Center for Advanced Studies in Child Welfare

CW360°

a comprehensive look at a prevalent child welfare issue

Safety

Permanency

Well-Being

Child Welfare Reform
Spring 2016

From the Editors

Child welfare policy and practice is ever changing across the nation, with countless reform efforts underway that aim to strengthen and improve the system. We often see large systems change that is sparked by crisis and driven out of a reactive response. Such large-scale change tends to lead to increased pressure on the workforce, and often increases workloads and leaves room for more crises. In order to make significant change that is sustainable, leaders must consider the voices of frontline staff, families, and communities. Reform efforts should consider established science by using data to understand what is working and what is not. It is imperative that supervisors and workers are supported through the ongoing challenges that accompany reform, focusing on high-quality training that is provided in a timely manner.

This issue of *CW*360° focuses on the many complex pieces of the child welfare reform puzzle. In Minnesota we are experiencing child welfare system reform efforts that were sparked by the death of a child, with a demand by our governor and state legislature for improved responsiveness to children experiencing neglect and maltreatment, including more workers in the field and increased training. Of course, this has also created a demand for adequate funding to implement such changes. Amidst crisis, it is important to remember that ensuring the safety and well-being of children is a priority.

As in previous issues, preparation began with an extensive literature review and exploration of best practices in the field. Then CASCW staff and editors engaged leaders on the topic of reform and those who had a promising program or unique perspective to share. Our challenge in framing the topic of child welfare reform is the complexity involved in large systems change and the wide array of efforts taking place across the nation to improve services to children and families.

*CW*360° is divided into three sections: overview, practice, and perspectives. The overview section explores the evolution of child welfare reform in the United States, introduces common catalysts for change in reform, key legislation that impacts efforts, and how we use data to drive reform. The practice section includes articles on evidence-informed, innovative, and promising practices for reforming systems. In the perspectives section, we feature articles from a variety of child welfare stakeholders, highlighting key experiences and lessons learned from child welfare professionals and individuals who have been involved in the child welfare system.

We have provided you with information and tools throughout this publication that will help you apply the research, practice, and perspectives to your own work settings and identify opportunities to apply this new learning. **Please refer to the discussion guide at the end of this publication to start a conversation with workers and administrators at your agency.** Please note, we have removed the reference section from the printed editions of *CW*360° in order to make more space for content. You can find a full listing of the citations in PDF format on our website at http://cascw.umn.edu/portfolio-items/spring-2016-cw360/.

We hope that you find this issue of *CW*360° informative to your work. We have great appreciation for the dedication and hard work that people in the child welfare system give every day to support children and families.

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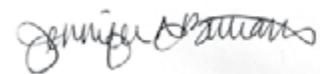
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The Well-being Indicator Tool for Youth (WIT-Y)

The Center for Advanced Studies in Child Welfare (CASCW) at the University of Minnesota has partnered with Anu Family Services to develop the Well-being Indicator Tool for Youth (WIT-Y), a self-assessment tool for youth aged 15-21 years. The WIT-Y allows youth to explore their well-being across eight domains: Safety and Security, Relationships, Mental Health, Cognitive Health, Physical Health, Community, Purpose, and Environment.

The WIT-Y consists of three components:
The WIT-Y Assessment, **The WIT-Y Snapshot**, and **The WIT-Y Blueprint**.

For additional information visit: z.umn.edu/wity

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Anu family services

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The Evolution of Child Welfare Reform

Crystal Collins-Camargo, MSW, Ph.D.

The Impetus and Characterization of Reform

Compared with other human service fields, child welfare is relatively young. While private agencies have served children and families for more than 100 years in a variety of ways, the child welfare system as we think of it was established as a public agency mandate in the 1970s, with the passage of the Child Abuse Prevention and Treatment Act (CAPTA) and related state-specific legislation (Embry, Buddenhagen, & Bolles, 2000). As state agencies began to systematically respond to reports of child maltreatment, our lack of satisfaction with the "system" soon followed. The term "reform" implies something important about how we view it. Merriam-

> ...the child welfare system as we think of it was established as a public agency mandate in the 1970s, with the passage of the Child Abuse Prevention and Treatment Act (CAPTA)

Webster defines the term in these ways: "to put or change into an improved form or condition" and "to put an end to (an evil) by enforcing or introducing a better method or course of action" (n.d., para. 2). Reform efforts intending to improve the condition of the child welfare system by introducing new and better methods to serve children and families, continue to evolve.

We have sought to improve the system in a variety of ways over the past 40 years. These efforts fall into categories: philosophical approach, legislative mandate, responsible party, and practice techniques and models. This article will provide a brief overview of major trends in child welfare reform in each category, ending with a summary of what

actions contribute to effective reform and what remains undone.

Philosophical Approach

Undergirding most reform is a pendulum swinging back and forth over time: Do we risk erring on the side of protecting the child or maintaining the family? Embedded in our American culture is a longstanding value of individualism and upward mobility. We believe we have a right to autonomy. The sanctity of the American family is touted. The circumstances under which we are willing to intervene in families and the primary goal of such intervention shifted over time. Federal policy has attempted to correct perceived over-emphasis on extremes – removing children from their homes to "languish" in foster care long-term (e.g., National Center for Policy Analysis, 1997) or preserving the family unit with extensive rehabilitative efforts (e.g., McCroskey, 2001).

Another example of philosophically based reform has been in the conceptualization of the primary role and manner of the system. Agencies have moved from an investigative focus to that of assessment and treatment. In response, worker skill sets have shifted from forensic interviewing and evidence collection (e.g., Cronch, Viljoen & Hansen, 2006) to family engagement and collaborative decision-making (e.g., Pennell, Burford, Connolly & Morris, 2011).

Legislative Mandate

As a service delivery system grounded in public policy, statutory change has often driven child welfare reform. We have continued to pass legislation to hone the system to enhance our focus and emphasis when issues arose, such as the need to nurture lifelong connections for foster children transitioning to adulthood, or facilitate adoption (see Zlotnik, this issue). Some of these changes reflect the sort of conceptual shift described above, or an attempt to right an identified trend such as lack of timely progression to permanency. Other types of legislated reform have served to push the field forward toward enhanced transparency and accountability by mandating processes such as the Child and Family Service Review and disclosure of information on fatalities and near fatalities.

Responsibility for Child Welfare

As was mentioned earlier, private nonprofit agencies have long provided an array of services to children and their families, but when the child protective services system became a public agency mandate, state or county governments became the responsible party for case management, with families referred to outside agencies for discrete services. Over the past 20 years some states have used contracting to shift core services, including case management in some areas, to the private sector (Collins-Camargo, Ensign and Flaherty, 2008). Today the provision of child welfare services occurs on a continuum of public/private partnership with varying models for organization, approaches to management of contractual relationships and degrees of success. (See Snell and McBeath, this issue).

Reform has also emerged through debate regarding the role of the community in the protection of children. Rather than being seen primarily as a governmental function, emphasis on community based child protection has yielded innovations such as neighborhood-based service centers and use of informal supports with families and differential response systems that formalize referral of lower-risk families to community-based agencies rather than intervention by the public agency (Waldfogel, 1998). Other efforts have given community based entities oversight roles such as citizen review panels to promote accountability (e.g., Blome & Steib, 2007). Most recently the literature has begun to promote measurement of the collective impact of multiple agencies and the establishment of

systems of care in which an array of agencies collaborate to serve families in culturally responsive ways (Mitchell et al., 2012).

Practice Techniques and Models

Another area of reform involves the call for evidence-based or -informed practice. Our field is behind others in the establishment of such approaches (Barth, 2008). The move toward manualized practice techniques grounded in theories of change is going away. Many child welfare systems have instead sought to implement evidence-supported practice models such as solution-based casework (e.g., Antle, Barbee, Christensen & Martin, 2008) or the use of standardized tools and practices such as risk and safety assessment protocols and matrices (e.g., Barber et al., 2008). Recent reform has involved the establishment of trauma-informed care and efforts to promote collaboration of child welfare and behavioral health systems to better serve families (e.g., Bunger, Doogan, & Cao, 2014).

Similarly, federal legislation and the literature have joined in the call for outcome measurement and data-informed decision-making. While imperfect, the federal Child and Family Services Review process has instituted performance standards, systematic assessment of systemic factors, and cyclical performance improvement plans to move states in a positive direction. Management information systems with the ability to provide reports on a case, worker and team level have grown. Agencies are exploring the use of predictive analytics, complex modeling programs, user-friendly dashboards to inform practice, resource allocation, and administrative decision-making (Lindsey & Shlonsky, 2008).

What Have We Learned?

Reform efforts are often born of scandal – tragedies involving children known to child welfare agencies. Governors or legislators establish blue ribbon panels to examine the system and mandate drastic changes with short timeframes. Solutions are rolled out without comprehensive analysis of contributors to the problem or the effectiveness of the proposed intervention. Research has demonstrated the unfortunate impact of poorly planned and implemented reform initiatives (Flaherty, Collins-Camargo, & Lee, 2007).

Perhaps the most important lesson we can learn from many reform efforts is that a thorough, data-driven analysis of the problem, possible solutions, and the outcomes sought is critical. Change – any change – is not necessarily good. Thorough analysis and planning is important. These
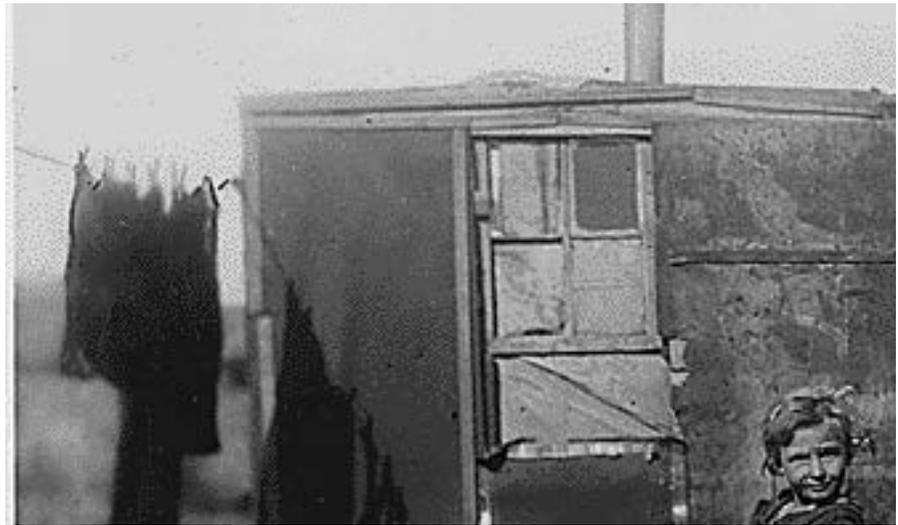
Public Health nursing made available through child welfare services, 1935.
By Franklin D. Roosevelt Presidential Library and Museum - Franklin D. Roosevelt Presidential Library and Museum, Public Domain,

processes should be inclusive not only of policy makers and administrators but supervisors, front-line staff, youth, and families who are close to the problem and are often well prepared to develop promising initiatives.

Also, we have learned we must pay attention to what implementation science has taught us. Policy change on its own is insufficient and dooms promising efforts to failure. Implementation supports, as well as sufficient time to plan, implement, assess, and adjust implementation are critical to a successful reform effort (see Metz, this issue).

Forty Years into Child Welfare Reform – What Remains to Be Done?

This is complex work, and it is not surprising that we have yet to find the silver bullet. While I would argue progress has been made on a number of fronts, substantial effort is needed in a few areas:

- **Child Welfare Finance Reform:** We remain tied to an antiquated financing system based on out-of-home care placement and old poverty rates. While many have lamented the need for focus on prevention, we must fund the system in a way that supports needed and effective services. A number of states have participated in Title IV-E Waivers that enable testing of innovative approaches, but the solution is not through a waiver of policy requirements but a revision of the requirements themselves and the allocation of resources.

- **Genuine Public-Private Partnership:** While states have privatized some services and innovated contracting processes to promote outcomes, a shift to collaborative systems that build on the strengths of each

sector and the community it serves and operationalizes shared vision of collective impact on families is needed.

- **Integrated, Sophisticated Decision-Support Systems:** The child welfare system is rarely integrated with other systems such as education, behavioral health, and juvenile justice and does not support the type of analytic processes required to plan, support, and evaluate reform efforts. Our data systems need to be as responsive to the needs of front-line workers and supervisors as the requests of policy makers. Policy and resources, in turn, must be devoted to mandating and facilitating movement to true evidence-informed practice.

It is unclear if we will ever get the work of child welfare "right." If it were easy, with the amount of effort and expertise devoted to it, we would have done so by now. The needs of children and families and the services designed to address them are complex and evolving. The field has called for an outcomes-oriented approach to the work (Testa & Poertner, 2010). We need to stop thinking about reform as something we can complete, and build an adaptable, data-informed, collaborative system designed for ongoing enhancement rather than reacting to the latest crisis or recommendations of this year's blue ribbon panel. Perhaps then the term "reform" will no longer apply.

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Overview

Do Federal Child Maltreatment Laws Effectively Keep Children Safe?

Joan Levy Zlotnik, Ph.D., ACSW

Federal attention to child abuse and neglect is often linked to the 1974 passage of the Child Abuse Prevention and Treatment Act (CAPTA). However the government's attention to the safety and well-being of children can also be linked to the 1912 creation of the Children's Bureau, the early home visiting programs of the 1920s; the federal welfare, child welfare, and maternal and child health programs created in 1935 with the passage of the Social Security Act; and the subsequent amendments to the Social Security Act in the early 1960s that furthered attention to out-of-home placement and provision of supportive social services to help families having difficulty in providing for their children.

However, with the passage of CAPTA came a specific federal role in dealing with the abuse and neglect of children. According to the Child Welfare Information Gateway, "CAPTA provides federal funding to states in support of prevention, assessment, investigation, prosecution, and treatment activities and also provides grants to public agencies and nonprofit organizations, including Indian Tribes and Tribal organizations, for demonstration programs and projects. Additionally, CAPTA identifies the federal role in supporting research, evaluation, technical assistance, and data collection activities…and sets forth a minimum definition of child abuse and neglect." Since 1974, CAPTA has been reauthorized several times, most recently in 2010 as P.L. 112-34.

The passage of CAPTA became intertwined with the existing out-of-home care and supportive services structures created by other child welfare legislation and the many amendments that have occurred since 1974 to CAPTA and to Title IV-B and Title IV-E entitlement programs. The key pieces of legislation influencing child protection service delivery structures have been the Adoption Assistance and Child Welfare Act of 1980, the Safe and Stable Families program in 1993, the Adoption and Safe Families Act of 1997, and the Fostering Connections Act of 2008.

In terms of annual expenditures, in fiscal year 2015, $7.971 billion was appropriated for child welfare programs through Title IV-E and Title IV-B (covering foster care, adoption assistance, independent living, and the Safe and Stable Families program) as well as CAPTA and several related programs. Of these funds, almost $94 million is specifically appropriated for CAPTA (Stoltzfus). It should be noted that the funds authorized for CAPTA by Congress ($120 million) are greater than the amount actually appropriated.

State child welfare services also often depend on other federal programs ($5.3 billion in 2015) including the Temporary Assistance for Needy Families block grant, Medicaid, and the Social Services Block Grant. These programs are not child welfare specific and states are not obligated to use them for these purposes.

For more than 25 years I have been close to the front-line in legislative attempts to stem the tide of child abuse and neglect, and to focus more on prevention and family-focused services to keep children safe in their homes. While legislative changes intended to enhance both services and outcomes have occurred, such as the inclusion of home visiting provisions in the Patient Protection and Affordable Care Act, high numbers of children continue to experience abuse and neglect at the hands of their parents or caretakers.

For almost two decades there have been legislative recommendations to create more flexible funding so that a greater share of resources can target preventive and family-strengthening front-end services, yet no legislation has passed to actually achieve this recommendation. Title IV-E waivers, periodically created by legislation over the past 20 years, have given states the opportunity to test interventions to keep children from entering foster care, but the latest set of waivers is set to expire in 2019 (Testa).

A coalition of national organizations, the Partnership to Protect Children and Strengthen Families, has worked since 2007 to propose legislative strategies to change how child protection and child welfare services are financed. This group's major goal is to delink Title IV-E from eligibility tied to income assistance based on 1996 AFDC rates. Their other major goal is to change the scope of Title IV-E so that it would reimburse for prevention services and evidence-based community services to support and strengthen families in order to help eliminate the need for children to enter foster care.

Steps in this direction are included in current policy proposals. Senator Ron Wyden (Democrat, Oregon) has introduced S. 1964, Family Stability and Kinship Care Act of 2015, (https://www.congress.gov/bill/114th-congress/senate-bill/1964) that would provide more flexible uses of Title IV-E funds to prevent foster care placements. Furthermore, President Obama's 2017 Budget includes similar recommendations to focus some Title IV-E funding on prevention of placement services (Child Welfare League of America, 2015). The president's budget also includes a major focus on strengthening the child welfare workforce, targeting additional funds and incentives toward having workers with BSW and MSW degrees.

Changing federal legislation is just one part of the puzzle of dealing with the risk factors and outcomes to keep children safe. Despite decades of efforts to protect children through legislation, the effectiveness of the policies that govern our child protection interventions has not been evaluated (IOM and NRC). There also needs to be vision, leadership, accountability, performance management, and community and front-line engagement and an array of services meeting economic, mental health, substance abuse and health care needs (Golden, 2009). More policy change is needed to ensure that children are safe from abuse or neglect.

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Timeline of Major Federal Legislation Concerned With Child Protection, Child Welfare, and Adoption

Year	Legislation
1974 ►	Child Abuse Prevention and Treatment Act (CAPTA)
1978 ►	Indian Child Welfare Act
1980 ►	Adoption Assistance and Child Welfare Act
1992 ►	Child Abuse, Domestic Violence, Adoption, and Family Services Act
1993 ►	Family Preservation and Support Services Program
1994 ►	Multiethnic Placement Act
1997 ►	Adoption and Safe Families Act
1999 ►	Foster Care Independence Act
2002 ►	Promoting Safe and Stable Families Amendments
2003 ►	Keeping Children and Families Safe Act
2006 ►	Adam Walsh Child Protection and Safety Act
2008 ►	Fostering Connections to Success and Increasing Adoptions Act
2010 ►	CAPTA Reauthorization Act

Overview

Child Welfare Reform in Indian Country

Terry L. Cross, MSW, Ph.D., ACSW, LCSW

Across the United States, American Indian and Alaska Native tribes are engaged in exciting efforts to reinvent child welfare services that build and sustain safe families. This approach is not new. It existed as an essential core of the holistic teachings and values of tribal communities from time immemorial through the early 1900s. European colonization and American expansion dismembered social norms via the

exercise their jurisdiction did so by largely mimicking the mainstream rescue and protect models around them, partly due to restrictions in funding streams and partly due to a lack of culturally-based models. Unfortunately, many tribes found themselves recreating the same patterns of child removal characteristic of the mainstream child welfare system.

During the 38 years since the passage of the act, many forces have been at play. Indian

healing and recovery are dependent on minimizing the traumatic experiences that continue to occur. This means, among other things, ending child welfare practices that perpetuate trauma in the name of protection. In this new paradigm, safety must be at the core, but that is achieved through structural interventions to treat the whole family, preventing unnecessary removals of children from the home, restoring the integrity of family relationships, and supporting and restoring historic cultural norms for child well-being. When removals are necessary they are shorter and families are actively engaged in services rather than being given a case plan and left to comply. Every family is treated as vital to the well-being of the tribe. Child protection is necessary but not sufficient to ensure sustainable safety and well-being.

Tribal governments have begun to realize that the social and health ills of their communities are unlikely to get better until historic trauma is mitigated

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trauma of conquest and forced assimilation, including the use of child welfare services. Tribes' capacity to sustain their own approaches to child safety was intentionally stripped away and replaced by federal and, later, state authority. As "dependent nation states," according to the U.S. Constitution, tribes always had the right to govern child welfare. However, federal policy and actions preempted that right. During the century prior to the passage of the Indian Child Welfare Act of 1978 (ICWA), federal and state governments provided child welfare services in a combination of actions to further the agenda of assimilation and to "rescue" and "save" the Indian child. By 1976, one in every four Indian children had been removed from their homes.

ICWA was passed to end these policies and practices and it did two very important things. It set up criteria that states must follow when taking an Indian child into custody, and it affirmed the sovereign right of tribal governments to operate their own child welfare systems. Few funds were forthcoming to support the change, and those tribes that could

self-determination, self-governance policies, economic development, reform of federal funding streams to include tribes, workforce development, and a cultural resurgence have all come together to transform how tribes think and act with regard to child welfare and other issues. Perhaps even more important than all of these has been a recovery process, generated from within, that is helping Indian country emerge from historic trauma and the ravages of decades of adverse conditions.

In the emerging tribal view, child welfare is becoming a public health issue. Children raised in adverse conditions will suffer a wide range of social, health, and educational disparities. Given the knowledge of the impact of adversity, child welfare can never be successful in tribal communities if it continues only with the rescue and protect models of the system that has contributed so substantially to historic trauma.

Tribal governments have begun to realize that the social and health ills of their communities are unlikely to get better until historic trauma is mitigated. More importantly, tribes have recognized that

What does this look like at the program level? In North Dakota, the Sacred Child Project is using tribal wraparound services that engage families as partners in problem solving. At the Central Council of Tlingit and Haida Tribes of Alaska, structured decision-making tools are screening families for early and intensive services before problems reach reportable maltreatment. In the Village of Kwigillingok, Alaska, a community-based team of elders, leaders, and service providers have developed a community-based approach to restore tribal values that has virtually ended the need for out-of-home placements. A community child welfare reform committee at the Suquamish Tribe in Washington is guiding a service integration effort that ties together all agencies serving children and families into a child safety system. Several tribes are integrating behavioral health with child welfare and achieving positive results with substance abusing families. Nome Eskimo Community has used in-home services to prevent out-of-home placements while parents receive treatment locally. The Seminole Tribe of Florida has integrated child welfare, the tribal court, and behavioral health to shorten or prevent placements. Each of these efforts represents a decision to act jointly to foster sustainable safe families.

Mainstream child welfare tends to compartmentalize and fragment child welfare. From that perspective many of these efforts would be called prevention, early intervention, differential response, intensive family, or in-home services. In essence they are all of these and they are child protection.

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Maslow: Through Indigenous Eyes

Research Evidence Use by Child Welfare Agencies

Fred Wulczyn, Ph.D., Lily Alpert, Ph.D., & Kerry Monahan-Price, MA

About three years ago, with funding from the W. T. Grant Foundation, we set out to understand whether the use of research evidence by child welfare agencies influences child outcomes. There is a growing body of child welfare research that ought to be used by policy-makers, agency directors, and front-line staff to improve the services offered to children and families, but there is good reason to believe that evidence is not being applied to the extent that it could be.

> ...research evidence is information gathered with a purpose in mind and according to generally accepted methods of social science. This means that research evidence is generated from processes that are explicit, systematic, and open to scrutiny.

In the Project on Research Evidence Use by Child Welfare Agencies, we hope to extend what is known about research evidence use (REU) and whether agencies that use more research evidence achieve better outcomes for children and families than agencies that use less. We think knowing more about how evidence use and outcomes are connected will lead to more effective use of research and better outcomes.

In this post, we reflect on how we addressed a handful of questions we confronted as the work was starting. We hope our reflections will spark a deeper, more deliberate conversation about what REU means and how it might help child welfare agencies improve the lives of those they serve.

What is Research Evidence?

In our study, we adopted the view that research evidence is information gathered with a purpose in mind and according to generally accepted methods of social science. This means that research evidence is generated from processes that are explicit, systematic, and open to scrutiny. Research evidence and the studies that produce it are diverse in method and subject matter and include but are not limited to findings pertaining to the use and effectiveness of evidence-based interventions (EBIs).

We use a deliberately broad definition because we do not want to limit ourselves to the type of evidence normally associated with EBIs. EBIs are an important source of evidence once a problem has been defined. However, this is not the only point in the problem-solving process when evidence can and should be used. For example, different types of evidence are needed to define the

problem. In our study, we wanted to learn about these different types of evidence.

What is Research Evidence Use?

Current scholarship on the study of REU outlines three main components: acquisition, processing, and application.

Acquisition pertains to how users access research evidence. According to Weiss (1979), access can happen by one of two problem-solving routes. In the first, "the research antedates the policy problem and is drawn on need. Policy makers faced with a decision may go out and search for information from pre-existent research to delimit the scope of the question or identify a promising policy response" (p.427). In the second route, research is "the purposeful commissioning of social science research to fill the knowledge gap" (p. 428). This latter form of acquisition is especially important in the era of big data. Public and private child welfare agencies maintain large quantities of scientifically valid and reliable data. Agencies that treat these data as a source of research evidence about their own effectiveness may well do better than agencies that do not.

> ...in the era of big data, how the data are processed is central to how meaning is made from the data

Processing pertains to the manner in which users sort, evaluate, and interpret research evidence and then incorporate research evidence into their decision-making alongside complementary and competing influences. Often professionals balance research evidence with other relevant information and priorities born out of their professional orientations, political and financial considerations, personal experience, and personal judgment. For example, Palinkas and colleagues (2014) point to the influence of local needs and client characteristics when evaluating the generalizability and relevance of research. Again, in the era of big data, how the data are processed is central to how meaning is made from the data. As the data are being processed, it is important to

remember how research evidence differs from other forms of evidence. Above, we noted that the information has to be systematically gathered and explicitly organized to be a source of research evidence.

Application refers to what a user does with research evidence. Its application manifests in the consequences – actions, decisions, and changes in thinking – that come about in light of research evidence. One could argue that it is the application of research evidence that constitutes its actual or ultimate use. Davies and Nutley (2008) describe these applications as the "impacts" of research evidence use – not in terms of the ultimate impacts on child and youth outcomes (this occurs, or does not occur, later in the evidence use process), but rather in terms of consequences for the policies and practices that shape those outcomes.

What Affects Research Evidence Use?

To stimulate more REU in policy and practice contexts, it is helpful to understand the factors that facilitate and hinder it. Our model examined three sources of potential variation. First, we acknowledge that individuals' REU is a function of their personal characteristics and experience. Education, years on the job, skills, and attitudes have all been linked to REU. At the same time, regardless of their own preferences and abilities, people likely will not use research evidence if evidence use is not supported within their organizations. Therefore, as our study focuses

on REU by private child welfare agencies, we expect individuals' REU will be shaped by characteristics of the agencies in which they work. At this second level we study the effects of agency size, culture, leadership, and infrastructure.

Third, we are interested in whether public policy shapes the operating context. For example, some public agencies have asserted strong preferences for evidence-based interventions in their procurement policies; others are more or less silent on the issue, leaving those choices to others within the system. As such, the eco-political context may shape the decisions private contractors make about how to work with children and families.

At the agency and eco-political levels, we recognize that REU is not merely a matter of

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policy; resources that support evidence use have to be allocated accordingly if REU is going to become more commonplace. Finally, we expect REU at all three levels to be mutually reinforcing – pro-REU policies and REU resources have the potential to increase individuals' REU; at the same time, as more staff use research evidence to make decisions, they support a culture shift that reinforces their work.

Next Steps

In child welfare systems, investments that promote REU are assumed to pay off in the form of improved outcomes for children. In our research, we did find that when staff members use research evidence in their work, the agencies they work for achieve better outcomes for the children in their care. If that is the case, then a critical question is whether REU can be improved through investments in human capital. The answer to that question will play a powerful role in how agencies allocate resources to promote child and family well-being.

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Figure 1: The Cycle of CQI

Plan. The CQI cycle begins when the agency defines the problem it wishes to solve by observing baseline performance on an outcome of interest. Next, the agency identifies an intervention that is expected to improve that outcome and sets targets for improvement. Among other considerations, the choice/design of the intervention should be supported by research evidence that demonstrates its effectiveness. At the very least, the intervention must be grounded in a theory of change that addresses the causes driving the baseline performance and clarifies the mechanisms by which the intervention is expected to improve the outcome.

Do. Implementing a new intervention requires the agency to invest in three major areas: the quality of services to be delivered, the processes by which they are delivered, and the capacity of the agency to deliver them with fidelity. Quality and process refer to the "what" and "how" of intervention. Capacity investments are the resources that the agency will allocate to ensure that the intervention is implemented according to process and quality standards.

Study. Over the course of the implementation period, the agency conducts process evaluation to monitor the extent to which the intervention is being implemented with fidelity to its design. After an established period of time, the agency measures the outcome of interest again to determine whether the intervention has had its intended effect.

Act. Finally, the agency uses findings from the process and outcome evaluations to make decisions about its future investments. At this stage, the agency must answer a number of questions: To what extent does the original performance problem still exist? Does the degree of progress made toward the target outcome support the theory of change underlying the intervention? Are adjustments to the intervention (i.e., the agency's process, quality, and capacity investments) required? The answers to these questions may lead the agency to continue with the selected intervention, modify or discontinue it, or revisit the original conceptualization of the problem. From there the cycle begins again.

PLAN
- Define problem & outcome
- Develop theory of change
- Design/select intervention

ACT
Adjust intervention as needed

DO
Implement intervention

STUDY
- Measure outcomes
- Monitor implementation
- Provide feedback

Capacity building investments

Quality of care investments

Process of care investments
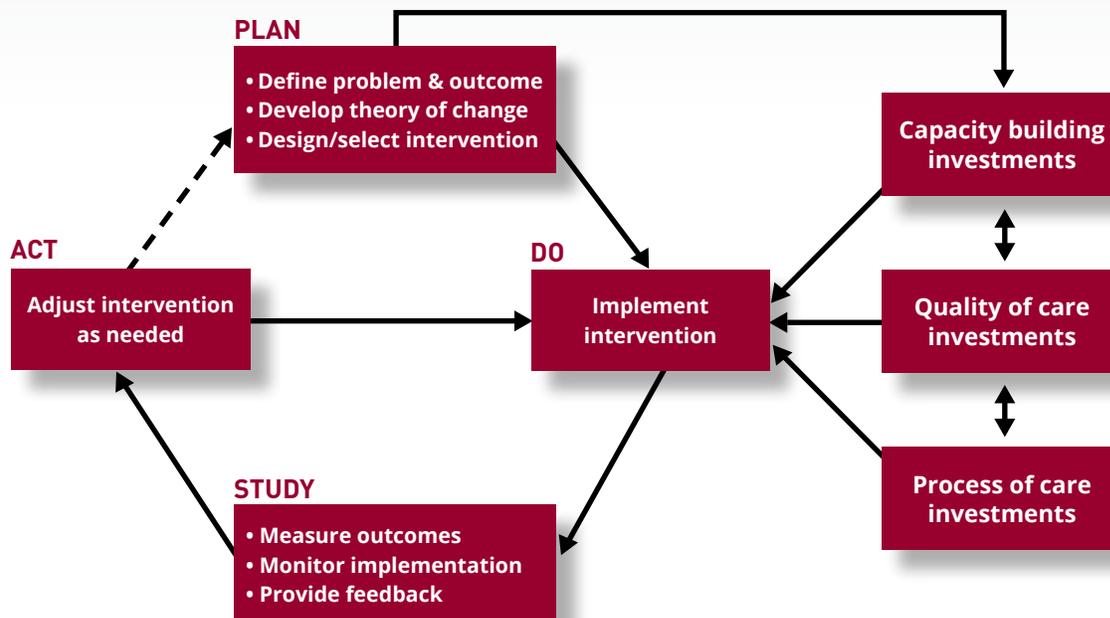
Strategies for Implementing Organizational Change in Child Welfare Systems

Anita P. Barbee, MSSW, Ph.D. & Michael R. Cunningham, Ph.D.

The social service system in general, and the child welfare system in particular, is buffeted by political forces and will continue to be in a state of change as funding shrinks. Thus, leaders at all service organization levels need to acquire skills and strategies for managing the change process. Shifting politics, priorities, and changing resource levels can best be navigated when administrators have adopted a proactive strategy to sustain proven policies, procedures, and practices that reach desired outcomes such as safety, permanency, and well-being.

There is ample literature on organizational change that has yielded reliable strategies (Kelman, 2005; Lewin, 1951; Rogers, 1995; Schein, 2004; Senge, et al., 2005). In addition, with the increased emphasis on incorporating evidence-based practices (EBP) into programmatic work with clients, new systems have been created and tested that

can help agencies install and implement these new EBPs (e.g., Aarons, et al, 2011). As child welfare agencies seek to become less crisis-driven, learning both toolsets can be a first step toward that notable goal.

> A major virtue of the GTO model is its flexibility. It demands a process that is independent of all content yet there must be an emphasis on planfulness and evidence.

The Getting to Outcomes (GTO) framework is a proactive strategy for managing change while incorporating the growing evidence base into policies and practice (e.g., Wandersman, et al., 2000, Chinman, et al., 2004, Chinman, et al., 2008). This model is based on empowerment evaluation theory (Fetterman & Wandersman,

2014) and the social cognitive theory of behavioral change (Ajzen & Fishbein, 1977; Bandura, 2004). GTO has the advantage of being a results-based accountability approach to change that has been used by organizations to aid them in reaching desired outcomes for stakeholders and clients.

The GTO framework uses a 10-step accountability approach when a child welfare system faces challenges when adopting a new policy or practice into its system. The GTO model incorporates the findings of

Figure 1: GTO Support System Model
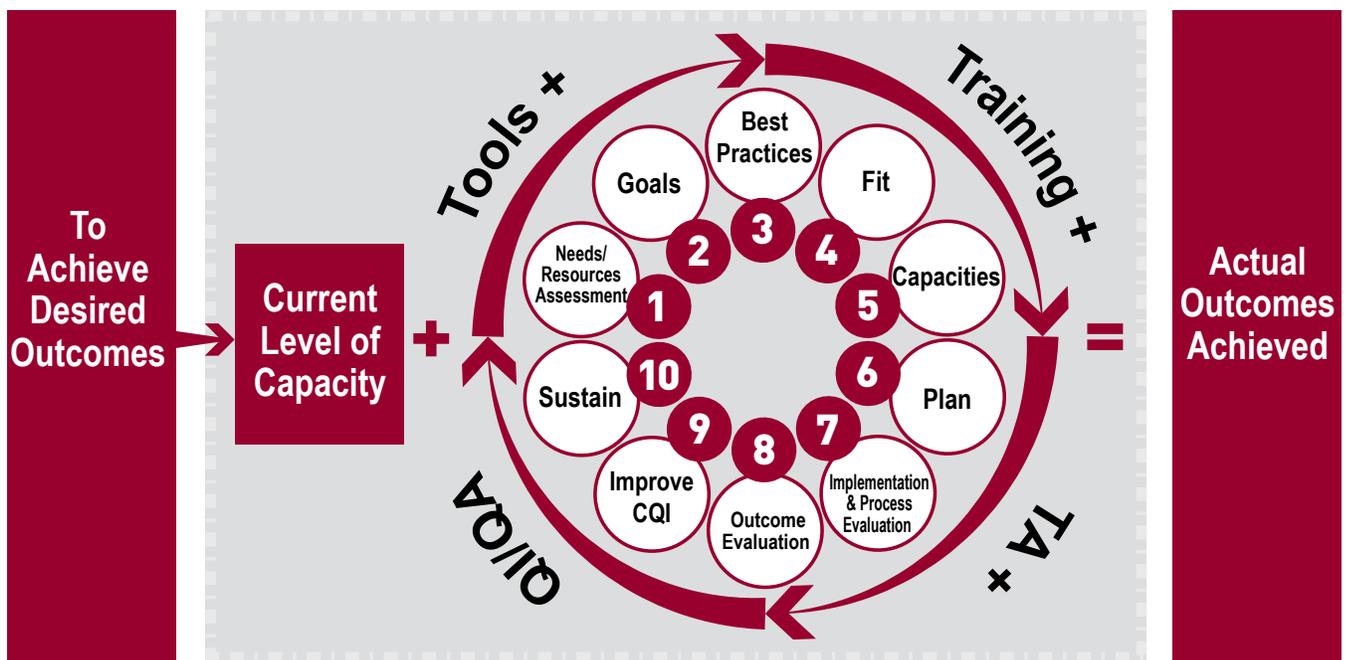
1. *Identifying* needs and resources.

2. *Setting goals* to meet the identified needs.

3. Determining what science-based, *evidence-based (EBP), or evidence-informed practices* or casework practice models exist to meet the needs.

4. Assessing actions that need to be taken to ensure that the EBP *fits* the organizational or community context.

5. Assessing what organizational *capacities* are needed to implement the practice or program.

6. Creating and implementing a *plan* to develop organizational capacities in the current organizational and environmental context.

7. Conducting a *process evaluation* to determine if the program is being implemented with fidelity.

8. Conducting an *outcome evaluation* to determine if the program is working and producing the desired outcomes.

9. Determining, through a *continuous quality improvement (CQI)* process, how the program can be improved.

10. Taking steps to ensure *sustainability* of the program.

Overview

Overview

Catalysts for Child Protection Reform

Peter J. Pecora, Ph.D. & Zeinab Chahine, Ph.D.

Child Protective Services (CPS) agencies are charged with investigating or assessing reports of child maltreatment and intervening to protect children from harm or risk of harm. A variety of options can be pursued, including referring families to voluntary community services, providing judicially mandated in-home services, and placing children in out-of-home care. However the current CPS system is designed and funded primarily to provide out-of-home care. The "child rescue" framework continues to serve as the basis for public child protection policy and practice. Currently, the media, policy makers and the public continue to equate child removals with child safety, especially when responding to child maltreatment deaths. This fundamental belief drives child welfare funding, public policy, and practice.

Protecting children from maltreatment cannot be achieved without a fundamental paradigm shift away from "child rescue" as the primary societal response. Children need strong healthy families and families need strong healthy communities for children to be safe and to thrive. This change would set the stage for a broader framework in which child maltreatment is a public health problem that requires the active involvement of multiple systems and communities to promote child safety and well-being in order to prevent maltreatment from occurring in the first place. Improving the safety, permanency, and well-being of children requires multiple systems and community partners to address the underlying issues that impact the families and communities. The increasing availability and integration of data from across systems provides unique opportunities for communities to share information and to focus on place-based preventive strategies. In order to achieve sustainable changes, efforts need to reach beyond the child welfare agency toward government and non-government systems (philanthropy, businesses, faith-based, etc.) and the community at large. With this shift, the public child welfare agency plays an important role in partnering with other systems to keep children safe.

The underlying societal values and beliefs about child maltreatment drive policies and the allocation of funding to address social problems. Policies that promote comprehensive preventative community approaches and integration across systems are believed to be more effective than policies designed to address problems reactively. Policies should include a level of accountability to the outcomes, but not be overly prescriptive on how to accomplish the goals. Advocating for policies that lead to

Social Impact Bonds combine private, nonprofit and governments funds to aid state and local governments in funding social services, with funds from investors repaid when pre-determined social outcomes are accomplished.

Source: Rockefeller Foundation
https://www.rockefellerfoundation.org/our-work/initiatives/social-impact-bonds/
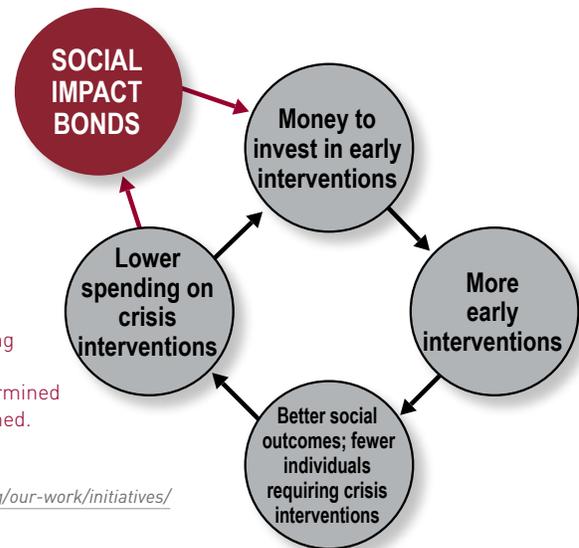
effective outcomes by creating a continuum of care and moving from "program" thinking to "social" and "systems" change thinking will facilitate a policy shift to more flexible service provision and systems integration.

The shift in paradigm underlying the policy framework would also mean a fundamental change in funding allocations and more effective utilization of resources. The public funding streams (federal, state, and local) tend to be categorical and deficit-oriented. Each funding stream is targeted to address a particular problem or condition (e.g., child maltreatment), usually intervening only after the problem has occurred. The majority of government funding has been focused on intervention rather than prevention. Funding is targeted to fixing particular problems rather than promoting well-being. At a minimum the public sector must work to better integrate or blend funds across health and human services systems (e.g., Medicaid, TANF, IV-B and IV-E) and focus more efforts on what works to create high impact for families, children, and communities beyond the provision of services. Jurisdictions have access to multiple sources of funding and resources including public/private/non-profit sector businesses and communities at large. Maximizing client access to services, effective services utilization, and leveraging resources from multiple sectors are all keys to promoting the well-being of families and communities – partnering across public and private systems. (Pay For Success and Social Impact Bonds are examples of these integrated finance strategies.)

CPS plays an important role as part of a broader network of the child welfare system. However, it must move beyond the typical crisis responses to tragic events, which include

firing employees, writing new policies, or retraining staff. These reactions can distract or derail careful planning and implementation of reforms, as well as intimidate staff to place more children in out-of-home care if the crises are not handled well by agency leaders (Turnell, Munro and Murphy, 2013). These approaches have poor results when it comes to making systems safer. In fact, they may have an opposite effect. The field of child protection must evolve from outdated models of safety commonly used today. Use of predictive analytics and safety science in other fields, such as aviation and healthcare, have transformed these systems and led to improved outcomes. Models of safety have progressed and become more systemic in nature. The healthcare and aviation industries have championed this approach with safety records to prove it (Oster, Strong & Zorn, 2013; Wachter, 2010).

Child welfare and community advocacy organizations can be excellent allies and sources of new ideas if communication is clear and flows both ways. Legislators and legislative policy research centers can provide objective analyses to help inform and drive change. (See the Washington Institute of Public Policy for examples of insightful reports at www.wsipp.wa.gov/.)

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Addressing Poverty as a Centerpiece in Child Welfare Reform: Promising Programs

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Poverty and its correlates, child maltreatment and child neglect, remain persistent challenges in the United States. While reported abuse rates have declined over the years, child neglect remains prominent. Of the estimated 3.5 million child maltreatment reports in 2013, almost 80% were due to neglect (U.S. Department of Health and Human Services, 2013, 2015). A report from the *Institute of Medicine* (2013) suggests that new service models are needed to address child neglect. The investigation-based CPS system was designed for cases of abuse and may not effectively serve families struggling with neglect issues.

Poor families are at a higher risk of being reported to the child welfare system than non-poor families (Bath & Haapala, 1993; Slack, et al., 2004; Berger, 2005; Cancian, Slack & Yang, 2010). Wulczyn (2009) found that maltreatment rates in states with highest poverty were 13.3 per thousand compared to 9.2 per thousand in states with lower poverty rates. Poor families may face chronically reoccurring risk factors of impoverishment, joblessness, substance abuse, mental health issues, family violence, and disabilities (Berns, Briar-Lawson & Lee, 2013).

This focus on economic issues, once key to serving families with child neglect before the separation of income maintenance from services in the late 1960s and early 1970s, has been slowly gaining ground again. It seems that a "new front door" is emerging within child welfare systems as many impoverished families are entering services through an alternative path to that of CPS investigations. In fact, there are some promising programs available that prioritize needs-based engagement over investigatory approaches.

Promising Programs

Berns (2002, 2013) used Temporary Assistance to Needy Families (TANF) funds as the Family Preservation arm of child welfare, which reduced CPS entry by 50%, and out-of-home placements by 40%. Over the years, Family Preservation Programs such as Homebuilders have addressed the complexities of families with neglect issues. Such services include family therapy, crisis intervention, home management, life skills training, and provision of cash assistance for basic needs (Bath & Haapala, 1993).

Community Response Programs (CRPs) have been piloted in Wisconsin. They are similar to Differential Response, though the CRPs also worked with families who went through the traditional CPS track but had unsubstantiated maltreatment allegations. CRPs aimed to prevent re-reports and build a more comprehensive, community-based service continuum for families at risk for neglect. Nearly half (48%) of the participants in CRPs identified a need related to their economic situation (Slack, Berger & Jack, 2012). At the conclusion of this program, 70% of participants had made significant progress toward a goal, and 57% had achieved at least one goal (2012).

Also in Wisconsin, Project GAIN (Getting Access to Income Now) was created to specifically address economic issues. It is uniquely designed to assist at-risk families with accessing economic resources, reducing financial stressors, and increasing income stability in the home.

Three features of GAIN are:

- an eligibility assessment to identify needed benefits and economic supports and accessing those resources,
- financial counseling, and
- access to a one-time emergency cash supplement.

Project GAIN has found a reduction in the recurrence of child maltreatment in families with a history of CPS involvement (Institute for Research on Poverty, 2015).

Lastly, the University at Albany Center for Human Services Research conducted a randomized controlled trial of Healthy Families NY (HFNY) involving 1,200 families over a 7-year period. Results revealed that families who received HFNY (non-investigatory, in-home services) compared to similar families without the intervention had reduced rates of low birth weight babies, better parenting practices including more positive interactions with children, significantly less neglect, minor physical aggression, and psychological aggression toward their child, more appropriate developmental expectations for their children, and greater knowledge of child development. Workers in this program focus on strengths-based approaches as evidenced by one worker's comment: "If food is moldy in the refrigerator, CPS would accuse the client of feeding moldy food to children. But we [home visitors] know that she may not have fed this bad food to the child and we let the mom know why it is important for her to throw away the moldy food. We help clients understand the consequences of their actions" (Dumont et al., 2011).

Child protection reform invites an array of service and economic innovations to address co-occurring challenges involved with families struggling with neglect issues. Training of workers may need to emphasize solution-focused and strengths-based financial capacity building to ensure that families are engaged, motivated, and mobilized to use available services. Ideally, TANF and CPS reform would include the promotion of special needs grants similar to those used in the 1960s by welfare workers with child welfare families, in the 1980s with Homebuilders and related family preservation programs, in the 1990s by Berns with TANF supports, and most recently with GAIN in Wisconsin. Finding ways to more effectively serve impoverished families with neglect challenges along with their chronically co-occurring risk factors needs to be at the forefront of 21st century welfare and child welfare reform.

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Overview

The Role of Privatization in Child Protection Reform

Lisa Snell

In the United States, the child protection system has a long history of partnering with the for-profit and non-profit sector to provide child welfare services. This partnership has occurred across a continuum – from the more traditional approach where the core child protection services remain within the public agency and specific services such as residential care or foster care placement may be provided by private agencies to other approaches where the state has contracted with the private sector for a full array of child welfare services including case management.

Privatization and partnerships with private companies or nonprofit providers are a policy tool rather than a guaranteed silver bullet or an end in the quest for improvements in the quality of child protection services. However, the increase in large-scale privatization efforts in recent years has helped child welfare agencies and their contractors focus on best practices for implementing performance-based outcomes for child safety and permanency and structural changes to child welfare financing that direct more resources to a full set of family services including prevention, family preservation, and reunification. These efforts have reduced foster care populations and helped public agencies and private providers become more accountable. Privatization has played a key role in a nationwide cultural shift in child protection to offer more front-end services and keep more children safely with their own families wherever possible.

A February 1, 2016, report to Congress by the Children's Bureau, Child Welfare Outcomes 2010-2013, found that between 2002 and 2013, the number of children in foster care had decreased by 23.3% from 524,000 to 402,000 children. While the foster care population was shrinking, the 2016 federal report notes that between 2010 and 2013 there was an overall decline in the national victim rate. This decline has been driven by a consistent and long-term downward trend in neglect, physical abuse, and sexual abuse since the early 1990s.

In addition, experimentation with flexible child welfare funding (where the money follows the needs of the child rather than the service provider) has allowed states to innovate and is a key component in the successful implementation of privatization and other child protection reform efforts. Many of the states with the largest declines in foster care population also had federal waivers in place that allowed child welfare agencies to spend money on family services instead of solely reimbursing for foster care costs.

In September 2011, Congress passed and President Obama signed into law the Child and Family Services Improvement and Innovation Act. This new child welfare law created a foster care financing framework that more readily supports child protection reform and privatization efforts. Federal foster care waivers in places like Ohio, Illinois, and Florida have worked in concert with privatization efforts and have helped more children remain safely in their own homes and improved the quality of services to children and families.

Florida is the case in point for the combination of privatization and flexible child welfare funding. In 2006, Florida became the only state to accept a five-year waiver from federal funding restrictions on how the state spent its portion of federal foster care aid under Title IV-E. The waiver allowed Florida to use the federal dollars for front-end services and foster care alternatives whenever possible. The implementation of Florida's IV-E waiver began in October 2006 in conjunction with the state's implementation of a privatized child welfare system in which 20 lead agencies manage service delivery in Florida's 67 counties. Initially, the Florida Department of Children and Families put the waiver to good use, bolstering services enough to decrease entries into foster care and the number of children in foster care by 37% between 2006 and 2010. Most important, independent evaluations required by the waiver have shown that even as the number of children in foster care has been sharply reduced, child safety improved. A 2010 evaluation found that since the waivers began in Florida, fewer children are being placed in out-of-home care, more foster children are being reunited with their families, community-based services have expanded, and agencies are instituting more innovative approaches to serve at-risk families.

Illinois is another state that has had positive outcomes from privatization. Illinois contracts 80% of its child welfare services with private providers. The state child welfare department and its private sector partners have safely reduced the number of children in foster care from more than 52,000 in 1997 to less than 15,500 through reunification with birth families, subsidized guardianship, kinship care, and adoption. This dramatic reduction in the number of children in state care has served as a national model in child welfare systems and has been accompanied by increased measures of child safety, resulting in a decline of physical and sexual abuse against children in Illinois.

Child welfare privatization, like all child protection reform, is difficult work, but it can help states to address underlying systematic child welfare performance issues. Privatization efforts often bring difficult concerns ranging from underfunding to negative child safety outcomes to the attention of the legislature and the media and help to focus public policy attention on reforming child protection. Privatization can play a positive role in creating a more transparent, performance-based, and outcome-oriented child welfare system that spends resources on prevention and family preservation as well as foster care, while always working to keep children safe.

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Performance-Based Contracting in Child Welfare: Lessons Learned to Date

Bowen McBeath, MSW, Ph.D.

This article discusses the emergence of performance-based contracting (PBC) in child welfare and summarizes what has been learned about its effects on public and private (nonprofit) child welfare agencies and the children, youth, and families they serve. PBCs are contracts in which financial incentives are attached to the attainment of pre-specified outputs (e.g., specific numbers of services attained or children/families served) and/or outcomes (e.g., the attainment of permanency for a specific proportion of an agency's caseload). Colloquially, PBCs use economic carrots and sticks to motivate

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providers to dedicate themselves to the achievement of specific objectives and goals. PBCs are commonly applied to existing purchase of service contracts, in which public child welfare agencies contract with nonprofit agencies to provide certain services to children, youth, and families. As a result, the diffusion of PBC across U.S. child welfare systems has been primarily (although not exclusively) in metropolitan jurisdictions with large, stable populations of private providers (Collins-Camargo, McBeath, & Ensign, 2011).

Child welfare systems have been experimenting with privatization and PBC since the early 1990s (Wells, Pérez Jolles, Chuang, McBeath, & Collins-Camargo, 2014). Over this time, the underlying logic of PBC has remained consistent – to marry economic incentives with industrial organization principles to structure service delivery around principles of efficiency and effectiveness of production (Martin, 2005). This logic has made PBC a popular option among child welfare administrators who seek to combine the power of markets (with their presumed ability to stimulate innovation by increasing risk/reward opportunities among providers) and the private sector (with its ability to serve children, youth, and families in community settings).

However, despite the fact that PBC in child welfare has existed for a generation, we still know very little about what they do. And the quality of the literature on the fundamental question of "What effects do PBCs have on the agencies implementing them and the children, youth, and families

experiencing them?" is variable. Much of the best evidence has come from experimental evaluations of state IV-E waiver initiatives using PBC as well as other rigorous process and impact evaluations of local PBC pilot projects (notably evaluations supported by the National Quality Improvement Center on the Privatization of Child Welfare Services).

The Need to Prepare for Significant Organizational Change

Yet some tentative conclusions may be drawn from available research. Process evaluations and case studies have sought to describe the organizational adaptations made by private agencies implementing specific PBCs. Externally, private agencies involved in PBC have experienced pressures to: (a) invest resources in managing their inter-organizational relationships with the public child welfare agency; and (b) partner with other community agencies providing essential services that are not provided in-house. Internally, agencies have had to: (c) strengthen service programming to increase the odds of attaining performance milestones; (d) invest in performance measurement systems to track service delivery (similar to the development of utilization review systems) and performance milestones; and (e) engage in performance management to strategically deploy key resources (e.g., highly trained staff, the provision of additional targeted services) to attain performance targets (Faith, Panzarella, Spencer, Williams, Brewer, et al., 2010; McBeath & Meezan, 2006; Meezan & McBeath, 2011).

It is clear that the transition to PBC requires significant preparation, resources, and attention to service effectiveness at all levels of public and private child welfare agencies (Flaherty, Collins-Camargo, & Lee, 2008). The lessons learned for public and private child welfare agencies seeking to invest in PBC include the following:

1. Significant resources are needed administratively, programmatically, and at the frontline level to implement PBC effectively. These resources must be

deployed effectively over the oftentimes long and complicated cycle of PBC implementation.

2. PBC requires sustained commitment to data-informed decision-making supported by adequate technical infrastructural supports (e.g., IT, MIS) at all levels of private agencies. These requirements heighten demands on agency managers to engage in evidence-based management.

3. Because not all private agencies are able to provide these needed resources and supports at appropriate levels and manage associated financial risks, PBC should not be used indiscriminately with all providers. In essence, the organizational demands of PBC limit the effective application of the model to well-prepared, well-resourced agencies.

4. Public agencies investing in PBC should dedicate attention and resources to developing the capacities of local providers. This capacity building is essential for supporting the growth of a performance-focused provider pool.

5. The regulatory role of public agencies is heightened in the PBC environment given the risks involved. Attention should be paid to administering, monitoring, and evaluating PBC carefully, and to the provision of technical assistance to providers.

Indeterminate Effects on Children, Youth, and Families

With respect to the effects of PBC on child welfare populations, the literature does not provide clear answers. Review of evaluations of PBC-focused state pilot initiatives and IV-E waiver demonstration projects suggests that in some jurisdictions PBCs are associated with improved permanency outcomes but that the use of PBC in other child welfare systems is unrelated to permanency or is associated with decreased permanency outcomes (Gartska, Collins-Camargo, Hall, Neal, & Ensign, 2012; Testa & Poertner, 2010). In contrast, experimental findings from the Wayne County (Michigan) Foster Care Permanency Pilot Initiative suggest that the specific PBC initiative was associated with decreased service provision, increased use of kinship care, and decreased parent-child reunification over the 930-day study period (McBeath & Meezan, 2010).

The Need for Rigorous Evaluations of Different PBC Models in Diverse Child Welfare Settings

Too few rigorous studies (i.e., experimental or quasi-experimental studies that control for plausible alternative drivers of change in outcomes) have been conducted to permit a clear understanding of the effects of PBC across different child welfare systems and with diverse child welfare populations. Once a sufficient body of evidence from independent studies accumulates, however, then it should be possible to answer the following essential questions.

1. Which outcomes does PBC appear to be most effective in reaching? PBCs differ in their goals and performance targets, although most focus on reducing length of stay (either in institutionalized settings or in care overall) and promoting permanency (generally via parent-child reunification). It is unclear whether PBC promotes the achievement of all or only some of these outcomes.

2. How are different PBCs structured, and how do these differences matter? PBCs also differ in their contractual mechanisms and the level of financial risk and reward involved. These differences can be expected to affect providers and thus may influence the attainment of performance outcomes.

3. How cost-effective is PBC? Although the turn to PBC is often predicated on economic arguments (namely, efficiency and cost savings), the cost and sustainability dimensions of PBC remain unclear. Yet there is indirect evidence (drawn from Kansas and other states, in which providers rejected the specific PBC due to cost overruns that threatened agency survival) to suggest that the implementation of PBC can be extremely costly (Unruh & Hodgkin, 2004).

4. Do PBCs help to address racial/ethnic disparities in service delivery and child welfare outcomes? Research from other sectors suggests that the economic incentives built into PBC may lead some providers to engage in creaming and cherry picking (Selviaridis & Wynstra, 2015). Within a child welfare context, such selection strategies may disadvantage children, youth, and families who are more difficult to serve, and for whom the attainment of performance milestones may be the most challenging and expensive for providers. Since these cases are disproportionately likely to be drawn from communities of color, it is questionable whether PBC may help address existing disparities in child welfare systems unless such goals are built deliberately into the structure of the PBC.

Where Do We Go From Here?

It is common for the spread of a new child welfare innovation (such as PBC) to precede the development of a sufficient body of research needed to understand its full (intended and unintended) consequences. Child welfare systems seeking to implement PBC should recognize that these initiatives are essentially policy and program experiments, with uncertain consequences for public and private agencies and children, youth, and families. As a result, it is important for these initiatives to be developed in a participatory manner that affirms and invests in existing public-private partnerships and that supports the capacity of public and private agencies in their complementary roles (Chuang, McBeath, Collins-Camargo, & Armstrong, 2014; Collins-Camargo & McBeath, in press; Collins-Camargo, Armstrong, McBeath, & Chuang, 2013). In addition, it is important to stage the rollout of PBC in tandem with rigorous formative and summative evaluations as well as sustained commitment to performance measurement (Cash, Ingram, Biben, McKeever, Thompson, et al., 2012). Attention to these basic principles as well as the preceding lessons learned may help child welfare systems manage the transition to PBC successfully.

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High Quality Parent Advocacy as an Intervention that Addresses Disproportionality

Sarah Katz, J.D.

Data consistently confirms that in most states, families of color are disproportionally involved in the child welfare system. They are more likely to be reported for child abuse and neglect and once enmeshed in the system they are less likely to be offered family preservation services to ensure that children can safely stay at home. Families of color are more likely to have a child placed in non-relative foster care, and are more likely to experience longer-term foster care stays. High-quality parent representation, although not specifically a race-based intervention, cuts at the core of each of these systemic problems in the child welfare system.

Over the past decade, high-quality parent advocacy has been increasingly recognized as a strategy that results in better outcomes for children and families. In 2007, parent attorneys from across the country collaborated with the American Bar Association (ABA) to found the National Project to Improve Representation for Parents Involved in the Child Welfare System at the ABA's Center for Children and the Law. As Project Director Mimi Laver explains, "research shows that excellent parent

experienced the child welfare system firsthand and can empathize with the struggles that vulnerable families face.

CFR is assigned to represent parents when a petition is filed in court by the local child welfare agency. Their team quickly assesses the parent's situation and need for supports, often obviating the need for a foster care placement. If a child is placed in foster care, CFR provides comprehensive advocacy and assistance to parents to give them the best possible opportunity to reunite their family. CFR's Executive Director Michele Cortese says she sees "the impact that CFR's Cornerstone Advocacy Training has on jurisdictions around the country eager for help in changing the way parents are represented." All of CFR's clients live in poverty, and 82% are people of color.

The overrepresentation of families of color involved in the child welfare system is attributed to the overlay between race and class in the United States, assuming that lower income families are more likely to rely on public systems for services, education, and assistance, and that staff in these public systems are more likely to report families
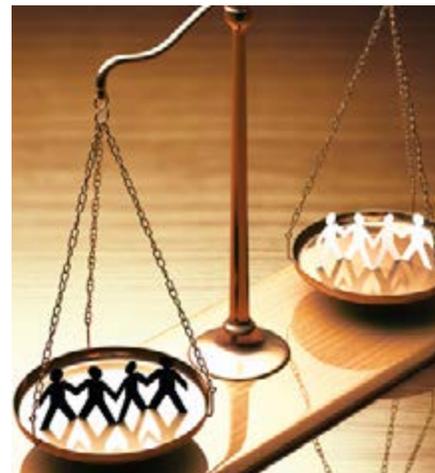
efficacy. CFR staff can also work directly with the family to solve their real problems." As a result, more than 50% of CFR's clients are able to avoid foster care. Since 2007, when CFR began a high-volume practice, CFR's median length of stay for a child in foster care has been 5 months, compared to 11.5 months for all children citywide before CFR began. They re-enter care half as often.

What does all of this have to do with reducing disproportionality? Reducing and shortening foster care stays means that fewer children of color are entering and staying in foster care as a result of CFR's advocacy. Jacobs credits CFR's multidisciplinary model, and in particular the use of parent advocates. According to one of CFR's parent advocates, Monique Stanley, parent advocates are effective because of the trust they build as someone who has been in the client's shoes. "I've been there, as a parent in court when all you hear is your kids are not coming home today, tomorrow or anytime soon. But I tell them, 'I was a mess and I went into treatment, got clean and you can too.' And the parent advocate will go with the client to the treatment center and wait through the intake process with them. I tell clients you can call me anytime because you never know when they will be in need, and when I tell them that, I know it means a lot."

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Research shows that excellent parent advocacy improves outcomes for children by reuniting them with their parents more quickly and safely, reaching other permanency options sooner, and increasing use of kin for placement and support for families.

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advocacy improves outcomes for children by reuniting them with their parents more quickly and safely, reaching other permanency options sooner, and increasing use of kin for placement and support for families." As the ABA and Administration on Children, Youth and Families have acknowledged, some of the hallmarks of high quality representation include: (1) reasonable sized caseloads; (2) access to multidisciplinary staff; (3) representation out of court; and (4) decreased time in obtaining safe permanency.

The Center for Family Representation (CFR) in New York City is an excellent example of high-quality parent representation in action. CFR is a nonprofit agency whose mission is to provide free legal assistance and social work services to enable children to stay with their parents safely. CFR uses a multidisciplinary team model of representation, assigning an attorney and social worker on each case, and often a parent advocate – a professional who has

to the child welfare system. As Sue Jacobs, the founding director and current Special Counsel at CFR explains, such high-quality representation serves as a check against the increased influx of families of color into the child welfare system because CFR staff can push back critically at assumptions that have been made about a family, helping child welfare staff better understand the family's situation and directing the family to supportive services if needed.

Once a child is placed in foster care, CFR staff works tirelessly to help the parent resolve the problems that resulted in the foster care placement. "The biggest issue," Jacobs explains, "is the match between what may have been alleged in court and what is actually going on. CFR staff can cut through and get to the heart of the issue; for instance, correcting the child welfare agency's impression that a parent was non-cooperative with a child's medication when in fact the parent wanted a second opinion about its

Practice

Practice

University and Agency Child Welfare Partnerships: Washington State Experience

Theresa Tanoury, MSW

What are the ingredients for a successful university-agency training partnership? By now the recipe should be clearly known. State and university partnerships exist in at least 40 states and have been established since the 1990s (GAO, 2003). There is sufficient documentation that the collaborative partnerships between university schools of social work and state child welfare agencies help prepare and maintain a competent workforce and assist in the recruitment and retention of qualified social workers and foster parents.

Also important was Washington State's own history between its public universities and the child welfare agency, as well as the current relationships. Elements of successful programs already in place, and supportive leadership at the universities and the agency made the beginning steps successful. From all of these unique ingredients, a vision, mission, set of values, and guiding principles were articulated. The depth of knowledge and skills needed to work with the wide array of strengths and concerns that children and families present to child welfare workers

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What Makes Them Successful?

Partnerships across the country include several approaches that span from social work education to pre-service and advanced in-service training. They all utilize Title IV-E federal funding, which has been a stable resource, and all have important lessons to share and learn.

In 2010, Washington State Children's Administration sought the partnership of two public universities to assist in expanding and deepening the existing social work education and child welfare training program. The intent has been to apply the strengths and expertise of the Children's Administration and both universities toward a comprehensive continuum of child welfare professional development and training statewide.

A design team developed a partnership to plan the professional development training program for social workers, supervisors, managers, administrators, foster and adoptive parents, and relative caregivers. The team employed a university based service alliance to strengthen knowledge and skills.

During the first year of planning, 13 university-agency partnerships were examined closely. What education and training components did they include? How did they start? What has been their experience over time? How are they supported? What mechanisms were in place to facilitate communication and teamwork? A literature review and many discussions with subject experts who had traveled similar paths were also conducted.

required a comprehensive approach from the very beginning. A continuum of learning was included from social work education to pre-service preparation and advanced, in-service professional development or continuing education. Adult learning theory was embraced and incorporated in the design. We envisioned a collaborative partnership that would result in a highly skilled workforce with the competencies needed to serve Washington's children and families.

The following are a few key ingredients, some taken from the initial guiding principles, and some taken from the past five years' experience, for a successful partnership.

Strong Governance with Efficient and Effective Administrative Structure

Two key ingredients are shared leadership and an administrative structure that is nimble, responsive, and timely. An executive team was established with leaders at the universities' schools of social work and the child welfare agency. Their support was paramount in reducing barriers to success, and establishing and assuring an enduring partnership.

Guiding principles for being nimble, responsive, and timely were carefully worded as they developed an entity to deliver the professional development program.

- *Responsive and timely.* Evaluation results and other lessons learned are used proactively to improve our own learning.

- *Nimble.* Our work can shift and respond to changing needs when required.

Shared Processes and Comfort in Managing a Boundary Organization

Loosely defined, boundary organizations are formal relational structures that create linkages across traditional boundaries or organizations.[1] It is where science or research meets practice, which operationalized in several ways, such as locating university instructors or trainers within the agency, or meeting the financial requirements of the university and the child welfare agency. Involving the participation of both worlds has been equally important. For example, linking policy, practice, and quality assurance was a guiding principle to a comprehensive and coherent learning system in an effort to develop a balance between agency policy and procedures that every worker is tasked to complete, and the underpinnings of social work practice with clients.

Resources to Fulfill the Mission

Washington state utilizes state and federal funds to support the partnership. The Title IV-E federal funds are only directly available to public child welfare agencies and tribes. The state child welfare agency can access additional matching funds available through public universities, which leads to additional federal funds dedicated to training public child welfare staff. Any additional funds generated by the partnership were committed to a separate fund that could only be spent on professional development for child welfare staff or training for foster parents.

Communication and Relationships

The power of trusted relationships in service to the work that all partners want to accomplish together is critically important, but can be easily overlooked. At every level, whether it is an instructor or a training administrator developing curriculum, trust among the partners is needed. Taking the time to build in processes that promote the relationship of the partners is vital. Healthy continuous engagement and joint decision-making is critical to ongoing success.

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[1] Defined by Rick Morse, associate professor of public administration and government at the University of North Carolina, School of Government. Boundary Organizations and Collaboration at http://ced.sog.unc.edu/boundary-organizations-and-collaboration/

Leading Through Crisis: The Importance of Investment in the Child Protection Workforce

Angela Pittman, MSW

Child protection leaders and practitioners live the mantra: safety, permanence, and well-being for children and for those who work in the child protection system. To achieve these goals leaders must strike a balance between their statutory duty to protect children and their more challenging professional goal to engage positively and constructively with families. This requires a continuous evolution in organizational practice and leadership methods as many families in the child protection system today face a complex mix of issues that require multidisciplinary solutions. In addition, many caregivers encountering the child protection system strongly distrust government, especially those who face involuntary intervention. Simply put, sustainable change does not occur without buy-in and investment from families. Leaders who invest in their workforce empower their front-line staff and by doing so create a positive climate that promotes successful organizations.

Today's child protection system demands leaders who are politically and fiscally astute: They must build a fiscally sound funding case to present to boards and legislators. They also must carry the programmatic knowledge to develop strong systems that protect children. However, building external support is only one key to effective child protection leadership. Child protection leaders must also build strong relationships with their workforce, display commitment to families in need, build workforce consensus, and establish a powerful vision to which all staff aspire (Bennis 2007). A child protection leader must develop soft skills to build trust throughout the agency and retain a qualified workforce. Such skills include supporting the needs of caregivers, creating a positive work climate, and articulating a compelling strategic vision while maintaining compassion for the children and families being served.

Nationally, workforce turnover in the child protection sector raises costs and decreases morale by raising caseloads, draining expertise, and eroding outcomes. The U.S. General Accounting Office (2003) estimated that turnover in the child protection workforce ranges from 30% –40% with professional experience averaging under two years. According to Barak, Nissly, and Levin (2001), high turnover in child protection has negative implications for the quality, consistency, and expertise needed to address child safety. Front-line workers represent the primary service delivery instrument within the system. Because their work directly impacts

child safety, a positive organizational climate that supports, empowers, and celebrates the child protection worker's ability to perform challenging work directly impacts outcomes (Westbrook, Ellis, and Ellett, 2006).

A resilient workforce culture helps front-line staff manage stressful day-to-day situations and recover following larger

critically, the retention of experienced front-line staff, and outcomes achieved for families and children. To sustain resilience, adhering to critical leadership principles during a child fatality or another high-profile situation is important and aligned with resilient culture. Turnell, Munro and Murphy's (2013) article *"Soft is Hardest: Leading for Learning in Child*

A child protection leader must develop soft skills to build trust throughout the agency and retain a qualified workforce. Such skills include supporting the needs of caregivers, creating a positive work climate, and articulating a compelling strategic vision while maintaining compassion for the children and families being served.

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crises. Cultivating a resilient culture requires deliberate actions from the leader to promote empowerment: For example, staff should be asked for their input on how to optimize services. Resiliency also requires attention to the personal well-being of front-line staff (Popa, 2012). Leaders should ask the following questions: Do I cultivate visibility by regularly talking with staff? Do I listen by eliciting input and feedback from staff on issues directly affecting them? Do I authentically respect the work the front-line staff are doing every day? Do I celebrate successes? In order to increase trust within the agency, athe leader must set the tone by being aware of the impact of his or her actions on the overall agency climate.

All child protection directors, if they are in the role for any duration, will encounter a child fatality or serious injury within their agency. Actions taken by leaders during crises are critical and directly impact the well-being of agency culture. Leaders' actions during a crisis can affect the staff's ability to think

Protection Services Following a Child Fatality" outlines the most compelling five leadership principles that a leader must enact in order to ensure an agency acts and learns rather than reacts in a child protection crisis. As leaders manage through a child fatality, clear, concise, and timely communication is the common thread that runs throughout the five leadership principles and will create a better-informed, more transparent child protection system.

First, after a child fatality, leaders must be intentional and assess the situation internally through intellectual and interpersonal interactions and engage externally with a variety of groups (Turnell, et.al., 2013). Balancing the bottom line of safety with a child's vulnerabilities and parental protective factors can greatly impact critical decision-making. The leader is responsible for evaluating the agency's actions during cases to identify and remedy potential systemic causes. As noted by Turnell et.al., (2013), evaluating practice helps to identify areas of weakness that can be improved. In some child protection

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systems, continuous quality improvement (CQI) staff can help facilitate an internal review for an objective and factual assessment of the practice employed in the case.

Secondly, agencies should address external reactions to the child fatality as directly as statute will allow. This communication establishes public trust in the competency of the system. The leader should acknowledge the seriousness of the tragedy to the community, offer words of comfort to the family and friends of the child, and explain that information will be shared as soon as possible per state statutes (Turnell, et.al., 2013). It is also important to provide basic information to any boards or elected officials that have responsibility for supporting the agency.

Next, attending to and supporting the child's family members, foster parents, and extended family during the tragedy is a vital role for the agency. If other children are in the home or if an investigation is ongoing, front-line workers may continue to work with the family. It is a difficult task to intervene in a situation when a child fatality has occurred. However, many times critical information gathered immediately after the incident informs decision-making regarding other children.

Front-line workers need support during this time from their superiors in order to perform their duties and work with compassion. Supporting staff helps to address secondary trauma, morale, and retention. Many front-line workers are reassured when leadership is present and working to ensure continued trust within the agency and with the community (Turnell, et.al., 2013). Leaders should notify staff who have been directly involved with the child and family as quickly as possible. If the agency has a secondary trauma specialist or chaplain, they should assist those directly affected. Other staff should be given basic information as appropriate, and in person if possible. Within a week of the incident, a follow-up debriefing should occur with all parties involved with the child or family and those who were on the scene at the child fatality, such as law enforcement, emergency medical services, or fire department staff.

Douglas found that front-line workers ranked "not being blamed" as one of the top supports they need from their leader following a child fatality within their caseload. Other requested supports included legal advice, supervisory and/or peer support, emotional support, agency ownership of the fatality rather than blaming the worker, and a procedure for the process they should use to prepare for the child fatality review (Douglas, 2013).

It is important to proactively establish relationships with the media regarding day-to-day issues of child protection and to

Key Leadership Practice Principles

1. Respect all "social workers/workers" as people worth "mentoring and coaching".

2. Cooperate with the "social worker/workers", not their crisis.

3. Recognize that cooperation is possible "even though you are their supervisor."

4. Recognize that all "social workers/workers" have "strengths."

5. Maintain a focus on "practice depth."

6. **Learn what the "social worker/workers" wants.**

7. Always search for details.

8. Focus on creating small change.

9. Don't confuse "details" with judgments.

10. Offer choices.

11. Treat "supervision and team meetings" as a forum for change.

12. Treat the "leadership" principles as aspirations, not assumptions.

Adapted from Turnell, A & Edwards, S (1999). Signs of Safety: A Solution and Safety Oriented Approach to Child Protection Casework. New York, NY: W.W. Norton & Company

establish protocols for information sharing when there is a child fatality. While those relationships could mean better circumstances for working with the media during the crisis, it is not a guarantee (Payne, 2014). Apprising the workforce before releasing information to the media will help staff prepare for the public response that could occur. Supervisors, as well as chaplains or secondary trauma specialists, can provide support to staff who may experience blame and negativity from families, as it can also exacerbate secondary trauma.

Finally, months or years later, when cases go to trial or when a child fatality review of the case occurs, a reoccurrence of the trauma related to the event can resurface for the workers and supervisors involved. While there are rare circumstances in which a worker's actions may have had an impact on the circumstance of the child's death, poor outcomes are usually due to a combination of the risks within the family and gaps in the system (Turnell, et.al., 2013). But if one of these rare instances occur, leaders should be forthright with the worker about the findings. Otherwise, including the worker in discussions about the identified system gaps can help them understand the reasons.

Regardless of the structure of the review or the findings, the process is difficult for the front-line worker whose work is being evaluated and scrutinized and for supervisors, managers, and others involved in the decision-making process.

The last leadership principle loops back to development and support of a CQI philosophy and a leader who understands the complexities of child protection. A CQI environment helps establish a culture of intentional reflection and learning – what works well and what needs improvement (Turnell, et.al., 2013). In order to strengthen a system built on human interaction and interventions, leaders must recognize that a reactive approach does not work. There is no one policy, no single formula, and no absolute answer to the multifaceted problems that encompass child protection. However, leading intentionally can help create an agency that is open to exploring vulnerabilities of the system and of practice and is a step in the direction of an evolving child protection system.

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Practice

Designing Your Front Door: Key Considerations in Child Protective Services Centralized Intake

Sue D. Steib, Ph.D., LCSW & Wendy Whiting Blome, Ph.D., LICSW

In 2013, there were 3.5 million referrals for possible child maltreatment involving 6.4 million children. After screening by child protection intake staff, 2.1 million reports were investigated by child protection personnel and, in some instances, law enforcement (U.S. Department of Health and Human Services, 2015).

centralized intake system; many may route calls to local offices. In the U.S. Children's Bureau's 2013 *Child Maltreatment* (U.S. Department of Health and Human Services, 2015), Idaho, Indiana, Kentucky, Louisiana, Michigan, Mississippi, and Montana were all specifically mentioned as having a centralized intake system.

requires an average of more than one hour to complete a single report (Wagner, Johnson, & Healy, 2009).

A look at the key components needed to implement a centralized system in Indiana recognizes intake as an activity requiring advanced skill and support. The state:

- Assembled a team of experienced child protection workers;
- Designed and delivered specialized training for the staff;
- Identified and purchased needed equipment and software;
- Constructed and implemented new processes and policies necessary for the unit to function effectively; and
- Created a quality assurance methodology to assess the effectiveness of the centralized intake process (Midwest Implementation Center, 2011).

> Child protection professionals know that child abuse and neglect is influenced and evidenced by multiple factors; getting as much information as possible can greatly affect the course of follow-up by child protection personnel and, ultimately, the protection of vulnerable children.

Since states began over 40 years ago to adopt legal provisions for community and mandated reporters referring suspected child maltreatment, various processes have evolved for receiving reports. Agencies have developed standardized procedures and formats with some jurisdictions establishing centralized call centers staffed with personnel dedicated to receiving and processing referrals. There are no national data on the prevalence of "centralized intake" centers, however, as of January 2016, state websites indicated 34 states as well as Puerto Rico and the District of Columbia have single toll-free numbers published for public reporting of child abuse and neglect. Other state websites referred reporters to county offices. A central number does not indicate that a state has a fully functioning

Is a centralized system better than a locally-based system? Receiving a report of suspected child abuse or neglect seems straight-forward: Listen to the caller, take down information, and pass it along to someone who can act on it. However, the process is much more complex. Child protection professionals know that child abuse and neglect is influenced and evidenced by multiple factors; getting as much information as possible can greatly affect the course of follow-up by child protection personnel and, ultimately, the protection of vulnerable children. Intake staff members also have documentation responsibilities and, more importantly, must prioritize intakes for further action. Given the volume and complexity of intake work, it is not surprising that workload time studies have found that it

The notion of centralized intake systems is based on an appreciation of the importance and complexity of this decision-making process. The scant existing literature suggests that the ability to ensure greater consistency in screening and to provide personnel the training and oversight they need to make accurate judgments are the most common motivations for creating centralized structures (Hetherington, 1999; Huebner et al., 2009). But how effective are they? One study found that centralized intake resulted in little improvement in the consistency of assignment decisions across regions (Huebner, et al., 2009).

Clearly there are trade-offs to be made when agencies move to centralized systems. The table below shows opposing factors that merit consideration.

These opposing factors indicate that administrators considering a centralized system must plan for a possible increase in the number of calls, work to recruit and retain skilled staff, communicate their plans and rationale for centralized intake to the public, and establish quality assurance mechanisms to assess the appropriateness of screen-in and screen-out decisions.

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Centralized Intake: Benefits and Disadvantages

Benefits	Disadvantages
Reporters have continuous access to trained child protection personnel	Set number of staff assigned to intake; less flexibility in times of high volume; long wait times may result
Staff are trained specifically for the intake function; supervisors with intake expertise routinely available	Work may be isolating and regimented, especially if staff telecommute; may increase turnover Management may re-assign more skilled, experienced intake staff to casework functions
Ease of data collection and tracking; standardized instruments and routine interview formats	Absence of local knowledge to recognize linked cases
Objectivity of screening; uniform application of policy and procedures statewide	Mandated reporters have to give up established local contacts; intake may miss contextual facts
Consistent application of interviewing protocols; information gathered and recorded in a standardized way	Less conversational; reporters experience intake as cold, "bureaucratic"

Practice

Child Protection Reform Through a Consent Degree: The Connecticut Experience

Commissioner Joette Katz, J.D.

In 1989, on behalf of children in Connecticut's foster care system, lawyers from Children's Rights, a national advocacy organization representing children served in the child welfare system, filed a federal lawsuit, *Juan F. v. O'Neill*, seeking to improve Connecticut's foster care system. Two years later, the state entered an agreement with the plaintiffs' attorneys, known as the *Juan F.* Consent Decree, to institute reforms.

While consent decrees are not ideal remedies through which reforms should be instituted, the Department of Children and Families (DCF) saw tangible benefits result in the form of additional resources, including funding for programs and additional staff. Prior to *Juan F.*, DCF's budget was less than $250 million, with social workers carrying caseloads of 40 to 60 cases. By 2002, the department's budget more than doubled, and an increase of social workers cut caseloads down to between 15 to 20 cases per worker. In spite of these additional resources, DCF's efforts to achieve outcomes remained unsatisfactory and over the course of the federal court oversight, the outcome measures

risk aversion in child welfare, the department had strayed from this concept. Our child protection system had grown substantially with an excessive number of children being removed from their families and placed with strangers into congregate settings, both in- and

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Our child protection system had grown substantially with an excessive number of children being removed from their families and placed with strangers into congregate settings, both in- and out-of-state, instead of with their own families.

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were revised several times. While the department came close to achieving most of the outcomes – and the agency budget grew to about $900 million by 2009 – the agency still did not exit *Juan F.*

When I was appointed as the new commissioner of the department by Governor Dannel P. Malloy in 2011, the department continued to struggle under the *Juan F.* exit plan, and more broadly, so did our foster care system. Although ending federal court oversight was a goal, I preferred to focus on current national best practice and, ultimately, what was in the best interest of children and families. We began to fundamentally reform practice, building on the simple but powerful concept that children belong with families, whenever possible, because families are most capable of raising children who are healthy, safe, smart, and strong, and that if children have to be removed from their parents, placing them with relatives or those known to them will reduce the trauma. Largely due to historic

out-of-state, instead of with their own families. As a result, Connecticut lagged far behind the nation in placing children with relatives.

This "safety-at-all-costs" approach made the department adversarial and unfriendly to families – and this is what we had to turn around. Families needed to be respectfully engaged as part of the solution, not as the cause of the problem. Child well-being and permanency needed to be valued as well as child safety, and that required a paradigm shift. While *Juan F.* was not responsible for the overemphasis on safety at the expense of well-being and permanency, we needed to ensure it did not hinder these reforms. That was a need that would be addressed internally and externally with help from some critical partners, including the Annie E. Casey Foundation and Casey Family Programs. Myriad reforms were implemented to establish a strengths-based, solution-focused, family centered practice, which is reflected in our current case practice. These reforms include:

- Relatives and fictive kin are the presumptive placement option for children who need to be removed from home;
- Family team meetings are routine practice at key points in our work, including *prior* to removals and to establish permanency for children of all ages;
- A differential response system supports more collaboration with lower-risk families;
- Social work staff must demonstrate that no suitable family-based alternative exists before they can get approval to place a child into congregate care;
- Unannounced home visits are the exception, not the norm, unless there is an imminent safety risk; and
- Legislation that expands subsidized guardianship, limits APPLA (another planned permanent living arrangement) as a permanency goal, and other measures to help ensure that all children and youth have stable family connections.

In 2014, the department also instituted a rigorous system of accountability in the form of five "Performance Expectations" that we use as a measuring stick for our progress and to promote accountability across all of our work: 1) exiting *Juan F.*; 2) keeping children safely with families; 3) eliminating racial and ethnic disparities; 4) preparing children for success; and 5) preparing our workforce to meet the needs of children and families.

As a result of these efforts, since January 2011 the number of children in care has declined by 16.4%, the number of children living with kin has doubled to over 40%, placements in congregate care have been cut from nearly 30% to 13%, and we have reduced the number of children placed in out-of-state settings from 362 to seven.

Despite these improvements and reform efforts, the department remains challenged by several of the *Juan F.* outcome measures, especially treatment planning and meeting the needs of children and families. Although the litigation continues, it has not held the agency back from making tremendous progress, largely attributable to our staff dedicated to acting on the principle that all children deserve permanent connections to families to ensure they grow up healthy, safe, smart, and strong.

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Minnesota's Children's Justice Initiative: Improving Outcomes for Abused and Neglected Children

Judith C. Nord, J.D.

For the past 16 years, the Children's Justice Initiative (CJI) has worked to ensure that, in a fair and timely manner, abused and neglected children in Minnesota have safe, stable, permanent families. Spearheaded by former Minnesota Supreme Court Chief Justice Kathleen Blatz, the CJI brought together key stakeholders from the two pillars of Minnesota's child protection system – the Minnesota Judicial Branch and the Minnesota Department of Human Services – to find ways to increase oversight, improve the processing of child protection cases, and, more importantly, the outcomes for abused and neglected children. This partnership has helped those involved in child protection see the system "through the eyes of the child."

Child Welfare Act of 1980 placed more responsibility on juvenile and family court judges for ensuring that a safe, permanent, and stable home was secured for each abused or neglected child coming before the court. In the 1990s, the federal government established the State Court Improvement Program (CIP), which provided federal funds to states for prevention services and services to families at risk or in crisis, as well as funds for assessing and improving their foster care and adoption laws and judicial processes.

Minnesota's CIP was established in 1995. In 2000, it was formally named the Children's Justice Initiative (CJI). Through the work of the CJI, Minnesota's judges are taking a much more active role in juvenile protection.

county in the state has a designated lead judge, who in turn has established a county team consisting of court administrators, guardians ad litem, social workers, county attorneys, attorneys for children and parents, tribal representatives, and other community members interested in the welfare of children.

Working collaboratively, each county team compares its county's current practices with nationally recognized best practices. Teams identify areas needing improvement and develop action plans to implement reform efforts. Each county regularly reviews its action plan to monitor progress.

Finally, the CJI coordinates regular training for county team members across the state. Training has focused on topics critical to improving outcomes for children and families, including reducing foster care re-entry rates, addressing parental addiction, enhancing relationships between state court and tribal court, improving services for older youth transitioning out of foster care, and reducing racial disparities in out-of-home placements.

Through the work of the CJI, Minnesota's judges are taking a much more active role in juvenile protection. Minnesota has adopted a "one judge, one family" philosophy, making it a priority to have one judge monitor a child's well-being from the first report of abuse or neglect to the time a child has found a permanent home.

The development of the CJI was the culmination of several decades of transformation in the child protection system, and reflected a national sea change in the role of courts in overseeing the safety of abused and neglected children. As recently as the 1970s, courts played a fairly limited role in the juvenile protection system. Courts were commonly criticized for acting as a "rubber stamp" for the recommendations of overburdened social service agencies. During this time, children often lingered in foster care for years, enduring multiple placements and, too frequently, aging out of the system without family ties and with inadequate skills to function as adults.

Reform to the system came gradually. The federal Adoption Assistance and

Minnesota has adopted a "one judge, one family" philosophy, making it a priority to have one judge monitor a child's well-being from the first report of abuse or neglect to the time a child has found a permanent home.

Minnesota has also developed nation-leading performance measures and timing standards to track the progress of children in out-of-home placement. These measures were put in place out of recognition that delay and impermanence during out-of-home placement can have life-long negative effects on kids. Minnesota is now aggressively tracking how long children are in foster care or awaiting adoption, both at the individual child level, and across counties and the state.

The CJI has also focused on strengthening partnerships in county courthouses. Each

Over the past 16 years, the partnership established through the CJI has driven significant reform of Minnesota's child protection system. This reform has made a positive impact on the lives of abused and neglected children, and has helped ensure that everyone working in the system focuses on child safety, permanency, and stability, and wellbeing. This work is continuing today, with expanded training, a sharper focus on meeting stringent timing standards, and exploration of new ways to prevent children's re-entry into foster care.

Much work is left to do, and everyone involved in the initiative understands that this work will never be finished. In the words of Minnesota Supreme Court Chief Justice Lorie S. Gildea, "Our challenges in the area of child protection are significant, but so are our opportunities. And that's why I'm so passionate about the Children's Justice Initiative – it gives judges the power to enact lasting change, and really make a difference in the lives of children and families."

For more information, visit the Children's Justice Initiative website at http://www.mncourts.gov/Help-Topics/CJI.aspx

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Practice

Creating an ICWA Court in St. Louis County, Minnesota

Bree Bussey, MSW & Hon. Sally L. Tarnowski, J.D.

According to the National Council of Juvenile and Family Court Judges, Minnesota has the highest level of disproportionality for American Indian children in out-of-home placement in the nation. Our regional tribal partners, as well as other tribes nationally, have identified this as a critical issue for many years. While federal and state legislation provides direction for the placement of American Indian children, there is no infrastructure to ensure that these laws are followed. Many systems intersect within child welfare practice and each has its own lens (social services, courts, attorneys, guardians, etc.). Systemic gaps inevitably occur, which drastically affect families, oftentimes inter-generationally. American Indian families already have a historic distrust for these systems as a result of colonization and they continue to face considerable discrimination and oppression due to unaddressed institutional racism.

This complex issue requires a multi-systemic, innovative response. Through a series of events, including an Indian Child Welfare Act (ICWA) Court Monitoring project implemented in 2012 and ongoing relationship building, a national ICWA training for child welfare and judicial stakeholders was piloted in Duluth, Minnesota, in August 2014. Immediately after the training, a local judge requested assistance from the Center for Regional and Tribal Child Welfare Studies at the University of Minnesota Duluth in forming an ICWA Collaborative, comprised of tribal and public child welfare practitioners and child welfare system stakeholders. In April 2015, after meetings spanning six months in order to gather tribal input, Judge Sally Tarnowski launched the first ICWA court in Minnesota and the region. District court ICWA cases are now all directed to Judge Tarnowski, who holds court in a manner that is based on ongoing recommendations from tribal ICWA Collaborative members.

In 2015, the Bureau of Indian Affairs proposed new regulations with the goal of making ICWA implementation in state courts and child welfare agencies consistent across all states (25 C.F.R § 23). New legislation was passed in Minnesota that strengthens the Minnesota Indian Family Preservation Act, including a detailed definition of active efforts, proper use of qualified expert witness (QEW) testimony, and a definition of best interests for an Indian child. ICWA Collaborative meetings have included training on the above-mentioned information as well as other topics pertinent to American Indian child welfare practice. Ongoing ICWA Collaborative meetings consistently include discussion about how systems can work together to adhere to state and federal mandates in ICWA cases, as this requires a collaborative, multi-systemic approach. Implementing practice changes will clearly take time, as long-term systems change does not happen quickly. However, meaningful changes are occurring, which include:

- ICWA hearings are held in a courtroom where a series of smaller tables have been formed into a square. This configuration allows space for all parties in the proceedings to participate, including the judge, and allows systems practitioners to talk *with* the families involved, instead of *about* them.
- American Indian community members have gifted the court with traditional medicines, which are now placed inside the square in front of where families sit.
- All new ICWA cases are now directed to one judge, who implements recommendations from tribal Collaborative members. The judge has instructed her staff to schedule all ICWA hearings in the afternoon, which increases the opportunity for tribal representatives traveling to Duluth to attend hearings.
- A room will be made available soon for families to meet before and after hearings and also meet with tribal spiritual advisors, as space becomes available inside the courthouse.
- Two places outside the courthouse will be designated as areas where families can smudge before and after hearings. We are currently discussing how to make families aware of this space and how to provide access and staff to bring them to and from that space.
- Culturally specific décor is being added to the courtroom and eventually will be added to the family room area.
- In the spirit of ongoing relationship-building, the judge has begun visiting regional tribal courts and social service providers.

Next steps include discussion about data collection and measuring outcomes; we are currently looking for resources to assist with this critically important part of the process.

Because the Center for Regional and Tribal Child Welfare Studies roots indigenous values in all we do, our work is founded on collaboration and relationship-building. Though the issues we address are complex, we meet people where they are, first focusing on building trust and establishing a framework to work together toward change. The key is to create and maintain an open environment in which stakeholders feel comfortable to participate in ongoing discussions. It is also important for practitioners to feel invested in the long-term outcome. We have found that systems stakeholders absolutely want better outcomes for American Indian families, and are dedicated to continuing efforts to reformulate the current structure of the child protection system to achieve those outcomes and support these families in our child protection system in a culturally responsive and respectful way.

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Hon. Sally Tarnowski, J.D., is District Court Judge in St. Louis County, Minn.

Issues in Differential Response: A Summary

Judith S. Rycus, MSW, Ph.D., and Ronald C. Hughes, MScSA,Ph.D.

What is Differential Response?

Differential response (DR), also called alternative response (AR), family assessment response (FAR), or multiple track response, developed concurrently with other systemic reforms to incorporate family-centered, strengths-based practices into child protective services (CPS). The shared goal of these reforms was to preserve and strengthen families and enhance their ability to safely care for their own children, while limiting, as much as possible, the use of mandated protective authority by CPS agencies. Originally conceptualized in the mid- 1990s, DR was construed as an antidote to concerns that CPS agencies too often relied on intrusive protective interventions when these were not necessary to achieve service goals, thus exposing families to unnecessary angst and distress.

The original goal of DR advocates was to augment the capacity of public CPS systems to provide more effective and less intrusive services to lower risk families referred to CPS for suspicions of child maltreatment. To address this need, the DR approach sought to engage these families in a voluntary partnership to help them to identify and resolve their own concerns and issue, within the context of a strong, supportive, and trusting relationship with their caseworker. To achieve this, all families screened in to the CPS agency were assigned to either the traditional CPS track or to an "alternative" track, based on a determination by the screener of the risk level in the family and the safety of the children being referred. For families screened into the alternative track, the traditional CPS investigation was replaced with a voluntary family assessment, which by design lacked the in-depth fact-finding necessary to identify and address potential maltreatment dynamics in the family, based on the presumption that this was not needed to assure child safety and would be unnecessarily distressing and uncomfortable for families. As DR implementation evolved, some DR proponents began to assert that the alternative track was also appropriate for higher-risk families. The number of families referred to an alternative track grew until in some agencies, as many as 70% of all screened-in families were being referred to the alternative track.

As we observed the implementation of DR programs throughout the country, we developed many concerns about these initiatives and the safety of children being served in alternative tracks. We had no concerns about the primary tenets of DR–

engaging, partnering with, and empowering families; focusing equally on needs and strengths; and providing timely, effective, individualized services. These principles have formed the foundation of a family-centered approach to child protection since the 1990s and have been foundational to our training of child protection staff throughout the nation. Our primary issues were with the legitimacy of the research being cited by DR advocates as evidence of the effectiveness of DR programs and the safety of children served in alternative tracks. In 2012, we undertook a project to assess both the DR practice literature and research evidence to evaluate the legitimacy of our concerns. Our findings and conclusions were communicated in a policy white paper published in the September 2013 issue of the journal, Research on Social Work Practice, along with 9 articles commenting on the policy paper, and our response to the responders. The major findings of our work are briefly summarized below. Interested readers are encouraged to refer to the journal to read the policy papers in their entirety.

Issues in Differential Response

Finding #1: DR programs do not adhere to a uniform, standardized practice model, nor are programs implemented consistently across sites.

Most adopters of DR programming voiced adherence to the fundamental principles of family-centered practice as noted above. Yet, in implementation, there were as many differences across sites as there were commonalities. These variances included the following: 1) implementation sites used different numbers of tracks designed to serve different types of families; 2) there were differences in the criteria used to assign families to the traditional or alternative track(s); 3) there were large variances among

sites in the percentage of cases assigned to the alternative track, suggesting differences in both case assignment criteria and strategies; 4) there was inconsistent use of risk and safety assessment protocols, both at screening and in ongoing services, creating uncertainty about the validity of initial risk ratings underpinning track assignments; and, 5) there were inconsistencies in how needs were assessed and services were delivered to families in DR programs.

From this data, we concluded that DR should more appropriately be called a practice philosophy than a standardized program or practice model. Without a standardized program template to follow, replication of DR programs in different jurisdictions lacked the implementation fidelity necessary to support the reliable and valid measurement of outcomes across sites. By itself, this finding casts doubt on many of the general claims made by DR advocates and researchers regarding the existence of an evidence-based model of practice, about the effectiveness of DR services, and most importantly, about the safety of children served in alternative tracks.

Finding #2: Methodological problems in the DR research studies limit confidence in research findings and conclusions.

As part of our analysis, we conducted a thorough assessment of original research reports of 16 studies on DR programs that included at least some quantitative analysis. All the studies had been completed during the preceding decade, with most implemented during the preceding 7 years. From this analysis we identified significant problems in research methodology that presented threats to internal, external, and construct validity. For example, in some studies, DR had been concurrently implemented with other direct practice changes, making it impossible to determine exactly which interventions were responsible for reported outcomes. Moreover,

even interventions with common descriptors actually included a host of individual activities that varied both between and within sites. We also determined that comparison groups in these studies were often not equivalent, and implementation practices in several sites further undermined the equivalence of comparison groups. For example, in several sites, alternative track caseworkers received intensive training in family-centered casework practices that was not provided to caseworkers in the traditional track, even though these methods are considered fundamental and best practice for work with all families, regardless of their track assignment. We concluded the data provided in this body of research did not support many of the claims and conclusions made in the research reports or the DR practice literature.

Finding #3: There is insufficient data to confirm the safety of children served in alternative tracks.

The potential to compromise children's safety is of prima facie concern when a CPS program chooses to forgo investigations or other forms of targeted case fact-finding in response to allegations of child maltreatment. The DR program literature clearly communicates that child safety is of prime importance in both traditional and alternative tracks. DR advocates also contend that the safety of children served in alternative tracks has been well established by the DR research, and therefore, children in alternative tracks are as safe as children served in traditional tracks. In our analysis of the DR research, we determined that child safety and the risk of future harm had not been uniformly defined, accurately measured, or fully addressed in the DR research. Poor methodology further undermined the validity of this research, producing misconceived and often biased conclusions. We ultimately determined that there was insufficient data to warrant conclusions that documented the safety of children in DR reform.

Finding #4: DR programs appear to prioritize allocation of services and resources for families in alternative tracks.

DR programs intentionally direct services and resources to families assessed to be at lower risk, ostensibly as a nod to prevention. During the initial implementation of DR programs, many states were provided with extra funds to support the addition of lower-risk families to CPS caseloads. However, in an environment of chronically limited resources, diverting CPS resources to serve lower risk families is troublesome, if it is at the expense of the higher risk, core populations that CPS is mandated to serve. There is considerable research demonstrating that providing additional services to low-risk families does

little to reduce future maltreatment, while targeting resources to high-risk families can significantly reduce rates of subsequent abuse and neglect. We remain concerned about CPS agencies trying to serve a larger population of lower risk families when no additional resources are provided.

Finding #5: The DR literature often misrepresents and denigrates traditional CPS to enhance an alternative response model.

Our analysis determined that much of the DR literature, including research reports, was promotional in nature, advocating the superiority of DR programming over much of traditional CPS, which was often characterized as adversarial, intrusive, antagonistic, and threatening to families. While these terms do accurately describe patently bad practice, they do not accurately represent a family-centered approach to child protection, which is practiced by many traditional CPS programs around the country.

Conclusion

Since the publication of our articles in 2013, we have watched as new states have moved to adopt and implement DR, while other states have revised or modified their DR programs

and recommended calling for universal case fact-finding to identify potential child maltreatment in all cases referred to CPS for suspicion of child maltreatment.

As caseworkers in traditional tracks are trained in and adopt more effective strategies of engaging and partnering with families, and as caseworkers in alternative tracks become more effective in assessing risk and child safety, the stark dichotomy between DR's alternative and traditional tracks begins to blur. In its place, we find an emerging system in which each family is assessed individually to identify risk and safety concerns, all families are treated with respect and dignity, and caseworkers develop an individualized intervention plan collaboratively with family members, based on an accurate assessment of the seriousness of the family's situation and the family's capacity to ensure their children's safety and well-being. This, by definition, is family-centered child protection, which requires a successful integration of family empowerment and protective authority, favoring the least intrusive methodology needed to ensure children's protection. Unfortunately, the "child safety" versus "family preservation" pendulum will continue to swing until the real recipe for effective child protection is attained – a sophisticated

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or abandoned them altogether. New research completed after the publication date of our articles has not changed our opinion about the lack of methodological rigor in these studies, and we have seen no data that changes our original conclusions. There has also been a series of media reports from around the country, identifying children who were seriously injured or died because safety concerns were either missed or dismissed by their social workers. Many of these deaths have occurred in cases served in DR program alternative tracks. To their credit, some DR states understand the necessity of monitoring children's safety in both alternative and traditional tracks and have subsequently required the use of common risk and safety protocols for all families, regardless of track. Recent independent DR research has documented many of our concerns

integration of both child safety and family preservation. We believe that the answer to reforming child protective services does not lie in once again restructuring the CPS system, but rather in training, supporting, and retaining a cadre of highly skilled child maltreatment casework specialists, with manageable caseloads, who can successfully negotiate the complicated professional activities necessary to keep children safe from harm, while equipping and supporting their families to do so themselves.

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Practice

How the Media's Coverage of One Child's Death Prompted Child Protection Reform in Minnesota

Brandon Stahl

It was in tiny Glenwood, Minn., shortly after interviewing a former daycare provider in the summer of 2014, that I knew the *Star Tribune* was going shake up the state child protection system.

I filled my notebook with the words of Colleen Myslicki, who in painstaking detail described each of the four abuse reports she made about 4-year-old Eric Dean. She told me about Eric's strange bruises, bite marks, and welts. The last time she saw Eric, his stepmother shoved him out of Myslicki's arms. All of this was reported to Pope County. Yet about six months after Myslicki's last report, Eric's stepmother murdered him. Myslicki sobbed as she recounted these stories.

Myslicki and I shared the same goal, wanting Eric's story to be told with the hope that no other child would experience similar suffering. Thanks to people such as Myslicki, as well as court documents, transcripts, and child protection records, I was able to piece together the details of 15 abuse reports made on Eric. I knew I could tell Eric's story, from the beginning to its horrible end, and take readers along with the frustration his caregivers felt as they reported abuse, only to see him return to them with more bruises and bite marks.

the system needed change.

About three weeks later, Gov. Dayton held a press conference to announce the creation of a task force to examine the child protection system. Stakeholders from across the state would be required to recommend reforms.

The *Star Tribune's* series of stories also informed the work of the task force. In early 2014, I was the first to report on the high rate of screen-outs in Minnesota, a topic that would be brought up repeatedly by the task force. After the Eric Dean story, I wrote about how family assessment, a model that began 15 years ago in the state to respond to low-risk abuse cases, was instead being used for high-risk cases. I was the first to write about a state law, quietly passed by the legislature, that forbid child protection agencies from considering past abuse reports when getting a new one. The state's director of child protection quickly backed off that law. About a month later, she resigned, and a few months after that, the legislature reversed the law.

After several months and hours upon hours of meetings, the task force recommended more than 100 reforms to child protection. The legislature passed a

credit: StarTribune *online*

> ...with Eric's story, outrage poured in from all over the state. I was overwhelmed with calls from people saying they too repeatedly reported abuse, but received no help. Legislators could not say quickly enough that the system needed change.

During my research I found a photo that summed up Eric's tragedy more than words ever could – a picture of Eric smiling, with a black eye and a cut above his lip. It had been sent to Pope County by one of Eric's teachers. Governor Mark Dayton said he was haunted by the photo after the story, "The Boy They Couldn't Save," was published on Labor Day weekend 2014.

I knew the story would get a strong reaction from readers, but I had no idea how large it would be. My inbox filled up. Generally, the reaction to my reporting on child protection prior to Eric's story was mild. But with Eric's story, outrage poured in from all over the state. I was overwhelmed with calls from people saying they too repeatedly reported abuse, but received no help. Legislators could not say quickly enough that

few of those reforms and the Department of Human Services has implemented others. Many of those reforms directly address the issues brought up in our reporting. Other reforms could take years to pass, if they do at all, as they face stiff opposition from many social service agencies.

There's another impact to that media coverage. The foster care system was already stressed before the *Star Tribune* began reporting on child protection failures. Our scrutiny, as I am told often by social workers, has dramatically increased the number of children being placed into foster care.

Our coverage is not going to end. I still get tips almost daily. Foster parents, social workers, child guardians, attorneys, teachers, and many others have reached out to me, frustrated that the system still is not

protecting children adequately. They tell me heartbreaking stories about children suffering horrendous abuse and neglect.

One of those tips was on a two-year-old child found in a drug den with his mother and other addicts. Hennepin County planned to reunite the child with the mother, but reversed course after we reported the mother's history of child neglect.

Other tips have seemingly had no impact. Several months ago I wrote about a child who had been in foster care for several years, waiting to be adopted, and the blocked efforts of a woman who wanted to adopt the girl. The woman was qualified, had been approved to adopt and was ready to take on the girl's needs, yet she was denied over what seemed like a squabble between the county and the woman's adoption agency. She was crushed, and the child who wanted a permanent home is still in foster care.

That child's photo still haunts me.

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Changing Trajectories for Crossover Youth in Minnesota: The Crossover Youth Practice Model

Laurel N. Bidwell, MSW, Ph.D., LICSW

In 2011, the Center for Juvenile Justice Reform at Georgetown University, the Juvenile Justice Coalition of Minnesota and Casey Family Programs partnered in training five Minnesota counties to implement the Crossover Youth Practice Model (CYPM). The CYPM is a conceptual model and guide to systems change that incorporates systems-change and strengths-based perspectives. The goal of the CYPM is to minimize maltreated youths' involvement in the juvenile justice system through strengthened collaborations between child welfare and juvenile justice systems/professionals, earlier and more appropriate intervention, and increase family engagement. The model does not prescribe a one-size-fits-all approach, but instead presents a framework that jurisdictions can adapt to meet their specific needs. The CYPM is implemented in three phases that are intended to walk professionals through key decision points during the life of a case. For details about this model, please see the CYPM Guide (Center for Juvenile Justice Reform, 2015) and the Guidebook for Juvenile Justice & Child Welfare System Coordination and Integration (Robert F. Kennedy Children's Action Corps, 2013).

CYPM Training in Minnesota

During the year-long CYPM training, child welfare administrators, supervisors, and front-line workers worked with county attorneys, judges, probation agents, and administrators to develop a coordinated system of care for crossover youth in their respective counties. Some counties created models of collaboration that had not yet existed, while other counties focused on refining and formalizing practices that were already in place.

The Role of Research

Our research team, led by Wendy Haight, Gamble-Skogmo Chair in Child Welfare and Youth Policy at the University of Minnesota, was asked by Casey Family Programs to conduct the first external evaluation of this practice model, to examine its effectiveness

> Crossover youth, sometimes called "dually-involved youth" or "multi-system youth" were defined in this study as youth who have experienced maltreatment (abuse or neglect) and engaged in delinquent behavior and as a result are served in both the child welfare and the juvenile justice systems.

in Minnesota. We designed a mixed methods evaluation to capture the process of implementation and to examine youth outcomes. We observed trainings, interviewed CYPM professionals, youth and families, and we are beginning to examine youth outcomes (Haight, Bidwell, Marshall & Khatiwoda, 2014; Haight, Bidwell, Choi & Cho, in press).

Who are Crossover Youth?

Crossover youth, sometimes called "dually-involved youth" or "multi-system youth" were defined in this study as youth who have experienced maltreatment (abuse or neglect) and engaged in delinquent behavior and as a result are served in both the child welfare and the juvenile justice systems. Serving crossover youth can be challenging due to their complex needs and the number of systems involved in their care. These youth enter services with multiple strikes against them that are further compounded by experiences that they have within the system. For instance, they are less likely to receive probation and more likely to be placed in congregate care or correctional facilities than delinquent youth without maltreatment histories (Ryan, Herz, Hernandez, Marshall, 2007). Crossover youth and their families have the added disadvantage of navigating multiple systems of care that often lack coordination and may create a duplication, inconsistency, or splintering of services.

Implementation

During the first year, we interviewed 82 professionals (administrators and front-line workers). Almost all talked about being able to offer a broader range of services that wouldn't be available in one system alone, and that the wider range of services allowed them to more appropriately address the needs of each youth and family. Professionals discussed creating more consistent case plans with less

duplication. Many talked about creating new data-sharing agreements that allowed them to identify and begin working with youth as soon as they crossed over. A majority felt more supported and gained a new inter-professional understanding of terminology, roles, and mandates. In addition, professionals described a shift in thinking and feeling about the youth and families themselves, as they learned more about their history.

Implementation Challenges

Many professionals described difficulties with grasping the details of a complex model, especially if only used with a fraction of the youth on their caseloads. Professionals in larger counties described limitations in resources, training, and support for front-line workers who did not participate in the one-year CYPM training. Team leaders who had received the training discussed complexities regarding how and when to engage key stakeholders in the process. Cultural or historical factors unique to any one jurisdiction may facilitate or impede implementation.

Youth Outcomes

Exploring youth recidivism one-year post implementation revealed that the changes described by professionals and outlined above seem to be making a significant difference. Youth involved with the CYPM were significantly less likely to recidivate than matched comparison youth. Our data won't tell us whether these youth were actually involved in less delinquency or whether they (as part of their coordinated service delivery) had been diverted prior to court involvement. In either scenario, the CYPM appears to be keeping these youth from becoming further entrenched in the juvenile justice system. These initial findings are promising, especially given the challenges inherent in creating change across multiple systems.

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Perspectives

Community Healing: A Parent Mentor Uses Lessons Learned From Her Painful Past to Help Others

Shana King interviewed by Jennifer Bertram, MSW, LISW

Parenting is challenging for anyone, but for Shana, who was raising two children on her own while struggling with addiction, partner abuse, and homelessness, the odds of raising her children without intervention were stacked against her.

In 2009, life changed for Shana and her children when she overdosed on opiates while at a playground with her son, passing out in a nearby restroom. She was arrested and her children were placed in foster care. Her son, who was 3, has cerebral palsy and was placed in a home for children with special medical needs. Her daughter, who was 14, was placed in the home of a friend.

Shana, who was raised in Fargo and is an enrolled member of FORT Berthold, Three Affiliated Tribes, spent 33 days in jail, followed by inpatient treatment for opiate addiction. During that time, she thought a lot about what she wanted for herself and her children. "My kids didn't do anything to put themselves in this situation. I did it." That's a tough pill to swallow, she admits, but she knows that her personal experience helped inform her choices to get her where she is today. "Everything that's happened in my life has prepared me for what I'm doing right now."

Shana recognizes that her choices in her younger years, getting addicted to opiates and dating partners who were abusive, were an extension of her upbringing by a mother who "didn't know how to love" and a stepfather who was physically and emotionally abusive to her and her mother. "I was always trying to find someone to love me," she reflects. She understands now that the lack of emotional connection from her mother was passed down from her own parents, a pattern familiar to many American Indian families who experience historical trauma.

As early as third grade, Shana was forced to look for housing on her own, often sleeping in a car or at a friend's house when she was unwelcome in her own home. At age 14, she was reported to child protection and placed in foster care, where she lived until she aged out at 18. When asked why it took so many years before she was identified and placed in foster care, she said that they were one of the few nonwhite people in a small North Dakota town, and people just did not say anything, believing that the issues of violence in her family were just a reflection of their culture.

In 2011, her children were returned to her and she has continued to work on healing herself through a variety of methods. She found smudging, a traditional American Indian practice that uses the burning of herbs (often sage) to cleanse a room from negative energy, to aid her healing process. She also credits her progress to conversations with key people in her community who listened to her, offered wise words, and helped teach her how to move past the pain that was passed down to her through her mother and grandparents. The process is ongoing, and she finds the act of helping others useful in her journey as well. "I believe I went through what I did so I could help heal my people," she says.

She understands now that the lack of emotional connection from her mother was passed down from her own parents, a pattern familiar to many American Indian families who experience historical trauma.

Finding work that allowed Shana to do just that has been rewarding. The ICWA Law Center, a nonprofit that represents American Indian families affected by the child protection system, brought her on as a volunteer at first and later hired her to serve as a parent mentor. This position gives her the opportunity to provide support to American Indian parents who have open child protection cases.

Every day is different for Shana in her role as a parent mentor. She may be attending meetings with parents and case managers one day and shopping for furniture with parents the next. Whatever the task at hand, she knows her true role is to provide support to parents and let them know that "a CPS case does not have to be the end of the world. It can be useful in helping you and your kids get the services and support you need." When a mother she is mentoring is struggling to process the situation at hand, she reminds her that the best way to cope is to accept the situation and work through it, whether she agrees with the decision or not. There are many ways that people are set up to fail, but if they work hard and follow the plan set in place, they can make progress, she says. Shana's vision is to see this parent-mentoring model recreated on tribal reservations and in counties throughout the state.

Shana is working on establishing a better relationship with her mother, while raising her son and maintaining a connection with her daughter, who is now grown and living on her own. She is thankful for the teachings of wise people in her life who have facilitated her healing and helped her get to the place she is at today. "If I can get past the drugs, anger, and homelessness that I experienced, and provide support to others, I will know that my hard work has paid off."

Shana King is a Parent Mentor for ICWA Law Center and a member of the Parent Leadership for Child Safety and Permanency team, a partnership between Minnesota Department of Human Services and Minnesota Communities Caring for Children. Contact: shana@icwalc.org

Perspectives

Implementing Practice Change in a Public Human Services Agency: Lessons learned

Charlesetta Rolack, MSW, LICSW, Jenny Gordon, MA, Ed.D. and Becky Montgomery, MSW, LICSW

The implementation of new practices and policies in public human service agencies is necessary to improve service delivery, meet the ever-changing needs of children and families, and remain in compliance with state and federal guidelines. The need for improved

> The need for improved practice and better oversight within child welfare and more specifically child protection services has been made even more apparent with increased awareness of child deaths and egregious cases of abuse and neglect.

practice and better oversight within child welfare and more specifically child protection services has been made even more apparent with increased awareness of child deaths and egregious cases of abuse and neglect. The child welfare system is fraught with enormous challenges in protecting the most vulnerable societal members – our children.

Practice change can be extremely daunting within any agency. From the outset some counties face challenges in their ability to respond to the increased work demands because of their limited number of staff, services, and community based resources due to an already over-taxed and strained child welfare system.

The project, which we'll call Assessment Project (AP), was a collaboration between a county human services agency, with approximately 175 child protection staff, supervisors, and managers, and the University of Minnesota. The agency was one of five jurisdictions across the country that were encouraged to use broad discretion and creativity in the development and implementation of a new practice model for a comprehensive assessment strategy that was responsive to federal and state mandates and, at the same time, perceived as helpful to workers and to the families served. This project was funded by a federal grant that took place over a six-year period, 2008-2014.

The agency used grant funds to hire an external evaluator, project manager, consultants and trainers. In other words, grant funds were used only for functions that were not available within the agency. No additional staff or supervisors were hired in order to avoid removing any key pillars at the end of the grant on which the new model depended. The model would be fully implemented as the only practice model in use by the end of the grant, effectively supporting its sustainability.

While conducting reviews, the state of Minnesota found that the agency lacked accurate holistic family assessments, which would lead to appropriate service-targeting and worker follow-through in child protection cases. The new model was expected to correct these shortcomings. In addition, the project sought to address unnecessary removals of children from their homes, timely reunification of children with their families, and improved long-term outcomes for children, such as reunification with their families or adoption.

The model differed from previous practice in two key respects. First, the way in which child protection assessed the safety of children moved from a focus on specific incidents of abuse or neglect to assessing the family's ability to provide a safe environment for their children. Second, the model focused on the particular behaviors of the parents that led to safety concerns and established what behaviors the parent needed to change.

Each stage in the case process was aligned with the stages that followed, so that the case would follow a golden thread toward the goal of determining the most effective possible interventions for the family. The model was designed with broad input from human services staff, stakeholders, consumers of child protection services, and child welfare consultants. It was designed and piloted during the first two years of the project and then phased into the entire child protection program over a three-year period. Each stage was informed by the findings of the project's external evaluator, the University of Minnesota, creating a seamless evaluation feedback loop. Overall, dramatic improvements for children were seen through the receipt of a comprehensive assessment, identification of needs, and the provision of services to meet those needs.

Design, Implementation, and Evaluation of new Model

An extensive baseline study of practice in child protection services involving a case record review, staff and supervisor focus groups and interviews, and consumer interviews was conducted during the first year, and findings were utilized to inform the design of the new model. An advisory group and subcommittees composed of staff and community partners were created to assist in the design of the model, and a child welfare academic was hired to create the framework of the model.

A consultant was hired to add methodology to the model outline by incorporating several practice elements and to establish the golden thread of continuity. The consultant created practice manuals and guides, including material to guide workers in understanding the role that culture played in the life of the family. This feature was particularly important in light of the large racial disparities in the number of children served by child protection, the number of children placed outside their parental homes, and the number of children whose parental rights were terminated.

The model required the gathering of assessment information across nine domains of individual and family functioning, including mental and physical health, family income, and child rearing practices. The information gathered through assessment was then used to create a map – the golden thread which provided guidance on how to use the assessment information to determine whether a child was safe or unsafe; how to determine which parental behaviors needed to be changed; and how to target the most appropriate interventions to lead to the desired behavioral changes.

Training

During the roll-out period, cultural consultants were hired to obtain feedback from consumers of various racial and ethnic backgrounds about their experiences with child protection services, find ways to use that feedback to enhance workers' capacity to engage with families, provide training to staff and supervisors about cultural issues involved in working with families, and incorporate cultural material into the model practice tool.

The AP consultant and cultural consultants conducted training for the various subcomponents of child protection services such as the intake and on-going service functions. Initial training sessions were held jointly for supervisors and staff. This turned out to be an ineffective way to train the supervisors. Over time it became clear that AP required more clinical supervision

than did the previous model used in the agency. Evaluation findings showed that the supervisors did not feel confident with their knowledge of the model, and consequently felt unsure about supervising their staff.

A week-long supervisor observation study found that supervisors spent much of their time on administrative as opposed to educational or clinical functions, and efforts were made to adjust their work duties. In addition, training was intensified for supervisors. A follow-up supervisor study conducted two years later showed that the percentage of supervisory administrative duties was reduced and the time devoted to clinical supervision was increased.

Toward the end of the roll-out period, a team of internal trainers was selected and trained by the model consultant and cultural consultants. The trainers would provide refresher training to all staff and supervisors at the conclusion of the grant. The internal training team supported the viability of AP by serving as catalysts in the project's sustainability throughout the roll-out period. Project administrators observed that staff and supervisors gave the training mixed reviews, as would be expected in any reform effort.

Leadership and Decision-making

Child Protection Services Managers and Directors

The grant was received during the transition of new child protection directors. Toward the end of AP there was again a change in directors. The new directors and the director of human services had different priorities and, consequently, did not assume active leadership roles in the project. However, they provided tacit support for AP, which was very helpful.

Over the course of AP, there was turnover in the intake and on-going manager positions. The managers were deeply experienced child welfare professionals, and provided strong leadership for the project by encouraging and mentoring staff, and exemplifying a deep commitment to the principles of AP in their interaction with staff and supervisors.

Advisory Group

The advisory group, formed early in the project, was comprised of representatives from the state Department of Human Services, the external evaluation team, the county attorney's office, community-based service agencies, human services department staff, cultural consultants, and parents. This group provided a valuable forum for keeping key partners informed and engaged and for feedback from the cultural consultants and parents.

Project Steering Committee

This group, composed of the external evaluation team, an internal evaluator, a planner, the program managers, the supervisor of the agency's computer services, and the project manager, was an extremely effective vehicle for overseeing the development and implementation of the AP model. The committee coordinated human services department activities with those of the external evaluation team; coordinated and oversaw the incorporation of cultural material; and consulted with relevant internal agency committees concerning relevant initiatives. The membership saw virtually no turnover during the course of the grant, which provided valuable continuity to the project and helped maintain momentum during the transition of managers and directors.

Lessons Learned

What Worked

1. Grant funds were used only for costs not easily available within the agency.

2. The external evaluator's implementation plan provided structure and a timetable that prevented the project from getting stuck when inevitable problems and obstacles developed.

3. The steering committee served as a forum for discussion and decision-making and was a primary source of ongoing decision-making for the project.

4. The internal training team was developed toward the end of the project and provided sustainability for the project.

What Did Not Work and Challenges

1. Lack of understanding and mastery in the model often led supervisors to align with their staff when there was push back, rather than reinforce AP. In hindsight, supervisors should have been thoroughly trained, so they could set the tone for buy-in and provide training and support to their staff.

2. Despite the six-year grant period, the magnitude of the project created considerable time pressure in completing each of its phases, particularly in training staff and supervisors. In order to meet the timelines, it was often necessary to adopt a more top-down management style than an inclusive one, which exacerbated the periodic lack of buy-in from staff.

3. The agency had an extremely long-tenured staff, which provided great knowledge and experience. However, on the other hand, the staff had experienced many previous change processes and many adopted a mindset of "this too shall pass."

Educational Backgrounds of Staff

The staff came from varied educational backgrounds; only some had an MSW degree. The new model required a higher level of clinical knowledge. Requiring an advanced degree in a therapeutically oriented field, such as social work or psychology, is recommended for all new staff.

Overall, there were enormous benefits in the implementation of this practice model. It provided continuity and consistency in the assessment and subsequent identification of the underlying issues resulting in parental behaviors that caused children to be unsafe. The sustainability of the model over time will be largely incumbent upon the training team to maintain the rigor and fidelity of this practice model.

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Perspectives

Why me? A Story of Resilience From a Former Foster Youth

Hank Marotske, BSW, MBA

When I was in high school my only goal was normalcy. Like most teens, I just wanted to fit in. Being in foster care made that goal more difficult to attain. I lacked access to the resources of my peers and had several other obstacles unique to youth in foster care. Adolescence is not easy for any youth. It is a critical time to prepare for early adulthood and later self-sufficiency, and it is significantly more challenging for youth in out-of-home placement.

Why Me?

Like many youth who grow up with hardship and trauma, I would often ask "Why me?" when I was in foster care. I have recently found myself asking "Why me?" again, as it pertains to my college education and relatively successful adult life. What about my experience in foster care was different? I was determined, motivated, maybe even stubborn or strong willed. But my foster care experience was no different than that of other foster children. Our stories are often so much more alike than different.

In answering "Why me?", I have found that a few core concepts in my experience match best practices and current research – permanency, normalcy, and well-being.

Permanency

I had two social workers, one county and one therapeutic. During my eight years in foster care, I had eight to 10 county workers, but just one therapeutic worker. That worker recognized that my need for stability and community connectivity was critical to my healing. When my placement changed, she ensured that I stayed not only in the same school district, but also in the same community. She was a consistent and caring adult in my life, and she was responsible for planting the seed for college.

When I was about 13, I went to an annual court appearance. I told the judge that I was not going to wait another three months to see if my mother would meet court objectives for reunification. Before being placed in foster care, I had changed schools almost every year, and during my first year of placement, I attended four different schools. I wanted to be normal, with a regular school experience and consistency for my future. The judge honored that request. The ruling shifted my treatment plan into a more permanent one with long-term goals, so I could focus on building relationships with my peers and community.

I had the permanency component covered.

Normalcy

Two teachers took time to get to know my situation and modify my learning environment to my pace. They worked together throughout my high school career to ensure modifications in the classroom that increased my engagement and academic performance. They made attending school important for me.

I was strongly encouraged and supported to participate in extracurricular activities. Eventually, I traded in therapeutic activities that reminded me I was a foster kid with normal adolescent activities such as church, Boy Scouts, cross country, track, theater, and newspaper. I am a firm believer that these activities helped my healing and maturation more than any of the traditional therapeutic interventions.

My basic school needs were met: Lunch tickets, waived participation fees, and basic school supplies were provided. However, I had anxiety about things that my friends took for granted, such as yearbooks, school pictures, or spirit apparel, as well as attending school events and getting home after an event. Each was a reminder that I was a foster kid.

Recently, I was featured in a local newspaper article. I was surprised that many high school classmates told me they had no idea I was in foster care. I guess I did a good job of faking normalcy.

Well-Being

In my first 11 years, I was surrounded by drugs and crime. Being removed from these influences and placed into a quiet and safe community was the beginning of a life in which I (and those around me) could focus on my well-being.

I met with a therapist one to two times a month in high school who was also a consistent adult through this experience. Our meetings did not intrude on my need for normalcy, but provided a healthy and safe check-in.

The required independent living and job training programs were focused on helping me get a high school diploma or GED. One thing that lacked in my treatment plan was a focus on preparation for higher education. Academic expectations were low: They focused on attendance, good grades and high school graduation. My only reason for attending college was because that was what everyone did. I had no academic aspirations; I did not fully understand what a degree would do for me. I just knew that normal people went to college and had good jobs. I wanted to be normal.

What's Next?

Recent trends that extend services for youth in foster care are encouraging. Health care is now available until age 26, and many states are increasing foster care services into the early twenties. Supports provided after high school facilitate youth in gaining control over their future.

Independent living skills programs should include information about college and post-secondary preparation, regardless of academic performance. Collaborating with education systems, along with innovative college preparatory programs, would fill much of the current void.

So when I have asked "Why me?" and I hear the responses, "It was all you" or "You're resilient," I don't doubt my contributions to my success. But I do believe the support I had and the adversities I faced were all part of my aging out experience and prepared me for the life I have today.

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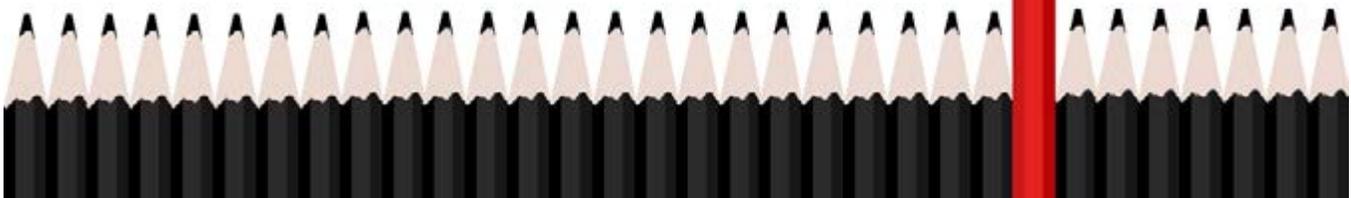
Making a Difference: An Advocate's Perspective on Affecting Change

Kathy Bigsby Moore

Having devoted the majority of my adult life to child advocacy, it is not surprising that I believe little reform can occur without involvement of advocacy organizations. Freedom to speak openly and honestly often requires independence from funding streams, lines of employment, and governance. Independent advocacy organizations often work in close partnership with government,

unusual circumstances. Soon, however, I saw multiple children experience the same negative circumstance. I was too impatient to settle for repeating the advocacy effort for each new child and instead re-directed my efforts toward the larger system. Due to my advocacy efforts, agencies now automatically provide immunization records for every child coming into the system. Some advocacy

child in New York (Mary Ellen), whose 1874 child abuse case is credited with providing the basis upon which the New York Society for the Prevention of Cruelty to Children was founded. When her situation was recognized by a missionary, the most appropriate agency to intervene was the Society for the Prevention of Cruelty to Animals. Mary Ellen was ultimately protected using the strategies of that agency, and the knowledge gained in fighting that case led to the beginning of a new agency for the protection of children. If you think advocacy efforts produce swift results, however, it is important to note that while states began to establish child abuse prevention agencies in the early 1900s, it wasn't until 1974 that the Child Abuse Prevention & Treatment Act (CAPTA) was passed, requiring all states to establish child abuse reporting laws.

If you think advocacy efforts produce swift results, however, it is important to note that while states began to establish child abuse prevention agencies in the early 1900s, it wasn't until 1974 that the Child Abuse Prevention & Treatment Act (CAPTA) was passed, requiring all states to establish child abuse reporting laws.

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nonprofit, or private service provider agencies. However, there are times when the advocacy organization is seen as an "opponent" of the government or service provider agencies. This is typically a necessary tension to accomplish true and lasting reform.

Beginning my advocacy journey in the late 1970s as a foster parent, I knew nothing about the child welfare system. With 30-some children coming through our home over a span of eight years, my initial efforts were case advocacy – focused on individual children living in our home. For example, trying to get something simple such as immunization records to prevent a child from having to endure a second set of shots, or a timely court hearing for children who had come into the system through

efforts that address seemingly small problems such as providing immunization records are met with little philosophical opposition. Those problems are the result of fragmented bureaucracies or bureaucratic inertia. Others, such as issues related to court hearings, are met with clear, strong opposition. Making changes required the restructuring of court systems as well as legislative or budgetary change. Advocacy strategies are equally important in both circumstances requiring insider information and data as well as outsider voices with freedom to speak.

Historically, most important reforms or movements have been derived from one case or one person's experience, and then are applied to an entire class of people in similar circumstances. As an example, there was one

I have been involved in numerous state and federal reform efforts since the early 1980s. Advocacy organizations involved in those reforms included foster and adoptive parent organizations, North American Council on Adoptable Children, Children's Defense Fund, Court Appointed Special Advocates, and many statewide child advocacy organizations, such as Voices for Children in Nebraska, which I founded in 1987, led for 23 years, and turned over to new leadership in 2011. There are statewide child advocacy organizations in most states now doing strong, tireless advocacy work looking to partner on issues of adoption, child abuse, foster care, child care, education, family income, health care, juvenile justice, and other issues related to children's health and well-being. The style and issues addressed by these organizations may vary, but the strategies employed by each organization are very similar and are critical to the success of advocacy and the accomplishment of reform.

Whether you are a social worker or student, a parent or service provider, a judge or policy maker, a researcher, or practitioner, there is an advocacy strategy and an advocacy organization that needs you.

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Critical Advocacy Strategies

- Identify the problem
- Gather facts to prove the problem and identify a solution
- Use a combination of personal experience and data (qualitative and quantitative)
- Review laws and policies
- Talk to people and review research
- Choose the strategy or strategies to address the problem
  - » Legislation – state or federal
  - » Agency regulations
  - » Implementation of existing policies
  - » Public education (Media)
  - » Litigation

- Provide solutions, not just complaints
- Prepare your argument
- Build a coalition
- Target usual and unusual partners
- Coordinate a message
- Incorporate grassroots and grasstops strategies
- Know your opposition, meet with them, negotiate, see if there is common ground
- Make a commitment for the long haul – go forward with strength and consistency
- When successful – always say thank you to any and ALL!

Perspectives

Pediatric Care for Children in Foster Care: A Link to Past, Present, and Future

Amelia Burgess, MD

I needed homes for a pregnant 13-year-old, a suicidal 5-year-old, and children with chronic illness stuck in the hospital because there was no adult who could manage their care. A child was born with all of his organs outside his body, and I had to place him with his siblings, six or eight children already split into three homes.

My job as a foster care home finder involved reading physician letters discussing whether an applicant was well enough to be a foster parent, and explaining to foster parents the medical and mental health problems of children I hoped they would take. Foster mothers told me that babies born addicted to crack cocaine had to be rocked side-to-side instead of back and forth. I didn't understand any of it. I placed a baby with AIDS, and she died, and her foster mother cried hysterically because they had put a metal plate in her head for the funeral. I removed three little girls from their home because their foster mother had a stroke, and there was no one left to care for them. They sat in the car behind me as I drove to their next placement. I couldn't explain any of it.

Pediatricians and child psychologists were on site at the agency where I worked. They helped us understand the health conditions of the children and families we worked with, and how these problems might affect a placement plan. I did not know it at the time, but that model of medical and mental health care integrated with foster care services was unique. When I later became a pediatrician, I learned that there was little communication between the medical world and the world of child protection. If my patients were removed from their homes and placed in foster care, I was not told. If I called in a report of suspected abuse or neglect, I was not informed of the outcome. If I saw children in foster care, I would usually not see them again: As they moved from home to home, they would also, commonly, move from doctor to doctor.

Due to the transient nature of their lives, children in foster care will often have the same evaluations repeated over and over, but not stay in one home or with one clinic long enough to complete the follow-up indicated by the evaluation. While some evaluations are repeated, others don't happen because the child does not come to the clinic at the right time or for the right reason. Perhaps they come for a well-child visit at age 3, but no one thinks to perform the screening tests they missed at the last two visits. Perhaps they are fully immunized but the records are missing, and they get the same immunizations several times. Their histories are lost or confused as they move from place to place.

When I began to focus on children and adolescents in foster care as a population with special health needs, I reached out to foster parents, birth parents, and caseworkers, and was able to contribute my pediatric knowledge to the child's well-being and stability.

One mother I knew well lost control of her addiction at the same time that she became, yet again, a victim of violence. Her children were eventually placed in foster care. Fortunately, I knew the foster families with whom they were placed and I continued to be their pediatrician. We managed to have clinic visits that included the birth mother, the foster parents, and the caseworker. Sadly, the mother died. But the children were adopted together and I was able to help bridge the transitions between homes, explain their health histories to all of the adults in their lives, and monitor their growth and development, putting their setbacks and advancements in the context of their complex situations.

For these children, I am someone who knew their birth mother as a good mother. I knew her as someone who brought her babies in for their checkups, worried about them, bragged about them, and delighted in them. I can talk about them as little babies in their mother's arms, beloved, even while I support their equally fierce and loving adoptive mother, to whom I am grateful for taking them.

The American Academy of Pediatrics has clear guidelines for the health care of children in foster care. The conditions that lead to disease in children are the same conditions that lead to foster care – illness in the family, in utero exposures, and the environment of impoverished homes, including lack of stimulation, lack of protection, exposure to toxins, infections, and drugs. Many children enter care with serious problems that have never been identified. They deserve closer-than-usual surveillance of growth and development, and strong, formal collaboration between child protective services and pediatric clinicians. As pediatricians, we can help stabilize their lives, providing a link to the past as well as plans for the present and future.

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A Father's Love: The Importance of Remembering Fathers in Child Protection

Damone Presley interviewed by Jennifer Bertram, MSW, LISW

Growing up in St. Paul's Rondo neighborhood, Damone Presley got good grades in school and enjoyed playing with friends at the playground near his home. His parents provided him and his two siblings with a stable home, plenty to eat, and the latest pair of sneakers for his ever-growing feet. Most importantly, as community-minded individuals, they set a positive example of how to help people and give back to those who were good to them.

In his early adult years, Damone admits that he made some bad decisions that led him to destructive behaviors. He began soul-searching when he and his brother were in prison at the same time for different crimes. He was in his early twenties, but by then Damone already was a father of five children with several different mothers.

Damone's father visited him regularly when he was in prison. By reflecting on his childhood, Damone realized that the trauma caused by the emotional (and sometimes physical) abuse by his father influenced the choices he had made in his life. Although his father was loving and nurturing, the methods he used to teach discipline, honor, and respect were abusive and damaging.

Through their regular discussions during Damone's six years in prison, his father began repairing their relationship, and ultimately admitting his transgressions to Damone. "After my dad admitted his wrongs, he told me to let go of everything he did wrong. He said, 'You're grown, you have every right to feel the way you feel. But you're not hurting me, you're only hurting yourself. And if you are not right, you can't be okay for your children.' "

> Nevaeh was in foster care for a few months before Damone was approached by a child protection worker, not to ask whether he was interested in custody, but to offer him the paperwork to sign away his rights as the biological father and to clear the way for the foster parents to adopt Nevaeh, as they had with her older sister.

When Damone was released from prison, he set to work on being a connector, someone who listens and helps others see the good in themselves. He feels fortunate to have been raised by people who did not give up on him, and who continue to show their love and support.

After his daughter was born, her mother walked out of the hospital, leaving the baby behind with just enough information to identify Damone as the father. In spite of this information, baby Nevaeh went to a foster home that also was home to her mother's other daughter.

Nevaeh was in foster care for a few months before Damone was approached by a child protection worker, not to ask whether he was interested in custody, but to offer him the paperwork to sign away his rights as the biological father and to clear the way for the foster parents to adopt Nevaeh, as they had with her older sister. Damone decided he wanted to take custody of his daughter and began the process to become her custodial parent.

That custody process took some time. The social worker was supportive, but Damone believes that the system was not set up to be supportive of fathers, in general. A guardian ad litem (GAL) spoke out against Damone, citing his past offenses and suggesting that he should take anger management classes and have regular drug testing. The judge later removed the GAL from the case and Damone finally took his daughter home to raise her.

Nevaeh is a lively 7-year-old, who loves dressing up and has no problem speaking her mind. Damone talks to her about her mother, who continues to struggle with mental illness and addiction. She has met her mother a few times, most recently at her birthday celebration. They also keep in touch with the foster family, so she can maintain a relationship with her sister.

In addition to the example set by his parents, Damone credits his monthly training events at Minnesota Communities Caring for Children over the past two and a half years for his continued healing. As a member of their diverse parent mentoring team, he has learned about the five protective factors of the Strengthening Families framework and serves as a facilitator for Minnesota Cafés, a model that brings people together to discuss important community issues.

Damone devotes his life to empowering youth through a group he co-founded with his brother, Vision in Living Life – Change Is Possible. They developed a six-lesson curriculum to inspire students to resist peer pressure and learn how to be leaders who are respectful and responsible. They have trained youth in several St. Paul schools.

Damone also serves on two work groups for the Task Force on Child Protection, and has enjoyed offering his point of view to inform revisions to child protection laws in Minnesota. He has found the discussion well worth his time. His unique perspective is from the lens of his African American culture and of course includes the experience with his daughter.

Damone's work has earned him a Champion of Children national award, as well as a parent recognition award, and this winter he was recognized by the Department of Human Services for his work on the Task Force. Such awards are recognition for work well done, but the best indicators of his success are his own children, who he has raised to work hard, believe in themselves, and live out their own dreams – just as he has done.

Damone Presley is a Youth Coordinator for Aurora Saint Anthony Neighborhood Development Corporation and a member of the Parent Leadership for Child Safety and Permanency team, a partnership between Minnesota Department of Human Services and Minnesota Communities Caring for Children. Contact: Damone.presley@gmail.com

Perspectives

A Life's Work: Reflections on Child Welfare Policy and Practice

Esther Wattenberg, MA, interviewed by Jennifer Bertram, MSW, LISW

Over the course of her long and distinguished career, Esther Wattenberg has repeatedly used her voice to call for improvements to the child welfare system. Her countless hours devoted to the study of child welfare have affected policy and practice in many ways. When she founded the Center for Advanced Studies in Child Welfare in 1992, she recognized a need for child protection reform and set out to forge partnerships and conduct research to discern the necessary changes to our child welfare system in order to reduce child abuse and neglect and to better serve children and families. Over the course of more than two decades, that work has arguably contributed to the groundwork for improvements to child welfare practice in Minnesota and beyond.

On a personal note, Esther and Lee Wattenberg have both contributed broadly to the collective wisdom in their respective fields at the University of Minnesota – Lee in

family's choices for their children? And does a state intervention introduce a "minefield of disputes" to the intimate life of a family? Everyone has a stake in the child welfare system, as professionals work to balance child safety with the inherent rights of parents to raise their children as they deem proper.

Wattenberg brings a fresh emphasis to the assessment task in responding to a maltreatment report: Does this parent have the capacity to provide a warm, nurturing, supportive relationship for her child? (The reports chiefly involve single parents.) In that connection, she pinpoints four life tasks: the capacity to experience love in a close relationship; to be a loving member of a family; the capacity for productive work; and the capacity to contribute a positive presence within a community.

Wattenberg's research on child welfare practice has been well-documented in the *Practice Notes* that she has written on topics

publication further points to research that provides guidance to workers who are making placement decisions for sibling groups.

Her most recent issue of *Practice Notes* (Wattenberg, 2010) recognized the circumstance of the "newly poor." How do children cope in families that are newly poor? If their stable housing or family situation changed, how are children able to adapt to their new situation? The role of the school social worker in identifying and providing support and practical resources to newly poor and homeless children is highlighted in the resource-heavy issue. Throughout the series of *Practice Notes* that Wattenberg wrote, with the contribution of many graduate assistants over the years, there was a persistent theme – a dedication to ensure that family ties are maintained.

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cancer prevention and Esther in child welfare – while raising six children in Minneapolis' Prospect Park. There they socialized with prominent neighbors including a Minneapolis mayor and several University of Minnesota colleagues. But through the years, as the family enjoyed their tight-knit social network, Wattenberg's interests in the child welfare system never diminished.

The measure of an astute researcher is an intense curiosity with an articulate intellect, and Wattenberg has demonstrated those qualities time and again through her sharp writing. In an effort to make sense of the child welfare field of practice, and of our society at large, Wattenberg quotes Shakespeare's Hamlet when she identifies the experience of child maltreatment as the "slings and arrows of outrageous fortune," meaning that significant life circumstances, such as race, religion, or socio-economic status are rooted in the circumstance of "to whom you are born." Those whose situations trigger a child protection case are, in a sense, rolling the dice for an uncertain outcome. Is it merely by accident of birth that a child's safety and well-being is determined? To what extent can an intervention make a difference to the path that a child is born into? Does poverty give us permission to interfere with a

ranging from the first edition on parental visitation to kinship care (#3) to maintaining sibling connections when children are in foster care (#9). The series was established to serve as an effective bridge from child welfare research to practice for the wider audience of practitioners working in a variety of roles in the vast child welfare system, a commitment that CASCW continues to emphasize.

Parental visitation with children living in foster care, the topic of the first issue of *Practice Notes*, provides a summary of the recommendations of several then-current scholarly articles that give practitioners some guidelines for practice, such as the need for a plan for transportation and a suitable location for visits, and encouragement for frequency to maintain the parental-child bond, particularly for infants. The third *Practice Notes* topic is kinship foster care, a topic of continuing interest in the child welfare field, particularly given the ever-challenging need for traditional foster care providers.

The need to reinforce a sibling bond is the topic featured in the ninth issue of *Practice Notes*. In the issue, several references to Minnesota State statute point to the commitment in public policy to maintaining a bond between brothers and sisters while they are in out-of-home placement. The

While Wattenberg's body of research is wide, she reflects and focuses on the facets of practice she still wishes to explore. Lately, a topic of particular interest is attachment. She wonders whether caseworkers can detect and effectively document the quality of the relationship between parent and child. She asks how we can more deliberately bridge our vast knowledge of the importance of attachment to child welfare practice.

In looking to the future workforce, Wattenberg advises MSW students to persist in the search for responses that will protect a child from harm and maintain an interest in the history of our search for assuring that children are not only safe from harm but also secure, healthy, and optimistic about life chances – the awesome task of child welfare.

Esther Wattenberg, MA, is a Professor in the School of Social Work and an Associate at the Center for Urban and Regional Affairs at the University of Minnesota. Her work is maintained in the University of Minnesota's Social Welfare History Archives. Contact: ewattenb@umn.edu

Strategies for Implementing Organizational Change in Child Welfare System

years of organizational development and organizational change work (e.g., Argyris & Scheon 1996; Pettigrew, et al., 2001), helps to create learning organizations (Preskell & Torres, 1999), and adds to the growing literature on implementation science in human services (e.g., Aarons, 2006; Fixsen, et al., 2005).

A major virtue of the GTO model is its flexibility. It demands a process that is independent of all content yet there must be an emphasis on planfulness and evidence. As needs and resources change, the GTO process can be reactivated to allow the organization to reprioritize.

GTO has been deployed in such areas as preventing alcohol and substance abuse among teens as well as in developing assets for youth (Fisher, et al., 2007) and in teen pregnancy prevention (Lesesne et al., 2008). Three quasi experimental design research projects and three randomized control trials have been conducted examining the impact of using GTO (all cited in Fetterman & Wandersman, 2014). They found that the programs utilizing a GTO approach performed significantly better at both the individual and program levels than those that did not utilize the GTO approach.

Our team has used the GTO model in collaboration with state implementation teams consisting of key internal and external stakeholders to adopt and sustain the Solution Based Casework child welfare casework practice model (Barbee, et al., 2011, Christensen et al., 1999, Pipkin, et al., 2013,). Currently, the Children's Bureau Capacity Building Centers are employing a variation on the GTO model as they work with states, tribes, and courts to create change and install new policies and practices. Technical assistance will include teaching jurisdictions to utilize the steps so that as new challenges or exciting opportunities arise, they will be able to use the model in managing the change process.

The Kent School of Social Work has integrated these skills into their advanced practice curriculum so that all students receiving the MSSW can manage a change process as they enter the work world. We strongly urge administrators to master change and implementation models in order to lead effective change efforts in their agencies.

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Continued

Agency Discussion Guide

The Agency Discussion Guide is designed to help facilitate thoughtful discussions during supervision and team meetings about the information presented in this issue.

Discussion on Practice Implementation

1. The Overview section in this issue emphasizes that child protection services (CPS) is a relatively new field. In this short amount of time CPS has often been considered a reactionary system; one in which the pendulum seems to swing from one extreme to the other. Research Evidence Use, Evidence Based Practices, and Evidenced Based Interventions are much needed in Social Work as a profession and specifically in CPS. As we move more toward scientifically supported practice, in our own agencies and practice, what are some ways in which we can initiate this transition from a reactionary system to one that is more evidenced based?

2. Current practice in Connecticut, Indiana, Minnesota, New York, and Washington were all highlighted in this issue. States and counties across the United States differ greatly in their approaches to child protection services. What are some of the benefits of using various approaches and practices in this field? What are some of the downfalls?

3. As we introduce new strategies and practices to improve the system, challenges are inevitable. However, from imperfect outcomes come lessons learned. As this issue looks primarily at the larger picture, it is important too, to also consider the smaller one. Everyday practice with children and their families is at the core of child welfare practice. In working for effective change in the child welfare system as a whole, what are some ways we can encourage and promote advocacy, in a smaller sense, for everyone involved?

Discussion on Agency- & System-Level Changes

1. This issue opens with an underlying consensus that the responsibility for child welfare reform is shared across systems. The collaboration of public and private agencies, legislators, and communities takes considerable resources, both time and money, to create effective change in policy and practice. What are some strategies that can be introduced right now to initiate change?

2. The safety, permanence, and well-being of children are at the core of child protection services. However, we have to look, too, at the well-being of our front line workers. Pittman's article states there is a 30% - 40% turnover rate among child protection workers and "professional experience averaging under two years." The importance of retention is undeniable. While resilience in children and families is often emphasized, how can we likewise promote resilience in our workforce? What are a few strategies we can introduce to educate and prepare new workers, as well as long time workers, for successful careers in child protection?

3. Often in the media, child welfare stories highlight tragedy and errors in our child welfare system. These stories then instigate the public's outcry for change and cause the system to react. Is there another true, powerful instigator for systemic change in addition to media coverage? As systems reform in our technologically-dependent society, how can we use the media to support our efforts, rather than allow it to set the tone and drive the conversation about the child welfare system's needs?

Resources

This list of resources is compiled with input from CW360º authors and editors, as well as staff from CASCW

Minnesota Organizations & Resources

- *Children's Justice Initiative*—http://www.mncourts.gov/Help-Topics/CJI.aspx
- *Juvenile Justice Coalition of Minnesota*—http://jjcmn.com/
- *Minnesota Communities Caring for Children - Parent Leadership for Child Safety and Permanency*—http://www.pcamn.org/for-parents-and-primary-caregivers/parent-leadership/what-is-parent-leadership-for-child-safety-and-permanency/
- *Center for Regional and Tribal Child Welfare Studies, University of Minnesota-Duluth*—http://cehsp.d.umn.edu/departments-centers/department-social-work/center

National Organizations & Resources

- *Administration on Children, Youth and Families*—http://www.acf.hhs.gov/programs/acyf
- *American Bar Association – Parent Representation Project*—http://www.americanbar.org/groups/child_law/what_we_do/projects/parentrepresentation.html
- *Annie E. Casey Foundation*—http://www.aecf.org
- *Casey Family Programs*—http://www.casey.org/
- *Children's Defense Fund*—http://www.childrensdefense.org
- *Child Welfare Information Gateway*—https://www.childwelfare.gov/
- *Children's Rights*—http://www.childrensrights.org/

- *The Center for Juvenile Justice Reform - Georgetown Crossover Youth Practice Model*—http://cjjr.georgetown.edu/our-work/crossover-youth-practice-model/
- *Court Appointed Special Advocates*—http://www.casaforchildren.org/site/c.mtJSJ7MPIsE/b.5301295/k.BE9A/Home.htm
- *National Association of Social Workers*—https://www.socialworkers.org/
- *National Coalition for Child Protection Reform (NCCPR)*—http://nccpr.info/
- *National Council of Juvenile and Family Court Judges*—http://www.ncjfcj.org
- *National Indian Child Welfare Association*—http://nicwa.org
- *National Quality Improvement Center on the Privatization of Child Welfare Services*—http://www.uky.edu/TRC/QualityImprovementCenter
- *New York – Center for Family Representation*—http://www.cfrny.org
- *NIRN/Getting to Outcomes*—http://www.rand.org/health/projects/getting-to-outcomes.html
- *North American Council on Adoptable Children*—http://www.nacac.org
- *Partnership to Protect Children and Strengthen Families*—http://www.clasp.org/resources-and-publications/files/0359.pdf
- *Reason Foundation*—http://reason.org

Resources

About *CW*360º

Child Welfare 360º (*CW*360º) is an
annual publication that provides
communities, child welfare
professionals, and other human
service professionals comprehensive
information on the latest research,
policies and practices in a key area
affecting child well-being today. The
publication uses a multidisciplinary
approach for its robust examination
of an important issue in child welfare
practice and invites articles from
key stakeholders, including families,
caregivers, service providers, a broad
array of child welfare professionals
(including educators, legal
professionals, medical professionals
and others), and researchers. Social
issues are not one dimensional and
cannot be addressed from a single
vantage point. We hope that reading
*CW*360º enhances the delivery of
child welfare services across the
country while working towards
safety, permanency and well-being
for all children and families being
served.

In This Issue of *CW*360⁰
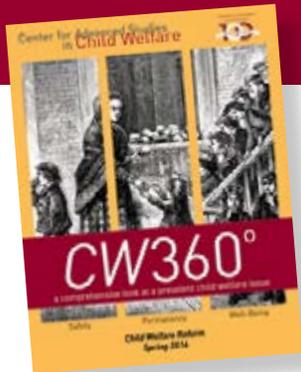
Download previous issues of *CW*360⁰ at http://z.umn.edu/cw360

- An overview of the history of child welfare reform in the United States

- How research and evidenced-based interventions can be applied to improve the child welfare system

- Views on how the child welfare system could improve from the perspective of child welfare leaders and professionals

- The impact of funding on the success of child welfare reform efforts

- Strategies for leaders and practitioners to shift from a reactionary system to one that is more proactive

- Specific strategies and tactics the child welfare workforce can implement in their own agencies

- Perspectives from individuals with personal experience with the child protection system

- Insight from a reporter on the role media coverage can play, as well the consequential upheaval of Minnesota's child protection system

*CW*360⁰
a comprehensive look at a prevalent child welfare issue