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**NATIONAL RESOURCE CENTER
FOR FAMILY-CENTERED PRACTICE
AND PERMANENCY PLANNING**

at the Hunter College
School of Social Work



Permanency Planning Today

from the desk of
**THE
DIRECTOR**



The devastation caused by Hurricanes Katrina and Rita disrupted every aspect of life for people in Louisiana, Mississippi, Alabama and Texas, and continues to have longreaching effects on the Gulf region and for the nation. In the face of this devastation, it brings great comfort to be able assist in the work toward recovery. As one of the resource centers of the Children's Bureau, NRCFCPPP is engaged in providing technical assistance in the recovery efforts for affected States. One of the best experiences I have had recently was participating in a three-day Technical Assistance consultation focusing on Family Search and Engagement provided by our NRCFCPPP consultant colleagues from the Catholic Community Services from Western Washington. Although, as of early November, 2005 Louisiana had located all of their children in foster care who were displaced by Hurricanes Katrina and Rita, searching for and engaging the families of children in the foster care system is an effort that is on-going. Finding and engaging families is at the very heart of family-centered practice, and seeing the excitement

emanating from Louisiana's child welfare professionals who attended this TA session was thrilling.

In an intense session with 100 of Louisiana's child welfare professionals from all over the state, our NRC consultants focused first on working with staff to engage families and then on utilizing Internet search engines to identify family members who might be willing to provide a connection for a child or youth in need of family. This strategy can assist in shortening the length of stay in foster care for children and linking them to the support of family members not previously involved in their lives.

The psychological effects of Katrina and Rita may continue for years, but finding and engaging families to be permanent, loving resources for children and youth is a core commitment which Louisiana's child welfare community is undertaking with a serious commitment and appropriate urgency for children and youth in need.

Gerald P. Mallon, DSW

The National Child Welfare Resource Center for Organizational Improvement (NRCOI) has worked with other national resource centers (NRCs) to develop a Child and Family Services Review (CFSR) training and technical assistance (T/TA) package. This material will help agencies effectively prepare for the second round of the CFSR, enhance leadership and management capacity, and achieve better outcomes through systemic change.

A variety of CFSR T/TA package materials (including focus area synopses, facilitator and participant guides, and presentations for working sessions) are now available for download on the NRCOI website:

www.nrcoi.org/cfsrta.htm.

For more information, please contact Steve Preister (202-723-0320, spreister@usm.maine.edu) or Peter Watson (207-228-8330, pwatson@usm.maine.edu) at the NRCOI.

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Substance Abuse and Child Welfare: Promising Practices and Ethical Dilemmas

by **Judy Fenster**, Ph.D.

It is estimated that 11 percent of American youth live with a parent who abuses alcohol or other drugs (US Department of Health and Human Services, 1999). Moreover, substance abuse has been found to be a factor in 7 out of 10 cases of child maltreatment (Reid & Machetto, 1999). Unfortunately, although substance abuse treatment has been shown to be helpful, many individuals are reluctant to enter treatment programs. Not surprisingly, women with children are especially apt to resist entering treatment for chemical dependency. In a recent study of mothers being investigated for child maltreatment who had been assessed for substance use problems, participants reported multiple barriers to their entering treatment, including embarrassment at having a substance abuse problem, lack of childcare support, considerations about the length and cost of treatment, and - by far the number one concern - fear of being separated from and/or losing custody of their children (Festinger & Fenster, 2005).

This report summarizes some promising approaches to helping substance-involved parents and the children in their care, and touches on some ethical dilemmas facing professionals attempting to achieve positive outcomes for children and their families.¹

Co-location Programs: Linking Foster Care Agencies & Drug Treatment Providers:

In this model, professionals from substance abuse facilities are co-located at child welfare agencies, working in tandem with child welfare staff. When a caseworker investigating maltreatment suspects familial substance abuse, the case is referred to the substance abuse counselor, who conducts an assessment and provides referral and monitoring as needed. In New Jersey, the Department of Youth and Family Services (DYFS) piloted a program that purchased



the services of substance abuse counselors to augment the expertise of their child welfare staff. Cross-training of foster care workers and drug treatment staff helped the former learn about chemical dependency and the latter learn about child welfare issues. While outcome data on treatment completion and family reunification have not been reported to date, the program did achieve its goal of increasing the percentage of parents who entered substance abuse treatment (Young, Gardner, & Dennis, 1998).

Family Drug Courts

These programs target substance-abusing parents whose children have been or are in danger of being removed from the home due to maltreatment. Parents deemed motivated are immediately referred for substance abuse treatment in lieu of punishment. A case manager is assigned to facilitate collaboration between the various agencies involved, monitor treatment, and link the parent with resources. Intermittent drug testing and regular meetings of the team assist professionals in making timely decisions regarding permanency. While most programs have yet to conduct formal evaluations due to budgetary constrictions, preliminary data indicates that family drug

courts produce parents who comply with court mandates (Famularo, Kinscherff, Bunchaft, Spivak, & Fenton, 1989; Atkinson & Butler, 1996).

Family-Oriented Preventive Services

Family-centered programs are sometimes embedded in preventive services such as intensive family preservation or early intervention programs. In this model, rather than being blamed for their substance use and its impact on their children, parents partner with case managers to develop the optimum treatment plan for the entire family. Based on the assumption that parents possess the capacity to nurture their offspring, the focus here is on parental strengths rather than inadequacies. Services attempt to respond to family needs, and one-stop shopping is prioritized. Family-oriented services show promise, in that they enable parents to feel empowered (Trivette, Dunst, Boyd & Hamby, 1996; Thompson, Lobb, Elling, Herman, Jurkeiwicz, & Hulleza, 1997) and are valued by clients as helpful (Heneghan, Horwitz & Leventhal, 1996). In at least one study, family-centered intensive case management was associated with higher rates of family reunification (Evans, Armstrong, Dollard, Kuppinger, Huz & Wood, 1994).

Mother-Child Residential Drug Treatment Programs

These relatively small programs, usually consisting of fewer than 50 mother-child units, allow a female parent to reside in a treatment facility with her children, and provide parenting education along with substance abuse treatment. Two advantages of this model are that families do not experience separation during treatment, and mothers have an opportunity to develop new parenting patterns while simultaneously working on changing their substance use behavior. A potential disadvantage

¹ Adapted from Fenster, J. (2005) Substance abuse issues in the family. In G. Mallon, & P. Hess (Eds), Child welfare in the 21st century: A handbook of children, youth & family services. NY: Columbia University Press.

may be the distraction and added stress of continuing to perform parental duties while maintaining sobriety, a challenging enough goal even for those focusing exclusively on their own needs. In a qualitative study conducted at four mother-child treatment facilities in New York City, common processes reported by mothers in recovery were: overcoming shame and guilt; dealing with having their parental behavior scrutinized; cultivating mother-to-mother support; and developing maternal empathy (Wong, 2006).

Concurrent Planning

Concurrent planning involves working to reunify the substance-involved family while simultaneously preparing some back-up permanency solution should reunification efforts fail. The aim of concurrent planning is to allow the parent some leeway to engage in the process of recovery, while reducing the amount of time it takes to achieve permanency for the child. As with co-location programs, family drug courts, and mother-child treatment programs, there is as of yet no data available on long-term outcomes for children whose cases are handled through concurrent planning.

Ethical Issues and Value Dilemmas

Despite some of the innovations described above, challenges to reunifying substance-involved families remain. One predicament has been characterized as the "conflicting time clocks" of the treatment and legal systems. Under the law, children have the right to a permanent custody decision within 12-18 months. However, treatment providers tend to view addiction as a chronic biopsychosocial disease and recovery as a lifelong process.

The need for standard criteria to guide determination of when and under what circumstances families should be reunified has been noted, and efforts have been made to delineate and categorize indicators for safe reunification (Karrol & Poertner, 2002). However, questions remain as to what outcomes are expected on what timelines, and how to best measure "readiness" for safe return of the child. For example, is a child safe when a parent completes treatment? When a parent remains abstinent for a certain amount of time? If so, how much time? Likewise, what are grounds for termination of parental rights? Initial refusal to enroll or failure to complete a treatment program?

Multiple failures to enroll or complete treatment? Any reported use of a substance following treatment? Reported use of a substance combined with parental dysfunction? Deciding which client (the adult or the child) has precedence, which time clock to follow, and which criteria to use to judge success creates value dilemmas for caseworkers, agencies, and court officials. One ethical issue that has yet to be fully resolved has to do with confidentiality. Treatment facilities are required by law to protect the privacy of clients in their care. However, to make timely custody decisions, foster care agencies and courts need information about how parents are progressing in treatment. The resulting conflict of interest hinders mutual cooperation and collaboration between caseworkers and treatment staff. To overcome this obstacle, some child welfare agencies request that parents sign a consent form giving them the right to obtain information about their progress in treatment. Alternatively, Federal law stipulates that a substance abuse facility may enter into a Qualified Service Organizational Agreement (QSOA) with a foster care agency, allowing both programs access to information regardless of client consent. However, to date, few child welfare and substance abuse agencies have established QSOAs (U.S. Department of Health & Human Services, 1999).



Conclusion

While female substance abusers are less likely than their male counterparts to enter alcohol and drug treatment, recent research suggests that, once in treatment, women have similar rates of success. Thus, helping these mothers realize the need for treatment, removing barriers to treatment, and providing gender-specific interven-

tions are key to improving outcomes for substance-involved parents and the children in their care.

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States Try GPS to Protect Social Workers

by **Christine Vestal**, Stateline.org Staff Writer

In October 2006, *Kentucky* social worker Boni Frederick was fatally beaten and stabbed when she took a baby for what was to be a final visit with the child's mother, who had been found guilty of neglect.

Although fatalities are rare, this case and others like it are a call to arms for state child-welfare agencies already battling high worker-turnover rates, a crush of baby-boom retirements and a nationwide shortage of skilled new social workers.

To boost worker safety and efficiency, two states - *Mississippi* and *Alabama* - are equipping their frontline caseworkers with Global Positioning System (GPS) tracking devices. Imbedded in cell phones, the technology allows the home office to keep tabs on social workers. If a dangerous situation arises, workers can press a panic button on the phone to call for help.

The technology - widely used by commercial field workers and law enforcers - has the potential to not only improve worker safety but also boost efficiency and attract tech-savvy young graduates to state social services work. Col. Don Taylor, executive director of Mississippi's Department of Human Services, told Stateline.org.

After Hurricane Katrina, downed phone lines forced Mississippi's child welfare agency to rely on cell phones to continue operations. As a result, Department of Human Services information technology chief Bud Douglas said he realized the value of mobile communications and began developing a plan to give employees devices that would allow the home office to track their whereabouts.

Last October, Mississippi launched a pilot project, issuing GPS-equipped cell phones to 450 field workers. The phones, purchased at an initial cost of \$450,000, also can be used to take photos of children and their home environments and record audio field notes that can be uploaded to the state's caseworker database.

In the past, social workers had to stop after every visit to fill out their case logs and later enter the handwritten notes into a computer, Douglas said. Mississippi's new system also lets workers use a Web site to enter locations of their daily visits and get detailed driving instructions. Home office staffers use the itineraries to keep track of field workers.

Next month, Alabama will begin rolling out a statewide GPS program, ultimately giving cell phones and laptops to some 4,500 social workers under a one-time \$12 million grant

from state general revenues. Commissioner of Human Services Page Walley said he learned about the technology from Douglas and convinced Gov. Bob Riley (R) to fund a statewide program.

In Kentucky, where the social worker was killed last year, Gov. Ernie Fletcher (R) is pushing lawmakers to pass a bill funding similar technology. The bill also would pay for neutral, third-party facilities that could be used for supervised visits between birth parents and their abused or neglected children when the family household is considered threatening. In addition to technology upgrades, states are trying to improve the safety and effectiveness of their child-protection workers by providing additional training and bringing in new recruits to lighten caseloads.

But efforts to expand social worker rolls are hampered by a shortage of trained young people willing to accept relatively low salaries, difficult working conditions and a typically poor public image, said Sue Christie of the American Public Human Services Association, an advocacy group for state welfare agencies.

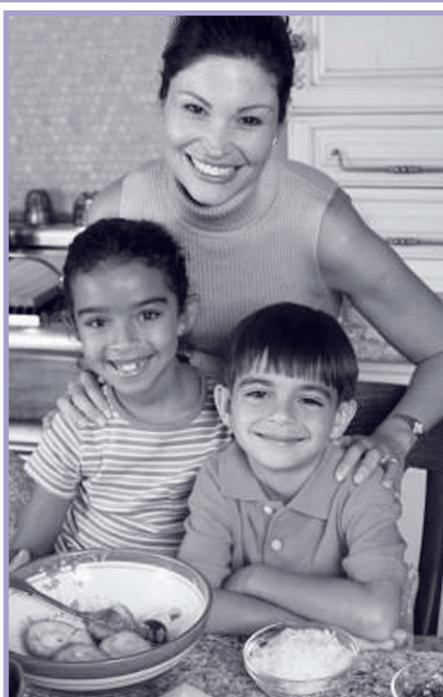
To attract more social workers, *West Virginia* lawmakers this year are considering a bill that would allow the state to offer signing bonuses of one month's pay to new recruits. Although salaries are an issue, high turnover due to job dissatisfaction and retirements is a much bigger contributor to the national shortage, Christie said.

The average age of social workers is much older than other workforces, putting state child-welfare agencies at a much higher risk of baby-boomer retirement losses than the rest of state government. Not only are large numbers of existing social workers eligible for retirement, but many of them are top managers. In Alabama, for example, Walley said 70 percent of the state's child-welfare managers could retire any day.

According to a 2006 survey by the National Association of Social Workers, at least 12 percent of the workforce plans to quit the profession in the next two years. Many cited increased paperwork, heavier caseloads, lack of training, and personal safety as reasons for leaving.

Of 10,000 social workers surveyed, 44 percent said they faced personal safety issues on the job. Of those, 70 percent reported their safety was adequately addressed by their agencies. Criminal-justice workers were most likely to report safety issues (67 percent), followed by child-welfare and family workers (52 percent).

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DOMESTIC VIOLENCE in Child Welfare

Excerpted and adapted from: Postmus, J.L. (2005). Domestic violence in child welfare.
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New York: Columbia University Press

The overlap of domestic violence with child abuse

and the concern about the impact of domestic violence on the lives of children are not new concerns. Over the past 25 years, researchers, child advocates, battered women advocates, and policy makers have grappled with how to best keep families safe while protecting the adult and child victims of violence. How should child welfare systems respond to families with domestic violence? Does exposure to domestic violence indicate child maltreatment? Does the role of child welfare systems include removing children for their own protection and to break the cycle of violence? This article points out training, practice, policy, and research implications for the future of addressing this complex problem when children are exposed to domestic violence.

Training

Training of child welfare workers must focus on teaching them skills in interviewing children, battered women, and perpetrators in a sensitive manner, knowledge about resources in the community, and information about legal resources - criminal and civil - available to battered women (Fleck-Henderson, 2000). In recent years, domestic violence training with child welfare workers has been evaluated to determine if training influences workers' responses to families experiencing domestic violence. The results indicate that training on domestic violence does bring about changes in attitudes about, assessment of, and interventions for domestic violence (Magen & Conroy, 1998; Mills & Yoshihama, 2002; Saunders & Anderson, 2000).

While training has been helpful for child welfare workers, it is not a panacea. The issues related to serving battered women and their children are often complex and cannot be solved through training alone (Fleck-Henderson, 2000). Issues such as poverty, substance abuse, and mental health may complicate plans to keep women and children safe from further abuse. Additionally, the attitudes and beliefs of child welfare workers may also impact the decisions they make with regards to assessing for and intervening with domestic violence (Postmus & Ortega, Unpublished).

Policy & Practice

Child welfare agencies and domestic violence service providers must evaluate current policies and practices to determine what works and does not work when it comes to keeping women and children safe from abuse. The key ingredients to successfully working with families experiencing domestic violence, as suggested in the literature, include the goals of holding the batterer accountable, supporting battered women and her children, and keeping the family safe from further harm (Edleson, 1998). Collaboration among all interested organizations and agencies is also crucial when working with these families (Schechter & Edleson, 1999). The Greenbook Initiative (see next page) is a solid first step in encouraging communities to work together to keep families safe, but much more work and evaluation is needed. Workers must take the initiative to learn about domestic violence and work closely with different professionals with a common commitment to keep families safe without blaming the mother and leaving the abuser unaccountable for his actions. Finally, workers must be patient; system change, community change, and individual change do not occur overnight. Non-judgmental support is essential to working with others whether professionals or battered women and their children.

Research

A review of the literature indicates that it is imperative that further research be conducted to evaluate current practices and initiatives to determine the effectiveness of various policies, programs, and practices. States must be encouraged to open their case files for researchers to review and to offer suggestions on ways to improve services without condemning or blaming agencies or individual workers. One example of a state examining their policies and practices is Kansas. In 2003, the Department of Children and Families in the State of Kansas authorized the Kansas Coalition Against Sexual and Domestic Violence to conduct a Safety and Accountability Audit (Pence & Lizardas, 1998) with the goal of assessing the system's response to families involved with the child welfare system who also are experiencing domestic violence. The forthcoming results will provide a blueprint for the state to examine its policies and practices as well as a model for other states to emulate as they consider evaluating their own child welfare systems.

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The Greenbook Initiative - Implementing Policy & Practice Guidelines

The National Council of Juvenile and Family Court Judges commissioned an advisory committee that produced the *Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice* (Schechter & Edleson, 1999), commonly referred to as the "Greenbook." In an effort to provide a seamless service delivery system, in early 1991 the U.S. Departments of Justice and Health and Human Services funded six sites across the United States to implement the Greenbook and focus on coordinating efforts between the courts, child welfare agencies, domestic violence shelters, and other professional groups (e.g., law enforcement, medical providers, schools) involved with families experiencing domestic violence. Early reports indicate some success as well as some obstacles with the Greenbook initiative. (Caliber, 2004). The results are preliminary; more time and evaluation are needed to determine if this promising initiative will help or cause more problems for organizations working with families experiencing domestic violence and child maltreatment. (For more information about Greenbook Initiative and the efforts being undertaken at each of the six federally funded sites, visit the initiative's website at: <http://www.thegreenbook.info>)

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 _____. I like to _____.
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WITHOUT A TRACE?

Children Who Are Missing From Care

by Millicent Williams and Caren Kaplan

The disappearance of 4-year-old Rilya Shenise Wilson in Florida in 2001 provided a wake-up call for the nation's public child welfare system. Among many responses, the Child Welfare League of America along with the National Center for Missing and Exploited Children developed best practice guidelines for agencies to deal with the issue of children missing from care.

A child is considered missing from care if she or he is not in the physical custody of the child welfare agency or the person or institution with whom the child has been placed.

Much of the attention at that time was focused on younger children missing from care. Meanwhile, the disappearance of older children who run away from care remains a persistent and troubling problem, in no small part because many people – both child-welfare professionals and the public at large – tend to believe that such children can take care of themselves. In reality the risks are great for these young people. They are often exposed to violence leading to arrest or injury, involvement in drug use and prostitution.

Although there is a dearth of research about children in general missing from care, those who run from care are among the most-researched groups. We may know a good deal about who these children are and why they are likely to run away, but we have largely neglected the development of systematic plans to address the problem.

Child welfare agencies have a duty to ensure the safety, permanence, and well-being of the children and youth for whom they are responsible. Clearly, they cannot do so when children are missing for any reason. Agencies have a responsibility to prevent missing-from-care episodes, respond quickly and in partnership with law enforcement agencies when children do go missing, and provide the resources and services necessary to bring each case to a successful resolution once they locate the child.

Some states and agencies do maintain accurate records and have well-developed policies and practices for the prevention of, response to, and resolution of missing episodes. Others do not, however, and practices are often inconsistent in and across jurisdictions. The field needs more guidance to inform those processes at the state, county, and local levels. CWLA's best practice guidelines are intended to provide such guidance.

Child safety has long been a primary focus of child welfare. With the passage of the Adoption and Safe Families Act of 1997 (ASFA), the Child and Family Service Review (CFSR) process underscores the importance of safety, permanence, and well-being in the delivery of all child welfare services. When a child enters out-of-home care and at some point goes missing, these essential outcomes are jeopardized. Three key areas must be addressed in order to minimize the incidence of children leaving care:

PREVENTION: It is essential to prepare children for foster placements; provide support to and education of children in care; focus on selection and stability of placement; support and train foster parents; and build and maintain relationships with birth parents.



RESPONSE: It is necessary to have child welfare partnerships with law enforcement that include shared definitions, joint protocols, shared information systems, confidentiality protocols, and cross-systems training.

RETURN & RESOLUTION: It is important to understand a child's reasons for running away and to identify any placement-related problem that may have prompted that action. Immediately following a runaway episode, a comprehensive debriefing interview should be conducted by a trusted adult identified by the child. This interview provides insights and guidance from which action can be taken to address the effects of the current episode and prevent future runaway episodes.

Just as it is important to recognize that some youth will always run, it is important to acknowledge that in failing to prevent more youth from running, we are falling short of our mandate.

Six years after Rilya Wilson focused the eyes of the nation on holes in the child-welfare safety net, we cannot forget our obligation to all the children in our care—even those who for whatever reason seek to leave on their own



STATE EXAMPLE:

Washington State: Missing Child Staffing

The Washington State Children's Administration Practices and Procedures Guide includes a section on Missing Children that offers some useful examples.

What resources are there for caregivers when children run from care?

Both licensed and unlicensed caregivers are required to report to their assigned social worker and to law enforcement when a child is missing from their care. The report must be made directly— not left as a voice mail message— within a certain period of time, and it must include specific information.

What resources are available to social workers when children run from care?

Once the social worker receives the report and confirms the child's status with the caregiver, the worker insures that complete information has been given to law enforcement, completes particular reports, and maintains contact with key parties such as the child's attorney, CASA/GAL, and school. He or she may also consult with the Assistant Attorney General regarding possible legal options such as notifying the court of the youth's status.

Social workers are obliged to collaborate with their supervisors and with persons involved in the child's life. A Missing Child Staffing Checklist must be completed during an initial meeting within three business days of the child's disappearance and reviewed at subsequent weekly meetings. After a child has been missing for 30 days, the social worker and supervisor must meet monthly to review progress on the search for the child; the worker is also required to contact the child's caregiver and determine an appropriate placement for the child's return.

What resources are available to caregivers and social workers when the child is returned?

When the child returns, the social worker is required to complete a face-to-face debriefing with the child within two business days and to notify specific parties within a given time period. The worker must work with the child to obtain appropriate medical treatment. The worker provides the child with information from the National Runaway Hotline or other relevant resources, collaborates with the child to develop a plan for safety and placement stability, updates the child's placement status and includes a current photograph in the child's case file. Within three business days the worker must convene a meeting with the child to review the child's needs and placement options and other resources to help ensure that the child does not run away again.

For further information on the work in Washington State see:

The Washington State Children's Administration Practices and Procedures Guide; Chapter 4000 Child Welfare Services, Section 4550-Children Missing from Care; <http://www1.dshs.wa.gov/pdf/ca/Children%20Missing%20from%20Care%20Policy.pdf>

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Caren Kaplan is the Director of Child & Family Protection & Family Preservation at the Child Welfare League of America.

Strategy Updates Strategy Updates
Strategy #3:
Strategy Updates Strategy Updates
Upon Child's Return to Care Notify:
Immediately: <input type="checkbox"/> Police <input type="checkbox"/> Missing Children Clearinghouse <input type="checkbox"/> Caregiver <input type="checkbox"/> Legal Parent
Next Business Day: <input type="checkbox"/> School <input type="checkbox"/> Agencies <input type="checkbox"/> CASA/GAL/Attorney <input type="checkbox"/> Other:

		MISSING CHILD STAFFING	
NAME OF CHILD		PERSON I.D.	
DATE REPORTED MISSING FROM:	AGE	REPORTED MISSING FROM	
LAW ENFORCEMENT REPORT NUMBER		WA STATE PATROL MISSING CHILD REPORT NUMBER	
This form is to be completed and used in staffings with your supervisor on a weekly basis for the first 30 days the child is missing. The form is to be reviewed monthly after the first 30 days if the child continues to be missing.			
VULNERABILITIES: Please check any vulnerabilities that affect this child:			
<input type="checkbox"/> Taken/lured from care	<input type="checkbox"/> Parenting child who may be with them		
<input type="checkbox"/> Developmental disability or serious delays	<input type="checkbox"/> Severe emotional problems (e.g. suicidal)		
<input type="checkbox"/> Physical or mental health condition	<input type="checkbox"/> Severe alcohol or substance abuse problem		
<input type="checkbox"/> Pregnant	<input type="checkbox"/> Other		
In developing search strategies, the following people/agencies involved in the youth's life participated in a staffing or were contacted for ideas on locating the youth (Must be staffed within 3 business days):			
Date Participated in staffing (within 3 days)	Date Contacted after initial staffing	People and Agencies Contacted	
		Caregiver	
		School	
		Friends	
		Relatives or Mentors	
		Therapist or Counselor	
		Attorney/CASA/GAL	
		Legal Parent	
		Other involved agencies (i.e. JRA, Mental Health, DDD):	
		Other involved agencies (i.e. JRA, Mental Health, DDD):	
		Other involved agencies (i.e. JRA, Mental Health, DDD):	
SEARCH STRATEGIES			
Strategy #1:			
Strategy Updates Strategy Updates			
Strategy #2:			
DSHS 15-306 (03/2006)			

TIDBITS FROM THE STATES

LOOKING FOR A NEW IDEA OR A FRESH APPROACH TO AN OLD PROBLEM? CHECK OUT THESE IDEAS FROM AROUND THE COUNTRY..



ALABAMA

Family Assessor Program. This program helps Department of Human Resources social workers identify and improve their response to family violence in child abuse investigations. The Family Sunshine Center developed a screening tool for the Family Assessor and DHR social workers which is used primarily to determine if domestic violence is present in the household.

http://www.leadertoleader.org/innovation/innovation/innovation.asp?innov_id=657

CALIFORNIA

Leveraging Community Resources to Ensure Successful Transitions for Foster Youth. The Youth Transition Action Team Initiative, established in 2004, was designed to assist California's counties in supporting their Child Welfare Systems Improvement efforts by creating comprehensive local youth transition systems that support youth touched by the foster care system. It produced this guidebook to help its members establish practices to better serve foster youth and support their successful transition as they move from the foster care system to adult life.

<http://www.newwaystowork.org/documents/yatdocuments/YTATGuidebook.pdf>

MICHIGAN

Secondhand Smoke and Children in Foster Care. State legislation required the Michigan Department of Human Services to distribute materials on risks to children from tobacco use and secondhand smoke, to introduce a smoking cessation program, and to determine the number of foster children residing in homes where parents smoke. DHS was also required to determine the resulting health costs and the impact on recruiting foster parents if being a non-smoker was a requirement for foster parenting. This report describes DHS' activities in response to this mandate.

http://www.michigan.gov/documents/dhs/DHS-BoilerplateSec550-551PA147-2005_176411_7.pdf

NEW YORK

Adolescent Services and Outcomes Practice Guidance Paper. This guide (04-OCFS-INF-07) from the New York State Office of Children & Family Services provides its local

social services districts, voluntary agencies and Division of Rehabilitative Services with guidance on a framework for practice with adolescents in foster care that is intended to strengthen services to adolescents and improve their achievement of permanency. This framework for practice represents a major shift in thinking, by focusing on establishing permanent, nurturing adult connections for adolescents in foster care as well as providing these youth with life skills.

http://www.ocfs.state.ny.us/main/policies/external/OCFS_2004/

TEXAS

When I Get Home. The Transition Resource Action Center in Dallas has partnered with local media production companies to create a multi-year public service advertisement campaign to promote the need for more foster families, adoptive families and mentors for teenagers. The TRAC is offering the Public Service Announcement (PSA) "When I Get Home" and supporting collateral material at no cost to organizations across Texas and the nation willing to promote the message in their communities.

<http://www.traconline.org/wigh/wigh.html>

VERMONT

Partners in Service. The Department for Children and Families is partnering with faith congregations to provide goods, services, and funding to support children and youth in foster care.

<http://www.projectfamilyvt.org/faithCongregations.html>

WASHINGTON

Youth Voice Handbook. This introductory guide to Youth Voice shares what, why, who, when, where, and how Youth Voice happens throughout communities. Highlighting examples and lessons from across Washington State, CommonAction provides insights and ideas for young people, youth workers, teachers, and anyone else interested in truly empowering youth to make a difference. Included is a tool that can help you know how Youth Voice is doing in your program, class, organization, or community. This evaluation of Youth Voice can be conducted by young people and/or adults.

<http://www.commonaction.org/publications.htm>

PURSuing PERMANENCE

by Julie Sweeney Springwater

On October 20, 2006 Commissioners and Directors of the New England public child welfare agencies and Board Presidents of the Foster and Adoptive Parent Associations in the New England states took a symbolic step. Each of them pledged their individual commitment and the commitment of their respective agencies to support and achieve permanent lifelong connections for all children and youth that they serve. Text of the Declaration of Commitment can be seen in the document below.

Currently approximately 28,000 children and youth are living in foster care in New England and more that 14,000 of them are between the ages of 11 and 18. These youth rely on the foster care system to provide them with a family and sense of belonging. Many of them leave these families when they are 18 with out a lifelong connection. Studies have shown that these young people are at higher risk for homelessness, incarceration, lack of education and job skills. Each of us recognizes that this is not what we want for any of our children and these are not acceptable outcomes. We want these young people to have a connection to an adult who can provide "unconditional commitment and life long support in the form of a safe, stable and permanent relationship."

The Declaration was signed in Nashua, NH at the ninth biennial meeting of the New England Association of Child Welfare Commissioners and Directors and the New England Foster Care Association. Each organization will display the commitment document in their respective states and will work together to fulfill the obligations that it references. Members of the two groups and invited guests seek effective ways to increase collaborative efforts as a means for improving the lives of children and families they serve.

For more information about the Declaration or to receive a copy of the text please contact Julie, the Director of NEACWCD at jsping@jbcc.harvard.edu.

DECLARATION OF COMMITMENT TO PERMANENT LIFELONG CONNECTIONS FOR FOSTER YOUTH

As members of the Child Welfare community of New England, we recognize the crisis that exists for youth in foster care, particularly those between the ages of 11-21, who lack a permanent connection with an adult or family. We hereby declare our commitment to support and achieve permanent lifelong connections for all children and youth; and

We are deeply concerned that nearly 28,000 children are in foster care in New England, some of whom are unable to return to their families, and who thus rely on the foster care system to provide them with a family and a sense of permanent belonging; and

More than 50% of Youth in foster care in New England are between 11 and 21 years of age and need the same permanent connections to a committed adult or family as youth in the general population; and

A committed adult provides a safe, stable and secure type of parenting relationship; love; unconditional commitment; and lifelong support in the context of family reunification, legal adoption, guardianship or some other form of committed lifelong relationship; therefore

We commit to work within our state, agencies, and communities and through the growing permanency for foster youth movement to support and promote these objectives by doing the following:

Promote recognition of and respect for the urgent need to ensure every foster youth has at least one lifelong permanent relationship;

Educate all we come into contact with about the need, urgency, and promising practices for achieving permanence for foster youth;

Support local, state and New England wide projects and efforts to raise awareness, recommend policy changes, increase funding for and provide assistance to improve older youths' opportunities to develop a lifelong connection with a committed adult before leaving foster care;

Initiate change within our state and foster and adoptive parent organizations to support youth permanence and lifelong connections; and

Fortify our common commitment to the permanence of foster youth and to reconnect youth with extended family members whenever possible as an obligation of the entire child welfare and human community to the children in our foster care system.

New England Foster Care Association Conference, October 20, 2006

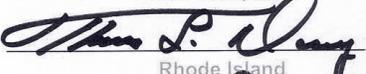
New England Commissioners and Directors


Connecticut


Maine


Massachusetts


New Hampshire


Rhode Island

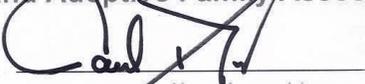

Vermont

New England Presidents of Foster and Adoptive Family Associations


Connecticut


Maine


Massachusetts


New Hampshire


Rhode Island


Vermont

Embracing Respectful Language

by Lynn Price

Reprinted with permission from *Belong! The Voice of Camp To Belong*, 2006 Newsletter.

The beginning of wisdom is to call things by their right names. Old Chinese Proverb

*Foster kid ... cringe.
Foster child ... ouch.
Foster children.*

You might as well as wrap us up in a spider web of doubt and confusion, negativity and pain, pity and heartache- not given a chance when chance is all we have.

As a former youth in care, who spends each and every day of my life journeying alongside current youth in care, I feel confident to say words hurt, especially when they label in a way that brings immediate judgment. Mised perception through limited knowledge or inability and oversight to put ourselves in someone else's shoes is like stepping on the spider.

It wasn't until I was a junior in high school I dared to tell some of my friends I was a "foster kid." I was embarrassed. Didn't know if they would like me anymore. Wasn't sure if they would turn their backs. Fearful they would think my foster parents were "not my parents." Nervous they would feel sorry for me. Interestingly enough, the hesitation to share hasn't changed for me or among countless youth who just want to be introduced and included in society as Melissa or Bobby or ...?

The "foster kid" label generates a body jerk to those who are or were in the foster care system. We hang our heads or shift eye contact in the abyss of shame, anticipating the explanation that is likely to follow: an immediate, "oohhh, ooooo." The label envelopes the person in negativity and devalues them as an individual. Is it fair to be judged in negativity before someone meets the real you? Is the use of this term even relevant to the ordinary daily experiences of a child?

Recently, I contacted Kathie Snow of Disability is Natural and BraveHeart Press. I quickly realized she is extremely passionate about new ways of thinking about children and adults with disabilities. She embraces

and promotes People First Language, which simply and respectfully puts the person before the disability as it describes what a person has, not what a person is. "It's all about respect and dignity, and the Golden Rule- treating someone the way you want to be treated- not political correctness," she explains.

Kathie and I discussed the importance of applying People First Language ideals to the foster care system. It was only a matter of time before we realized an important connection: many children with disabilities are placed in foster care! Can you imagine referring to someone as, "The Down syndrome foster kid..."? Whoa! He or she wouldn't even have the opportunity to be seen as a real child before someone reacts to the label in ways that shout "exclusion" or "different."

As a society, whether we're conscious of it or not, we marginalize people by the language we choose to use. Within the foster care system, we seem to routinely put our youth in a box with our words. As a result, they're displayed to the world- and to themselves- in a way that needs footnotes, defense mechanisms and a step back before going forward. Do they not have enough to deal with- through no fault of their own- without this additional burden? Language is powerful and emotional. Along with the tone of delivery, facial expression, breath and body movement, language not only describes but leads to attitudes and actions. As Kathie says, "Throughout history, it has become necessary to change our language and the way in which we refer to individuals and groups to avoid further oppressing those members of society."

Kathie and I bantered about the lingo: "Youth in foster care" or "Youth who receive foster care services." A good start is to simply say, "kids, child, children, youth." A child's name would work- isn't it the most important descriptor? Referring to a child's

status in foster care should be used only when it's truly relevant. Are they foster kids when at dance class or during sports or at school? No, they're ballerinas, hockey players, and students.

I was excited to Google "respectful language law" and find Respectful Adoption Language (RAL), "vocabulary about adoption which has been chosen to reflect maximum respect, dignity, responsibility and objectivity about the decisions made by birthparents and adoptive parents in discussing the family planning decisions they have made for children who have been adopted." I invite you to join me in creating respectful language for youth in foster care. Vision For A Change ... of semantics. It's about respect. It's about belonging. As Kathie notes, "Our personal feelings are not as important as the feelings of the people we're talking about and the perceptions of them we create with our words." Foster care descriptors are important only in the foster care world, not in the real world where children live.

Kathie adds, "When we speak differently, we'll think differently, and then we'll act differently." Let's ensure the descriptors we use promote inclusion, elevate confidence, and create belonging for all. Youth in foster care, as well as former youth in foster care, are brothers and sisters, friends and neighbors, moms and dads, employees and employers, friends and neighbors, and everyday people. Most importantly, they- we- are all people first.

People First Language was created by individuals who said 'we are not our disabilities.' Let's transform that spider web to spinning a golden quilt of acceptance. Our youth are people first.

Lynn Price is the founder of Camp To Belong, a summer camp dedicated to reuniting siblings placed in separate foster homes and other out of home care for events of fun, emotional empowerment and sibling connection.

Resources for Permanency Planning Today

Books

A Critical Assessment of Concurrent Planning: What Is Its Role in Permanency Planning?

This new book documents the implementation of the concurrent planning process in New York State. Featuring interviews with state and national child welfare professionals as well as focus groups with parents, foster parents, and caseworkers, this report examines the challenges posed by concurrent planning and offers recommendations to strengthen the practice to effectively serve children in foster care and their families. Written by Sarah Gerstenzang and Madelyn Freundlich; published by Child Welfare League of America and available through their website: <http://www.cwla.org/pubs>

Families Change: A Book for Children Experiencing Termination of Parental Rights

This book, written by Julie Nelson and illustrated by Mary Gallagher stands out because the illustrations represent the ethnic and racial backgrounds of the children in the foster care system. The text is simple and straightforward, and includes resources and information for birth parents, foster parents, social workers, counselors, and teachers. Available from Free Spirit Publishing: <http://www.freespirit.com>

Videos/DVDs

Voices of Youth: Supporting Adolescents in Foster Care

This DVD from the Annie E. Casey Foundation is one of the Family to Family Tools. It shows young people sharing their experiences in the foster care system. Order on the web from: <http://www.aecf.org/initiatives/familytofamily/>

Telling It like It Is: Foster Youth and Their Struggle for Permanency

In these ten digital stories from the California Permanency for Youth Project, young people tell their stories about searching for permanency. View two stories online at: <http://www.cpy.org/digitalstories.html>. To order the video, call CPYP at 510.268.0038 or email cpypadmin@sbc-global.net.

Curriculum

Meth Basics and Worker Safety

This training module presents essential information for Texas Child Protective Services staff who may encounter methamphetamine users, settings where meth is used or manufactured, and children at risk due to caregiver meth use or meth lab dangers. It focuses on risk assessment and worker safety in these situations. Visitors can view the module as an internet slideshow. Trainers and training managers can download a zip file of the module with permission to modify the original PowerPoint file to customize it for their own employees and setting. The module has information specific to Texas and Texas CPS, so that information may not be fully relevant in other settings, but can be adapted. The first two slides in the zipped PowerPoint give more information about permission for use and adaptation. <http://www.utexas.edu/research/cswr/psti/index.php?lm=training&m=meth>

The Retention of Public Child Welfare Workers

This curriculum from the California Social Work Education Center is intended to help child welfare workers, administrators, and policy-makers increase the job retention of public child welfare caseworkers. It presents knowledge from the existing literature on turnover together with conclusions from a new study. http://www.csulb.edu/projects/ccwrl/Weaver_module.pdf
An accompanying PowerPoint can be found at: http://www.csulb.edu/projects/ccwrl/Weaver_PowerPoint.pdf

Advocating for the Educational Needs of Children in Out-of-Home Care

The Cutler Institute for Child and Family Policy developed this training curriculum and caseworker manual for the State of Colorado Department of Health and Human Services. The materials are designed to provide child welfare caseworkers and their supervisors with an understanding of the relevant educational policies, processes, assessments and plans; methods for monitoring outcomes and services; and tools to enable them to advocate for the educational needs of children in the child welfare system. The curriculum covers educational needs from birth through age 21 and is currently being adapted for use by educators and foster parents. The Appendix contains a toolkit of checklists such as tips for participating in an IEP meeting and what foster parents

can do to promote educational success at home. http://tatis.muskie.usm.maine.edu/pubs/pubdetailWtemp.asp?PUB_ID=B060061

Legislation

Safe and Timely Interstate Placement of Foster Children Act of 2006

P.L. 109-239 created new rules for the Interstate Compact on the Placement of Children (ICPC), including a Title IV-E state plan requirement to conduct and report the results of requested home studies within 60 days (except that states, through September 2008, may extend the limit by 15 days if the state can demonstrate extenuating circumstances). The bill also provides incentive payments of \$1,500 for each home study completed within 30 days and a requirement for interstate cases that ongoing visitation must take place every six months. The law became effective October 1, 2006, and applies to payments made under Titles IV-B and IV-E of the Social Security Act.

http://www.acf.hhs.gov/programs/cb/laws_policies/policy/im/im0603a.pdf
Children's Bureau Information Memorandum 06-03 summarizes the provisions and provides guidance. http://www.acf.hhs.gov/programs/cb/laws_policies/policy/im/im0603.htm

Adam Walsh Child Protection and Safety Act of 2006

http://www.acf.hhs.gov/programs/cb/laws_policies/policy/im/im0604a.pdf
Section 152 contains provisions affecting child welfare agencies, including a requirement to complete background checks and National Crime Information Database and state child abuse registries before approval of any foster or adoptive placement, regardless of whether foster care maintenance payments or adoption assistance payments are to be made on behalf of the child. State registries are to be checked on prospective foster and adoptive parents and on any other adult living in the home. States will no longer be able to "opt out" of these requirements, which went into effect October 1, 2006. Children's Bureau Information Memorandum 06-04 summarizes the provisions and provides guidance. http://www.acf.hhs.gov/programs/cb/laws_policies/policy/im/im0604.htm

Resources for Permanency Planning Today

Legislation cont'd

Child and Family Services Improvement Act of 2006

This legislation: reauthorizes and makes changes to the Promoting Safe and Stable Families program; authorizes grants to States to administer their child welfare agencies to prevent and address child abuse and neglect; reauthorizes the Mentoring Children of Prisoners program; and reauthorizes the Court Improvement Program. It includes a requirement for states to implement a policy providing monthly visits to children in foster care, and a requirement for foster care proceedings to include age-appropriate consultation with the child in regard to placement decisions.

http://www.acf.hhs.gov/programs/cb/laws_policies/policy/im/pl109_288.pdf

Children's Bureau Information Memorandum 06-05 summarizes the provisions and provides guidance.

http://www.acf.hhs.gov/programs/cb/laws_policies/policy/im/im0605.htm

State Child Welfare Legislation Enacted in 2005

The National Conference of State Legislatures (NCSL) has produced a report describing significant State legislation related to child welfare issues enacted in 2005. It includes citations and summaries of specific child-welfare-related laws in each State. The report was produced for the Children's Bureau by the Technical Assistance to State Legislators on the Child and Family Services Reviews Project, managed by Johnson, Bassin & Shaw (JBS), Inc. Reports for previous years from NCSL are also available from this page on the NRCFCPPP website.

http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/state-policies.html



Promoting Healthy Families in Your Community

2007 Resource Packet



Protecting Children • Promoting Healthy Families • Preserving Communities

Order your copies of Promoting Healthy Families in Your Community: 2007 Resource Packet today! Developed for service providers, the packet highlights strategies to strengthen families by promoting key protective factors that prevent child abuse and neglect. It also includes tip sheets in both English and Spanish to share with parents.

The Resource Packet is produced annually by the Department of Health and Human Services' Children's Bureau, Office on Child Abuse and Neglect (OCAN), its Child Welfare Information Gateway, and the FRIENDS National Resource Center on Community-Based Child Abuse Prevention. This 2007 Resource Packet was developed with input from nearly 30 national organizations that work to promote healthy families.

The packet and corresponding poster can be downloaded or ordered at www.childwelfare.gov/preventing/res_packet_2007 or by contacting Child Welfare Information Gateway at 1.800.394.3366 or info@childwelfare.gov.

Service providers can find additional materials in the recently updated "Preventing Child Abuse & Neglect" section of the Information Gateway website. This web section includes resources for National Child Abuse Prevention Month, as well as information on evaluating and funding prevention programs, enhancing protective factors, and effective parenting.

Go to www.childwelfare.gov/preventing for more details.

Visit the National Foster Care Month website, www.fostercaremonth.org, to see how you can get involved and make a difference in the lives of children and youth in foster care. The overview page below is an example of the materials available on the website.



National Foster Care Month Toolkit

Each May, a partnership of 14 of the nation's leading child welfare organizations presents **National Foster Care Month**. This annual celebration helps raise awareness and secure more support for children and youth in foster care throughout the entire year. This year, we are pleased to offer this Toolkit in CD form and online at www.fostercaremonth.org. The Toolkit offers some practical ideas, tips and easy-to-use templates to get you started with your planning process. We hope these resources will help you leverage available resources and the increased visibility made possible through the national campaign.

Table of Contents

> **FOLDER #1: The National Foster Care Month Campaign**

Learn more about the national awareness and call-to-action effort

- Campaign Goals
- The Partnership
- Core Messages
- Graphics and Promotional Materials
- Fact Sheets
- *Change a Lifetime* Menu (of ways to get involved)
- Events and Promotions

> **FOLDER #2: Recognize**

Honor and recognize the work of people making a difference in the lives of children in foster care

- Five Ideas to Get You Started
- Tools

> **FOLDER #3: Promote**

Spread the word about Foster Care Month and the year-round needs of youth in out-of-home care

- Five Ideas to Get You Started
- Tools

> **FOLDER #4: Support**

Recruit more support for children in foster care from different segments of your community

- Tips for Faith-based Groups
- Tips for Teachers and Educators
- Tips for Librarians
- Tips for Businesses
- Tools

> **FOLDER #5: Working with Media**

Get pointers for pitching foster care stories, events and other activities to the local media

- Five Ideas to Get You Started
- Tools

> **FOLDER #6: Youth Engagement**

Introducing Band Together, a youth-led campaign that encourages young people to understand, serve and speak out about foster care

- About Band Together
- Youth Pledge
- For Youth
- For Youth Groups
- For Foster Youth and Young Alumni
- For Caring Adults



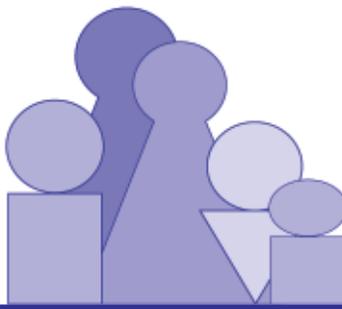
PRACTICAL STRATEGIES FOR TRACKING AND LOCATING YOUTH

Former foster youth can be particularly difficult to track when they are no longer involved with the child welfare system. Once they leave foster care, youth may experience frequent changes in their residence and employment, or they may leave the community to enroll in higher education or the military. Youth may become homeless or incarcerated or they may not be interested in maintaining contact with the child welfare agency. There are many proven strategies for tracking youth who are no longer in the agency's care. The strategies outlined in this document have been used successfully in longitudinal studies that require long-term participation of research subjects in a study sample. They have been used and/or adapted by clinical and social science researchers who conduct field-based research with vulnerable and hard-to-reach populations, including homeless persons, substance abusers, and foster care youth. http://www.acf.hhs.gov/programs/cb/laws_policies/practical/index.htm



CFSR TRAINING & TECHNICAL ASSISTANCE PACKAGE

The National Child Welfare Resource Center for Organizational Improvement has worked with other national resource centers to develop a Child and Family Services Review (CFSR) training and technical assistance package. This material will help agencies successfully prepare for the second round of the CFSR, enhance leadership and management capacity, and achieve better outcomes through systemic change. Among the focus areas in the package are: Strategic Planning; Strengthening Supervision; Engaging Community Stakeholders (with specific materials on Courts/Legal Systems, State-Tribal partnerships, and Birth Parents, Family Caregivers, and Youth), Using Information and Data in Planning and Measuring Progress, CFSR Kick-off and CFSR Program Improvement Planning. You can download key materials for each focus area on this webpage. <http://muskie.usm.maine.edu/helpkids/cfsrta.htm>



Best of Weekly Update

The NRCFCPP publishes an electronic newsletter each week that keeps subscribers informed about new Internet-based publications, conferences and other events of interest to child welfare professionals. This section lists some of the valuable resources we have highlighted over the past few months.

WHAT ABOUT THE DADS? CHILD WELFARE AGENCIES' EFFORTS TO IDENTIFY, LOCATE, AND INVOLVE NONRESIDENT FATHERS

This study from the Urban Institute, prepared for the U.S. Department of Health and Human Services, describes the extent to which child welfare agencies identify, locate, and involve nonresident fathers in case decision making and permanency. It looks at policies and practices for involving nonresident fathers of foster children in casework and permanency planning; various methods used by local agencies to identify fathers of children in foster care, establish paternity, and locate nonresident fathers; challenges to involvement, including characteristics and circumstances that may be constraints and worker opinions of nonresident fathers; practices and initiatives that may increase father involvement; and how child support agencies' information resources may assist child welfare agencies to identify and locate nonresident fathers. <http://aspe.hhs.gov/hsp/06/CW%2Dinvolve%2Ddads/>

REPORT TO CONGRESS ON ADOPTION AND OTHER PERMANENCY OUTCOMES FOR CHILDREN IN FOSTER CARE: FOCUS ON OLDER CHILDREN

This report to Congress, required by the Adoption Promotion Act of 2003, addresses not only adoption, but also the achievement of other permanency outcomes for children, with a special focus on older children. The challenges faced in attempts to achieve these outcomes are summarized, along with strategies for addressing these challenges. Many examples of Federal leadership are presented, as are State and foundation-led initiatives. The report concludes with a summary of the progress that has been made in addressing these issues and the strategies that show promise of improving outcomes for children in foster care. http://www.acf.hhs.gov/programs/cb/pubs/congress_adopt/index.htm



DISPROPORTIONATE REPRESENTATION IN THE CHILD WELFARE SYSTEM: EMERGING PROMISING PRACTICES SURVEY

Disproportionate representation is evident in child welfare agencies across the nation. Minority children and families are overrepresented, relative to White children and families, at key decision points in child welfare agencies. Many child welfare agencies are addressing the issue head on, while others are in the early stages of tackling the issues in their own jurisdiction. The National Association of Public Child Welfare Administrators (NAPCWA) requested information about a state's use of over 40 practices that have been deemed "promising practices" by various groups and researchers. The survey responses were used to produce a general picture of efforts to mitigate disproportionality. <http://www.napcwa.org/Home/docs/Disproportionate-Representation.pdf>

FACILITATOR'S GUIDE FOR PARTICIPATORY EVALUATION WITH YOUNG PEOPLE

The Program for Youth and Community from the University of Michigan School of Social Work has produced a workbook and a facilitator's guide to participatory evaluation with young people. Want to assess your skills in partnering with young people? Try the checklist on page 22 of the facilitator's guide! Then use these resources to help you engage with young people. <http://www.ssw.umich.edu/youthAndCommunity/>

BAY AREA SOCIAL SERVICES CONSORTIUM RESEARCH RESPONSE TEAM

The BASSC Research Response Team, located in the Center for Social Services Research at the University of California at Berkeley, was developed in 1995 to respond to the emerging needs of county agencies for rapid information about their changing environment. Small-scale applied research projects are undertaken in close collaboration with agency administrators and line staff. Executive Development Program case studies provide analysis of county programs and services. The online database can be searched by county and by subject. A great source of evaluation on the work being done on a variety of child welfare programs. http://cssr.berkeley.edu/research_units/bassc/index.html