Engaging Families  Family engagement is a critical element of family-centered practice and permanency planning in child welfare, and the Children's Bureau's review of the first round of Child and Family Services Reviews indicated that State child welfare systems need to continue to work toward engaging families as partners in ensuring positive outcomes for their children. In order to achieve safety, permanency, and well-being of children and youth involved in the child welfare system, it is essential that families are meaningfully engaged in assessment, case planning, service delivery, design of all aspects of policies, services, program implementation and evaluation, and system improvement efforts.

This issue of Permanency Planning Today discusses and provides examples of family engagement in various aspects of child welfare – from case planning to system improvement – in order to achieve positive outcomes for children and youth, while recognizing the relationship between family engagement and issues such as immigration and racial disproportionality in the child welfare system. In this issue, you’ll find:

- A description of New Mexico’s innovative use of icebreaker conversations between foster parents and biological parents. This approach recognizes the knowledge and information about a child in care that each can share in order to support the child and facilitate future sharing of information.

- An article on the Familyconnect Guides, a resource to support child welfare professionals in reassuring everyone of the importance of family visits and connections, normalizing challenges related to visits, and working collaboratively and in a child-centered way.

- An excerpt from an NRCFCPPP webcast in which Dr. Ilze Earner and Dr. Alan Dettlaff discuss the intersection of child welfare and immigration and migration, the importance of understanding immigration status, the meaning of cultural competence with immigrant families, and promising practices and available resources.

- An interview in which Joyce James, LMSW-AP, Assistant Commissioner of Texas Child Protective Services, shares steps that Texas has taken over the past several years to reduce racial disproportionality in the child welfare system, for example, by effectively utilizing data and by participating in training around undoing racism. She discusses the system-wide shift in philosophy and approach that took place in Texas in order to prevent families involvement with the child welfare system and to work with parents who do come to the attention of the system in new ways in order to increase positive outcomes for families, children, and youth.

- Two articles by parents with experience with the child welfare system developed by and re-printed from RISE magazine. In the first article, Sylvia Perez shares her experience of having a child in foster care, and also discusses how a preventive services worker provided her family with support after reunification. In the second article, Youshell Williams, a parent advocate, describes how she became involved in CRADLE, a community partnership, as well as the Child Welfare Organizing Project (CWOP), and her on-going work with each of these organizations. (For more information about RISE, CRADLE, and CWOP, see page 11.)
From The Desk of THE DIRECTOR (cont’d)

Finally, we’ve included an article highlighting key points from An Introduction to the Practice Model Framework: A Working Document Series. While this article is not specific to family engagement, a well-articulated practice model can be a useful tool for clarifying how an agency will partner with families (and other stakeholders) and how staff members are expected to work towards achieving positive outcomes for families, and for establishing an agency culture where policy and practice are in line with mission, vision, and values.

I also want to take this opportunity to let you know that NRCFCPPP is currently working on a new online Family Engagement Guide. This new online guide will feature definitions and core principles of family engagement. It will highlight promising practices, state programs, curriculum and web-based resources. It will be in an online book format for easy access. It will be available in May and will be announced via Weekly Update.

If your agency or jurisdiction has utilized innovative approaches to meaningfully engage families as partners in supporting family-centered practice and permanency planning, please send them to us, so that we can continue to share practices and resources that support family engagement and the achievement of positive outcomes for children and youth.

Regards,

Gary
Permanency Planning Today Spring 2009

Gerald P. Mallon, DSW

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ANNOUNCING...

WEB-BASED PRESENTATION
OF MEPA/IEP !

"Compliance with The Multiethnic Placement Act of 1994, as amended, and Title VI of the Civil Rights Act of 1964"

This web-based presentation is sponsored by the Policy Division of the Administration for Children and Families, Children’s Bureau, in coordination with the National Child Welfare Resource Center for Adoption (NCWRCA).

The presentation primarily targets all child welfare staff and administrators, including state adoption and foster care managers, ICAMA managers, local county staff, and Children’s Bureau Central and Regional Office staff.

This information is available to all members of the child welfare community, including national organizations, at the NCWRCA website:

http://www.nrcadoption.org/mepa/index.htm

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Resources on Family-Centered Practice and Family Engagement

NRCFCPPP (Family-Centered Practice)
http://www.hunter.cuny.edu/socwork/nrcfppp/info_services/family-centered-practice.html

Child Welfare Information Gateway
(Engaging Families)
http://www.childwelfare.gov/highlights/engaging_families/index.cfm
NEW MEXICO'S ICE BREAKERS
FOR FOSTER & BIRTH PARENTS*

Reprinted from Children’s Bureau Express Sep 2008,
Special Section: The CFSRs: What are we Learning from Round Two?

New Mexico completed its most recent Child and Family Services Review (CFSR) early in the second round, and the Final Report notes a number of promising child welfare practices across the State. One of the most innovative practices is the use of “ice breaker” meetings between foster and birth parents. Designed to encourage the sharing of information about the child in foster care, the facilitated meetings can lead to a better placement experience for the child and, ideally, better adjustment for the adults involved.

An ice breaker meeting occurs as soon as possible after a child is taken into custody—generally, within 2 work days. In most offices across the State, the meeting is set up and facilitated by a foster parent liaison, who is a former foster or adoptive parent. When the birth and foster parents meet at the agency, the facilitator guides the discussion, keeping the focus on the child and his or her needs. For instance, the birth parent can provide information about the child’s personality, likes and dislikes, routine, bedtime habits, allergies or medications, favorite toys, special activities, and academics. In return, the foster parent can offer information about who else lives in the foster family, where the child will sleep, and regular activities in the foster home. The facilitator ensures that the discussion does not stray into other issues but stays centered on the child's needs. The meeting also offers the foster and birth parents the opportunity to see each other as adults who share a common concern about the child.

Future Meetings and contact depend on the individual circumstances of the case. In some cases, there are more facilitated meetings between parents, or there may be contact during drop-offs for visitation. Foster and birth parents may write notes or have phone calls. Having had the ice breaker meeting often makes it easier for future contact and the sharing of parenting information.

The early anecdotal evidence regarding the success of the ice breakers is overwhelmingly positive. Children make a better adjustment when their foster parents know as much as possible about them. Older children are more comfortable knowing that their foster and birth parents have met and feel that their loyalty is not being put to the test while they live with a foster family.

The ice breakers are considered for every case, although they are not implemented in cases in which the birth parents are not interested or are too angry or aggressive to be helpful participants. All foster parents receive training for the ice breakers. While a few foster parents were resistant to the experience at first and seemed to have a difficult time making the connection with birth parents, they have come to see the advantages that the meetings have for the children and their adjustment.

Commenting on the success of the ice breakers, Maryellen Bearzi, Administrative Deputy Director for the Protective Services Division of the Children, Youth and Families Department, said: “Ice breakers provide an early and critical opportunity for family engagement by recognizing their strengths and focusing on what matters most to all of us—the safety and well-being of the child.”

Many thanks to Linda McNall, Regional Manager for the Protective Services Division of the Children, Youth and Families Department

*The term birth parents was used in the original printing of this article, and is used here to help ensure clarity in the article. We understand that language is important, and encourage child welfare professionals and families to work together to develop and use language that feels appropriate and respectful to everyone in the context of their relationships.
FAMILYCONNECT GUIDES:  
Putting the Pieces of Family Visits Together

Visits between children living in foster care and their parents matter. Practice, philosophy, policy, terminology, service plans and everything in between may look different depending on who you talk to, where you live and work, your personal experiences or what you read, but the importance of family visits is one of the common threads that ties child welfare professionals together. Family visits have been linked through piles of research in the past two decades to important positive outcomes for children, including shorter placements, less disruptions, psychological well-being, less reentry, more successful reunification, and the list goes on...

Family Alternatives, a private foster care agency in Minneapolis, MN recently completed a three year research initiative identifying best practices in family visiting in response to the growing research on the topic as well as their own experiences with children living in the foster homes they serve. Their work is based on the belief that if people have information and strategies to effectively handle the challenges of family visiting and disrupted attachments, children feel more secure and adjust more easily to their separation from their family, and this can lead to more positive outcomes for children. Based on hundreds of qualitative interviews they conducted between January and May of 2007 with social workers, foster parents, and children living in foster care and their parents, they put together the Familyconnect guides to provide a hands on, practical tool for foster parents, children, and parents. They hope the guides will help reinforce and clarify the messages professionals already communicate to parents, foster parents, and children, and to support them in relaying these messages more consistently and compassionately. The guides are designed to help:

• **REASSURE** everyone of the importance of family visits and connections;
• **NORMALIZE** typical reactions and difficulties related to family visits;
• **PROVIDE STRATEGIES** for communicating and working with one another in a child-centered way.

After transcribing, reviewing and analyzing what they heard, Family Alternatives summarized their findings into 5 themes or “puzzle pieces” that seem to be key factors in making family visits effective. The information in each guide is organized according to the following themes:

**EMOTION**... Family visits trigger LOTS of emotions. Many people they talked to did not feel adequately prepared to handle the complicated emotions that they experienced around family visits. Many people admitted that they “learned” as they went along through trial and error how to manage some of the uncomfortable feelings and situations they experienced.

**COMMUNICATION**... Communication won the prize. Many people they talked to said that the more the “team” communicated with one another via phone or in person, the more consistent and positive the family visits. Regular team planning meetings, contact between the foster parent and parent and written plans and expectations seemed to help clarify roles and responsibilities to build trust among team members to work cooperatively to serve the best interests of children.

**PREPARATION**... Research consistently emphasizes the importance of preparing children, parents and foster parents for family visits. From the interviews, they heard that oftentimes, people are confused about what kind of information and preparation is beneficial. People were inconsistent in describing strategies they use to help prepare children for their family time or how they addressed conflicts or concerns.

**CONNECTION**... Children and parents talked about the difficulty of developing and/or maintaining strong connections while they were living apart and the awkwardness of visiting together. Many parents are learning how to establish a connection with their children or to appropriately meet their child’s needs. Giving parents practical information on the importance of making these connections during their time together and giving them some ideas to both heal broken connections and build new connections may be the difference between a “good” and a “bad” visit.

**TRANSITION**... There was agreement across all sub-groups that transitions are generally the most challenging aspect of family visits. Saying goodbye and readjusting to different caregivers can serve as a trigger for children and parents as they deal with their separation and any trauma they have experienced. Parents, children and foster parents need added supports to help them make sense of their emotions and experiences to manage transitions more effectively.

The Center for Advanced Studies in Child Welfare features the October 2008 Familyconnect: Making Family Visits Work for Children in Foster Care conference. On the website, you can watch or listen to the event, view samples of the foster care guides (for young children, teens, and parents), and access the Familyconnect Guides order form. The site also offers a literature review (Innovative Practice in Foster Child Visitation: A Review of the Literature for Family Alternatives, Inc.), which includes an annotated bibliography. [http://cehd.umn.edu/SSW/cascw/events/past_events/familyconnect.asp](http://cehd.umn.edu/SSW/cascw/events/past_events/familyconnect.asp)

If you would like more information on the Familyconnect guides, visit the Family Alternatives website at: [http://www.familyalternatives.org/](http://www.familyalternatives.org/). You may also contact Wendy Negaard at Family Alternatives: (612) 423-5481 or wnegaard@familyalternatives.org.
Immigrant families and children represent 12% of the total population in the United States; one-fifth of all children in the U.S. have at least one foreign-born parent. Migration and acculturation involve stress, loss, isolation, and uncertainty. While differences in language, culture, and tradition are often strengths and sources of resilience, they can also present barriers to needed resources. Child welfare service providers are faced with many challenges in addressing the special needs of immigrant families, children, and youth. In this article, adapted from a webcast conversation, Dr. Ilze Earner and Dr. Alan Dettlaff discuss promising practices, emerging issues, and available resources. View the full interview at http://www.hunter.cuny.edu/social_work/nrfcpp/webcasts/index.html.

**PROGRESS IN RECENT YEARS**

**Dr. Earner:** Ten years ago, when I first started working with immigrant families, children, and youth involved in the child welfare system, I was a program director of an agency providing child welfare services. The cases were very complex, there were few resources, there was no one to turn to, and it often seemed like there was not much we could do. In the intervening period, I have seen greater attention paid to the special needs of immigrant families, children, and youth. The first conference that we had in New York City in 2001, hosted by Andrew White at the New School University, brought together the advocate community and representatives from the New York City child welfare system. The outcome was very successful; in the intervening years, we saw the development of an approach to addressing the issues that these families brought to service providers, the development of a training curriculum and a handbook, and the creation of an advisory panel that works within the New York City child welfare system. In that process, we began to network. One of the earliest organizations involved in providing services to immigrant populations was BRYCS (Bridging Refugee Youth and Children Services), which addressed the unique issues refugee families brought to the attention of service providers. We also now have the Migration and Child Welfare National Network, a new entity bringing together groups across the country to look at this issue, including the training and technical assistance needs of providers, and to engage in research to understand the problems. Alan was involved in the Migration and Child Welfare National Network from the very beginning.

**Dr. Dettlaff:** As you said, ten years ago, there really wasn’t a national conversation about migration and the child welfare system. That national conversation really began through the leadership of the American Humane Association and faculty at Loyola University Chicago. Back in 2005, Sonia Valazquez, the Vice President at the Children’s Division at the American Humane Association, and Maria Vidal, faculty at Loyola University Chicago, began a conversation about the need for more attention to be paid to immigrant children and families involved in the child welfare system. They came up with the idea to hold a national roundtable to bring together practitioners, administrators, policy makers, legal professionals—all the stakeholders groups involved in serving immigrant families in the child welfare system. That roundtable was held in July 2006 with the purpose of beginning a dialogue. Out of that dialogue, four emerging issues were identified that needed increased attention from child welfare systems and other stakeholders: research on immigrant children and families that come to the attention of the system, policy for immigrant children and families involved in the system, best practices or promising practices for those children, and developing transnational collaborations. The network has developed subcommittees of experts to address each of those priority areas.

**RESEARCH CHALLENGES**

**Dr. Earner:** You and I are both on the Research Committee. Research is an academic term, but it has a practical application because it speaks to the state of our knowledge about the issues that immigrant children and families have and that service providers are put into position to address.

**Dr. Dettlaff:** While there is a growing body of knowledge about the needs and experiences of immigrant children and families in the general population, the population of children who come to the attention of the child welfare system is different. Research specific to the needs and experiences of immigrant children and families involved in the child welfare system is very limited right now, primarily because data on the immigration status or the country of origin of parents is not collected uniformly at a local, state, or national level. There are significant reasons for that, in terms of confidentiality, but it leads to barriers to research knowledge and to demonstrating the need for further research. Research about child welfare populations is often done by accessing state and national data sets. That data can’t be obtained right now, because we can’t identify which children in the child welfare system are immigrants and/or are children of immigrants. But, because the cases of immigrant children and families are so complex and have so many needs, the need for that research is great. We don’t know how many immigrant children and families are involved in the child welfare system, the unique risk factors that propel them to the attention of the child welfare system, and once in the child welfare system, we don’t know what services best promote positive outcomes. Because the immigrant population has unique experiences and stressors, we need more information about practices that meet the needs of that population.

**EXPERIENCES AND NEEDS OF IMMIGRANT FAMILIES**

**Dr. Earner:** It is interesting to put the special needs of immigrant children and families in the context of research, because we don’t really know what they are, though we know that they exist. We identified the issue of language, which is probably the foremost unique characteristic of immigrant populations. Often families don’t speak English, or parents don’t speak English very well. You may not have adequate staff who speak the language of the immigrant populations that you are mandated to serve. How do you intervene, assess, and develop a service plan with a family you can’t easily communicate with? We also identified culture. People come from different places in the world where there are very different cultures, including different dynamics within families and family roles, and differences in terms of what is considered appropriate discipline. The most complicated factor is immigration status. Immigration status is a [direct] barrier to services and a barrier to services in terms of caseworkers’ understanding of immigration status. This understanding is paramount to developing service plans. In recent years, we have seen growing attention to other issues related to immigration, including the process of migration. Migration is often traumatic. [Often], the entire family doesn’t come across the border at the same time—parents come first, leaving minor children behind, and then children are reunited with their families later. That changes dynamics within families and creates a lot of stress. The newest conceptualization of special need is the phenomena of transnational families. We’re recognizing that immigrants maintain close connections with family members on the other side of the border, ocean, or world. How do you assess family ties that are across borders? This can be very important in looking at possible kinship placement of children or reuniting children with family members.
Dr. Dettlaff: Related to that is growing recognition of the need to understand the process of acculturation - the adjustment period to a new culture that all immigrants experience [regardless of immigration status]. Research on general immigrant populations shows that immigrant children and families often experience a great deal of stress resulting from acculturation; some research shows that stress is related to increases in domestic violence, substance use, marital problems, or problems between children and parents. That stress can be significant and can be [related to] factors that bring children to the attention of the child welfare system. Children often acculturate faster than their parents, which can lead to challenges between children adjusting to their new culture in the U.S. and the family values that their parents retain. Often, children learn English faster than their parents. That can create problems between children and their parents. Assessment is key to developing interventions for children and families. If stress from acculturation or migration brings the family to the attention of the child welfare system, then that issue really needs to be explored through the assessment process.

Dr. Earner: Let’s take a look at promising practices coming out of assessment and how you develop a service plan. When you develop a service plan, you have to be able to implement it; [yet many] issues can prevent implementation. You can develop what looks like an absolutely brilliant service plan [but if it doesn’t take into account immigration status, the parent may be unable to fulfill it]. Start with training staff to understand immigration status - what immigration means, how it impacts ability to access services and benefits. Training has to help staff move away from understanding immigration status as a duality - you are either legal, or you are not. That duality doesn’t exist in the real world. There are multiple variations and lots of gray areas. People can change their immigration status. There are mixed status families, where not everyone in the family has the same status. How do you begin to develop a service plan to meet the needs of that family? It is extremely complicated. There are conflicting mandates between child welfare and some state and federal legislation, so we don’t have clear guidelines. I think the keys to culturally competent practice are building understanding immigration status into staff training and developing collaborative relationships with community-based service providers. Through these relationships, you can refer families to legal agencies to address immigration status issues and develop interventions for children and families. If stress from acculturation or migration brings the family to the attention of the child welfare system, then that issue really needs to be explored through the assessment process.

Dr. Dettlaff: Cultural competence with immigrant families goes well beyond learning about culture, because of their experience of migration and acculturation. Cultural competence with an immigrant family means learning about their culture, and also understanding what it is like to be an immigrant, the process of migration, how stressful and traumatic it can be, what their reasons for migration were, and the ways acculturation and migration impact family dynamics. Part of cultural competency training should be about understanding and identifying strengths that families possess that we can build upon that may overcome some of the factors causing stress within the family.

Dr. Earner: Yes, I agree. I also want to share examples of promising practices that can be implemented by organizations, states, and local child welfare agencies. New York City offers some cost-effective and unique promising practices. Coming out of the work of the advocate community in collaboration with the public child welfare agency, a handbook was developed that gave caseworkers a field guide to identifying immigration status, understanding the implications of immigration status, understanding language access issues, and accessing resources within the community; it provided guidelines on how to work effectively with immigrant families. New York City also put together an advisory panel bringing together members of the immigrant community and community-based organizations to regularly meet with public child welfare to discuss training and service needs and [to identify and address] challenges. Los Angeles County has a unit in child welfare specifically looking at the issues of immigrant youth in the foster care system. The issues of immigration status affecting youth in foster care are not regularly assessed when a child comes into care. In Los Angeles County, they have set up a system to do just that. If the child goes into care and is going to stay in care, if that is the permanency plan, that plan has to address their immigration status through the Special Immigrant Juvenile Status Relief. The most tragic thing you could have is someone aging out of foster care and moving into independent living as an undocumented person in this country. There are other forms of immigration relief, not just for youth, but also available to families; these are things that a training agenda can address. Illinois has gone a step beyond in addressing cross-national collaboration.

Dr. Dettlaff: Illinois has a memorandum of understanding with the Mexican consulate. Chicago has the second largest population of Mexican Nationals in the country, so that memorandum of understanding is very important to promoting positive outcomes of safety, permanency, and well-being. That memorandum is signed as soon as the agency becomes involved with a child who is a Mexican National, and they work together to promote outcomes of best interest for the child. We’ve learned in our work through the Migration and Child Welfare National Network, that information [about promising practices] is not disseminated on a national level. There are many people developing promising practices with immigrant populations; yet, their neighbors in the next state don’t know about them. Next year our research will look at the current state of policy and practice with immigrant children and families in child welfare agencies throughout the U.S. Until then, where can people go for help?

Dr. Earner: BRYCS has a wonderful website [http://www.brycs.org/] with an amazing library of resources, including handbooks on raising children in a foreign country, a parenting curriculum for immigrant parents, and numerous studies on providing services to refugee families. Also, the Migration and Child Welfare National Network is building a website. The American Humane Association also has technical assistance and resources on their website. NRFCPPP has technical assistance available, and on their website, you can access resources and information. You can also contact Alan (312-996-4629) or me (212-452-7094) and we would be happy to provide you with information or technical assistance or direct you to appropriate resources.

Dr. Ilze Earner, Ph.D., MSW is an Assistant Professor at the Hunter College School of Social Work. She is the founder and director of the Immigrants and Child Welfare Project. She co-edited a special edition of the Journal of Child Welfare “Immigrant and Refugee Families and Public Child Welfare” published by the Child Welfare League of America in September, 2005. Dr. Earner is a member of the National Child Welfare Advisory Board, the Migration and Child Welfare Network and is a consultant with NRFCPPP and with BRYCS (Bridging Refugee Youth and Children’s Services).

Dr. Alan J. Dettlaff, Ph.D., MSW is an Assistant Professor at the Jane Addam College of Social Work, University of Illinois at Chicago. He has worked as practitioner and administrator in public child welfare. He is involved in research about immigrant children and families in the child welfare system and to reduce racial disparities. Dr. Dettlaff is Principal Investigator of a grant designed to reduce racial disproportionality in the Texas child welfare system, and is the evaluator of a federal grant from the Administration of Children and Families that provides training to child welfare staff on culturally competent practices. In 2007, Dr. Dettlaff co-edited a special issue of the journal Protecting Children on immigration and child welfare. Dr. Dettlaff provides training and consultation to several state child welfare agencies on cultural competence and promising practices with children of color.

Resources pertaining to immigration and child welfare, including several mentioned in the interview, are available on the NRFCPPP website at: http://www.hunter.cuny.edu/socwork/nrfcpp/info_services/immigration-and-child-welfare.html.
The National Child Welfare Resource Center for Organizational Improvement, in collaboration with the National Resource Center for Family-Centered Practice and Permanency Planning, is in the process of developing a framework to help child welfare agencies and Tribal social service programs develop and implement a comprehensive, written, and articulated practice model focused on the approach to practice that the Children’s Bureau promotes. The Practice Model Framework series is being developed with federal guidance in mind as it is at the crux of the Child and Family Services Reviews and reflects the unique needs of the agency. Instead, the framework will provide practice models, as a practice model is only effective when tailored to children and families. The framework will not advocate any one practice model, as a practice model is only effective when tailored to the unique needs of the agency. Instead, the framework will provide some beneficial elements, characteristics, approaches, and strategies for designing, implementing, and monitoring an effective practice model. The information being used to develop this framework comes from interviews with child welfare practitioners and leaders, review of existing research on practice models, and analysis of samples of practice models collected from various state and county agencies.

This article highlights and summarizes information covered in An Introduction to the Practice Model Framework. To access the full document, visit http://muskie.usm.maine.edu/helpkids/practicemodel/PracticeModelWorkingPaperIntro.pdf.

Definition of a Practice Model

A child welfare practice model is a conceptual map and organizational ideology of how agency employees, families, and stakeholders will interact and work together to create an environment that focuses on the safety, permanency, and well-being of children and their families. A practice model contains definitions and explanations regarding how the agency as a whole will work internally and partner with families, service providers, and other stakeholders in child welfare services. It is prescriptive in how services should be provided as articulated in agency regulations, policies, and procedures, yet allows for appropriate flexibility and professional discretion to support effective casework practice. A practice model explicitly connects the agency’s policy, practice, training, supervision, and quality assurance with its mission, vision, values, and strategic plan.

Elements of a Practice Model

Recommended elements of a child welfare practice model include:

- Agency mission, vision, and values
- Practice principles
- Standards of professional practice, and
- Strategies, methods, and tools to integrate practice principles, agency values, and standards of professional practice into daily practice

Every child welfare agency has a practice model. What many may not have, however, is a clearly written and articulated practice model. Practice models are sometimes buried in agency policy, making them inaccessible to staff, families, and other stakeholders. One of the purposes of an articulated practice model is to ensure that staff members understand the agency’s philosophy on working with children and families. All child welfare agencies intend to work towards improving the lives of children. Explicitly stating how staff members are expected to work towards achieving improved outcomes for families and building that understanding into the agency culture is crucial in making and sustaining desired changes.

The Children’s Bureau of the Administration for Children and Families, United States Department of Health and Human Services expects state, county, and tribal child welfare agencies to consider specific practice principles. Child welfare practice should be:

- Child-focused
- Family-centered
- Individualized to meet the specific needs of children and families
- Collaborative
- Enhanced to strengthen parental capacity
- Community-based
- Culturally responsive
- Outcome oriented

The Children’s Bureau encourages agencies to have ongoing internal reviews and work toward improving performance through thoughtfully designed administrative systems, such as case reviews, quality assurance, training systems, supervision, and supervisory case review tools. Successful agencies measure and improve performance, are accountable for outcomes, and ensure timely engagement of families.

1 An Introduction to the Practice Model Framework: A Working Document Series contains definitions for how they have interpreted each of these principles, as well as assumptions as to why these elements are critical to child welfare practice.
Purpose of a Practice Model

There are several important reasons to implement a practice model:

- Agency staff members, including supervisors, will know what their jobs are and how to do them correctly and will have stable expectations and priorities in their work.
- Agency staff, families, and other stakeholders will share a common understanding of the agency’s purpose and what it does.
- Agency staff members at every level of the agency’s structure will share an understanding of agency procedures, policies, and practices, and the rationale behind them. This will help staff to hold themselves and each other accountable for providing the best services to children and their families. A practice model will provide a framework to use when encountering circumstances that fall outside the norm and when making critical decisions.
- The agency’s systems of service provision, training, quality assurance, and policy creation will be aligned under the same philosophical vision for consistency.

The practice model should be integrated into everything agency staff members do in the workplace. This means treating fellow staff members and other service providers with the same respect and guiding principles used when working with families.

Points to Consider

When thinking about the benefits and advantages of various practice models given the unique needs of your agency, it may be helpful to consider the following:

- Building and operationalizing an effective practice model involves many challenges and is often a long process - though worth the time and effort.
- The act of creating or modifying a practice model should take on the elements encouraged by the model itself. In other words, actions you would encourage staff to take as a result of the model, such as engaging stakeholders or using strengths-based language, should be activities incorporated in developing the model.
- Involving stakeholders - including staff at all levels and areas of the agency; birth, foster and adoptive families; youth; the courts; and private providers - makes the practice model stronger and more comprehensive and sets the standards for encouraging effective collaboration, communication, and practice consistency.
- Your agency will need to determine the level of detail and direction to include in its practice model (balancing direction and staff discretion/flexibility).
- It may be helpful to begin by developing a description of the agency’s primary goals, principles, or values as the foundation of the model.
- The implementation process requires strong leadership and an invested staff. To promote staff investment, provide ample opportunities for staff to discuss concerns regarding how their work will be affected by the practice model.

Upcoming Practice Model Framework Series of Briefs

Future Practice Model Framework briefs will contain additional information to help child welfare agencies in their practice model-related work. The series will cover:

- Developing and Articulating a Practice Model
- Implementation Strategies
- Ensuring Effectiveness through Continuous Structured Feedback

Source


Permanency Planning Today Wants to Hear From You!

✓ What topics in the field of child welfare would you like to see discussed in future issues of Permanency Planning Today?
✓ What resources or innovations have been helpful to you that you would like others to know about?
✓ Do you have suggestions for this newsletter?

We want to ensure that Permanency Planning Today is a useful resource that meets your needs for information by addressing key issues in family-centered practice, foster care, and permanency planning.

Please contact us with your feedback and suggestions at tserdfen@hunter.cuny.edu.
Thank you!
Addressing Racial Disproportionality in the Child Welfare System: An Interview with Joyce James of Texas Child Protective Services

This article, based on an interview with Joyce James, Assistant Commissioner, Texas Child Protective Services (CPS), describes the approaches utilized by Texas CPS to address disproportionality - the overrepresentation of a particular race or ethnicity - in the child welfare system.

What is the history behind the work to reduce disproportionality in Texas CPS?
Our work to reduce disproportionality in child protective services in Texas started in 1996 at the Regional level in Beaumont/Port Arthur TX area of Region 5; at that time, I was Program Administrator. We began by working with Kathleen Belanger, a Professor of Social Work at Stephen F. Austin University, to explore the data on children in foster care - we examined the breakdown by race and ethnicity of children and youth involved in the child welfare system and compared this data with data on the general population. The data showed that African American children were disproportionately involved in the child welfare system and in foster care in our region - a finding that was consistent with evidence of overrepresentation of African-American children in child welfare systems across the nation. After gathering the data, we began a deeper discussion about disproportionality. We began talking to staff, looking at the data together, and discussing what lay behind the data. We recognized that there was something wrong and that we were responsible for raising the issue and working together to address it.

How did you begin to address the disproportionate involvement of African American children in CPS?
We collaborated with other agencies (for example, Juvenile Probation and Community in Schools) that also served a population where data indicated disproportionality related to African American youth. We engaged other partners in the community including City and County officials, CASA, faith based community, parents, youth, and residents of the target community. We used the data to inform our work; for example, we targeted a specific area with a lot of reports of potential abuse or neglect and removals of children from homes, high rates of poverty and unemployment, and a lack of resources. We needed to change the way we were doing the work in order to change outcomes. We partnered with parents, residents, and other child-serving systems in that area and developed a one-stop service center, called Project HOPE (Helping Our People Excel), which brought resources to the community and made them accessible to community members. Through Project HOPE, we work on the front end, to prevent involvement with the child welfare system, and also work with parents who do come to the attention of the system; using both approaches helps to increase positive outcomes for families, children, and youth.

How did you bring the work you were doing from the regional level to the state level?
In April, 2004, I came to Austin, Texas to work as the Assistant Commissioner for Child Protective Services, and brought with me a vision for continuing the work on disproportionality. At the state level, we started off by again pulling the data, which reflected the same sort of disproportionate involvement of African American children in the state system that was seen at the regional level. We worked in close partnership with Casey Family Programs; they provided technical assistance and strong support for our work. We began bringing together state leaders to explore and address disproportionality. We chose to start with some of the areas that were experiencing the greatest degree of disproportionality, just as we had done at the regional level; we particularly focused on bigger areas like Houston and Dallas, but also some smaller areas, like Port Arthur, which was in the region that I had worked previously. We began to consider how we could change practice and to look at our vision and values, all of which was important to improving outcomes.

Did changes in legislation influence your work?
New legislation validated our need to do the work we had already started. The Governor issued an order for reform of Child Protective Services in Texas three months after I was selected as the CPS Assistant Commissioner. The work we had started one month earlier provided us with data and information; we used this data to make addressing disproportionality one of the CPS reform recommendations that later became legislation in SB6. This legislation required assessment of enforcement actions for disproportionality, and also required us to analyze factors such as poverty and single parent household status in our data. Even when these items were factored in, the data still showed racial disproportionality, with African American families, children, and youth, involved in the child welfare system at higher rates [compared to Whites and Latinos]. The new legislation required Texas CPS to take specific actions to address disproportionality; for instance, we were required to provide cultural competency training for staff, recruit diverse staff, and recruit families that match the race and ethnicity of children awaiting placement or adoption. Though not legislatively mandated, as part of our work efforts, Texas CPS has implemented practice models that have increased rates of African American children placed in kinship care and adoption and increased the percentages of cases where we work with African American families in the home (rather than removing children from their homes).

How did the Undoing Racism workshops facilitated by The People’s Institute for Survival and Beyond support Texas CPS in reducing disproportionality?
The Undoing Racism workshops helped us as individuals to look internally, to explore how we as individuals contribute to the system,

\[1\] In 2004, Governor Rick Perry issued an executive order requiring review and reform of CPS, which was followed by Senate Bill 6, passed by the 79th Texas Legislature and signed into law by Governor Perry in 2005.
Addressing Racial Disproportionality in the Child Welfare System: Interview with Joyce James (con't)

to delve deeper in our work, to look for strengths, and to work to be more culturally sensitive and competent. (We also utilized the “Knowing Who You Are” video produced by Casey Family Services.)

The Undoing Racism trainings also provided information on the history of race and racism in this country, why people are poor, how systems respond to poor people, and the reality of oppression and the natures of systems. Most helping systems in this country were not built to serve poor people of color, so it was important that the trainings helped us to look at our role and what our role could be in contributing to systems change. The Undoing Racism workshops helped people to get in touch with their own personal beliefs and biases. While this caused some struggles initially, it ultimately helped people to grow, and some staff who struggled initially became true champions for change and leaders in working in the CPS system and with external partners.

In addition to leadership development and the CPS Vision and Values, we utilized the Undoing Racism principles of The People’s Institute for Survival and Beyond as the basis for our practice model. The Undoing Racism workshops operate from the understanding that racism was done and can be undone.

How did you work to engage families and support positive outcomes?
We made a significant shift in both our philosophy and approach. We implemented front-end family team meetings to maintain children safely in their own homes (and to decrease the number of removals) and increased the use of family group decision making after removal (in cases where removal was determined to be necessary). Staff moved away from a “cookie cutter” approach (serving all families in the same way) to approaches that were more culturally sensitive; we worked to change our practice and our attitudes. We also reduced paperwork barriers to permanency.

Were there other changes in practice or approach made by Texas CPS in order to address racial disproportionality?
Yes, there were. Texas CPS “exposed the data” to people in communities impacted by disproportionality. We shared our concerns with community members, let them know that we needed their help in developing strategies, and focused on leadership development. We worked to develop a strong constituency of internal and external stakeholders, collaborations with community organizations, and advisory committees (made up of members of other child and family serving systems, parents, foster care alumni, community members, judges, CPS and Casey Family Program staff) facilitated by a disproportionality specialist, in every region to address disproportionality at the local level. We hired a Disproportionality Manager at the state level to facilitate the work of Disproportionality Specialists in the various regions, who work to establish partnerships and engage the community, act as liaisons between regional staff and the state office, facilitate debriefings and talk backs with units, and working with staff to look at data and outcomes and to utilize our practice model. We have worked to include parents, youth in foster care, and foster care alumni in our work, recognizing their expertise and experience with the system. At the state level, we hired a parent who was the recipient of CPS services to develop local partnerships and act as a parent voice in shaping policy. Additionally, we hired foster care alumni to lead youth groups and facilitate and elevate the voice of youth in foster care to inform policy and practice.

What were the outcomes of the many changes Texas CPS made?
The changes made specifically to address disproportionality, along with other changes made to the CPS system as a result of SB6, specifically the emphasis on family-centered practice and family preservation and reunification efforts incorporated in the Family Group Decision-Making, Kinship Placements, and Family Based Safety Services programs, have resulted in an overall decrease in the number of removals and the number of children in care. There were 3,241 fewer removals in fiscal year 2008 than 2006, an 18.5 percent reduction. In addition, in fiscal year 2008, there were 3,217 fewer children in foster care than in 2006, a 9.4 percent reduction. In one span of time, May to December of 2007, there was a reduction of 2,000 children in foster care. From fiscal year 2006 to 2008 there was a 35 percent increase in the number of children placed in adoptive homes and an 11.4 percent increase in the number of cases opened for Family Based Safety Services providing services that keep children safely in their own homes. And, from fiscal year 2000 to 2008 there was a 143 percent increase in the number of kinship placements.

Looking specifically at the outcomes for children who are disproportionately represented in the child welfare system, 772 fewer African American children were removed in fiscal year 2008 compared to 2006. Also, when the rate of removal relative to the rate of investigations is compared for African American and White/Anglo children, the rates for African American children are less disproportionate in fiscal year 2008 than they were in fiscal year 2006. These changes are especially apparent in four of the five counties where the original disproportionality target sites are located. The disproportionality of exits from care has also decreased for African Americans to reunification and both African Americans and Hispanics/Latinos to kinship placements.

Joyce James has dedicated her professional career to advocating for all families and children, increasing public awareness about the disproportionate number of African American children in the child welfare system, the importance of creating diversity in the workplace and of being a strong and effective leader. Ms. James has devoted the last 28 years to being an advocate for children and families. In 2004, she was selected as the Assistant Commission/Director of the Child Protective Services Program for the Texas Department of Family and Protective Services (DFPS).
In my neighborhood, the child welfare system is taking steps to learn from families.

Three years ago, a counselor that I saw at an agency in my neighborhood asked me if I would like to be interviewed about my experiences with the foster care system. She said the New York City foster care system was starting a new program called CRADLE and wanted to hear from parents in Bed-Stuy who had had experiences with the system. They would ask me questions about what happened when my children were removed in 1997 and would give me $15 and a Metrocard. I saw it as a chance to tell someone about the horrible way the system had treated my family. I figured I could also use the couple of dollars they offered.

I was the only parent to show up that day at the CRADLE office. I met with a man named Jerome D. Brown, who was very nice, very cordial, and listened to what I had to say. He explained that CRADLE was created to help parents in Bed-Stuy, especially parents of children under a year old, because infants were dying or coming into foster care from the neighborhood at an alarming rate. One reason that was happening, I learned, was that young mothers didn’t know what resources were available in Bed-Stuy, so they didn’t know where to turn until it was too late. CRADLE was going to hold community meetings where parents could learn about services available to support families in the neighborhood.

Mr. Brown asked me many questions about what happened to my family. He asked how I felt, how my family was affected by what happened to us, what I expect now for my family, and what my future plans are. I let him know that I felt I was treated very shabbily by the child welfare worker but that I’d gotten good family therapy through the system after my children came home.

After the interview, Mr. Brown invited me to come to a huge presentation CRADLE was giving at the Marriott Hotel in downtown Brooklyn. He said parents were welcome and would get a chance to make their concerns heard by more people who care about changing the child welfare system to make it more parent-friendly and more supportive of children and families.

The workshop at the Marriott was great! I loved being there. I was able to voice my opinions and let Bed-Stuy service providers know how I felt as a struggling parent. I explained that they needed to use a more human approach to parents. The child welfare worker who came to my home tore me down and made me feel worse about myself and afraid for my children, when what I needed was information about organizations that could help my children and me thrive.

The agencies seem to be listening. I just wished more parents were there, because I felt that the system was really asking our feedback on how to improve. (And the food was delicious!)

Ever since, I’ve been a member of CRADLE. I go religiously to CRADLE meetings. I go to the community meetings. The monthly CRADLE meetings have many service providers who come out and talk about what they have to offer the people in the community. There is a wealth of resources in Bed-Stuy and we try to guide the parents to the right program that would help them, such as individual and family counseling, help with housing and furniture, health services for pregnant women and infants, and even financial support.

I wish I had known about some of these services years ago. I needed help for my son and I did not know where to turn. If I’d been able to get support back in 1997, my children would not have ended up in care. These agencies can provide help to parents and their families without the child welfare system getting involved in their lives.

Now I am a part of the CRADLE leadership. Through CRADLE I learned about a parent self-help and advocacy organization in New York City called the Child Welfare Organizing Project (CWOP). I took a six-month training at CWOP to learn about parents’ rights and to join with other parents in advocating to change the system. As a Parent Organizer with CWOP, I now train other parents about how the system works and I support parents who are dealing with the system to get their children home.

When I was scared and overwhelmed, I didn’t know where to turn or what could help me. Now I make sure that what happened to me and my children won’t happen to any other hardworking, loving mother or father. I let other parents know not to give up. By sticking together, we can make sure our families thrive. There are plenty of resources out there. With the right guidance, parents can find the support they need, at agencies where we are treated with the respect and dignity we deserve. I wish I had known about some of these services years ago. If I had been able to turn to a parent advocate back then, my children probably would not have gone into care.

Since I began working as a parent organizer, I’ve endured two more investigations, both related to my older son’s truancy. Even though we’ve gone to family counseling for years, and I’ve sought all the supports that I know about for my son, he continues to suffer from depression and is often unwilling to attend school. His absences caused us to endure more knocks on the door, and despite all I know about parents’ rights, these investigations have been terrifying for me. I’ve gotten the support I needed through CWOP to fight for my children.

Despite these setbacks, I believe my children and I are doing much better now. For a long time, I didn’t think that I deserved my children, but now I know that no one else can be a better mother to them. I’m so happy that CRADLE encouraged parents to join and to give voice to their concerns about their families and community, and that CWOP is out there, educating parents about their rights and supporting parents like me when we’re facing a family crisis.

—Youshell Williams

Bedford-Stuyvesant is a neighborhood in Brooklyn, New York.
LISTENING TO PARENTS CONT’D

I am also thankful that I’ve had the chance to see the system working to change. Even though I believe families continue to face unfair investigations, I know there are more protections now to keep families together. I hope that we will continue to reach families so they can keep growing and learning how to become better parents, no matter whether they’ve had a rocky start.

Youshell Williams is a mother and Bedford-Stuyvesant resident who has been active in CRADLE since its inception. Ms. Williams writes for Rise magazine. She is also a member of the parent work group advising Administration for Children’s Services Research & Evaluation on the development of a family interview instrument to assess the performance of preventive service providers. She has personal experience with both foster care and preventive services.

The CRADLE in Bedford-Stuyvesant: A Systems Of Care Initiative

CRADLE is a United States Department of Health and Human Services funded Systems of Care Initiative intended to reduce the numbers of Bedford-Stuyvesant infants and newborns entering out-of-home placement, through improved communication and coordination between community residents and service providers. Unfortunately, Bedford-Stuyvesant is a community known for high rates of such placements.

CRADLE staff first approached CWOP for help in meeting federal expectations for parent/community engagement in February of 2006. The two groups finalized a partnership agreement in March 2007, through which CWOP imported a cycle of their Parent Leadership Curriculum to Bedford-Stuyvesant during the 2007-2008 service year. The partnership involved CWOP sharing space and staff with SCO Family of Services/Family Dynamics.

The CRADLE is governed by a Steering Committee representing a diverse mix of community stakeholders. A staff of seasoned professionals are responsible for overseeing the project’s activities. The CRADLE is also connected to two larger initiatives that coordinate services in Bedford-Stuyvesant: the Administration for Children’s Services’ (ACS) Community Partnership Initiative and the Mayor’s One City/One Community Initiative. To learn more about The CRADLE, visit http://cradlebedstuy.org/Providers/network.html

WILLING TO LISTEN

By Sylvia Perez

My preventive worker was a real blessing.

On March 25, 2004, after my daughter had been in care for three years, the judge released her to her father and me on a trial discharge. That meant that we’d be supervised by a preventive services agency for a year. I found an agency right down the block from me and met my new preventive worker. His name was Rene and he was Mexican, like me. As I got to know him and found out what preventive services was, I wished I’d gone to the agency years ago, before my family fell apart.

When I met Rene I was a little nervous, but he was very quiet and nice. We talked about what was expected of me, and he asked, “Does your family need anything? How do you feel with Little Mama being home?” He told me that he would help me with anything I needed for my family.

I was really surprised, because when my daughter was in foster care, my child welfare caseworker seemed not to care about my feelings. When I met with her, I felt the system hanging over me. She seemed to look down on me, as if I didn’t feel a mother’s love for my child. My child welfare worker hurt my feelings deeply on two occasions.

The first came when I’d already been clean for a year and was upset that I was getting only supervised visits. I said to my worker, “I’m tired of all this. I need my daughter home with me.” My worker looked at me and said, “Well, Sylvia, you have to work very hard, due to your past...” That really hit me hard in my chest. I wanted her to acknowledge that I’d been working hard for more than a year. I went to the gloomy bathroom with Lydia and cried.

Another time, in family court, the child welfare worker told my husband, “You should get your own place. You’ll get your daughter faster than Sylvia, because you’ve never had any children in the system.” That comment was so disrespectful to our marriage. I felt I had to approach her. “Why would you say something like that?” I said. “You are supposed to keep families together.” The worker tried to cover herself by saying that she didn’t mean any harm. But her comments made me feel she didn’t support me at all.

When I went to the preventive agency, I thought I would still feel like the child welfare system had its chains on me. Instead, I felt released. Rene wasn’t judgmental. He was very comforting and willing to truly listen to me. He didn’t shut me down.

One of the first things I told him was that I felt I didn’t need to continue with a drug treatment aftercare program. After two years of rehab I felt stable in my recovery, and I didn’t want to go for urine tests anymore. Rene listened and advised me on how to present my request to my child welfare worker. He also talked to his supervisor. I ended up being allowed to drop that program.

When the winter months came I asked Rene if they had a coat drive at the agency, because my family and I couldn’t afford winter coats. The next week, I was given three coats. That was a true blessing.

Another time I ran into trouble with my public assistance case. I received a letter from welfare saying that I didn’t show up for an appointment and they were going to reduce my check. I was very upset. I’d been at that appointment!

I called Rene immediately. He read the letter and then he faxed over some papers asking that I get a “fair hearing” so I could fight the decision. When I went to the fair hearing, I won. I was so grateful for Rene’s help. He gave me back my confidence in myself.

When the year was over, I realized I would miss Rene. If I ever have problems in the future, I’ll definitely go and seek help at that agency. I wish I’d known about preventive services before I lost my daughter to the system. I truly believe that if such kind and gentle workers had met with us before the child welfare system took Lydia, we might have gotten the help we needed without being so emotionally bruised.

About Rise Magazine

Rise is a magazine written by and for parents who have been involved in the child welfare system nationwide. Its mission is to help parents advocate for themselves and their children. Rise provides parents with peer support and information. More than 18,000 parents nationwide receive Rise through child welfare agencies, community organizations and individual subscriptions. Rise is printed three times each year (a yearly subscription costs $3). Each month, a new story and discussion guide for using the story in support groups, parenting classes or staff training is posted on the website: www.risemagazine.org. Rise is a powerful resource for staff working with parents. It inspires and guides parents to reunify with their children and strengthen their families.
**CALIFORNIA**

Child Welfare Services: Eleven-County Pilot Project Evaluation Report: Eleven California counties have been piloting three strategies to improve outcomes for children and families served by the child welfare system. These three strategies (standardized safety assessment, differential response and permanency and youth transition) were selected because they had achieved positive results in other states and in some California counties. This evaluation utilizes both quantitative and qualitative data. http://www.cwda.org/downloads/11CountyPilot2008.pdf

**IOWA**

Best Practice Bulletins: The Iowa Department of Human Services is publishing a series of Best Practice Bulletins with tips for caseworkers. Bulletins posted to date include: Involving Fathers; Close to Home; Relative Search & Placements; Worker’s Role - Visits with Children; Safety and Risk of Harm; Repeat Maltreatment; Mental and Behavioral Health; Improving Health Care for Children in Foster Care; Education Success for Children in Child Welfare; Social Worker Training; Father Engagement; Early Access; Comprehensive Family Functional Assessment; and Case Planning in Child Welfare. http://www.dhs.state.ia.us/Consumers/Child_Welfare/BR4K/Practice_Bulletins/Practice%20Bulletins.html

**NORTH CAROLINA**

Guide to Partnering with Resource Families: This guide, produced by the North Carolina Division of Social Services with support from Jordan Institute for Families, seeks to provide tools and strategies you and your agency can use to build, refine, and sustain partnerships with resource families. http://www.ncdhhs.gov/dss/publications/docs/Partnering_with_Resource_Families.pdf

**PENNSYLVANIA**

Paralegals Promote Permanency: Pennsylvania has initiated a unique program that frees up time for both caseworkers and attorneys in child welfare agencies, focuses new resources on finding relatives for children in foster care, and, most importantly, expedites permanency for many children. The State’s Legal Services Initiative (LSI) Program allows counties to place a trained paralegal within their child welfare agency to support caseworkers and attorneys in addressing legal barriers to permanency. http://cbexpress.acf.hhs.gov/index.cfm?event=website.viewArticles&issueid=102&articleid=2524

**TEXAS**

Strengthening Families through Enhanced In-Home Support in Child Protective Services: The passage of Senate Bill 758 authorized the Department of Family and Protective Services to implement a program delivering family preservation and reunification services to families impacted by poverty leading to neglect. The program provided additional monetary benefits made available through a fund of $92 million federal Texas Assistance to Needy Families (TANF) dollars. The initiative aimed to prevent removals of children from their homes or, when removals were necessary, to speed reunification. http://www.dfps.state.tx.us/documents/Child_Protection/pdf/2008-09-01 StrengtheningFamilies.pdf

**WASHINGTON**

State Survey of Hundreds of Youth in Foster Care: The most extensive single-state survey of foster youth anywhere in the country was recently released by Washington State officials as part of the state’s efforts to reform its foster care system. It is one of the only surveys of foster youth in which they were questioned directly about their experiences. More than 700 youth aged 15 to 18 were surveyed by phone on a range of issues, including education, caseworker relationships, health and safety, contact with parents and siblings, overall treatment, and plans for the future. Additionally, about 35 current and former foster youth ages 14 to 20 were also interviewed face-to-face in discussion groups, where they talked about the same issues raised in the survey. The survey participation rate was high: 706 of the 879 youth and/or caregivers successfully contacted agreed to be interviewed. This reflects what interviewers experienced in conducting the surveys – foster youth are very interested in offering their views and sharing their experiences. The full survey report, survey outcomes report, summary of survey results, and summary of youth discussion groups are available online on the National Center for Youth Law website. http://www.youthlaw.org/publications/yln/2008/julyseptember_2008/hundreds_of_wa_foster_youth_surveyed/
GUIDES

Building Effective Training Systems for Child Welfare Agencies

This guide from the National Child Welfare Resource Center for Organizational Improvement provides a framework for child welfare agencies or Tribal leadership teams to build a shared understanding of and commitment to the value, role, capacity, and development of their training systems. Given the complex, rapidly changing child welfare environment, managers must view the training system strategically, as a key management tool for sustaining organizational change and improvement.

http://tips.muskie.usm.maine.edu/pubs/pubdetailWtemp.asp?PUB_ID=B060056

A Guide to Assessing & Increasing School Engagement

Students who are disengaged from school are at risk for many poor outcomes beyond poor academic achievement: skipping classes, sexual activity, substance use, and ultimately dropping out of school. A new Child Trends brief, Assessing School Engagement: A Guide for Out-Of-School Time Program Practitioners, provides information on why school engagement matters, how out-of-school time programs can affect school engagement, and how to measure engagement. The brief includes specific measures of school engagement from three surveys and a list of additional resources.


Making the Case for Ongoing Connections Between Youth & Those Who Met Them: Before Permanency & Beyond

This Guide from the Family Connections Project in Illinois is a manual that presents audience-specific education to legal and court personnel about the benefits of open permanency arrangements that are based on a parenting curriculum provided by Adoptions Unlimited, Inc. (AUI) for use in the project.

http://www.nrcadoption.org/youthpermanencycluster/resource.html

Sharing Family Strengths Activity Booklet

Family & Children’s Service in Minneapolis has published the Sharing Family Strengths Activity Booklet, available at no cost to families, teachers, mental health professionals, social workers, and community professionals who work with kids and families. Designed to help parents and children identify and nurture family strengths through fun activities and helpful ideas, the Booklet is available free while supplies last. To request a hard copy or to download an e-copy in PDF format, visit their website.

http://www.everyfamilymatters.org
**CFSP/APS Toolkit**

This web-based toolkit to help States and Tribes understand and complete the Child and Family Services Plan (CFSP)/Annual Progress and Services Report (APSR) has been updated and is now available on the Children’s Bureau website. This toolkit was designed by ACF to create a central location for all technical assistance documents and materials, as well as references to specific laws, policies, and checklists that relate to the development of the State and Tribal CFSP/APS. The requirements specific to States and Tribes, required forms, assurances, certifications, and reporting schedules may all be accessed through this one site. The links in the toolkit allow the user to drill down to the laws, regulations, policy, and resource or technical assistance documents which relate to specific requirements within the CFSP/APS. Users will also find the programs covered in the CFSP/APS as well as historical documents which may be informative and useful.

http://www.acf.hhs.gov/programs/cb/programs_fund/toolkit/

**“Get Your Kids Back” Poster**

The “Get Your Kids Back” Poster is available for download from the Catalyst for Kids website. This poster, which was recently updated, was created as part of a 2006 report from the Successful Family Reunifications Project in which families in Washington State shared their challenges, insights into what led to their success, and ideas about how we can help more families succeed. The project was sponsored by the Washington State Administrative Office of the Courts, Court Improvement Program and Catalyst for Kids.

http://www.catalystforkids.org/kids%20back%20poster_102208.pdf

**Webcasts**

Permanency for Older Youth: Strategies that Work (Archived Webcast)

The National Governors Association Center, in partnership with Casey Family Programs, recently held the first in a series of webcasts related to safely reducing the number of children in foster care. The first webcast brought together experts to discuss permanency for older youth and what states can do to so that all youth receive the appropriate level of supports and services needed to achieve permanency. This webcast provided an overview of the issue and examples of how leaders in states, the legal community, and youth themselves are responding to the important and complex issue of permanency for older youth. The webcast is archived and available online.

http://www.nga.org/webcast

**INFORMATION SERVICES FROM THE NRCFCPPP**

Beyond the formal training and technical assistance we offer, we are also pleased to be able to offer a number of less formal ways to connect you with the information you need. We invite you to take advantage of some or all of our informational offerings:

**Our Website**

We offer our own resources as well as links to important resources from other sites on nearly 60 individual topics from A (adoption) to Y (youth voice).

**NRCFCPPP Weekly Update**

An electronic weekly newsletter provided at no charge to subscribers. Sign up on our home page at www.nrcfcppp.org

**Training Curricula in English/Spanish**

Training materials on a variety of topics, all downloadable for free.

**Quarterly Webcasts**

Focusing on a wide range of family-centered practice and permanency planning related issues, these are broadcast live and then archived on our website.

**Permanency Planning Today**

This publication, our semi-annual newsletter, shines the spotlight on national promising and best practices in the field. It is a web-based publication archived on our website.

**Teleconference Series**

Teleconferences for State foster care and adoption managers focusing on a wide range of family-centered practice and permanency planning related issues. These are conducted live and then archived on our website.
**THE FOSTERING CONNECTIONS TO SUCCESS AND INCREASING ADOPTIONS ACT OF 2008**

The Children’s Bureau, U.S. Department of Health and Human Services, Administration on Children, Youth, and Families has released critical documents to inform State, Tribal and Territorial Title IV-B and IV-E agencies and Indian Tribes and Indian Tribal Organizations of the enactment of the Fostering Connections to Success and Increasing Adoptions Act of 2008 and to provide basic information about the provisions of this law. According to the memorandum issued by the Children’s Bureau on October 23, 2008: “The President signed the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Public Law 110-351) into law on October 7, 2008. Generally, the law amends the Social Security Act to extend and expand adoption incentives through FY2013; create an option to provide kinship guardianship assistance payments; create an option to extend eligibility for title IV-E foster care, adoption assistance and kinship guardianship payments to age 21; de-link adoption assistance from Aid to Families with Dependent Children (AFDC) eligibility; and provide federally-recognized Indian Tribes or consortia with the option to operate a title IV-E program, among other provisions.” The law is described in greater summary in the full memorandum, which is available on the NRCFCPPP website: [http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/ACYF-CB-PI-08-05.pdf](http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/ACYF-CB-PI-08-05.pdf)

The full text of the Fostering Connections to Success and Increasing Adoptions Act of 2008, provided by the Children’s Bureau, is also available on the NRCFCPPP website, [http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/Att%20B%20-%20HR%206893.pdf](http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/Att%20B%20-%20HR%206893.pdf)


The full text of the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Public Law 110-351) into law on October 7, 2008. Generally, the law amends the Social Security Act to extend and expand adoption incentives through FY2013; create an option to provide kinship guardianship assistance payments; create an option to extend eligibility for title IV-E foster care, adoption assistance and kinship guardianship payments to age 21; de-link adoption assistance from Aid to Families with Dependent Children (AFDC) eligibility; and provide federally-recognized Indian Tribes or consortia with the option to operate a title IV-E program, among other provisions.” The law is described in greater summary in the full memorandum, which is available on the NRCFCPPP website: [http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/ACYF-CB-PI-08-05.pdf](http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/ACYF-CB-PI-08-05.pdf)

**ANALYSIS OF PRIMARY AND SECONDARY CHILD ABUSE AND NEGLECT PREVENTION IN 2001-2004 CFSRS AND PIPs**


The FRIENDS National Resource Center for Community-Based Child Abuse Prevention now offers a new resource developed by their partner, the Child Welfare League of America, that highlights prevention services identified in the Child and Family Service Reviews (CFSRs)/Program Improvement Plans (PIPs) during the 2001-2004 reviews. The summary report, An Analysis of Primary and Secondary Child Abuse and Neglect Prevention in the 2001-2004 Child and Family Service Reviews and Program Improvement Plans, is accompanied by a matrix of prevention services drawn from the CFSRs and individual State Profiles. The report is an attempt to compile what has been documented in the CFSRs/PIPs related to states’ linking/coordination efforts. The report also highlights the points of intersection across programs and the shared work that needs to happen to improve outcomes for all children and families. Although state child welfare agencies are on their second round of CFSR reviews, this information provides a base understanding for what has taken place as states have moved forward to involve prevention (primary and secondary) of child abuse and neglect in meeting their CFSR requirements.

**PROGRAM INSTRUCTION ON GUARDIANSHIP ASSISTANCE PROGRAM PROVIDED BY CHILDREN’S BUREAU**

The Children’s Bureau of the U.S. Department of Health and Human Services, Administration on Children, Youth and Families issued Program Instruction to State, Tribal and Territorial Agencies Administering or Supervising the Administration of Title IV-E of the Social Security Act, Indian Tribes, Tribal Organizations and Tribal Consortia (Tribes). The purpose of this Program Instruction (PI) is to provide interested State title IV-E agencies and Tribes instruction on how to implement and operate the Guardianship Assistance Program (GAP) plan option as authorized by the Fostering Connections to Success and Increasing Adoptions Act of 2008, Public Law (PL) 110-351. Access the Program Instruction issued December 24, 2008: [http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/GuardianPI08-0712-24-08.pdf](http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/GuardianPI08-0712-24-08.pdf)

Access the State Plan Amendment Pre-Print form: [http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/Amendment_Pre-Print_for_PI08-0712-24-08.pdf](http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/Amendment_Pre-Print_for_PI08-0712-24-08.pdf)

**ORGANIZATIONAL SELF-ASSESSMENT FOR CULTURAL AND LINGUISTIC COMPETENCE**


This brief from the National Child Traumatic Stress Network provides an overview of organizational cultural and linguistic competence, organizational assessment, and resources. It begins by explaining criteria for organizations that are culturally and linguistically competent, and then provides information on legal mandates that support linguistic competence and guiding principles for organizational self-assessment. Resources for additional information on organizational self-assessment and strategies for facilitating cultural and linguistic competence are listed, along with steps for moving forward towards cultural and linguistic competence.