



A Bi-Annual Publication of the
**National Child Welfare
Resource Center for
Family-Centered Practice**

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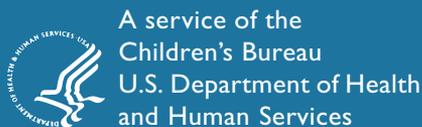
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Children's Bureau
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Best Practice

Next Practice

Family-Centered Child Welfare

A New Era of Family-Centered Practice

The National Child Welfare Resource Center for Family-Centered Practice is a newly created center for training, technical assistance, and consultation funded by the Children's Bureau, U.S. Department of Health and Human Services. As a collaborative effort of Learning Systems Group (LSG), the National Association for Family-Based Services (NAFBS), and the National Child Welfare Association, the Resource Center seeks to develop and improve family-centered child welfare practice in state and tribal agencies across the country.

The founding of the Resource Center coincides with a new era in family-centered practice. Now the changes and challenges faced by families and family-centered practitioners have never been greater. This new era requires a shift in thinking about family-centered child welfare.

Child welfare policy often swings like a pendulum. At one end is concern for child safety and, at the other, concern for preserving the autonomy of families. At times, concern for child safety gives way to an interest in preserving families and the pendulum swings from one end to the other. This swing then "goes too far" and the pendulum swings back towards greater caution and a renewed emphasis on child safety. This can lead to weariness in child welfare—a feeling that the more things change the more they remain the same.

However, there is another way to look at this process. Rather than seeing child welfare reform as trapped by a choice between the two ends of the pendulum, an "either/or" framework, it is possible to see it as a "both/and" process of inclusion of both goals.

Welcome to the first issue of *Best Practice/Next Practice*. Each issue of *Best Practice/Next Practice* will focus on a particular theme. This issue examines family-centered child welfare: what it is, what it is not, what challenges we face in its delivery. Our next issue, in November, will focus on family-centered practice in community collaborations working with families in the child welfare system. We invite your participation in the Resource Center's work and your thoughts and ideas about this publication.



This next era in family-centered practice will not be shaped by exclusive decisions between child-focused or family-centered approaches—family preservation or foster care, reunification or adoption—as preferred solutions. Both approaches are needed to help solve the difficult and complex problems faced by the vulnerable families involved with the child welfare system.

Child safety does not stand in opposition to family-centered practice. In fact, keeping children safe, promoting lifelong relationships with caring parents and guardians, and supporting the developmental needs of children at all ages can only be accomplished through the right kind of family-centered practice. This approach to safety, permanency, and well-being through family-centered practice defines the mandate of the National Child Welfare Resource Center for Family-Centered Practice.

Child Welfare Under ASFA

While safety has always been a core concern in family-centered services, the Adoption and Safe Families Act (ASFA) makes the issue a focus of child welfare systems reform. The ASFA rules are explicit about service requirements for both safety and family-centered practice:

Child and family services must be designed to ensure the safety and protection of children as well as the preservation and support of families ...

When safety can be ensured, strengthening and preserving families is seen as the best way to promote healthy development of children.

Services focus on families as a whole...family strengths are identified, enhanced, respected, and mobilized to help families solve problems...

Most child and family services are community-based; involve community organizations, parents, and residents in their design and delivery; and are accountable to community and client needs (45 CFR 1357).

The principles of a family-centered approach articulated by the ASFA rules are clear. But so are other ASFA mandates. The legislation, as we know, also requires new standards of administrative efficiency intended to integrate child welfare to improve outcomes for children. It limits the applicability of “reasonable efforts,” specifies the duration of reunification efforts, requires expedited case reviews and permanency plans, and enforces termination of parental rights when children are in placement for 15 of the previous 22 months.

These decisions create overwhelming pressure on frontline staff while at the same time substantially determining the reportable progress of states’ efforts. The inherent risk is that, in meeting these mandates, state agencies will resolve difficult practice issues by administrative means. Agencies may unintentionally and implicitly shift toward a position that family-centered practice, while important and highly desirable, takes time that they can-

not afford. This is especially worrisome because some issues related to child welfare may require more time than others. For example, substance abuse, which is involved in up to 80 percent of child welfare cases, is acknowledged by the best available research to be especially difficult to treat with short-term strategies.

Anticipated Challenges

This unintended conflict between administrative timetables and the requirements for family-centered best practice may hurt vulnerable families. There are a number of ways this could be manifested.

Lack of adoptive homes—Most obviously, children moving through a streamlined child welfare system may be freed for adoption without sufficient adoptive homes to accommodate them.

A swelling population of children freed for adoption potentially poses a new crisis for the system. According to the most recent Adoption and Foster Care Analysis and Reporting System (AFCARS) report from the Children's Bureau, as of March 1999, 117,000 children were awaiting adoption. By contrast, the number of children adopted from the public foster care system in 1998 was 36,000.

Inappropriate arrangements—An over-reliance on partial solutions may cause a large number of children to be moved into inappropriate care arrangements. An immediate example is what has been called

the “overselling” of family preservation. But the same could happen to any popular service innovation seen as promising results for a wider and wider population. The widening circles of family group conferencing and the growing extension of kinship care are potential examples.

System breakdowns—Breakdowns in the system resulting from a lack of coordination at different points along the service pathway could also hurt families. For example, inadequate attention to practice development at the front end of the system, when intact families can be stabilized or short-term placements can lead to reunification, could undercut the legitimacy of termination of parental rights (TPR) decisions. Good practice in the area of reasonable efforts makes good decisions about permanency a practical possibility—a practical possibility—a possibility not subject to second-guessing that wastes precious months and years of childhood. Attention must be paid to the development of

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family-centered practice system-wide, based on consistent principles and fundamentals of practice.

Cross-system effects—The development of family-centered practice must also address the potential for cross-system effects. For example, parents who may be stressed or troubled may still find the responsibilities and rewards of caring for their children their greatest motivation for changing themselves. To traumatize chil-

dren and parents with poorly handled removals, difficult-to-meet service plan requirements, or unnecessary TPRs in ways that lead to social or psychological breakdown may result in increased distress and danger in already vulnerable communities. Solving one problem by creating one, or two, or three others is not a viable strategy for long-term social development.

Need for community partnerships—The interaction of various reform policies requires attention. Single mothers working full time often cannot support children with adequate food, clothing, and shelter, not to mention child and health care. The relentless stressors of everyday life can increase risks to children, especially in the area of neglect. Forward-looking child welfare initiatives will take notice. To maintain even minimal legitimacy, family-centered practice must include comprehensive community initiatives and partnerships, and it must develop community-based family support networks that help vulnerable families make ends meet. If a little bit of support

from an informal support network helps a parent hold on to a job, steers someone away from a former peer group of substance abusers, or provides an outlet for the inevitable frustration of parenting, then agencies whose mandate is safety and well-being need to be involved in ways that

are respectful and helpful from families' perspectives.

Other challenges—Family-centered development must be a sustainable response to family need. For example, Temporary Assistance for Needy Families (TANF) surplus dollars (currently used for some family support) will only last so long. An economic downturn or re-allocation could change the current formula, perhaps sooner than we might anticipate.

The study of the process of implementing major policy reforms makes clear that the intended consequences of any reform are only one part of the story. Over time, unintended consequences can play a larger role in the long-term success or failure of reform. Part of the challenge at this time is to make sure we are laying the groundwork for the long-term development of family-centered practice in child welfare and not laying the foundation for the next generation of child welfare litigation. One conclusion is plain: we cannot afford **not** to pursue the best family-centered practice approaches available.

The Role of the Resource Center

The activities of the National Child Welfare Resource Center for Family-Centered Practice focus on several areas key to creating effective family-centered child welfare practice within the challenges of ASFA:

1. Developing integrated practice through training and technical assistance in fundamental and specialized family-centered practice skills for staff working directly with families. This work in-



cludes the role of supervision and management in supporting family-centered practice development, assessing agency readiness for family-centered practice reforms, and facilitating agency credentialing for family-centered service workers.

2. Providing technical assistance and consultation on all aspects of the development of community partnerships to protect children and enhance their well-being. Core strategies include defining and building teamwork, facilitating neighborhood resident participation, understanding the role of culture and cultural competence, establishing the means to integrate resources and services, identifying and coordinating informal resources, increasing accessibility, emphasizing primary prevention, and focusing on community development.
3. Implementing best practices in family-centered child welfare through a variety of program models, including family preservation, family support, family reunification, and family conferencing.
4. Disseminating information on family-centered service and practice innovations that promise to support and develop best practice.

Addressing improvements in frontline practice in complex settings requires consistent and sustained technical assistance and staff development strategies. These strategies must draw on diverse consultants, trainers, and technical assistance providers who have a sound understanding of child welfare priorities for long-

term development. This approach to substantive reform requires time as well as an understanding that reform is best accomplished in the right measure and at the right time.



The Resource Center reflects this vision for a new era in family-centered practice. Training, technical assistance, and consultation strategies acknowledge the specificity and the diversity of state and local jurisdictions. Services are tailored to reflect local priorities. The Resource Center is developing a diverse and comprehensive network of national training and technical assistance consultants to allow for an appropriate match of consultant to work site.

We are also committed to developing innovative approaches to delivering training and technical assistance, including establishing peer-to-peer technical assistance opportunities when there is mutually advantageous work to be done across sites. This approach can be particularly useful with cutting-edge innovations in practice and service where participants are “building the plane as they are flying it.” Innovative approaches will also include consumer involvement, which is critical to designing a system that works for families. This technical assistance strategy will be aimed at identifying, recruiting, and training consumers to participate effectively in community-based change efforts.

We invite your participation in the Resource Center’s work. If you would like to contribute to the new era of family-

centered practice, you are invited to contribute ideas for peer-to-peer exchanges, offer your thoughts on learning exchange opportunities sponsored by this publication, and apply to the Center's consultant network (for an application, please write the Resource Center for Family-Centered Practice

The challenges of the current era in family-centered practice are great and the

risks are high. The National Child Welfare Resource Center for Family-Centered Practice has a full and ambitious agenda to help meet these challenges. But a project can only be as good as its vision...and its people. Join us in helping to build this network. Learn with us, teach us, and share your knowledge, experience, and thoughts.



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Can We Put Clothes on This Emperor?

At a recent meeting of Child Welfare Administrators, one of its participants challenged his colleagues to say whether their child welfare agency was family-centered and, if it was, to describe precisely what it is they were doing. The consensus of the group was that “family-centered practice” is much like the emperor’s new clothes: everyone is saying it is the right approach, but no one knows what it really means.

There is a problem in thinking about family-centered practice as the fashionable “set of clothes” that will win instant success for families. A family-centered perspective is a conceptual approach—a shift in the way we think about what is helpful for children and families in the child welfare system. It is not only a set of specific strategies or models (for example, family conferencing or family preservation) to use with families. Instead, it is a framework based on the belief that the best way to protect children in the long run is to strengthen and support their families, whether it be nuclear, extended, foster care, or adoptive. It requires specialized knowledge and skills to build family capital—resources for strength and resilience—by providing services to the family, extended fam-

ily, and kinship group, as well as by mobilizing informal resources in the community.

Family-Centered Practice and Child Welfare

The idea of involving the family as a part of valid intervention in child welfare is still relatively new when compared to other, well-established modes of practice. Traditionally, child welfare efforts were child focused. They were intended to protect, provide care for, and plan for children who were separated from their parents because of abandonment or abuse and who were

living in some form of out-of-home care. Children were seen as victims of bad or incompetent parents and the solution to the maltreatment problem was to separate the children from their

parents, placing them in the hands of foster care providers.

The intent was to force parents to learn to become better parents. Parents were given conditions that had to be met to be reunited with their children. These conditions might include getting a job, cleaning up their apartments, learning better parenting skills, or engaging in counseling to solve the underlying prob-

The belief that the best approach to protect children is to strengthen families acknowledges that there are times in the lives of families when they may be weak from exposure to stressors such as poverty, poor housing, substance abuse, domestic violence, or mental illness.

Essential Elements of Family-Centered Practice

The following principles can be used as criteria to guide the development of policies, programs, and practices in child welfare:

- 1) **The family as a unit is the focus of attention.**
- 2) **Emphasis is placed on assessing and building on family strengths and on the capacity of families to function effectively.**
- 3) **Families are engaged in designing all aspects of the policies, treatment, and evaluation.**
- 4) **Families are linked with a more comprehensive, diverse, and community-based network of supports and services.**

lems that were thought to cause them to be abusive and neglectful. Many of the parents became labeled as “unmotivated,” “resistant,” and “in denial” or refusing to “assume responsibility” of their problems.

As a result of this approach, an increasing number of children were found to be drifting in foster care, often subjected to repeated re-placement, ultimately losing the affectional ties, but not the legal bonds, that linked them to their families. These children had no hope of either going home again or gaining per-

manency through adoption. Still others, largely because of race or ethnicity—mainly African Americans, Hispanics, and Native Americans—became overrepresented because of child welfare’s historic misunderstanding of their needs.

As a result of the 1980 Adoption Assistance and Child Welfare Act (PL 96-272), the Family Preservation and Support Act of 1993 (PL 103-66), and the Safe and Stable Family Program in 1997, the scope and purposes of child welfare programs require a comprehensive plan of family-centered services:

1. To help families manage the tasks of daily living, adequately nurture children, and remedy problem situations
2. To make “reasonable efforts” to keep children and youth in their own homes whenever possible rather than placing them in foster care
3. To safeguard children from dangerous living situations, and protect the right of every child to grow up with a sense of well-being, belonging, and permanence

The basic concepts and values of family-centered practice are influenced by family systems and ecological theories. Family systems theory assumed that emotional and behavioral problems of individuals are maintained through patterns of interaction within the family. Thus, the goal of intervention is to evaluate and change these patterns of behavior and to help the family interact in more effective ways.

Ecological theories emphasize that the behavior of individuals and families is a function of their adaptation to the demands of the broader context. Thus,

the approach to intervention includes strengthening the interactions between the family and other systems (for example, informal helpers, community agencies, and schools) that have an impact on their lives. They believe that these other systems in the community are an integral part of the decision-making and intervention process.

In practice, shifting the focus from the child to the family has often been viewed in child welfare as creating a dichotomy between the goals of protecting children and preserving and supporting families. But effective family-centered practice depends on a clear understanding of the relationship between these two goals. The belief that the best approach to protect children is to strengthen families acknowledges that there are times in the lives of families when they may be weak from exposure to stressors such as poverty, poor housing, substance abuse, domestic violence, or mental illness. Furthermore, help and timely intervention may not be available, some families may respond minimally or not at all to efforts to help them; and still others may require long-term help and support. Consequently, it becomes necessary to determine if out-of-home care is needed. When it is the plan of choice, the task is to manage placements in ways that minimize, as far as possible, the pain and bewilderment of separation and assure that children who go into care will be protected and well nurtured pending completion of a permanent plan.

The Essential Components of Family-Centered Practice in Child Welfare

1. The family unit is the focus of attention.

Family-centered practice works with the family as a collective unit, insuring the safety and well-being of family members.

2. Strengthening the capacity of families to function effectively is emphasized.

The primary purpose of family-centered practice is to strengthen the family's potential for carrying out their responsibilities.

3. Families are engaged in designing all aspects of the policies, services, and program evaluation.

Family-centered practitioners partner with families to use their expert knowledge throughout the decision- and goal-making processes and provide individualized, culturally-responsive, and relevant services for each family.

4. Families are linked with more comprehensive, diverse, and community-based networks of supports and services.

Family-centered interventions assist in mobilizing resources to maximize communication, shared planning, and collaboration among the several community and/ or neighborhood systems that are directly involved in the family.

Family-Centered Child Welfare Throughout the Services Continuum

Family-centered practice in child welfare prescribes a continuum of services at five levels of intervention:

1. Prevention through education and other developmental services that can be useful for all families
2. Supportive, problem-solving, and crisis intervention assistance for families coping with problems or crises of life and the normal processes of growth and development
3. Rehabilitation of seriously disorganized families and protection of children at risk, including protective ser-

vices to restore family functioning and to prevent family breakup

4. Out-of-home care and support for children at risk in their own homes, including placement, supervision, and consultation as well as family rehabilitation and reunification
5. Permanent planning for children in placement, either by reunification with their biological families or by plans for adoption or permanent guardianship. Follow-up and emancipation services are included.

To be successful, family-centered practice requires a different organization and management structure—a way of working with other agencies. It is, in essence, a different way of doing business.

The National Child Welfare Resource Center for Family-Centered Practice Has Been Relocated

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And come visit our Web site at:

**where we
have information about our
services, along with links and
resources on family-centered
practice in child welfare.**

A Snapshot Family-Centered Practice

Family-Centered Child Welfare Services

Engagement

Families are engaged in ways relevant to the situation and sensitive to the values of their culture.

Assessment

The assessment protocols look at families' capabilities, strengths, and resources throughout the life of the case and are continuously assessed and discussed. Awareness of strengths supports the development of strategies built on competencies, assets, and resources.

Safety planning

Families are involved in designing a safety plan based on information and support of worker/team members.

Out-of-home placement

Partnerships are built between families and foster/adoptive families, or other placement providers. Respectful, non-judgmental, and non-blaming approaches are encouraged.

Implementation of service plan

Workers ensure that families have reasonable access to a flexible, affordable, individualized array of services and resources so that they can maintain themselves as a family.

Permanency planning

Families, child welfare workers, community members, and service providers work together in developing alternate forms of permanency.

Reevaluation of service plan

Information from the family, children, support teams, and service providers is continuously shared with the service system to ensure that intervention strategies can be modified as needed to support positive outcomes.

Conventional Child Welfare Services

Efforts focus on getting the facts and gathering information, and not in the building of the relationships.

The assessment focuses on the facts related to the reported abuse and neglect; the primary goal is to identify psychopathology of the "perpetrator."

The plan is developed by Child Protective Services, courts, or lawyers without input from the family or from those that know the child.

Biological, adoptive, and foster families have little contact with one another.

Implementation most often consists of determining whether the family has complied with the case plan, rather than providing services and supports or coordinating with informal and formal resources.

Alternative permanency plans are introduced only after efforts at parental rehabilitation are unsuccessful.

Few efforts are dedicated to determining the progress of the family in reaching the plan's outcomes. Re-evaluation results are not shared with the families.

The Children's Bureau Launches a New Approach to the Child and Family Services Review

This year, the U.S. Department of Health and Human Services' (HHS) Children's Bureau, the federal regional offices, and state child welfare agencies begin a new and significantly different approach in their review of child and family services. Previous state program reviews focused on the accuracy and completeness of the case file *documentation*. The new Child and Family Services Review (CFSR) process examines the *results* that child and family services programs achieve.

The purpose of the new review process is to assess states' conformance with specific Social Security Act Title IV-B subparts 1 and 2 (safe and stable families programs) and Title IV-E (foster care and adoption assistance programs) state plan requirements such that the state is achieving desired outcomes for children and families, and the state system is functioning at a level that promotes achieving identified outcomes. The outcomes are a further definition of the requirements of the Adoption and Safe Families Act (ASFA) for safety, permanency, and child and family well-being.

The CFSR process can be characterized as a federal-state partnership to achieve better results for children and families who are involved in the public child welfare system. All states must complete the CSFR within four years of publication of the final rules. States found to be in substantial compliance will participate in the review process every five years. States not in substantial compliance will develop a program

improvement plan in partnership with the Administration for Children and Families (ACF), which retains its responsibility to monitor states' performance, and then go through the review process again in two years. In addition, ACF can require states to participate in a partial Child and Family Services Review or a partial review outside the scope of CFSR if the state appears to be out of conformity.

The new review process has the potential for creating a more effective and accountable child welfare system. In this issue of *Best Practice/Next Practice* we provide readers with brief information to help clarify the new CFSR, as well as details about the eight National Child Welfare Resource Centers.

Areas to Be Reviewed

Two areas are evaluated in the CFSR process: outcomes and systemic factors.

Outcomes

The CFSR process defines and evaluates the following outcomes around safety, permanency, and well-being:

- ◆ Children are, first and foremost, protected from abuse and neglect. And, whenever possible and appropriate, they are safely maintained in their own home.
- ◆ Children have permanency and stability in their living situations, and their continuity of family relationships and connections should be preserved.

- ◆ Families have enhanced capacity to provide for their children's needs. Children receive appropriate services to meet their educational needs and adequate services to meet their physical and mental health needs.

Safety and permanency will be measured using both qualitative and quantitative indicators. Aggregate data include:

- ◆ The percent of children with repeat maltreatment within a 12-month period
- ◆ The percent of children re-entering foster care
- ◆ The percent of children reunited in less than 12 months from the latest removal from their homes
- ◆ The percent of children adopted in less than 24 months from the latest removal
- ◆ The percent of children in care less than 12 months with no more than two placements
- ◆ The median length of stay in foster care prior to discharge in months

The national standard for each statewide data indicator identified above will be based on the 75th percentile of all state's performance for that indicator, as reported in the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS). States that achieve the 75th percentile will be considered to be in compliance. This national standard will be determined using multiple reporting periods.

Systemic Factors

In addition to a review of the state's achievement of the outcomes, the state agency must also satisfy qualitative criteria related to the delivery of services. Seven systemic factors are essential to the delivery of quality services. Each state must demonstrate that it has these procedures, systems, and services, briefly noted below, in place.

The Statewide Information System.

The state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is—or has been within the preceding 12 months—in foster care.

Case Review System. The state provides, for each child, a written case plan to be developed jointly with the child's parent(s); provides a periodic review of the status of each child no less than once every six months; assures that each child in foster care has a permanency hearing no later than 12 months from the date the child entered foster care and not less than every 12 months thereafter; provides a process for termination of parental rights proceedings; and provides foster parents, pre-adoptive parents, and relative care giv-



ers of children in foster care with notice of and an opportunity to be heard in any review or hearing.

Quality Assurance System. The state ensures that children in foster care placements receive quality services that protect their safety and health and evaluates and reports on these services.

Staff Training. Development and training programs support the goals and objectives in the state's Child and Family Services Plan; address services provided under both sub-parts of title IV-B and the training plan under title IV-E of the Social Security Act; and provide training for staff who provide family preservation and support services, as well as child protective, foster care, adoption, and independent living services. Ongoing training is also provided for staff that addresses the skills and knowledge necessary to carry out their duties within the state's Child and Family Services Plan. Short-term training is also offered for current or prospective foster parents, adoptive parents, and the staff of state-licensed/approved child care institutions that care for foster and adopted children.

Service Array. The state has an array of services that assesses the strengths and needs of children and families; that addresses the needs of the family, as well as the individual child, to create a safe home environment; and that enables children at risk of foster care placement to remain with their families when their safety and well-being can be reasonably assured. Services are designed to help children achieve permanency; be accessible to families and children in all political subdivisions covered in the state's Child and Family Services

Plan; and be individualized to meet children and families' unique needs.

Agency Responsiveness to the Community. The state engages in ongoing consultation, coordination, and annual progress reviews with a variety of individuals and organizations representing the state and county agencies responsible for implementing the Child and Family Services Plan and other major stakeholders in the services delivery system including, at a minimum, tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child and family servicing agencies.

Foster and Adoptive Parent Licensing, Recruitment, and Retention. The state establishes and maintains standards for foster family homes and child care institutions, applies standards to every licensed/approved foster family home or child care institution that receives IV-E or IV-B funds, and complies with the safety requirements for foster care and adoption placements. In addition, each state has a process that recruits foster and adoptive families who reflect the racial diversity of children in the state, and develop and implement plans for the effective use of cross-jurisdictional resources to facilitate timely adoption or permanent placement.

On-Site Reviews

Finally, a team of reviewers composed of state agency staff (both state and local offices), child welfare community stakeholders, and federal and regional HHS staff conduct an on-site review in the state. The team gathers qualitative data that cannot be gleaned from aggregate state-

wide data described above, assessing the systemic factors through interviews and evaluating a sample of cases.

The on-site review covers the state's programs under Title IV-B and IV-E, including in-home services and foster care. The team conducts the review in three sites across the state. Sources of information collected during the on-site review includes case records and interviews with children, families, caseworkers, foster parents, service providers, and key stakeholders.

The sample 30-50 cases reviewed on-site are selected from a randomly drawn oversample of no more than 150 cases.

A Five Stage Review Process

There are five steps in the review process:

Prior to the state beginning work on its statewide assessment (the state's self assessment of the child welfare system), ACF prepares profiles of the state's foster care and child protective service populations using AFCARS and NCANDS data submitted by the state. For example, the length of stay in foster care, foster care re-entries, and repeat maltreatment rates of children are included. The data indicate whether the state meets the national standards for those statewide indicators used to determine substantial conformity.

The state then completes the statewide assessment. The state examines the data relative to the state's programs, goals, and objectives, and considers them in light of the outcomes for children and families subject to review. Systemic issues are also addressed under review relative to their influence on the state's capacity to

deliver effective services. Based on the findings of the statewide assessment, the state and the ACF Regional Office jointly make decisions about the locations of the on-site review activities and the types of cases that will be reviewed on-site.

The on-site review is conducted by the joint federal-state team that combines both the outcomes and the systemic factors being reviewed. In looking at the outcomes, a sample of cases is reviewed intensively using information from the case record and interviews with family members, the caseworker, and service providers involved with the family. The findings from the sample of cases are combined with the state's performance on selected statewide indicators to make determinations about conformity on the outcomes.

In reviewing the systemic factors, interviews are conducted with courts, other agencies, foster families, foster care review boards, and others. The interview results are combined with the systemic factors in the statewide assessment to determine conformity on the systemic factors.

Based on the combination of quantitative and qualitative information from the statewide assessment and the on-site review of outcomes and systemic factors, the review team recommends a determination regarding substantial conformity.

States that are found not to be in substantial conformity are immediately informed of any penalties. Program improvement plans to address each area of nonconformity are developed, and the state has a limited period of time to successfully complete this plan before penalties are taken.

The National Child Welfare Resource Centers

The overarching goal of the eight National Resource Centers (NRCs) is to help states, tribes, and public child welfare agencies implement federal legislation intended to ensure the safety, well-being, and permanent placement of children who enter the child welfare system. These centers, each with a different focus and expertise, conduct needs assessments, provide on-site technical assistance, identify and disseminate information on best practices, and coordinate and collaborate with other national resource centers and agencies. The National Child Welfare Resource Centers reserve a substantial amount of the fiscal, staff, and consultant resources to assist states in the new review process. Specifically, the centers are available to help the states in their statewide assessments and in implementing program improvement plans.

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National Child Welfare Resource Center on Legal and Judicial Issues

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The National Child Welfare Resource Center for Family-Centered Practice's Annual Meeting of State and Tribe Child Welfare Officials

The National Child Welfare Resource Center for Family-Centered Practice will hold its Annual Meeting of State and Tribe Child Welfare Officials on Wednesday, November 29, 2000 at the Hyatt Regency Hotel in New Orleans, Louisiana, preceding the 14th Annual Empowering Families Conference of the National Association for Family-Based Services (NAFBS).

Focus of the Meeting

The meeting will provide peer-to-peer technical assistance to state and tribe officials about the Children's Bureau's Child and Family Services Review (CFSR) process.

Participants

The meeting is designed for the following state and tribal child welfare officials:

- ◆ State and Tribal Title IV-B, Subpart 2 (Promoting Safe and Stable Families) Program Managers (or the state's designated contact person for that program)
- ◆ The staff person in the Commissioner and Tribal Office who coordinates the annual review and update of the plan
- ◆ The state and tribal staff responsible for Title IV-B, Subpart 2 training

Format

Keynote speakers, Jerry Milner, Child Welfare Policy Specialist with the Children's Bureau, and Ramona Foley, Administrator, Oregon State Offices for Services to Children and Families (invited), will:

- ◆ Present the Children's Bureau's vision for the CFSR, including the role of the Resource Centers in supporting states and tribes in the review process.
- ◆ Describe the CFSR review process and how it will work followed by questions and discussion.

- ◆ Review the experiences of two or three states that have completed, are preparing for, or currently involved in the pilot review process.

Following a presentation and discussion about the seven systemic factors and their importance to the review process by Jerry Milner, participants will:

- ◆ Select one of seven workgroups to examine these systemic factors
- ◆ Break into regional groups to begin a workplan for the review

Other Resources

Federal and regional office staff and staff from the National Child Welfare Resource Centers will participate in the meeting.

Reception

The Meeting will conclude with an informational reception that will provide the opportunity for state and tribal officials to interact with each other and with staff from the Resource Centers.

Registration

Advanced registration is required, but there is no registration fee. The meeting program and registration forms will be available in late August. (A program for the 14th NAFBS Empowering Families Conference being held November 30–December 2, 2000 will be mailed in late August and participants in the Annual Meeting of State and Tribe Child Welfare Officials are welcome to attend this meeting.) For more information on this Meeting, contact the Resource Center at 202.638.7922 or visit our Web site

Resources

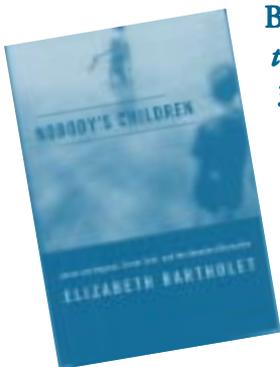
Best Practice/Next Practice seeks to help readers sort through the many new resources that are related to family-centered practice. By providing reviews of these print and non-print materials, we hope to help you select the resources you need.

Building a Five-Foot Bookshelf

In every profession we need essential resources to help us. Family-centered practice is no different. There are invaluable references, favorite texts, and recent books on which we rely for advice, clarification, and reinforcement. These essential resources need not be in great number and could fit on one shelf. *Best Practice/Next Practice* hopes to help readers build a “five foot bookshelf” of important resources, old and new, by including reviews of recent titles of books, videos, and other resources, and

recommending older, “classics.” Look for the  symbol to indicate “highly recommended—add it to your list.”

We welcome your suggestions for titles to include on this five-foot bookshelf. Contact the Editor, *Best Practice/Next Practice* with your recommendations along with a 200-word rationale for your choice. In upcoming issues of *Best Practice/Next Practice*, we will include titles to build your five-foot bookshelf.



Bartholet, Elizabeth. *Nobody's Children: Abuse and Neglect, Foster Drift, and the Adoption Alternative*. Boston: Beacon Press, 1999. 320 pp. ISBN 0-80702-318-3.

Bartholet presents a compelling treatment of the current child welfare system, and the role that the development of “family preservation” played in shaping child welfare. People will read it for many reasons. The book is a manifesto for change. It attempts to debunk a generation of reform in child welfare. It is an all out attack on family preservation

services. However, its proposed solutions would either founder upon or undermine some of our country’s deepest constitutional values. Read the book for any or all of these reasons.

The villain of this story is “family preservation.” In Bartholet’s treatment, family preservation is the program that too often

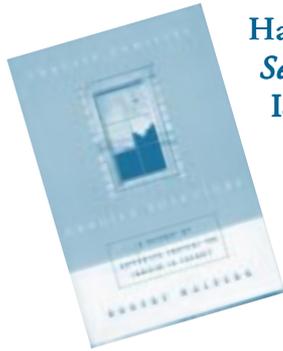
is used to justify maintaining intact families and reunifying families in which children remain at serious risk of abuse and neglect. But family preservation is not just a program used to help children stay in their homes. Family preservation, in this analysis, is the key operating principle of the entire child welfare system. Family preservation is the reason for the child welfare system's reluctance to terminate parental rights in any but the most serious cases. It is portrayed as the value that biases the system in favor of the rights of parents and families to privacy and autonomy. It is described as the barrier to change maintaining the view that children are the "possessions" of their parents. In short, family preservation becomes the symptom for the illness of the entire system.

Bartholet's preferred solution to the problems in child welfare is adoption. In her view parents—all parents—would be monitored and supervised through universal and mandated home visits to ensure proper treatment and upbringing of children. When parents' behavior was deemed by appropriate child welfare specialists to be inconsistent with the best interests of the development of the child, then parental rights would be quickly terminated and the child be made available for adoption. Adoption is the practice that will save the system.

While Bartholet talks about the need to free children for adoption through expedited termination of parental rights

(TPR), her documentation of available adoptive homes is more sketchy. She writes that it is "safe to assume" that millions of people would line up to adopt children if they were encouraged. To advocate creating demand, then to assume that the capacity to meet that demand will appear in response to it, is a risky strategy for the most vulnerable members of our society.

Along the way Bartholet discusses some important issues: culture and adoption, the challenges of successful and healthy kinship care, the problems of substance abuse in vulnerable families, and the corrosive effects of violence. The adoption solution she proposes is important—as a part of a continuum of responses to finding the best permanency option for children in the child welfare system. Her solution starts with surveillance of families, follows with streamlined TPRs freeing many children for adoption, and then assumes the adoptive families will come forward. However, it is a solution that will create as many problems as it solves. Prescriptions for final solutions to complex social problems respond to our frustrations about the system, and they make for exciting publishing events. They are not a substitute, however, for the hard work and steady progress of building an effective and sustainable child welfare system.



Halpern, Robert. *Fragile Families, Fragile Solutions: A History of Supportive Services for Families in Poverty*. New York: Columbia University Press, 1998. ISBN 0-231-10667-X.

Social service reformers need a sense of the past. The problems and challenges of the status quo in the social service system are not the mistakes of those who failed to “get it right.” Rather, it reflects the best efforts of committed professionals to build an effective system within the opportunities and constraints of their time. Learning from the past helps us make the most of the opportunities in the present. It is in this way that Halpern’s book is most helpful.

One of the many accomplishments of *Fragile Families, Fragile Solutions* is to help situate us within a period of reform. Knowing where we are can help us know where we might be able to go. For example, Halpern notes that social services began in response to the perceived needs of immigrant populations to acquire the skills necessary to assimilate to their adopted country. This was complemented by a belief in the need to compensate for the harshness of a competitive economy. Underlying this development was a moral distinction between the deserving and the undeserving poor. State and federal government involvement

in social services increased during the 1930s through the 1950s, when a belief in the necessity and the effectiveness of a public social welfare system motivated an expansion of programs that sought to build a

safety net for citizens. In many ways, the 1960s and 1970s, which saw policy debates over a guaranteed income, the expansion of entitlements, Head Start’s founding, and the first movement towards community-based systems reform, was also the beginning of the end of an era. Large government programs began to be disavowed, and the undermining of entitlements took shape. The 1980s and 1990s saw budgets slashed and a fundamental realignment of the politics of social programs.

This background sets the context for conditions we face today. In important respects publicly sponsored social programming has come under attack from both the “right” and the “left.” From the conservative side of the spectrum, social programs are blamed for eroding personal responsibility, fueling illegitimacy, and creating dependency on the system. From the liberal side, the therapeutic support functions are claimed to be veiled mechanisms for social control (a long-standing criticism); unwieldy bureaucracy violates the rhetoric of local autonomy; neighborhood services replace informal, culturally specific norms with professionally-based (and biased) ones. This criticism peaks with the concept of “iatrogenesis:” the idea that professional services, through a paradoxical

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mechanisms for social control (a long-standing criticism); unwieldy bureaucracy violates the rhetoric of local autonomy; neighborhood ser-

vices replace informal, culturally specific norms with professionally-based (and biased) ones. This criticism peaks with the concept of “iatrogenesis:” the idea that professional services, through a paradoxical

cal systemic process, end up creating the very problems they are designed to solve.

This puts us at an important cross roads. As we try to figure out how best to help vulnerable families, the conditions of that vulnerability—material hardship, overwhelmed parents, frayed social networks, and unsupportive communities—continue to grow. The cross roads where we find ourselves urgently requires response. We must discover and pursue a process of renewal of a vision of well-being for families, coupled with development strategies—practice, program, organizational, community development strategies—equal to the task of this renewal.

This is not a call for a “big new reform agenda.” It is a recognition of the need for a social investment in caring for our families, our citizens. It is the recognition of the need to treat each family differently while working toward the goals of family development, self-sufficiency, community interdependence. It is a recognition of the need for stability and clarity of purpose in our institutions that serve vulnerable populations. It is a recognition of the need for multiple responses to the complex and intertwined concerns that families face.

Halpern’s book is no manifesto, but it is a guidebook, with a few maps, of some intricate terrain.

Smale, Gerald, Graham Tuson, and Daphne Statham. *Social Work and Social Problems: Working Towards Social Inclusion and Social Change*. London: Macmillan Press, 2000. 272 pp. ISBN 0-333-62564-1.



The social work at the heart of child welfare continues to grow increasingly complex. The challenges that vulnerable families face—especially in the areas of family violence, substance abuse, and mental health—continue to mount. Federal and state policy mandates, from welfare reform to the requirements of Adoption and Safe Families Act, increase pressure on families and the workers who serve them. Complex systems reform agendas, such as multi-agency community collaboratives and managed care, require lots of attention—from the front line to the bottom line—if they are to work well. At the same time, expectations to do more with less are a standing part of public rhetoric. Responding to this degree of complexity requires a

sound vision of social work practice, a vision capable of synthesizing great complexity into common purpose. This is the value of *Social Work and Social Problems*. It creates a blueprint for the direction of social work and child welfare practice in the 21st century.



Although the authors’ vision of practice is comprehensive and detailed, here are a few of their key points. Social work and child welfare practice is “social” in nature. Social problems are about the breakdown of social relationships. A child suffering from neglect experiences a breakdown or

absence of caring relationships. Solving the problem successfully must focus on building the dependability and resilience of the social networks surrounding a child.

This perspective has implications. Understanding the social nature of social problems shifts the meaning of practice. Social problems are not “cured” with expertise. They are solved through process of developing sustainable resources within families’ social networks. Providing specialized services and transferring concrete resources is only one part. Practice has to also include helping people to strengthen the ways in which they normally care for themselves when state intervention or professional services are not necessary. To accomplish this we must understand the culture of everyday life that people rely on to survive, then we must work with people within those cultures to learn how to enhance and strengthen so-

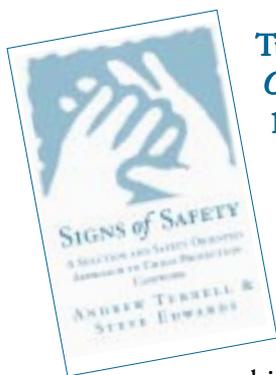
called “natural supports” without inadvertently replacing or damaging them.

This unfolding picture also means that practice has to include systems and community “change agency” when barriers to a family’s improvement are a part of the system itself. And this, in turn,

Practice has to also include helping people to strengthen the ways in which they normally care for themselves when state intervention or professional services are not necessary.

means that problems and solutions must be defined and negotiated in consultation with those people for whom particular behaviors constitute a problem. By so doing, problems will be more clearly defined, and the solutions will make better sense to the people who must implement them.

A very rich book, *Social Work and Social Problems* represents a new vision, and yet recovers traditional and indispensable social work values. If you can only study one book this year, let it be this one.



Turnell, Andrew, and Steve Edwards. *Signs of Safety: A Solution and Safety Oriented Approach to Child Protection Casework*. New York: W.W. Norton, 1999. 216 pp. ISBN 0-393-70300-2.

This book is an especially good resource for anyone struggling with the goals of community-based child protection, as the authors relate the introduction of family-centered child protection practice in Australia.

Child protection workers must make complex and difficult decisions about

children’s safety under the stress of conflicting and often contradictory pressures. The public wants children safe from abuse and neglect until concern rises about intrusion into the privacy of family life. Parents are perpetrators, but at the same time they are indispensable resources for their children’s future. Knowing a family well

and knowing them in a timely fashion challenges reasonable workload standards. These common characteristics link Australian child welfare with the United States and other Western democracies.

While taking into account these complexities, Turnell and Edwards make the case for a humane and effective approach to child protective casework, using the familiar framework of brief therapy. At the heart of their approach is the assumption that change within individuals and families must be facilitated through cooperative relationships between helping professionals and service users. Cooperative relationships allow for the introduction of strengths and abilities that all families possess in some degree and on which they need to rely to improve their situation. Cooperation yields partnership,

and strengths yield solutions. The authors describe the comprehensive way in which brief and solution-focused therapy was adapted to child protective work in one area of Australia. The process they used provides a good example of how to introduce significant change in frontline practice. Rather

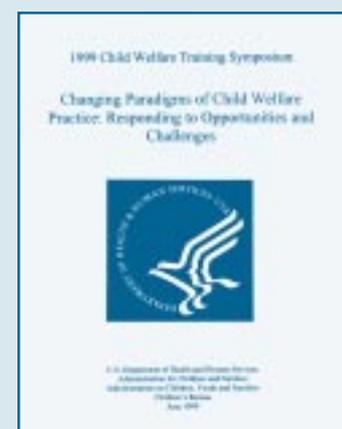
than creating a model and backing it up with a set training agenda, the developers built on the good

practice already underway with workers. The training and the book incorporate case material and numerous family examples. The implementation of the signs of safety approach occurred through collaboration over an extended period—a process of practice development in which the “signs of safety model” became a part of a comprehensive learning process.

An especially good resource for anyone struggling with the goals of community-based child protection

The Children's Bureau is distributing *Changing Paradigms of Child Welfare Practice: Responding to Opportunities and Challenges*. This publication is a product of a symposium held in June of 1999 to address multiple challenges child welfare agencies face in implementing the Adoption and Safe Families Act (ASFA) of 1997.

For copies of this publication, please contact:
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