive. Participants were articulate and forceful about the strengths of the FPSSP process.

In this issue...

- As a result of the FPSSP legislation, collaborative planning and development was sanctioned by the federal government at the community level in a new way. This initiated new forms of partnerships, drawing together new constellations of public agencies, community-based organizations, and citizens. These groups have taken on the difficult negotiations to determine how to work together effectively. This is a long term prospect—most likely the organizational development work of a generation—but the process has now established a firm foundation in many areas. It needs to be documented. It needs to be understood. It needs to be publicized. It needs to continue.

- Prior to FPSSP, a lot of lip service was paid to the need for prevention services in child welfare. The belief that families should be helped before stressors became critical was well founded. The story of the life guard hiking upriver to see where people were falling into the river—rather than waiting until they needed to be rescued downstream—had been told many times. Now, although the amount of funding was nowhere near adequate to establish a full-fledged prevention system, FPSSP did allow for an emphasis on primary prevention in a community and neighborhood context. This highlighted some of the promise and, perhaps, the limitations of prevention oriented work. Also, good faith efforts to bring family support services into communities allowed for greater community ownership of services, greater family involvement in program development and operations, and a fuller understanding of the realities of the changing family in a modern society and economy. This has made possible a greater sense of community responsibility for problems needing to be solved locally.

- The implementation design for FPSSP stimulated local needs assessments in many areas. This was very useful for allowing individual differences in communities to emerge. Disaggregated at the level of neighborhood and community, statistics—

    about child abuse and neglect,

    about the plight of families caught within the conflicting demands of the economy, their community, and their families' development,

    about adolescent social and educational problems,

    about teen pregnancy, substance abuse, or family violence

these issues became more real, especially in the light of limited pathways toward deferred success in the larger world: the promise of opportunity that strengthens resilience and motivates survival. This more systemic view of community showed the critical relationship between supports, services, and viable community institutions. The process of local needs assessment made prominent an awareness of the indivisibility of needs of families, and the need for continuity and consistency in supports available to families.

- In some cases, FPSSP created a new way of looking at the way funding might work. It increased opportunities to pool funding and to create a framework to support local innovations. The great variety of funding formulas developed by the states created the skill of using small amounts of money as incentives to build community coalitions which could then launch development strategies of their own.

- Outcomes, outcomes, outcomes. Interest in having programs and services focused on measurable results has sent everyone scurrying to develop outcome measures. But with this interest has come a certain amount of confusion as outcomes get generated at different levels of government. State agencies generate broad benchmarks, community collaboratives have identified shared outcomes, and community providers have developed program and service level outcomes. How will the various results-based activities be integrated so that meaningful data gathering and analysis can be accomplished? What kind of outcomes are reasonable to expect from relatively small scale primary prevention efforts? And—the big question—will service budgets really be tied to outcomes? If unsuccessful programs don't deserve funding, isn't it also true that successful programs should be solving problems thereby needing less funding? Can social services budgets be based on research rather than patronage or pork barrel politicking?

Created in the throes of an experimental reform era, over the three years of its existence FPSSP had become increasingly inseparable from the other multiple reforms directly and indirectly affecting child welfare: litigated settlements, risk-bearing integrated services networks, evolving program models such as family group decision making, new practice strategies growing at the intersection of family services and community development, policy reforms to flex funding or devolve control to local levels of government/governance. Because of its emphasis on looking at communities

as comprehensive systems, experiences with FPSSP can help show how new efforts at services integration, within the context of multiple reforms, might proceed. For example, in order for TANF to be successful, professional staff up and down state systems are compelled to look at a full range of developmental services for families, services with roots in FPSSP.

What has become more clear, as a result of the National Meeting of States, as a result of continuing on-site work, and as a result of extensive consultation with all manner of practitioners, program development specialists, policymakers, administrators, as well as the cadres of consultants working around the country to improve results in child welfare—what has become more clear—is that the work of the Resource Center in training, technical assistance consultation, and evaluation services needs to be intensified, interconnected, and diversified. Indeed, this is one of the lessons of Lisbeth Schorr's most recent book Common Purpose. In her recommendations, Schorr calls for a "new kind of technical assistance." Community based initiatives need "allies, who will join with them in solving problems and in figuring out what they need in order to be most effective."

This reasoning, the need to develop new varieties of more responsive technical assistance, has led the NRCFCP to become more explicit in articulating its mission to focus on policy, program, and practice improvement.

- To work in this new environment of reforms being reformed and re-engineerings being re-engineered, technical assistance services must deliver concise improvement strategies sensitive to the developmental trajectories of system reform in different settings, help

which compliments and integrates thematically interrelated, yet operationally disconnected, reforms. In addition, TA consultation needs to include an array of problem solving strategies—process consultation, reform and change management, organizational development—that grow solutions locally in order to improve the practices that produce results.

- Attention to interconnected improvements means staff development for family centered practice becomes embedded in organizational assessments that specify more precisely the nature of needed skill development, when, and with whom it needs to occur. Just as importantly, staff development needs to be accompanied by decisions to create program and management strategies that allow new practice knowledge to take root.

- State and community-based reforms involve numerous contextually specific variables—a fact which complicates the task of understanding what strategies are effective and why as well as the task of extrapolating findings from one site to another. Yet it is critical to derive the right lessons, distill the relevant practice wisdom, sift through the experimentation to arrive at best practice approaches to specific problems. An emphasis on improvement means diversifying program evaluation and research into a range of policy, program and practice studies wherein existing knowledge and knowledge development are inextricably linked to productive use of that knowledge. Some of the approaches needed to sustain successful ventures and redirect problematic ones include:

cycling results-based management findings back to decision makers at all levels,

embedding evaluation techniques into quality assurance mechanisms,

introducing innovative methodologies for acquiring knowledge in experimental contexts,

mobilizing quick access to the best practice wisdom available in innovative settings,

synthesizing and applying interdisciplinary research literature

Some people say that policy swings on a pendulum, and, to an extent, it does. Some people say that the more things change the more they remain the same, and, self- assuredly, they wait for change to yield to the status quo. But there are inevitably times when the way we work and what we know changes dramatically, permanently, and when this is true, it is best to become prepared to respond. The current environment of escalating and overlapping reforms argues for more rigorous and thoughtful action on the part of those who do the work—and those who help those who do the work. A new paradigm for consultative relationships emphasizing improvement will make all of us more prepared and responsive.

Promoting Safe and Stable Families through Welfare Reform

by: David Berns, Director, El Paso County Department of Human Services
and Barbara Drake, Deputy Director, El Paso County Department of Human Services

On August 22, 1996, President Clinton signed the Personal Responsibility and Work Opportunity Reconciliation Act replacing the old AFDC program with Temporary Assistance to Needy Families (TANF). This piece of legislation altered long standing federal policy. It eliminated the federal entitlement to income supports for dependent children, imposed time limits on assistance to families, and it assumed that creating incentives for employment would promote self-sufficiency in poor families. The block grant funding strategy also returned significant decision-making authority to states.

Well before the passage of the legislation, the bill set off alarms. A significant number of child welfare professionals and advocates claimed that TANF would destroy families, sending parents —the overwhelming majority of whom were poor women— scrambling for underpaid work and arcane child care schedules. In this scenario, TANF requirements would taunt families with the goal of self-sufficiency in an economic and social context that did not offer the wages or supports needed for real success. Other predictions were even more disturbing. Some claimed that time limited income supports would leave children destitute, increase the incidence of abuse and serious neglect—which has always been linked to poverty—and prompt a massive shift of children into foster care (the funding for which remains among the last federal entitlement for children). Professionals and advocates in this camp viewed TANF as a program designed to punish families for being poor.

Now, however, although the timescale necessary to show the effects of welfare reform has not been reached, TANF policy makers and advocates have declared Welfare Reform a success. In our current economic climate, welfare caseloads have plummeted. The amount of federal funding spent on the program has declined. Large numbers of recipients are involved in employment related activities. Politicians claim that the destructive cycle of welfare dependency has ended.

At a local level, we administer both child welfare and public assistance programs. From this perspective, neither of the sweeping claims made above seem immediately apparent. In the light of such conflicting claims, our reaction is uncertain. Should we be depressed (by impending doom) or elated (by the rising economic tide lifting, finally, all boats)? Is welfare reform breaking a social contract with the least fortunate among us? Or is it a breakthrough in social development? Are we punitively destroying families or is the American value of hard work setting them free? In the end, sweeping answers to these questions have to come from others. We have come to the conclusion that answers of substance lie within us and our community. Either, or both, sides to this debate may be correct depending on the way program staff understands and approaches the opportunities and challenges presented by the changed policy.

The cornerstone of welfare reform has been returning authority to states for designing and administering their welfare programs. This was driven by a resurgence of interest in state's rights, and justified by the assumption that states could understand and address their needs in a more flexible and specific way than could the cumbersome machinery of politics and policy in Washington DC. These assumptions, however, in part contradict themselves. Behind the rhetoric of devolution, the federal welfare reform legislation includes several provisions that make it difficult to serve families. Most problematic are provisions that impose time limits, deprive some non-citizens of benefits and reduce support for some disabled children. Here, however, noteworthy features of the reform need to be underscored. The federal law does not prohibit many services and supports that it will not fund. It reduces or eliminates federal funding for some purposes. And there is a key corollary to this: federal legislation reduces restrictions on the use of other selected federal funding. It allows states to redeploy some federal funds from one program to another, and it allows local and state agencies to use more of their own money in various ways to meet their community needs. For example, funding previously used exclusively as match for federal AFDC allocations can now be used for a broader variety of locally designed programs and services. In this lies opportunity for innovative service development.

Unfortunately, shifting from a system of federal micro management of AFDC to a relative degree of local autonomy (in the context of a county administered system, it should be noted) is difficult. The most immediate demands of administering the new system obscure opportunities for innovation and change. Too often, we still operate under mindsets appropriate to the old system, applying too many timeworn strategies to new circumstances because it seems as if it's the way it has to be. Perhaps this is even related to an advocacy climate prepared primarily for negative consequences of the TANF program. Regardless, it must be emphasized that new opportunities arrive with the new legislation. This point is perhaps best illustrated by looking at the old "match" requirements under the AFDC program and the new "maintenance of effort" requirements under TANF.

Under the now defunct AFDC entitlement system, states had very limited latitude. States set payment levels and they determined some eligibility requirements, but the funding formula determining the mix of federal and state dollars was fixed. Every dollar spent on the welfare system cost the state about 50 cents. This provided the state primarily with negative incentives: keep benefit levels low and eligibility criteria high. This also required that funds be spent on direct income maintenance payments.

Now, under TANF regulations, states are required to spend approximately 80% of what they spent in a base year for AFDC. This means that the first 40% of a state's TANF budget is state and local money. If expenditures drop below the baseline, 80%, maintenance of effort level, then unspent funds, from the federal allocation, are kept on reserve in Washington DC. This "rainy day fund" is planned to be available if, or, in the case of an economic downturn, when welfare caseloads increase.

This process of TANF expenditure has clear ramifications. Across the country, people at all levels of government are celebrating how much TANF caseloads have dropped and how much overall expenditures have decreased. But not all of this celebrating is well founded. The federal government is the only real beneficiary of reductions in TANF expenditures. Billions of dollars of federal TANF funds are accumulating at the same time that state expenditures remain relatively fixed and unchanged.

There are those who believe that these funds will continue to accumulate, and remain on reserve, until we need them. This trust may be admirable, but precedent gives us the right to be wary about what happens to surplus funds accumulating in Washington. Indeed, the President, and the Congress, both Democrats and Republicans, have already suggested several ways to access the billions of TANF dollars already accumulated. Various proposals have been made to transfer administrative expenses from Medicaid and Food Stamps to TANF. Some lawmakers propose reductions in the Title XX Social Services Block Grant, with the provision that states cover the deficit through a transfer from their TANF fund. Welfare to Work funding likely will not be reauthorized, on the assumption that states will fund work readiness services from TANF allocations. And, if the TANF reserve continues to grow, the likelihood that Congress will maintain the current level of funding in future years is doubtful.

When TANF was signed into law in 1996, only a few among us predicted the massive drop in caseloads and the corresponding reduction in federal expenditures. Indeed, most of the discussion focused on the crisis

that would result from inadequate funding for TANF. The prediction that children would migrate to the child welfare system because TANF funds would no longer meet family needs became a truism. This prediction, however, has not materialized —at least not yet. In fact, not only have TANF caseloads dropped, but in some instances so have child welfare caseloads.

Despite this good news, we know that our communities and families still have many needs. The low paying jobs many former welfare recipients have secured may offer more money than their TANF payment, but such jobs are still not sufficient to move these families out of poverty. An appropriate strategy needs to be set in place to help formulate and support long term self-sufficiency goals: to develop skills to move into higher paying jobs, to manage family demands competently in the face of requirements for good daily work performance, to attend to family development tasks, so that the next generation can build on the successes of this one. Addressing these complex and challenging issues is, in the final analysis, more important to the long term success of the TANF program and the families it serves than simply getting people into the labor force.

The approach Colorado has taken in implementing TANF reforms reflects the broader perspective outlined above. Colorado, a county-administered state, followed the federal lead in granting maximum flexibility for the TANF program. Most of the flexibility granted to the state was passed on to the counties. Each county was given a block grant of federal and state TANF funds. Counties were also required to pay their portions of the "maintenance of effort" (MOE) costs. This funding is at the front of the pipeline. In other words, the county must spend local money before accessing State and Federal TANF funds. Any expenditure above our MOE is 100% State and Federal funds.

In El Paso County, the TANF budget is approximately $18M, of which approximately $3M is county money. Due to declining caseloads, we expect to spend about $12M on direct TANF payments. This means that about $6M of federal

money will go unspent unless we find an appropriate use for it. Our choices are either leave it on reserve with the hope that it will remain available for the future ("the rainy day scenario") or to study the reform in order to identify appropriate opportunities to invest the available funds in our families and community. We have elected to meet the needs of our communities and families in a way that will contribute to their long term success.

EL PASO COUNTY'S APPROACH

In El Paso County we have designed both child welfare and TANF programs using a common philosophy and system of care. We view the TANF and other assistance programs as our primary prevention programs for Child Welfare. Our mission for all our programs is to strengthen families, to assure safety, to promote self-sufficiency, to eliminate poverty and to improve the quality of life in our community. We measure our success in all of our program initiatives by how well and how much they contribute to this mission. It is not our goal to cut welfare but rather to eliminate poverty and the social deficits that accrue to it.

Fiscally, this approach gives us up to $6M in TANF funds to invest in prevention services. More importantly, this is a part of a comprehensive approach. All of our public assistance programs—TANF, Food Stamps, Medicaid, Child Care and other related programs—are being redefined as a set of supports to strengthen families and contribute to their successful development.

We began the process of unifying these programs by building recognition and acceptance of the following set of principles for our system of care in both TANF and Child Welfare. These operating principles are described in many of our program descriptions, grants and policies. We share them with staff and community on a continual basis.

EL PASO COUNTY DEPARTMENT OF HUMAN SERVICES : GUIDING PRINCIPLES

Our strategies are based on system of care principles that apply to all our

Public Assistance and Child Welfare Programs. These principles include:

- The system of care must be family-driven and include extensive family leadership
- Systems and programs must be effectively integrated
- The system must build community capacity to serve families
- Services must be strength based and delivered in the least intrusive manner possible
- Services must be accessible, accountable and comprehensive
- Services must meet the individualized needs of families
- Services must be coordinated across systems
- The system of care must emphasize prevention and early intervention
- Smooth and seamless transitions between programs must accompany families as they develop
- The system of care must protect the rights of families
- The outcomes of services must be evaluated
- All services must be culturally respectful and delivered by competent staff

These principles are reflected throughout all of our strategies and incorporated into our entire system. Everything we do is carefully weighed and measured against these criteria. The principles are operationalized in a variety of ways. First, child welfare workers have access to additional resources and supports through TANF to assist their families. Second, TANF staff provides services to families in a strength-based fashion that whenever possible prevents the need for child welfare intervention. And third, families are key stakeholders in designing, selecting and managing needed services regardless of how they enter our system.

The following is a brief description of a few of our programs that have been designed and implemented between the TANF and Child Welfare Systems.

Grandparent Services: New Subsidized Guardianships

Through the TANF program, our

Department currently provides kinship services to grandparents raising their grandchildren. This assistance is provided in the form of both financial assistance and support services aimed at keeping the extended kinship family intact. TANF families who are eligible for these "child only" grants make up 20-22% of the welfare caseload in our county. Similar percentages appear in welfare caseloads throughout the country. Our analysis showed that these families are virtually identical to many child welfare cases except that Grandma stepped in to help the family before the call came mandating investigation. Providing support to these families forestalls the possibility that they will become more deeply involved in the system.

Advancing this effort required specific organizational development. In July 1997, we transferred several of our best child welfare staff over to TANF, matched them with talented TANF technicians and created a unit specifically designed to serve grandparents and other relative caretakers. This entire unit is funded by TANF and offers kinship providers preventive, strength-based services. Among other things, workers in this unit have developed grandparent support groups, and they connect families to available community resources. Help in obtaining legal guardianship is provided as necessary. Staff has access to flexible funding to assist families—similar to wrap around services in child welfare—but with a TANF funding base. The program is designed as an alternative to child welfare. TANF funds support preventive service options for children at low levels of risk, intervening before escalating crises require intensive intervention.

Currently, we are expanding this service development approach to provide these types of grandparent and kin supports to relatives connected with ongoing child welfare cases. Grandparents caring for children in the context of a child welfare (usually child protection) intervention frequently have been viewed as unimportant compared to the case plan goal of either returning the child to the parents or else proving them unfit and initiating more drastic permanency plans. Rather than

being seen through their strengths and through what they can offer to enhance a child's future stability, grandparents are often judged harshly. Their child is the subject of a child protection investigation; they become suspect by implication. Did they know about the abuse or neglect and not report it? Are they acting in collusion somehow? Do they believe that their child is capable of an act of child abuse? Are they caught in a pattern of self-denial that makes it impossible for them to contribute to protective factors for the child? A pattern of bias against grandparents can squander one of the best resources available to troubled families.

The flexible program development described here allows a new strategy. By coming at this issue from the perspective of what the grandparents need to successfully raise their grandchild, for a flexible or indeterminant period of time, we have embarked upon an entirely different approach. Grandparents can offer important resources to a support network to help preserve safety and stability for the family. But this can only happen if the resources are available to enhance this natural family support.

The approach continues to develop. We are in the process of adding a subsidized guardianship program for grandparents who have had grandchildren for an extended period of time and are currently receiving foster care payments for their kin. By shifting to a subsidized guardianship model and transferring the guardianship from the Juvenile to the Probate Court we also shift the service delivery model to the more strength-based, preventive one described above. The policies will be similar to those developed under various Title IVE waivers, but the funding stream will be through TANF.

Also, a service component not found in the waiver projects is included in our model. In a relative foster care/guardianship model in the child welfare system, there is typically an intervention or offer of service only when something "blows up" in the family and they are unable to cope with the consequences of the crisis. In a TANF funded subsidized guardianship model the

services are preventive in nature (even if there has been extensive child welfare involvement), offering the family options in the context of building family autonomy and self-sufficiency.

Domestic Violence Coordination

In a survey completed by the initial group of recipients (2,300) receiving welfare on July 1, 1997, approximately one-third responded affirmatively to the question, "Have you ever been a victim of domestic violence?"

In response to this new information, our Department is in the process of contracting with our local Center for the Prevention of Domestic Violence to co-locate a staff member in our office to provide client services and staff training. This domestic violence professional will serve as a resource to staff on individual cases as well. Funded as part of our welfare reform initiatives this contract will also assist in the development of additional domestic violence related community resources such as emergency housing and treatment/support groups. Subcontractors to the Center will provide culturally relevant Spanish speaking and Asian-Pacific focused services.

Child Care Coordination

Our local Alliance for Kids has a mission to develop a seamless system of early childhood care and education in our community. Several local task forces were consolidated under this organization to develop a long-term strategy for child care and education. The Alliance for Kids is a broad-based community group with significant consumer leadership. In part based on the impetus of this group, our agency has implemented specific strategies. These include:

- Increasing provider reimbursement rates for child care services to low income families.

- On-site enrollment for low income child care programs in child care centers and homes where parents drop off and pick up their children.

- Development of a child care resource and referral database available at our office for all relevant families, including families receiving child welfare services. For example, if a parent is looking for care for a kindergartner near a particular school (including transportation between school and child care) that query is entered and matched with the providers with whom our agency contracts, and indicates available openings.

- Through contributing grant writing expertise, we help to apply for a growing amount of child care grants focused on improving quality and building capacity. This funding is passed to the community to address priorities identified by the Alliance for Kids.

- Increased payments for guaranteed child care slots and full day/full year child care so parents can choose quality care and move more effectively from welfare to work.

There has been a heightened awareness around early childhood education and child care issues in our community. A camaraderie of dedicated problem-solving has developed among stakeholders in this service area, and a commitment strategies for prevention emerged through this coordinated effort. Child care has been expanded and enhanced in a manner that allows these services to become a vital element in our prevention and early intervention approaches to child welfare.

Teen Parent Support

In El Paso County, in 1996, 310 girls ages 13-17 delivered babies. The pregnant and parenting teen faces numerous risks: insufficient education, poor job skills, poverty, homelessness, dependence on welfare, domestic violence, and future unplanned pregnancies. Teen parents are a major concern for our agency due to the high risk to the teen's child for neglect and abuse, abandonment, poor parenting, unstable home life, poverty, lack of stimulation and education, poor nutrition and development, and the absence of a stable father figure.

Our response has been teen parent support. Teen parents, either heads of households or household members in TANF eligible families, are served by a team of eligibility technicians and social caseworkers working together under the funding and program auspices of TANF. Enhancing this approach is a Teen TANF Program that works through collaboration with a number of key partners in the area:

- Teen Resources (local non-profit)
- Public Health Nurses
- First Visitor
- Pikes Peak Family Connections (Teen Nurturing Program)
- Center on Fathering
- Westside Cares (mentors and job skill curriculum)
- Catholic Community Services (pregnancy counseling)
- local school districts

The target group consists of pregnant and parenting teens on TANF. It is hoped that all pregnant and parenting teens who come to our attention, or that of a partner agency, will eventually be served through this collaborative model. Goals and outcomes are integrated into the program. Our service delivery model is founded on educational achievement, skill building, individual and family goal setting, and self-sufficiency practices resulting in employment. An emphasis on results is important in light of the numerous teen pregnancy prevention and teen parenting programs which have failed nationally.

The Teen TANF Program supports pregnant and parenting teens with collaborative services to build strong families and develop self-sufficiency. Through the Human Services Team, in partnership with community agencies, teen parent families are strengthened by receiving case management services and assessments. Home visits, crisis intervention, nurse visitation, parenting instruction, continuing education, job training, and mentoring are some of the services El Paso County Department of Human Services and its partners provide to strengthen the teen parent family. This program is also staffed in part by former Child Welfare workers who are now housed and paid for with

TANF funds.
Employment Support

Employment support targets children under age 18 in foster care or in a TANF household. To address the inter-generational aspects of welfare and child welfare, El Paso County is developing an employment support program to serve children aging out of foster care and those growing out of welfare dependence. While these support services will address two different populations they will focus on similar key areas including asset building, goal setting, educational achievements and self-sufficiency strategies leading to employment. Both of these populations have the strong commitment of our agency.

Joint Family Preservation/TANF Services Planning

Our agency is in the process of combining family preservation and foster care placement prevention services with "preventive" focused TANF (welfare) services to create a service continuum which bridges both the funding and service philosophy gaps between child welfare and welfare. This approach is designed to provide families entering the "system" from either the welfare or child welfare side with comprehensive, strength-based services with the lowest level of intrusion into the family.

Joint Training

In collaboration with the University of Utah School of Social Work, three states, and several additional Universities, our office is implementing cross systems training, assessment, and services. This effort includes child welfare and TANF, but also incorporates substance abuse, domestic violence and the mental health system. The project, funded by the U.S. Department of Health and Human Services is training recipients of these services in leadership skills, systems change and training strategies. Members of the design team for this effort will serve as the co-trainers for all our staff.

All of the above strategies fit into the model we call El Paso County's "7 Ps". Using the simplest possible structure to describe our system, we are able to administer numerous system changes simultaneously. This model, plus our guiding principles, assures that efforts are directed toward a common mission but each can proceed according to its own timetable.

The "7 Ps"

Protection			
Prevention	Preservation	Placement	Permanency
Partnerships			
Proficiency			

In this model, TANF and other assistance programs are structured as primary prevention services for the child welfare system. Our agency strives to assure the safety of children, families and the community. We do this through a full array of services. Since we cannot accomplish any of these tasks alone, we depend on partnerships with the entire community, especially the consumers of our services. The entire system depends on how well all of the strategies are implemented.

CONCLUSION

TANF and welfare reform are not good or evil as such. The outcomes of welfare reform depend on how the reform is implemented. The outcome depends on the ability to find the maximum degree of innovation and service development that the reform will support within the context of the administrative structure within which a given state operates. If we let the service systems drift by allowing old habits to guide recent reforms, or, if we develop reforms in a punitive manner, emphasizing how little people can be served under new guidelines, families will be hurt. We will end up planting the seeds of future problems which will return to haunt us another day. However, if we use our new flexibility and available resources wisely, we can promote safe and stable families. Policy makers and agencies are not the victims of welfare reform. We are the architects, engineers and builders. It is up to us to design and build a system that meets the needs of our children and families.

Managing Change

♦ Personalities, institutions, laws, culture, politics: the fiendish complexity of it →

♦ Some problems *are* being solved: define the right problem, right solution →

♦ Multiple reforms interact: anticipate effects, large and small →

♦ Getting past the "reform of the day": sustaining a culture of positive consequences →

♦ Introducing reform, sequencing innovations: solid strategies for staff development →

♦ Support reforms fully: parallel process in supervision and management →

Outcomes Consultation: Lessons from the field (Part I)

by: Miriam J. Landsman and Brad Richardson

The NRC Research Division is finishing up a busy year of working with state, local, and private-non profit agencies on a variety of outcome-related projects—from working with state agencies to develop valid and reliable statewide evaluations and data collection systems, to helping communities to synthesize community level outcomes with those of individual programs, to working with multi-service agencies to develop outcomes for their varied programs.

The demand for assistance in developing outcome based systems is coming from all levels—from individual programs seeking to validate their work through state agencies looking for ways to extract measurable results from often unwieldy management information systems. While there is no "one way" to develop an outcome based system to satisfy all needs, and each situation requires an approach that fits with the desired goals, the community of stakeholders, and the nature of the program(s), there are several principles that guide the process:

Principle #1: No matter what system is taking the lead role in developing an outcome based system (state, local, etc.), the involvement of stakeholders in developing outcomes and measures of those outcomes is critical to developing a valid outcome system. An outcome system developed at the state level must be accountable not only to federal funding sources but also to the local level, actively involving localities in the process. Therefore, whatever system is leading the outcome based project, stakeholders must be prepared the length of time and extent of commitment of effort that the project will require.

Principle #2: The desire for uniform outcomes must be considered in light of the nature of the service system, the diversity of the population, and a variety of community factors. While uniform outcomes are the easiest to measure and report, several important questions must be raised: 1) are the same outcomes relevant to all locales within a region or to all regions within a state?; 2) are outcome measures developed in ways that are appropriate to culturally diverse populations?; and 3) can stakeholders reach consensus on how desired outcomes can best be measured?

Principle #3: As a rule, the greater the heterogeneity, the more complex the task of developing an outcome based system. A statewide evaluation of a relatively homogeneous program with clear outcomes will be less complicated to implement than an evaluation of a community based collaborative of assorted programs, each serving different target populations, providing different types of services, and having varied (perhaps even intangible) outcomes.

Principle #4: Key to developing an outcome based service system is maintaining a focus not exclusively on the measurable outcomes, but on the linkages between outcomes and services. In the current fervor for developing measurable outcomes, too often the relationship between outcomes and programs and services is neglected. Outcomes are intended to represent changes which occur as a result of interventions. Tracking indicators in the absence of a service context, therefore, provides little useful information about the role of programs in attaining those changes.

Principle #5: The logical sequence of developing an outcome based system begins with a thorough understanding of the needs which prompt a service or system of services and the goals developed to address those needs. If a community is experiencing a high rate of adolescent pregnancy, an important goal will be to reduce the rate of adolescent pregnancy. Outcomes, then, are the measurable results by which attainment of the goal will be evaluated. Outcomes do not develop out of thin air, or apart from a context of needs.

Having stated a few important principles which guide the development of an outcome based system, we wish to offer some examples from the field. In this article, we describe an approach to synthesizing community and program level outcomes, based on work with one of the decategorization projects in the state of Iowa. In the next issue (Lessons from the field: Part II), we will present an approach to developing statewide outcomes and a computerized data collection system to evaluate progress toward family self-sufficiency.

Synthesizing community and program level outcomes: A case example

The NRC Research Division has recently completed a child welfare outcomes project with the Johnson County Decategorization Project. Decategorization is an initiative which permits a county or a cluster of counties to develop a plan to blend broadly categorized as self-sufficiency, safety, health, and stability-- which led to decisions to fund certain types of programs. However, it was difficult to tell the extent to which these programs were achieving outcomes consistent with the specified community level outcomes. The individual programs varied considerably in the extent to which they had developed measurable outcomes, as well as the extent to which they were reporting on those outcomes.

An advisory committee for the outcomes project was formed early on and, in collaboration with the NRC research consultants, a strategy was devised to implement the outcomes project. The plan was to first work with each individual program to articulate measurable outcomes, and second, to work from the community outcome plan and assess how the individual programs fit within the larger framework of community level outcomes.

The individual program work involved consultation to each program, beginning by holding meetings/discussions with program

staff to understand the nature of the program, the target population, the services provided, and the desired results of each program. For each program, the research consultants prepared an evaluation framework, essentially a simplified logic model which specified: 1) the program's activities and interventions; 2) available measures of those interventions, whether those were units of service indicated in case logs, attendance sheets at program events, etc.; 3) the desired results of the program; and 4) how the desired results were measured currently or could be measured in the future.

Working through this process served as a training technique to help program staff differentiate between processes and outcomes and to see how these two were related. However, it was not always a simple linear process—in some cases we went through a number of modifications to the framework, based on further discussions, advice from the outcomes project advisory committee, and decisions by individual programs to substitute different outcome measures. In other cases we worked with program staff to develop measurement instruments where none previously existed, or assisted in modifying

instruments that were then in use but posed problems. In the long run, developing a simple evaluation framework proved to be a useful tool for programs not only for purposes of this project, but a tool that programs could use for such purposes as seeking additional funding (by demonstrating a plan for evaluation) and for replicating the process with other programs administered by their agencies.

To illustrate the evaluation framework at the program level, Figure 1 presents an example from a sample program, in this case a teen parent program.

Figure 1: Sample evaluation framework for a teen parent program

Process Program activities and components	Process Measures Observable events or behaviors measuring program implementation	Outcomes Desired (measurable) results of the program	Indicators Specific measures of program outcomes
Prenatal education (individual)	staff observations contact records	Babies of pregnant teens are born healthy	0% low birth-weight infants
Preventive health services	health care notes documented in case records	Prevention of second pregnancies among program participants	% of program participants with subsequent pregnancy
Individual and group counseling	attendance at sessions		
Home visits	case notes	Reduce social isolation among pregnant and parenting teens	90% participants report less isolation on post-test
Parent skill building sessions	staff observations attendance at sessions	Prevention of child abuse and neglect among program participants	no reports of abuse and neglect among participating teen parents
		Children develop within normal limits	% children who pass in all areas on the Denver Developmental screening.

The second task involved achieving a "fit" between the community level outcomes and those of individual programs. This required reviewing the outcomes specified within the broader categories described earlier (self-sufficiency, safety, etc.) and matching key program outcomes to the appropriate community level outcomes. In this way, the decategorization project could see which of their funded programs were working toward specific

community level outcomes, and how these outcomes were being measured by each program. Not every program level outcome has a place in the community level outcomes framework—each program can have multiple outcomes, some of which are applicable to the community outcomes and some of which are responsive to other priorities and funding sources.

Figures 2 and 3 illustrate how the teen parent program example described above fits within the community level health and safety outcomes. Readers should note that these are excerpts from the larger document--there are many more community level outcomes with corresponding program outcome measures than are indicated in these figures:

Figure 2: Community level health outcomes

Community level outcome	Program outcome measure	Program
Children are healthy and able to reach their full potential.	0 % low birth weight infants born to participating teens % program participants without subsequent pregnancy % children passing all areas on the Denver Developmental screening	Teen Parent Program

Figure 3. Community level safety outcomes

Community level outcome	Program outcome measure	Program
Parents provide care to children in a manner that keeps them safe from abuse and meets their needs for critical care.	No reports of abuse and neglect among participating teen parents	Teen Parent Program

Through this process, all of the prevention programs were represented in the community level outcomes framework, and the decategorization project was able to begin "visualizing" the outcomes for all of their programs. One observation from the process was that there seemed to be many more programs working toward outcomes for parent and youth self-sufficiency than on outcomes for health, safety, and stability. This realization prompted further discussion and reconceptualization of the self-sufficiency goals into economic self-sufficiency (adult focused) and behavioral self-sufficiency (youth centered). It has also contributed to the discussion about current and future programming priorities.

We point out that much of the work that has been done is at the conceptual level: clarifying desired outcomes of the programs and fitting them within the larger community outcomes structure. The next challenges that this group will take on are measurement issues: 1) convening discussions with programs working on similar outcomes to consider developing a core set of common measures (currently some programs are using the same measures of similar outcomes, while others are using slightly different measures), and 2) bringing data into the outcomes framework. While this effort remains a "work in progress" due to new programs being funded and other programs changing focus, the work that has already been done toward conceptualizing and synthesizing outcomes provides an ongoing structure for understanding and evaluating a broad range of prevention oriented programs.

THE NEW PSYCHOLOGY AND ECONOMICS OF PERMANENCY

by: Marc Mannes

The New Federal Guidelines

As child welfare staff across the country are increasingly aware, the emergence of the most recent piece of federal child welfare legislation, the Adoption and Safe Families Act (ASFA), refocuses critical areas of practice in child welfare. State systems must address a number of key principles articulated in the law.

- The safety of children is the paramount concern that must guide all child welfare services
- Foster care is a temporary setting and not a place for children to grow up
- Permanency planning efforts for children must begin as soon as a child enters foster care and services to families should expedite the goal of permanency
- The child welfare system must focus on results and accountability
- Innovative approaches are needed to achieve the goals of safety, permanency and well-being

ASFA reminds policy makers, program managers, and practitioners that in the course of accommodating multiple demands for change and responding to diverse calls for reform, children's safety remains the core value of the child welfare system, and permanency remains the primary goal of program and practice strategies when children experience abuse and neglect. The legislation has also given a different cast to the concept of permanency.

Perspectives on Permanency

At first, permanency appears to be a reasonable and straightforward concept: a stable, consistent, and developmentally appropriate living situation for children, one that accompanies them through adolescence and into their adult years. However, for children in the child welfare system, permanency is multifaceted and difficult to achieve. There are a number of reasons for this.

(1) Permanency can be attained at a number of different points along the continuum of care, and being alert to these opportunities for building permanency is a subtle and taxing practice skill.

(2) Permanency can be accomplished through a variety of means, and those means are directly tied to the various points along the continuum of care. Permanency options include family reunification, legal guardianship, adoption, and independent living and the strategies for accomplishing each call on a different mix of awareness, skill and talent.

(3) Securing permanency requires taking multiple perspectives into account. Numerous interested parties must be brought into agreement to secure permanency. The courts, families, child advocates, and professional service providers and others must be accounted for in order to make permanency a reality.

While it is true that ASFA holds the potential to dramatically refocus the practice of public child welfare through expedited permanency, it is also true that permanency has been the long sought goal of the child welfare system. In 1980, Congress passed P.L. 96-272, the Adoption Assistance and Child Welfare Act (AACWA). This landmark legislation established "reasonable efforts" and encouraged the development of placement prevention programs across the country. It also focused on permanency. Berry reminds us that the legislation affirmed multiple settings and various methods for securing permanency as it established a preferred sequence of permanency options depending upon a judgement of what represented the "best interest of the child." This sequence is familiar:

1) remaining with biological or extended family
2) adoption
3) guardianship
4) long-term foster care

ASFA builds on 96-272. It still operates within the permanency framework set forth in 1980, while requiring that certain aspects of the child welfare system's approach to permanency must change. ASFA narrows the reasonable efforts standard, and it provides States with conditions within which reasonable efforts may be set aside. However, regardless of how ASFA tightens timelines and streamlines decision-making, key considerations in the process of arriving at permanency decisions for children are irreducible. They must include:

- the position of those who advocate on behalf of the child, including CASA volunteers, and others

- the knowledge and experience of biological parents, extended family, foster parents, and adoptive family

- the professional perspective of public agency staff

- the legal prerogatives of attorneys, judges, guardian ad litems or other officers of the court

Achieving permanency in a particular case involves attending to many contending beliefs and interpretations of specific circumstances, and it involves an honest critique of the pros and cons of any proposed solutions. ASFA doesn't alter the terms of this debate. However, by virtue of advancing the clock ticking towards a permanency deadline ASFA creates a new urgency within the process.

The Fundamental Permanency Challenge

ASFA compels State child welfare systems to confront one of the most contentious issues in child welfare:

Is it in the child's best interest to engage parents, offer resources, support services, and clinical treatment in order to ameliorate weaknesses and strengthen parents' abilities to maintain an adequate home environment?

Or, alternatively,

Is it in the child's best interest to expedite termination of the biological parents' rights and hasten attempts to place the child with an adoptive family or other permanent placement?

From a neutral standpoint, both of these options address the issue of permanency. Between them, however, are the basic aspects of good practice which need to be negotiated in an original way every time a permanency decision is made. To create an institutional bias favoring one permanency outcome or another side steps the issues of good practice and generates potentially undesirable unintended consequences. With ASFA, States have the opportunity to resolve this fundamental issue in a balanced way. The danger, however, remains that ASFA's intent could be interpreted in such a way that the scales are tipped towards terminating parental rights and adoption at the expense of serving biological parents.

The major concern is applying good practice to secure permanency on a case-by-case basis. Clearly, ASFA spells out some types of cases in which reasonable efforts do not apply, and expedited permanency decisions in those instances are clear cut. But these cases are likely to represent only a small percentage of the total caseload. By far, the vast majority of cases inhabit a gray area of complex judgements not amenable to easy answers or unambiguous solutions. Currently, the most widely heralded solution to the predicament posed by ASFA is to attempt to accomplish permanency by employing multiple strategies at the same time. Within professional circles this solution is known as "concurrent planning." In contrast to trying different permanency options in a sequence based on preferences established in P.L. 96-272, concurrent planning calls for practical attempts to maintain a child with his or her parents for a specified time, while, *simultaneously*, (1) assessing the viability of the reunification

process in progress, (2) investigating social networks to determine the viability of kinship care or guardianship options (which may also support reunification in ways that need to be specified), (3) evaluating prospects for terminating parental rights, (4) identifying prospective adoptive parents, (5) assuring a foster care permanency option, or, with older adolescents preparing for independent living. The primary appeal of the concept of concurrent planning stems from its congruence with the expedited permanency emphasis ordained by ASFA.

The concept of concurrent planning has excited many professional communities. It presents the possibility of a tangible practice approach capable of bringing a quick resolution to the problems that have brought a family into the child welfare system. Integrated, efficient, effective practice: from this perspective concurrent planning is valuable. However, it is important to bear in mind that its effectiveness depends upon workers and supervisors believing in the values, understanding the principles, and being well-schooled in the fundamentals of family centered practice. Direct service staff and front line supervisors must be accomplished in the basic grammar of family centered practice. They must:

- be able to conduct a good and thorough assessment

- know how to respectfully join with the immediate and extended family

- be capable of working collaboratively with family members to establish appropriate and attainable goals

- be able to access needed services

- know how to work effectively across systems

These skills, among others, are necessary to establish the complex relationship and employ the sophisticated casework techniques concurrent planning requires. Linked to the right kinds of skill development, concurrent planning—the "tough love" approach in child welfare— will work for some families. But can it possibly work for all?

Permanency and the Financial Perils of Prevention

Achieving permanency for children is a challenge, especially in light of changes in policy affecting prevention services. The most preferred permanency option largely depends upon the availability of resources to *prevent* family stresses from escalating. But in our "system" the foundation of good prevention at any level—housing, income support, health care, developmental child care—are *not* the entitlements of citizens. These basics are stitched together from a patchwork of programs intended to reach only the most needy. And, at this time, this foundation of prevention is changing in ways very likely to affect outcomes for children. Funding cuts, shifting financial incentives created by welfare and child welfare reform, and practice inhibitions driven by professional thinking are making various prevention-oriented approaches to permanency more difficult to accomplish.

First, consider the economics of prevention as it pertains to family income. Among the few definitive research findings in child welfare is the correlation between poverty and placement. Pelton, and others, have insistently noted the connection: families with inadequate income, and minority families disproportionately suffer higher rates of reported maltreatment and out-of-home placement. Given the prominence of this finding, it is reasonable to conclude that one of the best interventions to promote prevention and family centered permanency is raising family income. Income support is, of course, tied up in welfare reform.

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) which ended AFDC and created TANF has reconfigured the income support equation for States and poor families likely to come into contact with the public child welfare system. Recent data (Mermin and Steuerle) shows that the shift from AFDC to TANF has created a short term windfall for states. Most States received an increase—8 States saw at least a 20 % increase—while 9 States experienced a decrease. Yet, even those States with less total funding got more funding per recipient

in 1997 because Congress based the original grants on years when the economy was weaker and AFDC caseloads were significantly higher. These sweeteners in the initial funding formula made the States more willing to accept the conversion. Moreover, TANF grants are not matching grants, so increased federal funding allows States to reduce their own funding and still provide the same level of support.

While the fate of TANF families is ultimately tied to the fate of the (real) economy, other income sources are tied to the TANF reforms. Although not as widely recognized, a secondary source of income for poor families has been the Supplemental Security Insurance program (SSI). Welfare reform legislation has reduced cash assistance for children with disabilities from low income families. In fact, 14% of the projected savings from the welfare reform act were expected to come from reductions in SSI (Loprest). The rationale motivating changes in SSI? Eligibility criteria for disabilities were too lenient and many childrens' families were inappropriate recipients of government funds. Loprest goes on to point out that the impact on individual States will vary greatly because of the differences in SSI caseloads. The SSI caseload encompasses a high of 3.4% of the children in Mississippi and a low of .4% in Hawaii. These variations are explained by factors such as differences in family income affecting eligibility, differences in the incidence of disabilities, differences in how eligibility criteria have been applied by State agencies, and differences in outreach efforts and disability allowances.

Losing SSI benefits can have a big impact on individual poor families' total income, especially since SSI monthly benefits are comparatively generous and available only to low-income families. SSI benefits have typically been higher than AFDC benefits and appear to be more prevalent in States with smaller income support payments. By way of comparison, the maximum monthly SSI benefit in 1996 was $484 per month, while the AFDC benefit ranged from $636 for a family of three in Connecticut to $120 for a family of three in Mississippi. Surveys show families tend to spend SSI money on basic needs. One national study showed the median income for a family receiving SSI was about $14,000 per year, with SSI accounting for approximately 30% of that income. Even though the administration is in the midst of assessing revised SSI eligibility guidelines, it remains quite probable that a large number of poor families will have their benefits withdrawn.

Considering the new economics of permanency means moving beyond the downside of decreasing family income and examining the financing of prevention services themselves. The passage of PRWORA ended the Emergency Assistance Program (EA) which financed placement prevention services in a number of states. An HHS audit of 11 states accounting for 79% of all the EA money spent in 1994, indicated that 37% of FY 95 EA money would be used in child welfare (Geen and Waters). Moreover, again due to PRWORA, the Social Services Block Grant (SSBG) has been cut approximately 15% and there remains the potential for additional reductions. States can and do use SSBG for child and family services, but since they are not required to report what they do with the money we really don't know how the funds are being used. VICS data collected in 1990 by the American Public Welfare Association (now the American Human Services Association) suggested almost 25% of the funds were used for protective, substitute, and placement services.

The original creation of title IV-B Subpart 2, known as the Family Preservation and Support Services Program, established a federal prevention funding stream for programs helping potentially at-risk children remain with their biological families via community-based preventive services, or in higher risk situations through placement prevention services. The reauthorization of title IV-B Subpart 2 as the Promoting Safe and Stable Families Program and the accompanying distribution formula makes it likely that some money will be siphoned away from primary prevention efforts, even though the lions share of the allocation will still apparently go toward accomplishing the most preferred permanency option of trying to keep children with their biological families via placement prevention and/or reunification services.

Service Capacity and Practice Mindsets

New pressures and demands brought about by ASFA necessitate reconsidering a number of practice perspectives. Hastened permanency through concurrent planning should place a greater demand on the use of placement prevention services. One major issue becomes State systems building the program and practice capacity to meet the increased demand. Also, an examination of the actual deployment of intensive family preservation services to try and prevent placement suggests that a second major issue is access. Data from the National Study of Protective, Preventive and Reunification Services Delivered to Children and Their Families (1994), leads to an inference that minority children, and especially African-American children, are *more likely* to be in foster care because they are *less likely* to receive in-home services. This would suggest the need for targeting family preservation for families whose children are overrepresented in the foster care system. Yet, Denby and her colleagues suggest that the targeting of placement prevention services for those overrepresented families is undermined by workers' reluctance to make use of special population service criterion. Worker resistance to employing an "affirmative action" principle in public child welfare decreases the opportunity for African American families to receive family preservation services commensurate with their numbers. No one knows how far this tendency extends beyond the small sample of child welfare staff in this study, but it may be a prime example of worker psychology which must be addressed if headway is to be made.

In addition to issues about the effective targeting of services, the emphasis of certain prevention services may need to be reconsidered. Wells and Tracy, in an article in Child Welfare, suggest that intensive family preservation services should stop being implemented as a tertiary placement prevention strategy, and instead be reoriented to meet primary and secondary prevention purposes. According to their

argument, based on an analysis and interpretation of available research, intensive family preservation services would have greater beneficial impact promoting child development and minimizing the potential for maltreatment in families where risk factors are present than in actually preventing placements themselves. Reconstituted in this way, intensive family preservation services could serve as a short-term intervention which could then be coupled with more long-term and more maintenance oriented family support offerings many families are likely to need.

A strong implication of the role of prevention services in establishing permanency is that unless we help all families receptive to help at a given level of prevention, we risk a cascade effect, in which families, driven by escalating crises, tumble deeper into the child welfare system which is less able to respond to the families' needs and more likely to respond to its own imperatives.

When prevention efforts have not succeeded, safety is in doubt, and children must be removed from their parents, the preferred sequence of permanency settings suggest we next focus on reunification. Fraser, and his collaborators demonstrated that in one setting, brief and intensive family centered services can have a significant positive effect on reunification rates. In addition, Meezan and O'Keefe provide evidence of the effectiveness of multifamily group therapy in responding to the needs of families where child abuse and neglect had been indicated. Yet, are these family centered intervention technique to help bring about reunification being implemented as widely as necessary?

Dilemmas of Kinship Care

If children must be removed from their parents, and before or while reunification work is being conducted, placement with extended family is recommended. About a quarter of the children in foster care are residing with relatives, and three States (California, Illinois, and New York) comprise over 50% of the kin placements. In PRWORA one finds language encouraging kinship care when considering the placement of a child, and the existence of the statute has forced the economics associated with kinship care to be recalculated. Geen and Waters point out that prior to PRWORA, families providing formal kinship care received some form of financial assistance for that service; either a child-only grant, a family grant, or a foster care maintenance payment. If an informal kinship placement did warrant assistance it was in the form of an AFDC child-only or family grant.

Before PRWORA, child-only grants under AFDC provided both States and the federal government with a cheaper alternative to providing a foster care payment to support formal kinship care. In 1995, on average, a State's portion of a child-only grant was $65 less than its portion of a title IV-E foster care maintenance payment. For the federal government the child-only grant was, on average, $103 less than its share of the foster care payment. Estimates suggest in 1995, the States and the federal government spent about 1 billion on child-only grants to support about 535,000 children. One argument claimed that with the existence of PRWORA, States might switch from a TANF child-only grant to a title IV-E placement because TANF funds are capped and federal foster care reimbursements remain uncapped, and, further, because there is no federal match for child-only but there is for IV-E foster care maintenance. Kinship providers would benefit from this switch because foster care payments are generally greater than child-only grants and family income would increase. There was still another positive benefit. In shifting costs States could free up TANF funds which could potentially be used for child and family primary prevention and placement prevention services. Some barriers are in place to prevent the wholesale transition. A maintenance of effort provision under TANF likely prevents States from shifting a large segment of their child-only population to IV-E.

Those States where children are in informal kinship care settings were not seen as likely to shift because the State would need to assume custody, the courts would have to become involved, and the State would have to supervise those families. But in States where there is large-scale funding of formal kinship care through TANF there would appear to be a degree of ease in transferring a portion of the caseload. This will come as no surprise to Congress, since the Congressional Budget Office (CBO) estimated the federal cost of States making the switch from using TANF child-only grants to the use of IV-E at 10 million in 1999 and rising to 45 million in 2002.

Instead, as TANF caseloads drop sharply in this favorable labor market, a huge reservoir of untapped TANF revenue could prompt State systems to come up with unique cost arrangements and program responses for extended family placements (See, in this issue, the article by Berns and Drake).

Above and beyond changing economic factors, recent research on practice in kinship care is raising concern. Because guidelines for quality practice in this area have been well publicized, it is particularly disturbing that Gleeson, and his associates reveal that permanency planning for children in kinship care fails to meet basic standards for family centered practice. According to their findings, efforts to secure permanency do not appear to significantly involve biological parents, kinship care givers, or other members of the kinship network. Instead, the permanency plan remains little more than an artifact of caseworkers, supervisors, and the deliberations of other service providers.

Parlaying Progress

Given this brew of financial machinations and practice idiosyncrasies, what mix of policy choices — mandates, inducements, capacity-building tools, and system-changing tools (Mutchler and Pollard)— might States use to comply with ASFA, ensure family centered prevention and, if possible, the preferred permanency option? Mandates, rules intended to enforce compliance, are not readily evident and seem unlikely because they run counter to the principles of empowerment and devolution. However, a review of State utilization of Family Preservation and Support Service Program dollars, shows

how clever and worthwhile other policy choices have been in promoting prevention.

- Inducements, involving the transfer of funds to individuals and/or agencies to produce certain goods and services, have been used in the form of RFP's for community providers to develop community-based primary prevention services.

- System changing tools, which transfer official authority to individuals and agencies in order to change the child welfare services delivery system, are evident in the development of Statewide Family Policy Councils, Interagency Task Forces, Governor's Cabinets, and Resource Networks.

- Capacity building tools, reflecting investments in ongoing training, technical assistance, and leadership development, have also been widely employed.

We are likely to see such strategies expand in the future. Passage of ASFA granted DHHS the authority to approve up to 10 States for child welfare waiver demonstration projects in each of the five federal fiscal years 1998-2002. Currently ten States have received permission to establish demonstration projects, and Health and Human Services has received applications from an additional seventeen jurisdictions. The expansion of these demonstration projects gives many more States the opportunity to assume an innovative mentality and redeploy entitlement revenue. Many are intending to use the waiver authority to accomplish the preferred permanency option by investing in home and community-based ventures, services to substance abusing caretakers, or financing kinship placements at rates comparable to those of foster care maintenance payments via subsidized guardianships.

States will need to build on recent accomplishments and take full advantage of new economic opportunities and bring about psychological shifts in practice now that ASFA and TANF are the law of the land. It would be ironic—but welcomed irony—if States can use the intersection of welfare and child welfare reforms to revitalize the preferred permanency option and finally mitigate the negative consequences for families resulting from the separation of financial and social services in AFDC thirty years ago in 1969.

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The Adoption and Safe Families Act of 1997: Implications for Social Work Education

by: Joan Levy Zlotnik, Ph.D., ACSW, Director of Special Projects, Council on Social Work Education

Implementing the Adoption and Safe Families Act (ASFA) of 1997 (P.L. 105-89) places greater emphasis on delivering services that promote safety, permanence and well-being for the children who become involved with the child welfare system. Arriving at these goals, however, requires attention to child welfare practice and greater assurances that child welfare investigators, caseworkers, and supervisors have well-defined skills and knowledge. The new law, effective since November 1997, reinforces the need for permanency planning efforts to begin as soon as the child enters foster care. The emphasis on permanency includes:

- expedited termination of parental rights
- promotion of concurrent planning
- emphasis on placement with kin, legal guardians, or adoptive families
- identification of situations in which "reasonable efforts" may be waived

Such provisions, if they are to do more than create the next crisis in child welfare, demand that child welfare staff have the ability to carry-out comprehensive assessments and construct child- and family-focused intervention plans. Requirements of the law also highlight the need for effective collaboration between the child welfare system and the courts, mental health, health, education, substance abuse and income support systems. This integrated approach is to be judged by performance measures as well as meet established standards for out of home care services. Again, success depends on bringing unprecedented professionalism to child welfare staff.

The need for competent and professional child welfare workers creates an opportunity to renew partnerships that have been established between social work education programs and public child welfare agencies over the past decade. These partnerships,

supported by Title IV-E training funds, Title IV-B Section 426 Discretionary Training Grants, in addition to university and state resources, provide training (pre-service and in-service) to agency staff. They offer opportunities for agency staff to return to school to obtain an MSW degree while maintaining their practice. The partnerships also provide opportunities for other social work students to be guided toward careers in public child welfare. The partnerships were developed to increase the quality of child welfare training, help recruit and retain staff for child welfare offices, and support organizational development plans calling for increased numbers of Bachelor and Master's level staff.

Preparing social workers for child welfare careers has strong historical roots (CWLA, 1982) and it is supported by studies which show that a social work degrees makes a difference in agency service delivery. A Maryland study (Booz-Allen & Hamilton, 1987) analyzed job requirements in child welfare, and showed that staff with Master's degrees in Social Work (MSW) were best prepared to carry-out many of the complex tasks that they were required to perform. It recommended that the Department of Human Resources (DHR) hire MSWs and invest in MSW education for their current staff rather than just provide pre-service and in-service training for generic staff. Russell (1987) found that the turnover rate for child welfare staff is consistently higher in states that do not require an MSW for professional staff. Other studies (Albers, Reilly & Rittner, 1993; Dhooper, Royse & Wolfe, 1990; Olsen & Holmes, 1982) found that staff who had a BSW or MSW degree provided better quality services than those without a social work degree. Lieberman, Russell and Hornby (1989) found that child welfare staff with a BSW or MSW perceived themselves to be better prepared in a

number of skill and conceptual areas than those child welfare workers without a social work degree.

The implementation of ASFA is a time for social work education programs to examine their curriculum, especially child welfare focused courses. That examination should examine whether the content is in synch with the requirements of the legislation and the practice needs of child welfare agencies. Practitioners raise questions when curriculum does not keep up with changing policies and practice methodologies. On the other hand, graduates who go to work in child welfare agencies often find that high caseloads and excessive paperwork foreclose their opportunity to develop the professional skills they have acquired through academic training. The increased professionalism that will be required by ASFA can provide incentive to review curriculum with these concerns in mind.

Professional practice in public child welfare requires diverse skills and access to a sophisticated knowledge base. ASFA adds to these requirements in at least the following areas:

1) What does our existing knowledge tell us about permanency in kinship settings? What role will the child welfare agency play in sustaining permanency in kinship settings, and how will cultural differences effect the process?

2) Is there a clear balance between safety, permanence and well-being? How will the balance between them evolve over time as children and parents age, change and develop?

3) What is the impact of the time-lines established in ASFA, especially on the development of constructive relationships with families? How can

practitioners manage the constraints of expedited permanency?

4) What challenges are likely to appear in the effort to implement concurrent planning?

5) How will child welfare time-lines intersect welfare reform time-lines? What will be the consequences?

The implementation of ASFA also can provide opportunities for practice and policy research. Is concurrent planning more appropriate for certain client groups or family situations? What are the implications of the implementation of ASFA on women? What are the implications of ASFA on children and families of color? What are the implications of ASFA on chronically neglecting families? How does the implementation of ASFA fit with moves toward managed care in child welfare services or other privatization approaches? Will child welfare and substance abuse professionals be able to work together effectively enough to fit ASFA timelines? What models are most effective in helping child welfare agencies and the courts work together effectively?

These suggestions for practice content and research projects can be infused into the social work education curriculum. The material can be relevant to practice, policy, human behavior and the social environment, research, social planning and administration courses. Incorporating this content into the curriculum and faculty research efforts will help provide students with tools that can prepare them to work more effectively in child welfare.

The Adoption and Safe Families Act of 1997 is one more announcement to child welfare agencies, legislatures, communities and universities that child welfare service delivery needs improvement. Social work education programs can play an important role in helping to prepare a workforce for the rigors of child welfare practice. This cannot be done in isolation. It requires on-going collaboration and communication between the social work program and their local and state child welfare providers. Field placements, adjunct teaching by agency staff, guest lectures, faculty/staff exchanges, program development, program evaluation and advisory boards all provide opportunities to ensure there are on-going connections between the university environment preparing the workers and the agencies that are providing the work setting.

To help with the implementation of ASFA, social work education programs and child welfare agencies can:

- Work together to access title IV-E funds to prepare social workers for child welfare careers.

- Jointly develop a Section 426 grant proposal which universities can apply for in response to request for proposals published in the Federal Register.

- Provide opportunities for current employees to enhance their skills through university education.

- Help the agency strive to meet national standards like those from the Child Welfare League of America or accreditation standards like those from the Council on Accreditation of Services for Families and Children. Meeting national standards can provide a service delivery framework and provide incentives to upgrade the educational level of staff.

- Identify the core and advanced competencies that child welfare staff need and then initiate staff hiring and staff development practices that address the acquisition of minimum qualifications.

- Carry-out on-going research that links service delivery outcomes to staff qualifications, years of experience and training. Research might examine potential benefits from social work-educated staff regarding obtaining more timely reunifications or termination of parental rights.

Child welfare agencies are continually faced with challenges, and practitioners often must make difficult decisions about problems for which there is no ideal solution. While having well-trained staff will not resolve all of the challenges or make easy the difficult decisions, it is a step in the right direction.

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✧ ✧ ✧ SAVE THE DATES ✧ ✧ ✧

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The National Resource Center for Family Centered Practice

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Increasing Our Staff and Responsiveness to the Field

The National Resource Center for Family Centered Practice is pleased to announce the hiring of two new full-time staff members. Patricia Parker and John-Paul Chaisson, who will both serve as Training Associates. Their background and talents are central to expanding the Resource Centers' capacity to emphasize practice improvements for child and family services.

Patricia Parker, C.S.W.

Patricia Parker received her degree in social work from the University of Wisconsin-Madison. She has over twenty years of experience working in human services. Pat has been conducting workshops and seminars since 1986, and on the national level since 1990. Her expertise encompasses family development, family centered practice, diversity, spirituality in family practice, case management, quality assurance models in social work practice, and services to alcohol and drug affected families. Pat is also an ordained minister and brings a refreshing and energized spirituality to her presentation. She has been a consultant and trainer for the Resource Center since 1991.

John-Paul Chaisson, M.S.W.

John-Paul received his social work degree from the University of Iowa. He specializes in cross-cultural practice as well as community and family development. John-Paul serves as Chair of the Governor's Commission on Latino Affairs, State of Iowa Department of Human Rights. In 1998, he was awarded the Phillip G. Hubbard Award for his work in the field of human rights. He has served in program administrative and practice positions in education developing numerous social service and family outreach programs. He has provided consulting services for the Resource Center in curriculum development and training.

Revitalizing Family Development Specialist Certification Training

We are in the last stages of revising our Family Development Specialist Certification Curriculum so that it focuses on the economic, social, and cultural issues and circumstances families and agencies are confronting in this era of welfare and child welfare reform.

The Family Development Specialist Certification training (FDS) is an 8-day course designed to be a family-based equivalent to the Child Development Associate training. This course also meets performance standards' criteria for Head Start. The course equips participants with the knowledge and skills they will need to support and empower families to achieve economic independence and self sufficiency. Certification is received upon successful completion of all homework assignments and a written test on course material. More than 2,000 professionals and paraprofessionals across the country have received certification. The total eight days must be completed to be eligible for certification.

In an effort to make services to their customers more family based and culturally relevant, Community Action Agencies, Family Resource Centers, Child Development Centers, Domestic Abuse programs, Housing Projects JOBS/Work Force Development program and low income family self sufficiency initiatives have all purchased FDS training. They have found that the course meets their staff development needs. FDS training have also been purchased by a diversity of agencies seeking family empowerment training.

The revitalized FDS training will include the latest information on family empowerment techniques and recent studies on self sufficiency efforts. The entire training has been made more culturally relevant as well as including an additional unit that was developed to enable the participant to work more competently with families affected by issues of race, class, gender and disability.

The new Family Development Specialist Certification training is expected to be available by November 1998.

Upcoming Family Development Specialist Certification Classes (These are eight-day certification classes)

November 18-20, December 16-18, 1998 and January 13 & 14, 1999   Des Moines, Iowa

February 11-13, March 11-13, and April 9 & 10, 1999   Des Moines, Iowa

Classes will be scheduled in Cincinnati, Ohio and Stevens Point, Wisconsin, and Wyoming this spring. If you would like more information on any of these classes, or would like to set up a training at your agency please call:

Sarah Nash, National Resource Center for Family Centered Practice
University of Iowa, 112 North Hall
Iowa City, IA 52242
Phone: (319) 335-2200   Fax: (319) 335-2204
email: sarah-nash@uiowa.edu   Website: www.uiowa.edu/~nrcfcp/

A Family Development Supervision class is scheduled for January 21 & 22, 1999 in Des Moines, Iowa.

Resource Review

by: Ashly Bennett

Each of following books deals with one of two topics: increasing children's well-being or improving public organizations. Many of them address both issues. Although the focus of each work varies, all the authors and editors share a confidence in the possibility of change—whether it be changing policy, practice or simply the way we think—and encourage readers to participate in this change.

Altshuler, Alan A., and Robert D. Behn, eds. (1997). *Innovation in American Government: Challenges, Opportunities, and Dilemmas*. Washington, D.C.: Brookings Institution Press. ISBN 0-8157-0357-0.

This collection of essays examines the many opportunities to innovate American government and explores the challenges and dilemmas that will face those who attempt it. A variety of scholars contribute their diverse perspectives on the definition of innovation, and why and how to innovate. A number of the authors consider ways to effectively implement innovation and enhance the performance of public organizations. Others analyze the media perceptions and representations of government innovation. Innovation within specific policy fields, such as education and health care, is also discussed. Though the essays have a scholarly bent, the volume should appeal to anyone who wants to reform government.

Bridgman, Anne, and Deborah Phillips, eds. (1998). *New Findings on Poverty and Child Health and Nutrition: Summary of a Research Briefing*. Washington, D.C.: National Academy Press. ISBN 0-309-06085-0.

This report summarizes the ideas exchanged at the third annual research briefing on welfare and child development. This briefing, held by the Board on Children, Youth and Families, gathered researchers to discuss studies relevant to contemporary welfare and health policy issues, and to bring this research to the attention of policy makers. The participants focused on three main questions: 1) How do income and poverty affect the health of children and adolescents? 2) How does nutritional status affect children's development? 3) How are children and youth affected by changing patterns of health insurance coverage? Based on the information and opinions shared at the briefing, this report addresses each of these questions. It provides a short overview of widely accepted research on the topics, describes recent studies that were presented by participants at the briefing, and considers the relevance of the research in the context of federal and state policy. The report also poses new questions and suggests future avenues of research. While not intended as a comprehensive review of recent research on child health and poverty, this concise report offers timely perspectives on these topics.

Hart, Craig H., Diane C. Burts, and Rosalind Charlesworth, eds. (1997). *Integrated Curriculum and Developmentally Appropriate Practice: Birth to Age Eight*. Albany: State University of New York Press. ISBN 0-7914-3360-9.

This latest volume in a series on early childhood education explores the need for integrated curriculum and developmentally appropriate practices in the classroom. The essays advocate a holistic approach to teaching children under eight that adapts curriculum to the integrated way children think and learn at that age. Experts in different traditional curriculum areas (such as math, literacy and science) discuss how to teach disciplines separately according to national curriculum standards, while drawing connections between the different disciplines that will help children make meaning. Other contributors address issues teachers will confront when implementing an integrated approach, such as assessment, individualization, diversity, and forming partnerships with parents and colleagues. The essays emphasize incorporating knowledge of childhood development into practice and focusing on the individual needs of each student. While directed primarily towards teachers, this work is also relevant to parents, school administrators and researchers.

Hauser, Robert M., Brett V. Brown, and William R. Prosser, eds. (1997). *Indicators of Children's Well-Being*. New York: Russell Sage Foundation. ISBN 0-87154-386-9.

This volume includes papers that were originally presented at a national conference on the indicators of children's well-being. The contributors are experts from a variety of disciplines, who assess the current methods of measuring children's physical and emotional health. The essays focus on various aspects of a child's well-being, including health, education, economic security, family and neighborhood conditions, social development, and problem behavior. The challenges of developing accurate indicators of children's well-being are discussed, as well as the need for such accuracy, particularly when the data is used in policy making. Some suggestions for improving the current system of measurement are also offered.

***Making Child Welfare Work: How the R.C. Lawsuit Forged New Partnerships to Protect Children and Sustain Families*. (1998). Washington D.C.: Judge David L. Bazelon Center for Mental Health Law.**

In 1991, the landmark lawsuit *R.C. v Hornsby* ended in a settlement that called for complete reform of Alabama's child welfare system. This book recounts this litigation and its aftermath. Drawing on the input of the plaintiffs' attorneys, the text details the progress of the class action suit, from its inception when a young boy R.C. was removed from his father's home, to the preparation for the trial and the negotiation

of the settlement. The book also describes the implementation of the resulting "bottom–up" reform, which aims to preserve families when possible and to allow workers to identify families' needs on an individual basis through collaboration. An account is given of the challenges and successes encountered by consultants, workers and others as they strove to craft services based on families' strengths and needs. Lessons are outlined that can be applied by reformers in other states and in other types of human services. The readable style and emphasis on narrative make this work accessible to a wide variety of readers, not just those involved in child welfare service or litigation.

Osborne, David, and Victor Colón Rivera. (1998). *The Reinventing Government Workbook: Introducing Frontline Employees to Reinvention.* San Francisco: Jossey-Bass Publishers. ISBN 0-7879-4100-X.

This workbook is intended to help individuals involved in public sector organizations better understand and implement the ideas in the best-selling book, *Reinventing Government.* Starting with the assumption that the current system of government needs to be improved, the authors encourage organizations to be more "entrepreneurial" by constantly striving to increase their efficiency and effectiveness. The workbook outlines ten principles of reinventing government that can help members of an organization in the general areas of: clarifying purpose, enhancing performance, shifting the locus of control, and increasing leverage. The authors address a wide range of issues, including creating a mission statement, listening to customers, and raising money. Maintaining a balance between abstract ideas and hands-on activities, the book includes short excerpts from *Reinventing Government* accompanied by exercises to help readers apply the concepts, such as quizzes, questionnaires and hypothetical scenarios. Although directed towards individuals participating in public business, the workbook should also interest anyone concerned with the way government works.

Pavao, Joyce. (1998). *The Family of Adoption.* Boston: Beacon Press. ISBN 0-8070-2800-2.

Drawing on twenty-five years of experience providing family and adoption therapy, Pavao explores the complexities of an adoptive family. She posits several "normative" or classic crises that occur in an adoptive family's development, encouraging the reader to consider adoption in a more systematic way that recognizes predictable stages in the behavior of those involved. The book discusses challenges faced by birth parents and adoptive parents. It also examines the issues an adoptee encounters at different ages. Pavao begins with an engaging description of her own lifelong struggle to cope with being adopted, and continues to provide real-life stories of adopted individuals and their families throughout the rest of the book. She briefly mentions the theories of other psychologists and provides an overview of the history of adoption (including such topics as changing laws on birth records, international adoptions, and permanency movements). But, most of the work focuses on the experiences of those with whom she has worked and the broader significance of their individual stories. The book is intended for anyone involved with adoption, including professionals who work with adoptive or birth families, members of such families, and—most importantly—the adoptees themselves.

Price, A. (1997). *Integrating Services and Permanent Housing for Families Affected by Alcohol and Other Drugs.* Berkeley: National Abandoned Infants Assistance Resource Center, School of Social Welfare, University of California at Berkeley.

This manual offers guidance to organizations interested in providing permanent housing and additional support for families affected by chemical addictions. The emphasis is on integrating adequate housing with other services that families need to maintain recovery and better their situations, such as drug treatment, and social and economic support. The manual provides an overview of key issues to consider when developing and implement-

ing services, including property management, resident selection and neighborhood opposition. It offers a step-by-step guide to getting started, and includes samples of necessary documents and self-assessment worksheets. A number of practical concerns are addressed, such as writing a mission statement, and finding public and private financing. Programs that have successfully integrated housing and other alcohol or drug-related services are described, and contact information for each organization is given. The manual also includes an extensive list of additional books, reports, guides and videos on related topics.

Price, A., and R. P. Barth. (1996). *Shared Family Care Program Guidelines.* Berkeley: National Abandoned Infants Assistance Resource Center, School of Social Welfare, University of California at Berkeley.

This publication encourages state, local and private organizations to add shared family care to their currently existing services for families that have been, or are at high risk of being, separated. The authors discuss the need for shared family care, a service that entails temporarily placing an entire family in the home of a trained host family who help the parents develop the caregiving skills necessary for independent living. Different models of shared family care programs are described, as well as the guiding principles and benefits of these programs. The elements of a successful program are outlined and guidelines are given on a variety of issues, including the planning and duration of services, and the recruiting and training of host families. While emphasizing the importance of designing a unique program that addresses the particular needs of a community, the authors include sample forms and program materials that provide a starting point for anyone interested in developing a shared family care program.

Resource Guidelines: Improving Court Practice in Child Abuse and Neglect Cases. (1995). Reno, Nevada: National Council of Juvenile and Family Court Judges.

Drawing on the experiences of numerous judges and other court personnel, this publication addresses the need for thorough, timely judicial action in cases involving child abuse or neglect. Intended for individuals involved in the administrative or judicial aspects of juvenile and family courts, it provides guidelines for improving court practice in all stages of the judicial process, from the preliminary hearing to the conclusion of court involvement. An overview is given of the general issues that must be considered when increasing court efficiency, including the role of the judge and other officers, the calendaring of cases, and case flow management. Specific guidelines are offered for different types of court hearings (such as disposition, permanency planning, and adoption hearings), which outline who should be present, the key decisions the court must make, and the resources that should be available. Brief checklists for each type of hearing are also included, as well as suggestions on the allocation of time.

Rickel, Annette U., and Evvie Becker. (1998). *Keeping Children From Harm's Way: How National Policy Affects Psychological Development.* **Washington D.C.: American Psychological Association. ISBN 1-55798-443-3.**

Based on their experiences as Congressional Fellows, the authors designed this book to help parents, policy makers and clinicians strengthen families and protect children. They encourage all individuals serving children to work together toward the common goal of creating comprehensive, preventative interventions. The text explores the current state of the family in U.S. society and the challenges families will be facing in the future. The U.S. system of health care is compared to those in other nations, and a public health model of prevention is offered. Risk factors in infancy, childhood and adolescence are also discussed, as well as the forces shaping relationships between parents and their children. The book concludes with an evaluation of recent social policy and suggestions for future improvements. Other research and writings on children's issues are incorporated throughout, and the authors provide an extensive reference list that can direct those who wish to pursue certain topics. This work should be of particular interest to policy makers, mental health practitioners involved with family issues, and others who work with children.

❖ ❖ ❖ A new edition for 1998 ❖ ❖ ❖

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Gerald Smale
Director of Development
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Second National Roundtable on Innovative, Community-Based Partnerships

Jacksonville, Florida
February 8-10, 1999

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Nation-wide, communities are seeking innovative, inclusive, and strengths-focused methods to address the numerous issues confronting them. Staff from public, not-for-profit, and private organizations desire opportunities to develop and refine their skills and identify strategies that will support their commitment to work in family-centered, strengths-based, and culturally respective ways. Neighborhood residents want the opportunity to be partners in the decisions that affect their children and their way of life.

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♦ principles of community-based practice.

You will leave the Roundtable with tangible, tested ideas and strategies to incorporate into your community practice, a network of people and communities who you can contact for further consultation, and renewed energy and commitment to continue the important work of meeting the needs of children and families.

PRINTED MATERIALS

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

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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 NEGLECTING FAMILIES IN A LARGE METROPOLITAN 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 HOMELESSNESS: EVALUATION OF THE HACAP TRANSITIONAL HOUSING PROGRAM
EXECUTIVE SUMMARY (1996) **no charge**
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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 PARADIGM 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**
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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.

REPARE: REASONABLE EFFORTS TO PERMANENCY THROUGH ADOPTION AND REUNIFICATION ENDEAVORS
Executive Summary (1996)
$4.00
Final Report (1996)
$17.00
REPARE 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 31.

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Agency-University Collaboration: 2nd Univ Educators' Conf Proceedings (1992)	$ 6.00			
Annotated Bibliography: Family Continuity (1993)	5.00			
Annotated Directory of Selected Family Based Service Programs (1994)	25.00			
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Children, Families, and Communities--A New Approach to Social Services (1994)	8.00			
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Cost Effectiveness of Family Based Services (1995)	3.00			
Creating Cultures of Family Support and Preservation: Four Case Studies (1993)	3.50			
Developing Linkages Between Family Support & Fam Pres Services (1994)	2.00			
Empowering Families: Papers 4th Annual Conference on FBS (1990)	10.00			
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Empowerment Evaluation: Knowledge & Tools for Self-Assessment & Accountability (1996)	27.00			
Evaluating Family Based Services (1995)	35.00			
Factors Contributing to Success & Failure in FBS: Executive Summary (1988)	2.50			
Factors Contributing to Success & Failure in FBS: Final Report (Includes exec sum) [1988]	15.00			
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Family-Centered Services: A Handbook for Practitioners (1994)	15.00			
Family-Centered Services Employees Manual, Iowa DHS (1985, Rev. Jan 1991)	5.00			
Family Functioning of Neglectful Families: Family Assessment Manual (1994)	5.00			
Family Functioning of Neglectful Families: Final Report (1994)	8.00			
Family Group Conferences in Child Abuse and Neglect Cases (1996)	20.00			
Guide for Planning: Making Strategic Use of Fam Pres & Support Services Program (1994)	8.00			
Head Start Outcomes for Homeless Families & Children: Evaluation of the HACAP (1996)	6.00			
Home-Based Services for Troubled Children (1995) [includes shipping/handling]	35.00			
Intensive Fam Pres Svcs Research Conf, Cleveland, OH ___Final [2.25*] and/or __Brief [.35*]	nc	**		
Intensive Family Services: A Family Preservation Service Delivery Model (1987)	2.75			
Key Characteristics and Features of Community-Based Family Support Programs (1995)	6.00			
Know Your Community: A Step-by-Step Guide to Community Needs . . . (1995)	28.00			
Length of Service & Cost Effectiveness in Three Intensive Fam Svc Progs (1996) Exec Summary	2.00			
Length of Service & Cost Effectiveness in Three Intensive Fam Svc Progs (1996) Final Report	17.00			
Linking Family Support and Early Childhood Programs: Issues, Experiences, Opportunities (1995)	6.00			
Making a Difference: Moving to Outcome Based Accountability for Comprehensive Service (1994)	4.00			
Making It Simpler: Streamlining Intake and Eligibility Systems (1993)	4.00			
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Program Blueprint for Neglectful Families: Oregon Children's Svcs Division (1987) [$1.00*]	nc	**		
Public-Private Provision of Family-Based Services: Research Findings (1989) [$.50*]	nc	**		
Racial Inequality and Child Neglect: Findings in Metro Area (1993) [$.50*]	nc	**		

TITLE/DESCRIPTION	PRICE	QTY	TOTAL
Realizing a Vision (1996)	5.00	____	____
Reinventing Human Services: Community- & Family-Centered Practice (1995)	25.00	____	____
REPARE: Reasonable Efforts to Permanency Planning Through Adoption...(1996) Exec Sum	4 .00	____	____
REPARE: Reasonable Efforts to Permanency Planning Through Adoption...(1996) Final Report	17.00	____	____
Rising Above Gangs and Drugs: How to Start a Community Reclamation Project (1990)	2.00	____	____
Self-Sufficiency Project: ___Final Report--$5.00/___Practice Manual--$3.15 (1992)	5.00 or 3.15	____	____
Sourcebook: Annotated Resources for FBS Practice--4th Edition (1993)	5.00	____	____
State Legislative Leaders: Keys to Effective Legislation (1995)	1.00	____	____
State Survey on Placement Prevention & Family Reunification: Final Report (1990)	5.00	____	____
Strengthening Families & Neighborhoods: A Community-Centered Approach (1995)	8.00	____	____
Strengthening High-Risk Families: A Handbook for Practitioners (1994)	35.00	____	____
Technical Assistance Resource Guide (1994)	3.00	____	____
Three Models of Family Centered Placement Prevention Services (1989) [$.50*]	nc **	____	____
Together We Can: A Guide for Crafting a Profamily System of Education & Human Svcs (1993)	11.00	____	____
To Love a Child (A complete guide to adoption, foster parenting, etc.) (1992)	6.00	____	____
Training Manual for Foster Parents (1990)	12.00	____	____
Training Resources: Family Continuity (1993)	2.00	____	____
Who Should Know What? Confidentiality and Information Sharing in Service Integration (1993)	4.00	____	____

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	____	____

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
(1989) **$6.00/ea tape or $10.00/both**
Session 1: Focuses on current debates in family-based services. Session 2: Discusses measurement in family-based services research. Session 3: Focuses on issues in research design. Session 4: Looks at the ethical and political issues in family-based research.

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