

# Permanency Planning Today

The Quarterly Newsletter of the National Resource Center for Permanency Planning  
Hunter College School of Social Work, 129 East 79th Street, NY, NY 10021

Phone: 212-452-7053; Fax: 212-452-7051; E-mail: nrcpp@shiva.hunter.cuny.edu

## COMMUNITY-BASED PRACTICE AND FAMILY PRESERVATION

By Robyn Brown-Manning, M.S.W., NRCPP Consultant and President, Kriya Associates, Inc.

**M**rs. Mercado, who lived on the ground floor of the building where I grew up, pulled out my first tooth. When I was recuperating at home from having my tonsils removed, my adored first grade teacher left the school to produce a children's program for PBS. Her replacement Mrs. Smith, who did not know me, sent a Hershey's chocolate bar to my home and a message for me to hurry and get well. I learned about family planning through a youth group at my church; discovered a joy for cooking through the Girl Scouts; and reveled in information about my African-American culture through my summer camp and year-round leadership program.

My two brothers and I are a product of the projects in the Soundview section of the Bronx and of the New York City public school system. My father was a postal worker and my mother was a church secretary. We were not wealthy by any stretch of the imagination; in fact there was not much money at all. But, oh were we rich! Rich in family and rich in community.

My brothers and I are all adults now, with children and professions of our own. Our lifestyles are different than those of our parents—we have more cash dollars, more education, more opportunities and more mobility. However, I no longer feel as rich, because what we've lost, what many of us in this country have lost is that sense of community. My community was my family. Each summer, when I returned from camp, as I approached the neighborhood with its familiar sights, sounds and smells, there was such a sense of "I'm home; I am where I belong". All of the Mrs.

Mercados and Mrs. Smiths were my mothers, and I instinctively knew they would be there for me in the case of my parents' absences. The thought of being uprooted and transplanted to a "foreign" place or people never entered my mind, resulting in a profound sense of security, stability and permanence that continues to be a part of my adult persona.

Security, stability and permanence. The inalienable rights of every child. Regardless of how we as service providers may feel about particular neighborhoods and communities, children have a right to feel connected, to feel that they belong somewhere and to know that home and family are constants in their lives. As child welfare transitions to a more community-based, family centered practice we are committing ourselves to insuring that all children experience a sense of belonging and continuity in their lives. We are saying that communities have a vital role to play in creating this reality. We are saying that families have a significant voice in this process. Normally, families don't trust what we say; often we don't even trust what we

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say. So what must we do differently, to make this new movement successful, and not just rhetoric or business, as usual?

**1. We need to understand conceptually what being community-based means.** Many agencies think that if they have a building that is physically situated in a neighborhood, they are community-based. This is not necessarily true. A location in the neighborhood is key, however, the measure of whether or not we are community-based is if the neighborhood residents view us as a friend or as an occupying force. Do they willingly seek our services and do we willingly seek theirs? Being community-based means that we understand the previous question; that we recognize community residents as having services that they can offer!

As a community-based system, the child or family is no longer our client as we now understand them to be. The community is our client. We have an investment in the health, stability and development of the community. As members of the community, it is to our advantage to insure its well-being. Therefore, as a social service agency, our interventions now must also include active participation on community boards; intimate relationships with religious groups, formal and informal community leaders and activists and local police precincts; dialogues with local financial institutions, schools, stores, tenant and housing groups. We must be a visible presence at community health fairs, block parties, rallies and protests. We must come from behind closed doors and we must roll up our

sleeves and prepare to work. We must not assume anything; we must ask everything. As agencies we must surrender our image of being the "powerful all-knowing" system. We must enter communities as humble learners. The community and its residents become our teachers.

Doing all of these things and more requires a great deal of work, and for many of us a significant change in our day-to-day practice. Our work schedules, recruitment and hiring practices and organizational structure will be impacted, to name a few. The changes however, will result in our agencies gaining credibility within the community. Our relationships with other systems will become less adversarial and less competitive. The

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**"We must enter communities as humble learners. The community and its residents become our teachers."**

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children and families whom we service will be served equally and uniquely by all of us. And the child will have a sense of stability, security and permanence.

**2. We need to understand the unique role of child welfare in the community-based model.** As we become more effective partners in the community network, our role as child welfare practitioners becomes more clearly defined. We have expertise in such areas as child development, child abuse and neglect, adolescent pregnancy and parenting. In a community-based model we become the partner that others in the community turn to

for information, resources, guidance and assistance in our specialty areas. When a family comes to us with a drug, job or housing concern, we no longer need an in-house CAC drug counselor, job developer or housing specialist. We have skilled partners within our community network, who as part of the service team will address these issues with the family. Our interventions become highly focused on intensively providing only the services we know best.

We also know how to license resource or foster homes. However, it is the community that is most familiar with who potentially would be an excellent foster mom or foster dad. As a result, our recruitment efforts become shared and the training and licensing becomes our primary area of focus.

We become the community educators regarding child welfare issues. We explore how neighbors currently support troubled families and we help them recognize when additional, more formalized assistance may be indicated. Appreciating the community's cultural norms and values, we supplement its practices with information regarding how to reach out for help. Armed with this data, the residents become our eyes and ears alert to warning signs and knowledgeable and comfortable regarding making referrals.

**3. We need to provide community-based services at the front-end of permanency planning.** For many of us, existing community-based services are in the form of prevention programs. Traditionally, we connect families to these services upon trial discharge of the child from foster care. If we re-

conceptualize community-based services, as it has been suggested, they would naturally occur before a child entered placement. Family preservation is always the first form of intervention in permanency planning. What successes we would see if Mrs. Mercado said to her overwhelmed neighbor who she saw hitting her daughter, "Let Mary stay with me for awhile. You deserve a break." What successes we would see if Mrs. Mercado also suggested to Mary's mother that together they speak to "the people at that place down the block." After all, she heard from Mrs. Jones, downstairs that they are really helpful. What successes we might see if they did speak to us and we were able to help Mary's mother obtain regular respite services or we were able to have our colleague at the day care center prioritize a slot for Mary. Or maybe, all Mary's mother really needed was a job or school placement for herself. Using our network, again, we could help Mary get to the right place for the right services. We would avoid placement. A family would be preserved. And Mary would feel a sense of security, stability and permanence.

#### 4. We need to "normalize" services.

A colleague of mine often speaks of providing the same services to clients that we seek for ourselves. All families, including our own, strive for permanence. We want as few disruptions and crises in our family systems as possible. If my child is presenting challenges, there are several things I might do. I might get him involved in some extracurricular activities such as karate, Little League or an arts program. I might talk to my minister or pray. I might go to a neighbor. I

might go for a walk. All very "normal" ways of responding to a situation. Even as a certified social worker, the last option that may come to mind is to seek counseling for either him or myself. It certainly is a viable option, just not amongst the first things that come to mind.

However, often the first things that do come to our minds when servicing a client with similar issues are parenting classes, therapy, evaluations, drug programs, job-training programs, etc. Although we say that we operate from a strengths-based model, in actuality we often have a deficit-model tool kit. As community-based

#### 4 Steps to Community Based Practice:

- (1) Developing a conceptual understanding of "community based."
- (2) Exploring the unique role of child welfare in the community based model.
- (3) Providing community based services at the front-end of permanency planning.
- (4) "Normalizing" services.

programs, we need to "normalize" and add to our tool kits. In addition to the traditional services we view as therapeutic, we must recognize others for their therapeutic properties as well. Girls' and boys' clubs, community centers, dance and exercise programs are viable service modalities. Explore libraries, radio stations and local restaurants for interesting community services that many offer at no cost. Another excellent resource for "normal" things available in the community are beauty salons and barber-shops (Really!).

When working in communities of color, it becomes even more critical

that community-based agencies know and understand these options, not as supplemental or secondary programs, but as first-line interventions. Historically, traditional child-welfare agencies do not have the best track records for working with families of color in ways that the families view as successful or meaningful. The formula for healing is different for many of these families and requires many non casework-type modalities. If we are committed to decreasing the disproportionate amount of children of color who are in placement with our agencies, then we must stop marginalizing these types of interventions and begin using them in ongoing and direct manners. The information for when, why, how and where to use them lies within the hearts, minds and spirits of the community residents. We must partner with them to preserve families and to maintain healthy and safe children within the loving folds of the neighborhood's arms.

Often when I dream at night, I find myself in the home and the neighborhood that I grew up in. I have not lived there in over 25 years, yet it is still home. In my frequent travels around the country, people will ask me where I am from. I never speak of the place that I have lived for the past 23 years; I always respond that I am from the Soundview section of the Bronx. I don't fully know why I do this. What I do know at the very core of my being, is that the experience of being loved, nurtured and cared for within the context of a community created a foundation that will serve me my entire life. Having a diverse combination of adults and peers and programs to guide my

development did wonders for my sense of self and well-being. Of course, I was not cognizant of this fact at the time--I was a child.

And so are the young people on our caseloads. Granted, things have changed in the past 47 years, but the essence of who children are has not. They still need all of the things that we needed growing up--safe homes, a sense of belonging and the knowledge that "here" is where they will always be. Our future well-being is intricately connected to the well-being of these children and families. If we are in this field of work, we have an obligation to do whatever is necessary to insure successful permanency outcomes for children. Many of us have been extremely disillusioned with our progress to date. Many of us are extremely excited at the possibilities that moving to a community-based, family-centered model presents. We have much work to do to insure its success--much paradigm shifting and values clarification.

I pray we can do it.  
I know we can do it.  
I am ready to do it.  
Are you?

## NOTE FROM THE DIRECTOR

*Sarah B. Greenblatt*

**T**his issue of Permanency Planning Today examines the importance of starting the permanency planning and decision-making process within the child's family and community. At the NRCPP we believe that in

order for ASFA to result in change, reform, it must be rooted within the theories of child development and continuity in family relationships that have guided permanency planning for over twenty years. This means that ASFA implementation in states should emphasize children's developmental needs for permanence in their primary family relationships as the rationale for child welfare reform rather than only compliance with federal law. Fundamentally, children require safety, stability and protection; continuity and connectedness in their family relationships; and a sense of belonging and emotional security that comes from membership in a family that offers a social and/or legal status intended to last a lifetime.

The practice of permanency planning requires that we involve families in planning and in making balanced decisions about where children will grow up. Thus, permanency planning is about balance - a very difficult but necessary component of the process that can lead to successful and timely outcomes. Through the process of planning for permanence, we balance children's need for protection and attachment with parents' rights to raise their children. We balance the need to preserve family relationships with children's urgent need for predictability, stability and continuity in their care-taking relationships. And we balance what we know about parents' present circumstances and past experiences with their current capacity to make the changes within time-frames that address a child's sense of the passage of time and capacity to tolerate separation. The need to maintain balance in our work with families requires

that we also re-examine issues of power and control and how we as professionals share the planning and decision-making process with families and children.

By restructuring the way in which we work with families and their communities, we are more apt to overcome the many systemic and discriminatory barriers to permanence that have for so long influenced child welfare practice. Permanency planning must begin with family support and preservation at the community level. We must also involve community-based intensive reunification efforts that respectfully involve parents in making changes with time-frames that meet the child's sense of time. Reunification efforts must honestly balance children's needs and parents rights. Permanency planning also means that we as professionals must recognize and value the power of 'family' in the lives of the children and families with whom we are involved; that wherever children grow up, their

*Sarah B. Greenblatt*

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NRCPP 1999 Survey of  
Selected Sites on Concurrent  
Planning: Tool for Permanency  
by Lorrie L. Lutz, NRCPP Consultant

This survey of 12 selected states includes information on how states are involving birth families, preparing stakeholders; utilizing differential assessments, service plans, and case reviews; and supporting resource families in their concurrent permanency planning efforts. For a copy of the survey, contact Sharon Karow, NRCPP Information Specialist, at (212) 452-7079 or by e-mail: [skarow@shiva.hunter.cuny.edu](mailto:skarow@shiva.hunter.cuny.edu).

# FAMILY PRESERVATION: SUCCESS STORIES IN THE FIELD

The following four stories were reprinted with permission from The National Family Preservation Network's web site: [www.nfpn.org](http://www.nfpn.org). For

families of origin will always have a special meaning to them.

We are proud of this issue of *Permanency Planning Today* for it emphasizes the strengths that can be found within families, their cultures and their communities - strengths that are too often missed.

## STORY #1: WORKING THROUGH IT TOGETHER IN ALABAMA: IFPS AND FAMILY SERVICE CENTERS

By Sandra Arthur and Kathy Baker

One of the best examples of collaboration in Alabama is the partnership between Intensive Family Preservation Programs (Family Options) and the Family Service Centers. There are ten Family Service Centers in the highest need counties across the state, funded by federal Family Preservation and Support Services funds.

In the nine counties where both programs exist, families have the opportunity to access a continuum of services from most to least intensive. In order for these services to be most effective for families, it is necessary for a high degree of collaboration to occur, begin-

ning with assessment of strengths and needs. Ideally, when Family Options receives a referral, a planning meeting is convened which includes the family, the Family Options worker, a Family Service Center staff member, as well as the Child Protective Services worker. The plan that is developed insures the best utilization of resources and investment in the goals by all involved.

While the Family Options program focuses on helping to resolve the immediate crisis placing the children at risk of removal, the Family Service Centers can focus on other issues that promote long term stability for the family. These may include adult education, job training and placement, ongoing parenting support, educational assistance for the children, addressing housing, transportation, day care, health issues, and more.

During the intervention, it is important for regular communication to occur between the programs to insure that services are not duplicated or do not conflict with one another. The Family Service Center is often able to facilitate successful implementation by providing such things as drop in child care, transportation assistance, and financial assistance that allow the parents the opportunity to work towards goals specific to family preservation. Once the intervention is complete, the Family Service Center can continue to provide case management and other services to assist the families in maintaining progress. Since the Family

Service Center services are not time limited, the families can continue to receive services that promote family stability such as summer recreation programs, support groups, tutoring, and counseling.

Our experience has shown that if parents are connected to ongoing supports and services they are more likely to be successful at keeping their families together and providing a safe and stable home for their children. This is a well-matched and natural collaboration because the Family Services Centers and Family Options programs have the same philosophy:

1. Children are most often better off with their families if their safety can be assured.
2. Families want to do the best they can.
3. Families can thrive when we build on their strengths and help provide the resources they need.
4. Families are most often open to receiving help when they are treated with respect, acknowledged as the experts in their own lives and are encouraged to work in partnership with service providers.

In Alabama, statistics show a very high percentage of families served by Family Options (IFPS) are still safely together up to one year after the intervention. While we have not conducted an official research study to prove this theory, it is probable that this collaboration contributes to the families' success.

## STORY #2: KEEPING FAMILIES TOGETHER IN RICHMOND

When Robert Lee first met 17-year-old Paula (not her real name) she already had a criminal record. She had assaulted her mother and others in the neighborhood, and vandalized the family home. And she thought the answer to her problems was to have a baby. Today, Paula has a GED degree. She's graduated from the Job Corps, gotten a beautician's license and she's working in a hair salon. And she does not have a baby.

Paula is one of more than 30 adolescents Lee has worked with over the past two and a half years. Lee is a case manager for the Intensive Family Preservation Program in Richmond, Virginia. The program is different from many others around the country. The target population is not children at risk of foster care - it's teenagers at risk of jail.

Richmond's IFPS program is part of a continuum of services designed to improve the city's juvenile justice system. Referrals come from the city's probation department and juvenile court. The youths are between 11 and 18 years old - and have had at least two felony convictions, according to the program's administrator, Vernell Straughter.

The program is widely praised in Richmond - but it faces a problem common to IFPS and other successful programs: dilution of the intensity of service. Richmond's program follows the Homebuilders model, with workers on call 24-hours-a day, seven days a week. Caseworkers visit clients' homes and children's schools several days a week. They help families with concrete, practical tasks like getting bills paid, and transporting teens to everything from doctors appointments to drug treatment. They also do a lot of work on communication skills. "A lot of times a juvenile is in trouble because of miscommunication," Straughter says. "People yelling at each other

instead of talking to each other." At the end of the 8 to 12-week intervention, families are linked to less intensive, longer-term help, with a special emphasis on finding mentors for the teens.

During the intervention, workers also can use another program in Richmond's continuum of care that provides special weekend activities such as bowling and museum visits, for troubled families. "That allows families and workers to relate in a more relaxed environment, as well as letting workers see parents who work during the day and have difficult hours or no access to time off or sick time," Straughter says.

Straughter says Richmond decided to try the program because "sometimes a problem with a juvenile is a

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**"...sometimes a problem with a juvenile is a systemic problem in a family. If you fix one part and not the others, you still have a problem."**

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systemic problem in a family. If you fix one part and not the others, you still have a problem." In Paula's case, Robert Lee arranged a transfer from her previous school to the city's Career Development Center, where she could get a GED by age 18. At her previous school, she still would have been in 10th grade by that age. He also showed Paula the new school's day care center - for teen mothers. "I showed her: this is what you might have to be doing. You'd have to pay for a sitter, for day care. If you get a minimum wage job, that's almost your whole paycheck for the week." Lee also helped relieve stress on the family by taking all the kids to their doctors' appointments, so their mother wouldn't have to lose time - and money - from work.

Crucial to helping Paula was the intensity of the intervention. The family had been in another program, Lee said, "but they only came by twice to see her [in three months] and then they wrote this big, long report." In contrast, Lee said, "we had daily contact by coming every day, checking at

school, making phone calls daily, she saw somebody DID care that she did succeed."

There are a lot of similar stories, according to Richmond's Probation Director, Clarice Booker. "It's been very successful," Booker says. "A lot of kids and families have benefited. It's popular with probation staff and judges." The program has served 127 families. Lee estimates he's worked with between 30 and 40 young people. Of that number, he says, only one or two have gotten into trouble again.

The program originally was funded with a federal grant. It had a maximum caseload of three per worker. But now the federal money has run out and the City of Richmond is funding the program. And the city is increasing the caseload to five. That has raised concerns about whether the program can be as effective.

In her book "Common Purpose: Strengthening Families and Neighborhoods to Rebuild America" Lizbeth Schorr examines why it is so difficult for programs that are successful on a small scale to be widely replicated. Among the key problems, she says, is "dilution," that is, taking a successful model and diluting it by reducing the intensity of service, usually in order to save money.

In Richmond, Straughter says, the city believes the program will be more "cost-effective" by increasing the caseload to five. Straughter believes the program still will work. But she cautions that if caseloads go any higher, the program could be compromised.

## STORY #3: BLACK FAMILY DEVELOPMENT, INC.: A DETROIT IFPS STORY

*By Anne Lopiano, National Family Preservation Network Executive Director*

**W**hen the young woman first was referred to the Families First program run by Black Family Development, Inc. in Detroit, "she was fearful of everything, from taking the bus to advocating for herself," says program director Nancy Gillenwater. The woman had reason to be afraid. She was being regularly abused in her home. In such cases, that sometimes means children are being abused as well. That can lead to referral to child protective services workers who, rather than supporting the mother, blame her for failing to "protect" the children, even as she is being beaten herself, and take the children away from both parents. Even when the children themselves are not harmed physically, states are moving to make domestic violence grounds to remove children because of the trauma of witnessing the violence - ignoring the trauma of the separation.

But the referral to BFDI prevented that. By the time the Families First intervention had ended, Gillenwater says, the woman had an order of protection against her assailant. She had found housing for the family and day care for her children. She knew how to advocate for herself and her children. And she had been linked to ongoing help.

In addition to its regular IFPS program, part of Michigan's Families First initiative, BFDI also has a special Families First program for victims of domestic violence. The program helps battered women pull their own lives together and secure the protection they need to live safely with their children.

BFDI is a pioneer in providing Intensive Family Preservation Services, providing Families First type services long before Michigan had a statewide Families First program. The agency

recently celebrated its 20th anniversary in the Spring of 1998, on the anniversary of the death of Dr. Martin Luther King, and I attended this event at the invitation of NFPN Board Member, Fred Harris, who is also an IFPS supervisor on contract to BFD. NAACP Chairman Julian Bond, was the keynote speaker at that anniversary dinner.

In addition to IFPS programs, the agency has a substance abuse program, a Youth Assistance Program, and runs programs in Detroit schools. BFDI was organized by members of the Detroit chapter of the National Association of Black Social Workers.

Concerned about the failure of traditional agencies to address the needs of minority communities, NABSW provided seed money for the creation of alternative agencies in several cities.

"The traditional approach wasn't working" says BFDI executive director Alice Thompson. Clients were required to go to a worker's office during working hours. That could actually compound a client's problems, since often they had little access to day care or transportation. In addition, many traditional agencies "had a very strong anti-poor bias," a bias that remains "pervasive" in much of the country, Thompson says. "They were taking kids out unnecessarily. There was no food, a lack of shelter or no clothing." Thompson says in such cases "removing the children isn't the answer. [Instead] go in and help the family fix it!"

From the beginning, BFDI went to the clients instead of making the clients come to them. Workers went to clients' homes, to laundromats, or to street corners to find and support the people who needed their help. The first contracts with the state focused solely on assessing a child's safety, says

Thompson. But the agency persuaded the state that "if you have a strong, healthy family, the chances of a safe family increase" so they were able to work intensively on dealing with the problems that could lead to child abuse or neglect. "When we got through we could not guarantee they would be living in decent housing, we could not guarantee the parent would have a job," says Thompson. "But we could be more sure that the child was safe."

From the outset, BFDI worked with families where substance abuse was a problem. They keep those families together by "structuring for safety." The prospect of losing their children sometimes is enough to make addicts

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change. That doesn't mean he or she gets off drugs immediately. But it does mean an addict can begin to "put your own child first," Thompson says. "Substance abusers have patterns. We help them identify the patterns and time frames that are the triggers [for using drugs]. Then we think about the support systems they have, or can create -- a neighbor, a relative. How, when you have this trigger and are about to abuse, place your children where they are safe, take them to your sister, have a neighbor come get them. "This is a giant step," says Thompson. "The parent is learning to put the child first over the addiction."

Then the BFDI worker tries to get the parent more involved in the child's education. "Even though they're on a substance, [the parent has] got to carve out this time for the children ... Education is a way out of poverty, at least for the children."

Then, BFDI tries to get the parent to go into drug treatment. It's a controversial approach, particularly at a time when some say any parent on drugs should lose custody of their children immediately - and permanently. But Thompson says that ignores the harm such separation does to children because it ignores "the bonding children have with biological families. The child still has a strong psychological, emotional, cultural, and spiritual bond to the family." Thompson notes that everyone talks about the importance of bonding - when a middle class foster family wants to keep a child whose been with them for a long time. "but we forget the importance of the ORIGINAL bonding and attachment [to the birth parents]."

Thompson says there are some parents who will never be able to properly care for their children, and in those cases it is urgent to get the children out of the home. "But those cases are a minority," she says. When the state decided it needed an alternative to needless placement of children, BFDI urged the state to expand the model BFDI was using into what became Families First, one of the largest and most successful IFPS programs in the nation. "Our argument was: we can do this and we can save money doing it," Thompson said.

"And we have."

"The parent is learning to put the child first over the addiction."

## STORY #4: INTENSIVE FAMILY PRESERVATION WORKING IN BALTIMORE AT PRESSLEY RIDGE

By Anne LoPiano, Director, National Family Preservation Network

Sally was 22 and a single parent living in Baltimore. She had lost her job and, with only a high school degree, had few prospects. She was falling behind in her rent and utility bills, and faced eviction. With her mother and grandparents dead, she had nowhere to turn, except to her aunt.

One day, she left her six-year-old son and two-year-old daughter with the aunt. When Sally didn't return when she was expected, her aunt called Child Protective Services. CPS found a bruise under the six-year-old's eye. For the children, that could have been a ticket to separation from the

mother the children loved, and possibly from each other. Instead, the CPS worker saw an overwhelmed, but loving and concerned mother under enormous stress. The family was referred to the Pressley Ridge Family Preservation program.

Pressley Ridge runs Baltimore's oldest IFPS program. It closely follows the Homebuilders model. There was a worker at Sally's home within 24 hours, and that worker was on call 24-hours-a-day seven-days-a-week while helping Sally and her children for four to six weeks.

First came the basics, to ease the stress in Sally's life, like emergency cash to help her with the rent and utilities. Then Pressley Ridge linked Sally to a parent support group - one which provides transportation to get parents to the meetings. The worker also helped Sally develop her own network of friends and neighbors to help her, so she could get a little time to herself. Pressley Ridge helped Sally get into a job readiness program - and helped pay for some clothes to help her meet the program's dress code requirements. As any counselor might, the Pressley Ridge worker taught Sally communication skills to help her talk to her son. But unlike most counselors, the worker also arranged to get Sally a dining room table and chairs so the family would actually have a place to talk while sharing a meal together each night.

As the intervention comes to a close, Sally is doing well in her job readiness program, and in taking care of her children. And the odds are better than eight in ten that a year from

now, the family still will be doing well. In this program, the worker who helps a family checks in with that family every three months for a year. And eighty-five percent of Pressley Ridge's IFPS client families are still together a year after the intervention ends.

When the program first started in 1991, concurrent with child welfare systems reform in Maryland, it was the only non-profit that contracted with the Family League of Baltimore to provide family preservation services in the city. Wanda Jackson began then as a family worker (there were nine workers in the agency at that time) and currently is the family preservation program director at Pressley Ridge. The need for the services grew rapidly, as did the reputation for solid results. Today, Jackson directs the services of ten family workers and several supervisors.

There is no "creaming" in the Pressley Ridge program. They take every case referred, and go into every neighborhood in the city. Pressley Ridge contracts yearly with the Family League of Baltimore, which acts as gatekeeper, central referral agency, and funding source, for all four Family Preservation entities in the city, to serve 152 families a year at present. Referrals may originate from the juvenile justice system, Mental Health and Hygiene or Baltimore CPS.

The three other FPS agencies in Baltimore - Progressive Life Center of Baltimore, Woodbourne, and DSS Helping Families Stay Together - each have different service priorities and delivery models than Pressley Ridge. Progressive Life has an Afro-centric

approach and DSS Helping Families Stay Together is an arm of the Baltimore City Department of Social Services that provides a wider array of services, which differs from the intensive model of family preservation -- workers carry a higher caseload, and services extend for varying lengths of time.

All Pressley Ridge workers must have college degrees, and they get financial aid from the program to take their education still further. Supervisors must have masters degrees. About half of the family

**"No matter what child you speak with, or any circumstances, that child's first preference is to be with his or her birth family. Mom is always Mom and Dad is always Dad."**

workers at Pressley Ridge IFPS were previously CPS workers in Baltimore City. They came to know and to respect the work of Pressley Ridge Family preservation program while at CPS. Once they join the Pressley Ridge program, the workers tend to stay. Whereas there are CPS agencies where the LONGEST serving worker may have been there for two years, at Pressley Ridge, their NEWEST worker has been there that long.

Jackson says that's partly because of the help with continuing education, a good annual leave program, and genuine teamwork between workers and supervisors. But there also are less tangible factors. At Pressley Ridge, she says "it's OK to have fun. As serious as

we are about our work, we also believe in enjoying what we do. We encourage spontaneity, accept non-conformity, and enjoy each other and our families." And Jackson says workers stay because of "the possibility of impacting change. It's pretty gratifying when you see that change begin to occur."

Maryland has had its share of high-profile child welfare controversies over the past two years. But Jackson says that has not provoked a backlash against the Pressley Ridge program. She says there is a tremendous call by the judges and courts for more IFPS, and there does not appear to be any danger of IFPS services losing funding.

The people who refer clients know that "uppermost in [our] minds is safety," Jackson says. But they also know something else: "No matter what child you speak with, or any circumstances, that child's first preference is to be with his or her birth family. Mom is always Mom and Dad is always Dad. If the parent can gain new skills and [develop] his or her strengths, it's in the best interest of everybody to stay together."

## FAMILY REUNIFICATION: NECESSARY COMPONENTS OF SKILLFUL PRACTICE

*By Beverly C. Burke, M.S.W., Lead Planner for the Connecticut Dept. of Children and Families, and Professor Barbara Pine, PhD, University of Connecticut School of Social Work*

**E**ven prior to its passage, the Adoption and Safe Families Act of 1997 (PL: 105-89) caused those in child welfare, in both public and private domains, to anticipate and plan for its impact, as the bill represented dramatic reform. (A concise overview of the Act by NRCPP Director, Sarah Greenblatt, appeared in *Permanency Planning Today*/Volume 3, No. 1).

As states now work to incorporate the mandates outlined in the bill, and as the resulting policy is rewritten and timelines abbreviated, attention has been paid in some areas to the other participants in the process: those stakeholders vital to the philosophical and practice shifts necessary for full implementation of the Act. Efforts to engage these stakeholders, and to bolster the community knowledge and support base for the Act, are varied, but as yet not far-reaching. Strategies range from training for judges and other court personnel to special recruitment of foster care providers, to outreach with private, contracted child welfare services. It is hoped that these and other efforts will serve to move the system toward concurrent permanency planning, earlier decision making and case disposition and ultimately better outcomes for children.

Just as the implementation of ASFA has had tremendous impact on public child welfare agencies, the private providers of family reunification services, who have played an increasingly larger role in helping realize the public

agencies' reunification plans, need to play a larger part in the planning and implementation process. Unless included in, for example, the dialogue or training associated with a state's implementation plan, local reunification programs must rely upon alternative resources for staff preparation and support that they can access directly - such as national organizations, publications, institutes and conferences.

Yet despite the difficulties of tight training dollars, travel and staff down time associated with training activity, family reunification providers express the need to redouble their efforts toward optimal family reunification practice. In part, this is due to ASFA-driven time lines which shorten the time in which families must improve their level of functioning to enable their children's return. Families will not be afforded multiple opportunities to "make it" and fail. Within that context, it is recognized that family reunification service providers will need to fully utilize their current capacities and develop areas they identify as needing further skill development.

Toward an understanding of what competencies are necessary for effective family reunification practice, and as a framework for the practitioner to assess current capabilities and map areas of needed skills, a comprehensive body of work to review is that of Warsh, Maluccio, and Pine. Their efforts produced a number of tools that are often referred to, including a definition of family reunification that sets the standard for practice and a sourcebook that outlines the specific skills required for competent reunification practice. Framed within the larger systems issues, the family reunifica-

tion competencies have been clustered according to:

- values and attitudes;
- assessing readiness for family reunification;
- implementing the reunification plan; and
- maintaining reunification and ending service.

The practice and process of reunification challenges us on many different levels: emotionally, professionally, and at times ethically. It is incumbent upon practitioners to examine the values necessitated by family reunification work as they, and the assumptions leading from them, have a direct impact on performance and outcomes. Workers can frequently observe what they already believe about families, and paradoxically, what family members believe is expected of them that shapes their reactions and responses (Zomoskly, 1993). Further, workers need to ask themselves whether they believe that families: have a right to be together; are doing the best they can given the resources they can muster; possess strengths and are capable of change and growth.

The values laid as the foundation for the Family Reunification Competencies (Maluccio, 1991) were the culmination of a unique dialogue among a variety of reunification line-workers, administrators and educators. The consensus held that workers competent in family reunification practice:

- Examine their own beliefs, values, and attitudes regarding parenting and reunifying families, particularly those acting as potential obstacles to reunification.
- Are guided by an ecologically-oriented, competence-centered perspective that stresses identifying and mobiliz-

This article includes material adapted with permission from: *Teaching Family Reunification: A Sourcebook* by R. Walsh, A.N. Maluccio, and B.A. Pine: Washington,

ing the strengths of all family members.

- Value the biological family as the preferred child-rearing unit, and are committed to reunification efforts that respect family integrity and the empowerment of children and families.
- View early and consistent family contact as an essential ingredient in preparing for and maintaining a successful reunification.
- Value diversity of family lifestyles and child-rearing methods, as long as they promote a child's health and safety.
- Recognize a range of symbols of family membership that can be used to support kinship bonds, such as family photographs; and recognize the importance to some children of primary caretakers other than the biological parents, such as grandparents and foster parents.

Preparing for reunification work by examining workers own attitudes and beliefs also helps to facilitate an understanding of some of the beliefs that reunifying families hold for themselves. The sense of failure, lack of confidence, anger and mistrust of the system are common feelings (Zazmosky, 1993) that if anticipated can be entrees for positive change rather than roadblocks where we become "stuck."

Determining families' readiness for reunification and developing a reunification plan is a complex process requiring among others, skillful joining techniques with all family members as a means to assess family dynamics, patterns and power structures. Individual family members must be assessed for their particular level of readiness, for members may feel left

behind as the larger family - and the reunification process - is moving. Failure to solicit even one member's input and support could place the plan, and the family's outcomes in jeopardy.

To conduct optimal work in assessing family readiness for reunification and developing the reunification plan, workers:

- Enter the biological and foster family systems in a manner that promotes trust and confidence, recognizing the range of feelings that members may experience with reunification efforts (e.g., fear, frustration, shame and grief).
- Assess readiness for reunification as early as possible, using assessment approaches that are congruent with the family's heritage, as cultural variables can effect assessment.
- Assess the child's and family's functioning and situation, especially in relation to: the willingness and readiness to be reunited; the parent's ability to meet the physical, emotional, social, medical, and educational needs of the child, the strengths and resources that can make the reunion possible; family relationships, level of bonding, communication patterns and conflict resolution skills; and the formal and informal resources and supports available to the family.
- Identify family problems that may pose risks to the child and impede the reunification (e.g., substance abuse, poverty, homelessness, domestic violence, mental illness) and the environmental barriers including resource gaps, attitudes of practitioners, legal procedures, or other external stressors.
- Work with the family in mutual decision-making to help them develop clearly stated, attainable goals that must be achieved to effect reunifica-

tion, with goals that emphasize needed behavioral change.

- Work with all involved (e.g., foster parents, service providers) to develop service agreements that outline the roles and tasks of all participants, and timetables for visitation and the return home.
- Continually evaluate the family's and child's progress toward reunification. (Warsh, Maluccio, and Pine, 1994, pp. 12, 13)

#### Key Steps to Promoting Reunification Through Visitation:

- (1) Setting conditions for positive, structured visiting.
- (2) Gradually increasing the lengths and challenges of visits.
- (3) Preparing parents for "family" activities.
- (4) Supporting collaboration between biological and resource parents.
- (5) Collaborating with other service providers and advocating for and with parents.
- (6) Documenting and evaluating visits and revising the visitation plan accordingly.

While implementing the family reunification plan, workers need to pay close attention to identifying behaviors that parents might expect to see in their children, and to help parents cope with the range of feelings that they may be experiencing as the reunification progresses. Practicing with the family ways of handling a recurrence of problems that may resurface at their children's return is one method of helping parents prepare. And while the implementation phase is seen by some as the backbone of the reunification, visitation is

often referred to as the heart of reunification (Hess, 1993).

Visitation is not a lone intervention, but is purposeful and an integral element of the reunification plan. Among the outcomes of visitation are a more accurate demonstration of the parent's readiness and ability for their children's return home, the bond maintained between family members, and a bridge developed between the placement and the home. Research has also emphasized the importance of visitation, with the frequency and nature of parental contact cited as primary indicators in both a child's return home, and in the eventual length of placement (Tam, 1996).

As under the best conditions, any number of factors can detour visitation (logistical problems, lack of transportation, or the emotional considerations of others such as foster parents) workers need to plan, facilitate and support optimal visitation. They would use visiting to prepare for family reunification by:

- Recognizing the conditions that promote positive visiting, and structuring for them in ways that enhance caregiving.
- Arranging visiting along a continuum of increasingly more challenging times such as meals or bedtimes, as well as increasing the length of visits to help parents gradually achieve competence in these areas.
- Recognizing and preparing parents in a range of activities that are natural to a family such as recreation, shopping, class activities, and pediatric appointments.
- Promoting the out-of-home care provider's collaboration and participation by encouraging their commu-

nication with and acting as a resource for the biological parents.

- Collaborating with other service providers, negotiating and advocating with them on behalf of families, as well as helping parents attain skills in working with them.
- Documenting visitations, and evaluating progress and altering the plan as needed. (Warsh, Maluccio and Pine, 1994, pp 14, 15.)

The many and varied efforts initiated throughout the reunification process culminate when helping families to maintain the reunification and remain together. During the post-reunification period, workers continue to draw upon skills utilized earlier in the intervention as, for example,

engaging and assessment skills are not only applied at the outset but will be needed throughout. At this time, workers engage families in the transfer of strategies they have learned to be applied to new situations. Now assessment is undertaken with the family of the impact of new problems and challenges that arise as they do in all families - and together evaluating the effectiveness of the techniques they choose. Workers competent in family reunification practice also prepare a family to remain together by:

- Enabling them to recognize the strengths in themselves and the external supports that can help maintain them.
- Helping them form or strengthen linkages with formal and informal resources.
- Helping all family members work through their feelings about the reunification worker's impending departure. (Warsh, Maluccio, and Pine, 1994, p. 16)

Optimal family reunification

requires that practitioners maximize their repertoire of skills and utilize them flexibly. For just as families and the reunification process are dynamic, so too need be our responses to them. Family reunification workers can do no less to ensure that they have fulfilled the important role in implementing the spirit behind ASFA.

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## FAMILY SUPPORT AND REUNIFICATION: A COMMUNITY RESOURCE MODEL

By Bogart R. Leashore, Dean, Hunter College School of Social Work and Principal Investigator for the NRCPP

Recent federal legislation, combined with the Adoption Assistance and Child Welfare Act (P.L. 96-272) of 1980, calls attention to family support and family reunification services among others.

Developing, implementing, and evaluating these services are necessary tasks that should be undertaken if we hope to provide more effective child welfare services. A model for developing community resources to enhance the effectiveness of family reunification services is presented in this article.

Family support services include basic necessities such as housing, employment, transportation, child care, parenting skills, substance abuse and counseling services, etc. Past and present efforts to provide these services in promoting family reunification have failed to fully identify and utilize community-based resources often available through churches, clubs, civic and social groups, professional and voluntary associations, and community groups, organizations, and institutions, especially at the neighborhood level and particularly in minority communities. The identification and utilization of these services in the context of an empowerment perspective and a family-centered approach can go a long way in promoting permanency planning generally and family reunification specifically. With the emerging interest in neighborhood-based services, it is timely that attention be given to community resource development.

The model presented in this article for developing community or neighborhood-based resources for family reunification involves five major tasks: 1) identifying and recruiting community volunteers; 2) orienting and disseminating information about the reunification needs of children and families; 3) training and technical assistance to build the resource capacity of community groups and organizations; 4)

exchanging and delivering resources and services to families and children; and 5) evaluating the efforts.

**Identifying and recruiting community volunteers.** Potential volunteer groups and organizations can be identified by using published directories of churches, schools, volunteer resource centers, community listings at the local public library, lists of professional associations, sororities, fraternities, the United Way, neighborhood advisory groups, civic associations, the local chamber of commerce, radio and television stations, and even the yellow pages of telephone directories. Having identified these groups and organizations, you can eventually prepare your own directories of resources. To recruit the services and resources of the identified groups and organizations, several outreach strategies can be used including: attending their meetings, personal contacts, telephone contact, mailings, and public service announcements on radio, television, and in community newspapers. It is safe to assume that the community at large is concerned about preserving families and about the well-being of children. However, concern about children and families is not sufficient.

**Orienting and disseminating information about the reunification needs of children and families.** To help mobilize resources for family reunification, it is important to inform community groups and organizations about the children and the families who need them. Community groups and organizations have varying degrees of knowledge and understanding about child abuse and neglect, as well as about local child welfare services and resource needs. Information meetings

and community forums are two methods of orienting and disseminating information. Ideally, this might be done in collaboration with local child welfare agency officials. Meetings and community forums also provide an opportunity to answer questions about family reunification, and for groups and organizations to express areas of interest to them. The time and place of these meetings and forums should be convenient for, accessible, and familiar to the groups and organizations. More than one meeting or forum may be necessary.

**Training and technical assistance to build the resource capacity of community groups and organizations.** Areas for training and technical assistance should be based on the needs of the community groups and organizations and may include: fundraising, public relations, volunteer social action program development, and grant writing. Although training and technical assistance workshops should be oriented toward augmenting local child welfare services in support of family reunification, skills learned may be transferred to other areas, thereby developing and enhancing the capacity of community groups and organizations. Volunteers who are likely to be directly involved with families and should be provided training that covers such areas as what the volunteer might expect, family and child development problems, liability concerns, appropriate types of supportive services, and the limits of client-volunteer relations.

**Exchanging and delivering resources to families and children.** This task involves generating and assessing referrals, reviewing family needs, and linking volunteer resources with fami-

lies and their children in out-of-home placement. In this process of resource matching, it is important that supportive services be identified. An agency liaison should be requested and appointed to your program. This liaison can be responsible for: channeling referrals, and facilitating communication between the agency and your program. Referrals may be generated through private agencies under contract with the public child welfare agency. In making referrals the following criteria are suggested: the child welfare agency should determine that family reunification is the permanency plan or goal; a timeframe for family reunification should be specified; and the parent(s) should be informed and give written consent to participate. Upon acceptance of a referral, a family case conference should be convened with the referring social work contacting the client family to arrange the conference. This family conference should focus on the strengths and resource needs of the family with specific deadlines to meet them. A plan of action to meet the resource needs should be developed. Follow-up meetings or conferences should be held to monitor progress toward meeting the resource needs, as well as progress toward reunification. Having determined resources needed, efforts should be made to find and provide them.

**Evaluating the efforts.** Evaluating your efforts can provide insight about success and failure in assisting families and children including the extent to which goals were achieved. The following questions can be helpful in evaluating your efforts: 1) were the efforts implemented as planned, 2) what were the goals, and 3) what

information is needed to assess whether goals were met? Information should be systematically collected to help answer these and other questions. In planning your evaluation you should also include feedback from families served, as well as from referring social workers and community volunteers involved in helping the families find the needed resources.

The community resource model suggested in this article can serve to promote family reunification and preservation by strengthening the partnership between child welfare agencies and communities, as well as providing the resources needed to facilitate the return of children to their families from out-of-home placement when safely possible. While the tasks identified in the model are subject to modification and adaptation to local needs, it provides a general framework from which community resources might be pursued.

## IS THE SYSTEM TRYING HARD ENOUGH TO KEEP FAMILIES TOGETHER?

*By Matthew Dedewo, Foster Care Youth United*

"When the court found out that I was being abused, instead of sending my mother into therapy they said, 'Well, Craig, you have to stay in diagnostic care,'" said Craig Jaffe, 20, a foster youth.

**I** was interviewing Craig because a few weeks before, I had talked with a lawyer who advocates for chil-

NRCPP is committed to including the voices of children and youth living in or having lived in foster care. Toward this effort, we will strive to include in each of our newsletters stories written by young adult writers for Foster Care Youth United, a newsletter written by and for youth in foster care, and published by Youth Communication/New York Center, Inc. For more information about FCYU, contact Youth Communication, 224 W. 29th Street, 2nd Floor, New York, NY 10001.

dren's rights. She told me that most cases going into Family Court are neglect cases and are about poverty; she felt that many families could be kept intact and foster care placements could be avoided with more preventive services, such as counseling, drug rehabilitation, and financial assistance.

I wanted to know if young people agreed, so I conducted interviews with both current and former foster youth. I asked them if the system did all it could have done to keep them from going into foster care. I asked them to remember a point where, if their family had received preventive services, it could have been kept together.

Craig Jaffe was adopted at the age of 18 months from Colombia in South America and placed with an adoptive family in Brooklyn. At that young age, his adoptive family was all he had as a family. It was unfortunate, because they were abusive.

Because of the abuse, Craig ran away a number of times. Eventually his mother sought a PINS warrant (Person In Need of Supervision) and he was placed in a diagnostic center at the Center for Children and Families. It

was there that, at age 13, Craig opened up about the abuse.

Craig said that it was his choice not to return to his adoptive home. "I was being abused and I knew if they sent me back, I would've been further abused." So he stayed in the system. Nevertheless, Craig said that the system could have done more to keep him with his adoptive parents. "There was no mediation between me and my mother. It was just, 'We throw you into therapy and leave your mother alone.' They didn't want to deal with the issues." Craig said the judge felt it would be easier to remove him from her home than to convince her to go to therapy.

Shauntay Jones, 16, a young mother still in care, was taken from her natural parents because of their drug addiction. "They were not able to take care of me," Shauntay told me. "It was not a good environment. Even though I didn't like being put in different foster homes all the time, and I didn't like being away from my mother, [living with my parents] wasn't a good environment."

But, like Craig, Shauntay still feels that more could have been done to keep her family together. "Counseling, most definitely, for my parents," Shauntay said. "But then again, the system tried to give them counseling. It was up to them. They chose not to get off it [drugs]. They could've did their thing, gone to counseling, but it was up to them. They [foster care] could've forced it more, I guess."

Baudilio Lozado, another youth I interviewed, has been in care since he was six years old. He is now 17 and living with adoptive parents. Baudilio has two brothers and one sister. His

sister is living with him but his two brothers chose to be placed in a group homes instead.

Baudilio isn't sure why he had to be removed from his family. He can only remember that there were allegations of abuse. He made it clear to me that his father was going through difficult financial times and that the system didn't make an attempt to remedy it. Baudilio said that financial assistance would obviously have helped his father keep them, if there hadn't been abuse allegations.

Baudilio never commented on whether the allegations were true or not, but he feels that his father was not given the full options. "They took us instead of helping us," Baudilio said. "To me, foster care is like a useless tool [without preventive services]. The reasons why they take the kids away are things [foster care] can't really control. They can change the system, but they can't stop the situations that cause 'foster care'."

Bad things happen. There are circumstances that can't be controlled, such as people getting laid off and deaths or accidents in the family that lead to stress and poverty. The foster care system can't always prevent those circumstances from occurring, but it can prevent them from getting worse, and possibly help them get better.

Like most of the youth I interviewed, Craig felt that in order for families to be kept together, more had to be done. "If they would've made more attempts to keep me and my family together, we wouldn't have been one big happy family," Craig said, "but at least we would've been on speaking terms." Is his life any better

because of foster care? "Overall, I have to say yes," Craig said, "but the price for my better life is that I don't consider myself as having a family."

Shauntay said that she doesn't need her natural family anyway. "I got my daughter," she told me, "to me that's my family."

## IN THE WINGS

**Family Assessment Tools** In continuing to gather and disseminate information about innovative child welfare practices, NRCPP plans to address the interest in and usage of various prognostic family assessment tools within the child welfare system. As these tools have become the subject of much discussion and debate, we have begun to assess the current state of thinking regarding their usage and effectiveness. In our preliminary work in this area, we have struggled to balance the system's need to identify "red-flags," which may indicate limited reunification potential for certain children and families, with the possibility that such early prognoses may bias reunification efforts. Toward this end, we hope to bring together leaders in the child welfare field to further discuss these issues in the near future, and to disseminate the outcomes of these discussions. In the mean time, we would like your input in determining which prognostic family assessment-related issues require further attention, and how they may best be addressed. If you are interested in and/or are able to provide resources or information on this topic, including any assessment tools your agency may utilize, please contact Lonnie Berger at NRCPP, 212-

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National Resource Center for Permanency Planning at  
Hunter College School of Social Work  
129 East 79th Street  
New York, NY 10021

452-7431 (Voice), 212-452-7051 (fax),  
or lmb62@columbia.edu (email).

## UPCOMING NRCPP NEWSLETTERS

The following topics will be featured  
in Summer/Fall and Fall/Winter issues  
of Permanency Planning Today:

**Summer/Fall:** Over-representation of  
Children of Color in the Foster Care  
System

**Fall/Winter:** Relative Care,  
Guardianship, Adoption, Return Home,  
Long Term Foster Care, Post Placement  
Supports: Elements of Permanency  
Planning, Part 2.

If you are not currently on the  
NRCPP mailing list for Permanency

Planning Today and would like to be  
added, please contact Sharon Karow  
by phone: (212) 452-7079 or email:  
skarow@shiva.hunter.cuny.edu.

## WHERE CAN I FIND MORE INFORMATION?

The following is a listing of reports,  
summaries and materials available  
through NRCPP, unless otherwise  
noted. Copies can be obtained by con-  
tacting Sharon Karow by phone: (212)  
452-7079 or email:

skarow@shiva.cuny.hunter.edu.

**Listening to Youth Report:** The  
Listening to Youth Project was  
designed to capture the experiences of  
youth formerly in foster care and their  
recommendations about how to  
improve the system and strengthen

services. This report describes the  
projects' goals and methodology, lists  
the interview questions and the mov-  
ing, thought-provoking youth respons-  
es, and provides recommendations for  
change offered by the former youth in  
care. A copy of the report can be pur-  
chased from NRCPP for \$5.00.

**Legislative Summaries:** Diane  
Dodson, an attorney, and NRCPP con-  
sultant, has been working on sum-  
maries of major child welfare legisla-  
tion for distribution. A summary of  
the Adoption and Safe Families Act of  
1997 is complete and available upon  
request. Summaries of the following  
legislation will be available shortly:  
Adoption Assistance and Child Welfare  
Act of 1980; the Child Abuse  
Prevention and Treatment Act; and  
Title I: Temporary Assistance to Needy  
Families of the Personal Responsibility  
and Work Opportunity Reconciliation  
Act of 1996 (as it pertains to child