CWS

Stakeholders Group

CWS Redesign: Conceptual Framework

May 2002

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CHILD WELFARE SERVICES STAKEHOLDERS GROUP

CWS REDESIGN: CONCEPTUAL FRAMEWORK

May 2002

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY GRAY DAVIS, *Governor*

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

May 16, 2002

Dear Friends:

Perhaps at no other time in recent history have child welfare services been under more pressure to demonstrate their effectiveness, quality and efficiency than they are today. With the Adoption and Safe Families Act review coming in September 2002, the pressure to ensure accountability and performance measurement to meet federal outcomes has grown tremendously.

The CWS Stakeholders Group was formed in August of 2000 to address critical concerns facing California's child welfare services system, and to articulate specific strategies to achieve desired results. This Group has worked diligently, undertaking intensive research and consulting with experts in the field, to explore the underlying assumptions of the current system and to determine the basic assumptions upon which to base the child welfare services system for the 21st century.

Based on the excellent foundation laid in year one, year two has produced a dynamic framework for a comprehensive new system that is detailed in the CWS redesign strategies that follow. The concepts in the redesign raises the bar even higher than the Adoption and Safe Families Act guidelines, by linking outcomes to accountability and placing a stronger emphasis on reaching children and families earlier and with a less adversarial approach. It focuses social work efforts on achieving outcomes through the development of evidence-based practices. The redesign targets fairness and equity as one of the systemic aspects of an environment where all children are valued and supported.

Changing a system as large and as complex as the child welfare system in California will take time, patience, commitment and leadership at all levels. This redesign framework is the beginning of a visionary cultural shift that starts this monumental and exciting change process rolling.

We thank you for participating with us in these historic efforts and solicit your help in reviewing and critiquing this Conceptual Redesign. Please keep in mind that we are still in the "conceptual" phase and are truly in need of your comments and suggestions to make this redesign a reality.

Sincerely,

Rita Saenz

RITA SAENZ

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I. STAKEHOLDERS GROUP VISION, MISSION AND VALUES

Core beliefs with respect to the care of abused and neglected children and their families, from early intervention through permanency and emancipation, are incorporated into the following *Vision, Mission* and *Values.*

VISION:

*A **vision** is a compelling image of a future reality based on tangible signs of success.*

Stakeholders Operational Vision:

Every child in California will live in a safe, stable, permanent home, nurtured by healthy families and strong communities.

MISSION:

*The **mission** of an organization is a clear statement of purpose. It answers the question, "Why does this group exist?"*

Stakeholders Operational Mission:

To create and sustain a flexible system, comprising public and private partnerships, that provides a comprehensive system of support for families and communities to ensure the well-being of every child.

VALUES:

*The **values** adopted by the Stakeholders represent the foundation for California's redesigned – or "recrafted" – system. They also define how group members agree to relate to all participants within the CWS system, and with one another.*

Stakeholders Operational Values:

The following values, deeply ingrained in the Vision and Mission of the CWS Stakeholders Group, form the acronym **RECRAFT**

Responsiveness
Excellence
Caring
Respect
Accountability
Fairness/Equity
Teamwork

II. SUMMARY OF ASSUMPTIONS OF THE STAKEHOLDERS GROUP

Assumptions or beliefs we hold about all aspects of the child welfare services system, society, practitioners, families and children drive our actions and decisions about how that system should be constructed. Therefore, identifying, discussing and articulating agreements and differences about these assumptions or beliefs are critical to having a productive discussion about the strategies and practices that should comprise the "new" system. The assumptions or beliefs we adopt will provide us with a way of testing the current system to identify areas where our current practice is in alignment with, or incongruent with, our assumptions. The assumptions or beliefs we adopt will be the standards or measures that we use to test out strategy and practice decisions. The goal is to align our assumptions, beliefs, strategies and practices in a system that accomplishes our mission.

At the April and June, 2001, meetings, Stakeholders reached full consensus on the majority of the assumptions. The remaining assumptions have various levels of support, but require additional discussions to achieve clarity and full consensus. The Stakeholders reached the conclusion that there must be a continued and evolving discussion process on assumptions, and recognized that there are further assumptions that need to be identified and developed.

Beliefs About The Nature Of Optimal Child Development

- What do children need in order to grow and thrive?

Beliefs About The Nature Of The Child And Caregiver Relationship

- What are caretakers responsible and accountable for in fostering healthy development?
- Why are some unable to fulfill their responsibility?

Beliefs About The Nature Of Child Maltreatment

- Aside from the context of maltreatment as a threat to healthy growth and development, what is "child maltreatment" and why does it occur?

Beliefs About The Nature Of Child Maltreatment Interventions

Once child maltreatment has occurred…

- **The Criminal Justice and Social Services Interface**

  Should the response to child maltreatment be based on a social services or a criminal justice framework?

- **The Nature of the Intervention and Service Response**

  What statewide framework and set of criteria should guide decisions about needs and interventions with families in which child maltreatment occurs and safety is a concern?

- **The Role of Government**

  What is the role of the state with respect to families not providing a minimum standard of care to their children?

- **Factors Influencing the Success of Interventions**

  What constitutes an effective means to prevent the occurrence and reoccurrence of child maltreatment?

Beliefs About The Nature Of Change In Human Systems

- How can the core technology of CWS, professional helping relationships, be best utilized to mediate positive change?

Beliefs About The Nature Of The Child Maltreatment Service System

- What should an integrated continuum of family support look like?
  - Public Policy
  - Role of Foster Parents
  - Public Agency and Community Responsibility
  - Kinship Care

A full list of the Stakeholders' assumptions appears on page 219.

III. CWS REDESIGN: CONCEPTUAL FRAMEWORK EXECUTIVE SUMMARY

The goal of the May 2002 Stakeholders Summit Report is to present for review a conceptualized framework for a redesigned Child Welfare Services system in California. Input that will be received from the CWS Stakeholders Group Summit 2002, targeted focus groups, and additional workgroups of the Stakeholders will develop, refine and create an integrated system which will be completed August/September 2002. The CWS Stakeholders Group and the California Department of Social Services acknowledge that implementation of this challenging goal will not be easy and will take time, but the cost of doing nothing is far too high for California's children and our future.

INTRODUCTION

Over the past two decades, researchers and practitioners in Child Welfare Services (CWS) have documented the growing complexity of working with families within multiple systems. Their findings demonstrate that today's families experience complex problems and needs that require both sophisticated system solutions and the formation of positive relationships. However, typically CWS systems have been built upon incremental efforts designed to remedy a crisis, such as child death or perceptions generated through the media and public. Over the last decade prime examples of this include:

Florida: experienced a 50% increase in foster care placements after two years in response to the highly publicized death of Kayla McKean who was killed by a parent after returning home from foster care placement.

Illinois: experienced a 30% increase in foster care placements after one year, in response to the highly publicized death of Joseph Wallace who also was killed by a parent after returning home from foster care placement.

In both examples, there was no commensurate rate increase in child abuse and neglect reports. While it is essential that government, the community, and the media be responsive to protecting children, any system-wide actions taken in reaction to crisis situations need to be fully analyzed. Systems built in a piecemeal manner are often vulnerable to large shifts in program decision-making which may have unintended consequences — as seen in Illinois and Florida. The CWS Stakeholders Group in building on these types of experiences and others across the country, has worked diligently to create a framework that views the system as a whole – and integrates accountability and outcomes for children, families and the wide stakeholder community of CWS.

California will fund Child Welfare Services (CWS) Programs at approximately $4 billion in the state fiscal year 2002/2003. These funds will protect and support over 600,000 children and their families by providing emergency response services, family strengthening services, child placement activities, adoption services and prevention efforts. The funding of our current strategies and programs provides for the protection of many children. However, despite everyone's best efforts, experience, and dedication, it has not been possible to achieve the outcomes required by the federal Adoption and Safe Families Act. From California's perspective, our current system will not be able to achieve the higher standards created by the CWS Stakeholders Group's proposed outcomes for the 21st century.

California is not unique in its inability to achieve these new outcomes. It has become increasingly evident across the country that child maltreatment without intervention and supports can produce some of society's most dysfunctional, disabled and dependent individuals. Research suggests that child maltreatment appears to be the common and pervasive experience that underlies the most serious social problems, including juvenile delinquency and violent crimes committed by adults. Additionally, the high costs of adult medical care related to the long-term consequences of child abuse and neglect has now been demonstrated.

A recent study by the U.S. Center for Disease Control and Prevention confirms that the extent of exposure to physical, emotional, sexual abuse, and household dysfunction in childhood has a significant graded relationship to multiple risk factors for the leading causes of deaths in adults - including heart disease, cancer, chronic lung disease and liver disease.

Understanding the high costs of child abuse and neglect have never been more clearly defined as it is today. Several states in reaction to this information and other factors such as lawsuits have begun to reform their systems. Some organizations and communities are participating in the "National Call to Action to End Child Maltreatment", initiated at the January 1999 "International Conference on Responding to Child Maltreatment" conducted by Children's Hospital and Health Center – San Diego.

In response to these findings, the Child Welfare Services Stakeholders Group was established by the Governor of California and the California Legislature in 2000, to review the state's child welfare system and make recommendations for its improvement. During its first year, the group defined the vision, mission, values, key assumptions, and major system areas that would guide their efforts to redesign CWS. In the second year, the Stakeholders worked to create a conceptual framework for the redesign. The following report presents this framework.

Child Welfare Services Redesign Organization and Summaries

Consistent with the mission established in year 1, the Stakeholders developed the conceptual framework for redesign described in this document by first identifying infrastructure components of the Child Welfare Services System that are naturally connected in the flow of services:

Infrastructure Component:	**System Area:**
Prevention and Community Partnerships	Partnering with the community to strengthen and support families *before* they come to the attention of CWS
Early Intervention/ Differential Response	Providing a customized, substantive response to families *as soon as* they are identified to CWS, rather than waiting for a crisis to occur
Approach to Safety & Change	Ensuring safety is the priority and focus and determining how families will be served *once they enter* the CWS system
Successful Placement Outcomes	Assisting children and families to *exit* CWS by successful transitioning to adulthood, early reunification when possible, or urgency in achieving alternative permanency

Four infrastructure workgroups were formulated to design and elaborate the structure (what it would look like), process (how it would operate), and content (theoretical or research foundation) of each system area. Their task was to build on the foundational work of the Stakeholders in year 1; to address the issues unique to that particular infrastructure; to integrate overarching themes; and to weave into the redesign relevant research, practice, and sound child and family policy.

To address the many complex overarching issues facing a redesign of the child welfare system, Stakeholders further delineated three system-wide resource and policy considerations areas and eight theme areas that encompass each workgroup and the full CWS system. The System-wide Resource and Policy Considerations are: Human Resources, Funding, and Legislation. The eight Overarching Themes are: Fairness and Equity, Accountability and Outcomes, Comprehensive System of Support, Flexible Infrastructure of Public and Private Agencies, Clarification of Roles, Responsibilities and Partnerships, Strengthening Families with Quality Practice, Ensuring Children Thrive Through Practice Development and Assessment.

A major component of the third year efforts of the CWS Stakeholders Group will be devoted to the continued development and refinement of these key areas, and the integration and coordination of all of the infrastructure, policy and resources considerations and overarching themes.

PREVENTION AND COMMUNITY PARTNERSHIPS WORKGROUP

Stakeholders identified prevention of child abuse and neglect as a key element of the CWS redesign effort, and community partnerships as a key aspect of prevention. This workgroup was established to look at prevention strategies and determine how they can be integrated throughout the CWS system. At the core of the prevention strategy is the belief that prevention is not a stand alone project or activity. Rather it is integrated throughout the CWS system and community into all aspects of services and supports. Prevention is a shared responsibility across all systems and among all citizens.

Core Strategies

The workgroup recommends six core strategies for the implementation of a statewide prevention system:

1. Formalize the role of Child Welfare Services and other agencies participating in prevention across the continuum of services and supports at the state, local and neighborhood level.

2. Establish a collaborative prevention strategy based on public-private partnerships at the state and local levels with shared outcomes and accountability.

3. Engage community residents, especially parents and other caregivers, in local and state partnership activities, providing meaningful opportunities to contribute in all levels of the prevention strategy.
4. Utilize a strengths-based universal approach to prevention that supports all families.
5. Secure support for a collaborative prevention strategy from the legislative and executive branches of state and local government and the general public.
6. Develop dedicated, sustained funding that supports universal, selective and indicated prevention strategies.

Significant Methods to Achieve Outcomes

In an effort to put this belief into action, the Workgroup proposes two new approaches. The first is to create opportunities for all members of our communities to support prevention efforts by establishing new and innovative partnerships at the state, county and neighborhood levels. The second is to develop community capacity for an integrated array of services and support that respond to the needs of children and their families.

State, Local and Neighborhood Partnerships

The workgroup envisions a comprehensive prevention strategy based on public-private partnerships at three levels — the state, local and neighborhood — working together to develop an array of services across systems that can be accessed by all families, whether or not they are receiving CWS services.

The workgroup recommends that a state-level partnership be convened by the Health and Human Service Agency, to provide the leadership and direction for a systematic approach to prevention. The partnership would be comprised of the directors of those departments that bear responsibilities for the welfare of children, including Social Services, Health, Mental Health, Developmental Services, Education and Alcohol and Other Drugs. Additional partners would include Children and Families Commission, Department of Finance, Attorney General's Office and professional associations, community partners and parents. One of the first tasks of the board would be to consolidate an inventory of all the prevention and early intervention programs that each department supports, and creates a plan to better serve their common clients.

Local partnerships in every county with a shared responsibility for funding and services coordination would mirror the departments that are partnering at the state level and would include community-based service providers as well as community residents. A key to the effectiveness of these local partnerships is the engagement of residents in planning and implementation efforts.

Neighborhood-level partnerships would have similar structures, and would focus on local issues. The focus of the neighborhood-level partnerships is to ensure the creation of broad-based opportunities for residents and CWS consumers to participate in prevention planning, implementation and evaluation. Working closely with local partnerships, neighborhood-based prevention engages residents at the community level to commit to a supportive atmosphere for parents and children.

Critical Elements

The ultimate success of an integrated system of prevention, intervention and treatment services rests in an ability to provide families with access to appropriate resources and at the earliest indication of need. To be most effective, prevention strategies must aim to reduce the need for coercive intervention in regard to child abuse and neglect and promote voluntary participation at the community level. The organizing principle for both prevention and child welfare reform becomes not the avoidance of a particular set of social dilemmas, but rather the establishment of the familial and community conditions conducive to optimal child development and family functioning. Critical elements, such as a common mission, leadership and political will, and a continuum of interventions beginning prenatally through age 18 are discussed in detail.

Supporting the Family

A family support approach emphasizes and increases family strengths, works with the entire family to promote its self-determination and sufficiency, and provides opportunities for the family to participate in personal, program, and community improvement. This approach affirms and strengthens families' cultural, racial and linguistic identities and enhances their ability to function in a multicultural society.

EARLY INTERVENTION AND DIFFERENTIAL RESPONSE WORKGROUP

The Early Intervention and Differential Response workgroup has worked to articulate strategies designed to create a CWS intake and response process that: engages vulnerable families in their own development, allows for a flexible response based on family circumstances, delivers quality assessment and supportive services to referred families early in their contact with the system, employs the resources of formal and informal community partners, and most importantly, keeps children safe. At present, the CWS service response is allegation-driven, incident-focused, and tends to be adversarial.

Each year approximately one-third of all families who are referred to hotlines had also been reported in the previous year. Another 10% were initially referred two years earlier. Over time, the hotline becomes a revolving door, with intake and initial assessment workers responding to referrals of the same families. Often, these family situations increase in complexity and seriousness with each new referral, making the eventual intervention long term and costly.

Core Strategies

The workgroup has developed five core strategies to address the related challenges of building a system of early intervention in California communities and, at the same time, individualizing the way CWS responds to referrals of child abuse and neglect. These core strategies are:

1. Differential Response to Referrals to the Hotline

2. Community Partnerships for Early Intervention
3. Assessment and Service Planning
4. Comprehensive System of Services and Supports
5. Building Accountability to Outcomes

Significant Method to Achieve Outcomes

Differential Response

Differential response is a strategy which allows the child welfare agency to respond in an individualized manner to referrals of child abuse or neglect based on the unique needs, resources and circumstances of the family. It is designed to engage the participation of vulnerable families and children currently not receiving change oriented services. Differential response also redefines the relationship between the child welfare agency and the general public as partners in protecting children.

The target population for differential response is all those children and families referred to the hotline. Rather than responding to all of these referrals with an "investigation" aimed at uncovering whether the "incident" reported is "true" and who is "responsible," differential response assumes that "one size does not fit all." Instead, the differential response system leads to one of three response options: (1) community services, (2) family services without court, and (3) family services with court.

The *community services* option is selected when child maltreatment is not a concern, the child is deemed to be safe, and there are either no or low risks of harm to the child. However, it is clear the family is experiencing problems or stressors, which could be addressed by community services. Counties will need to develop procedures that safeguard confidentiality while also ensuring that such referrals actually result in families receiving outreach and an offer of service.

A *family services/non-court* response option is selected for families in which child maltreatment is alleged and appears to be a valid concern. This includes a range of family situations including children who are deemed to be safe as well as unsafe and the family is willing to engage in an in-home safety plan. These are situations currently classified as low to moderate risk as well as moderate to high risk. In these cases, a face-to-face assessment will occur within five days and counties will have the option of using their own CWS staff, a community partner agency or a team approach to this initial in-person response.

The *family services/court* response option is selected for families in which children are not safe, child maltreatment is causing immediate or severe harm to a child, and there is the likelihood of court involvement and the need to place a child in protective custody.

The focus of this first in-person assessment, in all cases, continues to be the safety of the children; therefore there is no need to focus on whether or not the allegations can be "substantiated". For those families headed for court-involvement, a higher level of fact-finding occurs to determine what is needed to engage the court in decision-making regarding out-of-home

placement or criminal charges. For many families, the initial in-person response is likely not to be focused on evidence gathering. Rather it involves moving away from an "incident-focused" approach and moving toward engagement and connecting families to the services and supports that can contribute to changes in their own capacity to protect their children. Under this new system, most of the families participating in the initial face-to-face assessment will receive services and fewer will be "evaluated out."

Team Approach

Because responsibility for protecting children and strengthening families is shared by public agencies, community based organizations, informal resources in the community, and families, community based teams play a vital role in effectively meeting the needs of vulnerable children and families in a system of differential response. Establishment of a team is different from periodically engaging partner agencies in the provision of services. Team members play an ongoing role, share a common mission, and trust each other's capacity to collect information and make service-planning decisions. Counties will have the option to determine how best to form and use teams and are encouraged to consider their use for particularly "high demand" cases such as those involving chronic neglect, homelessness, and substance abuse.

Community Partnerships for Early Intervention

Local community partnerships are essential to the success of early intervention. Without community partnerships to facilitate a responsive, available and accessible system of support services for families and children, early intervention is not possible. Each county and/or local jurisdiction must have the flexibility to develop its own community partnerships based on its own resources and unique community situations.

Early intervention services include a wide range of family support services made possible through formal and informal community partnerships. Services may include family counseling, youth development activities, educational support services, parenting classes, self-help support groups, child care, housing assistance, home visitation for new parents, mentoring, drug treatment, respite care, anger management, in-home aides, domestic violence services, and emergency services. By increasing the community's sense of ownership and responsibility for the safety and well-being of children, and engaging families in their own growth and development on a voluntary basis, referrals to the child abuse hotline may be reduced.

Major Changes from the Present System

Some of the major changes from the present system are:

- A system of differential response to referrals will emphasize an increased opportunity for families to receive services sooner and without court involvement.
- *Substantiation of an allegation* will be replaced by a safety, fact finding, and family assessment practice approach allowing for a focus on engaging families in a less adversarial safety and change process.

- There will be a statewide consistent approach to assessment of safety and family strengths and needs.
- Social workers will have the time, knowledge, and skills needed to engage and develop helping relationships with families.
- An integrated community system of services and supports will be available to reach and serve more families through formal community partnerships.
- CWS and community partners will collaborate in the use of multi-agency teams for assessment and service planning.
- Communities will be encouraged to develop specific programs that focus on special populations (i.e. chronic neglect, homeless, substance abusing, birth to five) as well as on policies and processes particularly impacting people of color.
- Families and their non-formal support systems (e.g., extended families, faith communities, and friends) will be routinely involved in service planning and delivery.
- County child welfare agencies will have the option to delegate case coordination to community public and private non-profit partners.
- Flexible funding mechanisms will be in place that support serving referred families without an open CWS case.
- Tools and practices that target, measure, and integrate outcomes for children and families will be developed, implemented, and used to measure outcomes and contribute to ongoing system improvement.

APPROACH TO SAFETY AND CHANGE WORKGROUP

Safety is the core issue in child welfare systems reform. In our society child safety is a function of the family system and is primarily the responsibility of the adult caregivers. When the adult caregivers are unable or unwilling to assure child safety, Child Welfare Services is accountable for and maintains this responsibility. It is critical to engage families, using the CWS core technology of relationships, to involve them in their child safety responsiblities, and facilitate change to improve their protective capacities. Ensuring the redesigned CWS system addressed these critical issues fully was the responsibility of the Approach to Safety and Change Workgroup.

Background

During their first year of work, the CWS Stakeholders Group deliberated for several months in reaching consensus on some foundational assumptions upon which to redesign the CWS system. Consistent with those foundational assumptions, a first year Stakeholders Group subcommittee, CWS & the Courts, recommended specific strategies for CWS engagement of families and for use

of a non-adversarial approach to case and issue resolution. The purpose of both of these strategies is to achieve child safety and to facilitate change in families in order to maintain safety. Consequently, this year's Approach to Safety and Change Workgroup (active since December, 2001), has been responsible for addressing child welfare services intervention related to:

- Assessing and managing child safety throughout the life of a case;
- Facilitating family/client change and case management from the conclusion of early intervention until the closure of the case; and
- Identifying best/promising practices to achieve successful outcomes for children and families.

Core Strategies

The Approach to Safety and Change Workgroup recommends two major strategies as elements of the redesigned CWS system:

1. The design, evaluation and statewide implementation of a standardized approach to child safety assessment and intervention.
2. The development and confirmation of evidence based practice that will be offered for implementation across all counties in California.

Significant Methods to Achieve Outcomes

Standardized Approach to Achieving Child Safety

A standardized approach to safety assessment and intervention strategy must be developed from a clear conceptual and definitional base. The purpose of this safety approach should be clear and understandable particularly with respect to and differentiated from other child welfare interventions. It must be comprehensive in its capacity to effectively address each safety decision within the case process. A safety approach must contain standardized safety assessment criteria. It must provide effective guidance to CWS staff concerning service responses that assure the management of threats to safety. A standardized model should be versatile enough to evaluate safety within a child's own home and in homes where children might be placed. The safety approach must accommodate ASFA requirements and should be culturally sensitive.

Without a standardized and evidence-based approach to safety intervention there is a lack of necessary direction and the danger of variability among social workers regarding crucial safety decision-making. In the absence of evidence to support safety intervention and planning there is the temptation to rely on personal bias to inform decisions. A standardized safety approach should be guided by principles of cultural sensitivity and fairness and equity concerns for all clients. It will also include the broad and systematic use of a non-adversarial approach in relationship with families. It should actively mobilize family and community network resources in a planned manner

to support keeping family members together whenever possible. There must be a core array of services available to each community in order to make the reasonable efforts necessary to preserve/reunify families.

Developing and Confirming Evidence Based Practice

A process for developing, evaluating and confirming promising practices as being evidence based is essential to improving outcomes for families and children. Such a process will give workers more guidance about how to operationalize what is often referred to as "best" or "promising" practices such as Family to Family, Structured Decision Making, Wraparound and Family Group Conferencing. A focus on evidence based practice requires a rethinking of the relationship between practice, professional judgement, and research findings. Social workers should not rely only on preferred theories, individual professional experience or instinct, but also on objective evidence found in the best research studies to date.

The workgroup is proposing a "cycle of evidence based child welfare practice development" as a means of shifting current and future promising practices to evidence based practices that support desired outcomes for children and families. Included in the process are mechanisms for selecting practices for study, establishing research projects and testing results. Those practices deemed evidence-based would receive ongoing monitoring and continuous quality improvement.

The workgroup proposes the formation of a Evidence Based Child Welfare Practice Clearinghouse as the repository and disseminator of information that describes and supports evidence based practice. Through the recommended practice development cycle, effective pilots and demonstration projects would have the potential to become more than short term or isolated efforts. The purpose of the Clearinghouse would be to facilitate the broad use of evidence based practices to achieve better outcomes. It is the expectation of the workgroup that this will be the over-riding standard for evaluating the effectiveness of Child Welfare Services practices and interventions.

SUCCESSFUL PLACEMENT OUTCOMES WORKGROUP

The Successful Placement Outcomes Workgroup espouses a commitment to permanency (legal and emotional components) for every child entering out-of-home care. A hierarchy of preferences for permanency outcomes is suggested, based on the extent to which the elements of permanency are met.

The Workgroup focused on "improvement in early, safe reunification outcomes" as its first priority, and also worked on the concept of achieving alternate permanency (adoption or guardianship) for those children who are unable to safely reunify with their birth families. A third area of focus for the Workgroup was "improved transition of youth to adulthood" as necessary across permanency options. It is anticipated that there will be a "cascade effect" such that success in achieving the first priority will lead to less of a need for the other two.

Background

In 1980, in an effort to address the "drifting" of children in the foster care system, a national campaign for permanency planning resulted in the passing of PL 96-272. This law required regular six-month case reviews, reasonable efforts to prevent placement, reasonable efforts to reunify children with their birth families, a determination hearing after 18 months, and the termination of parental rights and adoptive or guardianship placement where children could not be reunified. By setting such specific timeframes, the law intended to communicate a sense of urgency.

Although advocates believed that these laws and aggressive permanency planning efforts would mean fewer children in foster care, it turned out not to be the case. The increase in the number of children in foster care, and the disproportionate number of African American children in foster care, are two of the challenges facing the placement service system today.

Core Strategies

- Improved safe reunification outcomes for all children, and especially for Black children who achieve this outcome less frequently and with longer stays in care than their counterparts
- Improved successful transition of youth emancipating or aging out of care
- Improved success in permanency through adoption and guardianship
- Improved well-being of children and youth in care
- More fair and equitable outcomes for children and youth in care
- Less time spent in care without a safe and permanent placement
- Improved child and youth participation in decision-making

Significant Methods to Achieve Outcomes

Improvement in Reunification Outcomes

It is a given that children should be removed from their homes only when safety cannot be assured at home. Because placement can have harmful effects, as long as children are safe from maltreatment, they are entitled to be raised by their own families. If a child must be removed from the home, that child is entitled to live in the least restrictive, most family-like and community-based setting that can meet the child's needs for safety and developmental support. In addition, the child will develop and fare better if there is a permanent emotional attachment to a legally responsible adult caretaker, including adoption and legal guardianship.

Foster Parents as Partners in Reunification

Outcomes are enhanced for the child and the birth family when the foster family works as a partner with the agency in meeting the child's needs for permanency. This may include the child

maintaining an ongoing relationship with the birth family. Likewise, outcomes are improved for the child when the birth family perceives the foster family as a resource and support to the birth family.

Fairness and Equity in Outcomes

Although the workgroup sought ways to achieve improved safe reunification outcomes for all children, particular attention was given to ensuring fair and equitable outcomes of African American children. These children achieve permanency less frequently, and have longer stays in foster care than their counterparts.

Improved Transition of Youth to Adulthood

The workgroup also studied means of ensuring successful transitions of youth who exit foster care at the age of 18. Foster parents, as well as children and youth, should actively participate in decision-making for the future. Programs that will support successful adult transitions include expanded housing, developmentally based preparation beginning at age 12, a strong role for the caregiver in transition preparation, enhanced court oversight, and a guaranteed package for transitioning youth.

Major Changes From the Present System

To support reunification:

- Assertive in-home safety planning involving expanded safety services and reunification safety plans
- Newly focused case plans and related interventions
- Differently engaging birth parents in the ongoing care of their children
- Post reunification supports and services

To support alternative permanency through adoption and guardianship:

- Recognition of emotional permanency for older youth
- Continued expansion of relative guardianship and adoption
- Flexible post-adoption services
- Concurrent planning

To enhance system responsiveness:

- Compensated and supported family foster care
- A differentiated model for intervention in kinship care
- Statewide reporting and planning to reduce racial/ethnic disproportionality
- Enhanced well-being for all children and youth in out-of-home care

HUMAN RESOURCES WORKGROUP

The Year-2 task of the Human Resources Workgroup was to provide strategies resulting in a high-capacity, competent, satisfied CWS workforce able to perform the essential functions of the redesigned child welfare system. Challenges to the CWS workforce extend beyond workload but have an indelible effect on it: qualified candidates are in low supply, turnover rates are high, and child welfare services carry a negative public image. These are the kind of complex, system issues creating an environment in which additional funding alone is unable to mitigate heavy workloads.

Core Strategies

The HR Workgroup has identified the following strategies as a means of reaching the goal of a high-performing HR environment within the public child welfare context.

- Engage in a long-term organizational change process resulting in a high-capacity, competent, satisfied CWS workforce able to perform the essential functions of the new Child Welfare System
- Prepare the existing workforce for CWS workforce realignment
- Build and maintain the capacity of the workforce
- Support manageable workloads
- Build, maintain and reward the skills and competencies of the workforce
- Conduct evaluation and research on the effectiveness of workforce development efforts
- Build external support for CWS workforce realignment
- Optimize working environments to achieve positive client outcomes

Methods for Achieving Outcomes

Long Term Organizational Change

Engage in a long-term organizational change process resulting in a high-capacity, competent, satisfied CWS workforce able to perform the essential functions of the new child welfare system. The challenging fact is that this organizational change needs to occur in 58 unique organizational environments—each county child welfare program across California. The State needs to champion a process by which counties are prepared, supported, challenged and build ownership in the outcome of a post-redesign CWS workforce.

Prepare the Existing Workforce

The success of the redesign depends in large part on how well the current workforce embraces changes in the context, role, functions and performance expectations of their jobs. This

strategy is intended to ensure the preparation, support and training of the current CWS workforce on the elements of the redesign environments.

Build and Maintain Capacity

The redesign provides an opportunity to stimulate the supply of qualified, interested candidates to join the "new" CWS workforce, thus building its capacity to better serve children and families. When the agency and potential employees make better-informed employment decisions it leads to increased staff retention. The following action steps are suggested to stimulate the supply of desirable candidates:

Support Manageable Workloads

The core technology for successful achievement of the desired outcomes of the Child Welfare Services program is the relationship between the social worker and the children and families. Caseload and workload sizes must be built on this basic assumption regarding the nature of intervention in Child Welfare Services.

Build, Maintain and Reward Skills and Competencies

New social workers spend an average of eleven hours per month in training. This amount of time is not adequate for social workers to be fully prepared to meet the needs of the job. New knowledge, skills and attitudes will be required to implement the redesign.

Conduct Evaluation and Research on Workforce Development

A statewide tracking data system would enable systematic input of information needed to plan, administer and evaluate workforce development activities and staff participation. Measure of performance for the system must be identified and the system's output regularly assessed.

External Support for Workforce Realignment

It is essential to build the political will, financial resources and public sentiment to view CWS in a new light.

Major Changes From the Present System

- Strong leadership throughout the agency at all levels of management, especially the executive level
- Organizational support for effective supervision of CWS direct service professionals
- Work environments that offer locally-driven competitive incentives for entering and staying within the CWS workforce
- Systems and structures that accurately assess candidates' potential for meeting job expectations and remaining engaged and committed to their work over time

- Workplaces as learning environments where career-long training and professional development opportunities are available for all employees
- Recognition of the client/worker relationship as the essential factor in achieving positive client outcomes
- Clear agency expectations of roles and responsibilities for all staff, including acceptable levels of performance
- Recognizing cultural and generational differences within the workforce and ensuring the workforce can optimally serve the diversity of the client population
- Strong partnerships with colleges and universities who train future CWS staff
- Organizational culture that promotes collegiality both within and across segments of the CWS workforce

FLEXIBLE FUNDING

Flexible funding in a redesigned CWS system would rely on a system of funding that is based on the achievement of positive outcomes, has effective partnerships and shared outcomes with other departments whose resources are essential to the achievement of child safety, and results in a "money follows the child and family" approach at the point of interaction between a worker and a family

Core Strategies

- **Pursue Federal Fiscal Reform**. Brief California's congressional delegation on the goals and strategies of the Redesign, and the need for reform of the Title IV-E program.
- **Redistribute Foster Care Savings**. Systematically track improved foster care outcomes on a county-by-county level. Identify the federal, state, and county share of savings that accrues. Develop plan for redistributing at least some portion of the state share of savings back into an enhanced CWS Allocation.
- **Pursue State-Level Partnerships to Improve Child Welfare Outcomes**. Join with other state agencies to develop outcomes and to increase the availability of services and resources that are essential if families in CWS are to keep their children safe.
- **Earn Federal** Reimbursement for Case Management/Case Coordination Activities Provided to the "Prevention" Population. Develop a capacity for counties to have the option of using Medi-Cal Targeted Case Management to support to cost of serving families who are "referred out" of the system for services at intake.

- **Earn Federal Reimbursement for Case Coordination Performed by Community Partners on Behalf of the CWS Population.** Aligning state and federal policy in this area would provide counties with a sustainable source of funding for community-based supportive case management activities.
- **Secure new funds.** Press for state legislation for enhanced funding for services and resources that support families and prevent child abuse and neglect.
- **Develop a fiscal training academy** that would enable county agencies and their community partners to implement flexible funding strategies.
- **Explore the Consolidation of the CWS Allocation**. Explore the benefits and opportunities of a consolidated allocation, and the potential for establishing the allocation as a state-matching grant, driven by county-specific plans.

Major Changes From the Present System

- **Linking Funding to Outcomes**. The core funding for child welfare services (the basic CWS allocation and the federal Title IV-E program) would be structured in a way that creates incentives to the state and counties to expedite the achievement of good outcomes for the CWS population.
- **Redistribution**. Any savings that accrue at the federal, state, or county level from improved outcomes in foster care, as reflected in the CWS allocation and foster care payments, would be available to enhance services and resources reductions in CWS.
- **Partnerships.** The resources that families need to keep their children safe and to ensure their well-being are in other departments, as well as CWS. CWS needs to develop a set of common outcomes with these partners to ensure that needed services and resources that are not within the scope of the CWS budget are available to CWS families and to increase their investment in improved child welfare outcomes. Joint planning and budgeting efforts around prevention services and resources are a critical component of these partnership efforts.
- **Flexibility.** Evidence of making funding more flexible at the program level, interdepartmentally, and at the place where the worker engages a family exists. Opportunities for flexible spending need to be systematized, and available in every county. County fiscal staff needs the knowledge and tools to make flexible spending work and to meet requirements for fiscal accountability.

EIGHT OVERARCHING THEMES

The Stakeholders identified eight overarching themes that were woven into the fabric of each of the workgroup's discussions and recommendations. These themes are listed below, and discussed in detail, beginning on page 154.

1. Fairness and Equity

    - Definition of "fairness" and "equity" in CWS and the larger community
    - Practical strategies regarding system responsiveness, system and individual bias, and training
    - Identification of decision points in CWS where fairness and equity can be assessed and evaluated

2. Accountability and Outcomes

    - Roles of public and private agencies
    - Strategic systemic changes to implement a new accountability structure
    - Customer satisfaction at multiple levels
    - Identification and measurement of family outcomes
    - Integration of Adoption and Families Act outcomes

3. Comprehensive System of Support

    - Development of an array of family support services that meet families' needs
    - Support and service strategies for children 0 to 5, caregivers, and staff
    - Family support services strategies
    - A continuum of services from prevention through emancipation

4. Flexible Infrastructure of Public and Private Agencies

    - Integrated strategies with community partners
    - Case resolution strategies with CWS and the courts
    - Partnerships with TANF for support and resources
    - Multi-disciplinary, interagency teams to support families
    - Educational attainment for children in CWS

5. Clarification of New Roles, Responsibilities and Partnerships

    - State level
    - County CWS agencies
    - Support agencies
    - Community agencies
    - The Courts

6. Strengthening Families with Quality Practices

   - Key elements of what constitutes quality practice
   - Competency standards embedded into quality practice
   - Incentives to overcome the barriers to consistent quality services and practice
   - Promising practices for a statewide family support and service array

7. Ensuring that Children Thrive through Practice Development

   - Identification and/or development of quality practice guidelines based on research of complex areas of practice, such as: neglect, homelessness, substance abuse, etc.
   - Optimal guidelines to implement methods and timeframes required to create positive outcomes

8. Assessment

   - Identification of goal of assessment: safety/risk, well-being, evidentiary, strengths and supports, needs, etc.
   - Research-based assessments reviewed based on reliability, effectiveness, validity and consumer satisfaction.
   - Using assessment tools effectively based upon key decision points.

YEAR-3 PLANNING

Year-2 developed the key conceptual strategies for redesigning CWS, and started the process for broadening the input from local communities and organizations. In April and May of 2002 targeted focus groups were presented the key elements of the proposed redesign as the first step in a dialogue to solicit their review and input. Those groups included the County Welfare Directors Association, Children's Committee, the Napa County CWS Citizen Review Panel and a San Diego County parents support group.

In Year-3 many details need to be comprehensively developed with full attention given to how to implement the changes. Several significant areas need further development and discussion before the overall redesign can be coordinated and integrated. Significant areas include:

- Accountability in terms of the achievement of functional outcome indicators for which California chooses to be held responsible.
- Practices that are evidence-based, so that we can effectively work with families and children, in order to achieve outcomes. This element is pivotal to the achievement of the outcomes sought throughout the redesign.
- Coordination and integration of community and local government activities to achieve community CWS network of services and shared partnerships and responsibilities for families.

- Exploration by key players of the funding strategies discussed as options in the Year-2 redesign work, and initiation of the development of cost projections.
- Federal reform issues relating to various areas, including changes that would allow states and local governments to keep foster care placement reduction savings to use for implementation of redesign efforts. The goal is to reinvest these saving in the CWS system.
- Development of cultural changes needed throughout the system that will support the redesign and its implementation.

IV. REPORT OF THE PREVENTION AND COMMUNITY PARTNERSHIPS WORKGROUP

Prevention and Community Partnership Workgroup Membership

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BUILDING A PREVENTION SYSTEM

Every community will have a broadly based prevention partnership for families and children that will encompass child protection, child development, and family support.

OVERVIEW

The Prevention and Community Partnerships Workgroup began its work on proposed strategies for the CWS Redesign in November 2001 to further the concepts identified by the Stakeholders Group in their first year. The Workgroup's finding is that **the prevention of child abuse and the support of families are cost effective strategies to protect and nurture children and maximize the quality of life of the residents of the State of California.**

The Workgroup's developed a Prevention Strategy based on:

- **Vision**
  - Every community will have a broadly based prevention partnership for families and children that will encompass child protection, child development, and family support.
- **Goals**
  - To ensure a comprehensive prevention system of services, supports and opportunities that would serve all families and children.
  - To build community capacity to support existing and new programs all along the continuum of integrated supports and services.
  - To develop a framework for prevention that would guide State, local and neighborhood level action to integrate prevention activities throughout the CWS system, across all public and private agencies providing services to children and families, and within the community.
  - To develop prevention strategies that permeate all aspects of the CWS Redesign rather than isolating prevention programs from intervention and treatment services.
  - To embed prevention into all aspects of the community, sharing responsibility for child protection across systems and all segments of the community.

The **key concepts** of the proposed Prevention Strategy include:

- State, local and neighborhood based partnerships develop human and fiscal resources to support prevention strategies.
- Core funding for prevention is required.
- CWS leaders are at the forefront of the movement and key to focusing partners on the common purpose.

- Prevention is a key element of the CWS Redesign.
- Family support principles are embedded into standard child welfare practice and into the practice of public and private agencies that serve children and families.
- Families are full and active partners in all aspects of prevention.
- The prevention of child abuse rests on the ability of parents to care for their children. A prevention system must have the resources to help parents fulfill their parenting role.
- All families should have access to information, quality services and supports to promote optimal child development and to prevent abuse and neglect.
- Services and supports must be responsive, accessible and reliable.
- Increased community capacity to respond to the needs of children and their families is necessary.
- Effective prevention strategies require that every member of a community share responsibility for child safety and child and family well-being.
- In concert with the community, child protection is a shared responsibility among public and private agencies.
- Prevention is the optimal protection strategy.

The Workgroup developed the following six **Prevention Strategies**:

- Formalize the role of Child Welfare Services and partner agencies in prevention.
- Establish a collaborative prevention strategy based on public-private partnerships at the State, local, and neighborhood level with shared investment in outcomes and accountability.
- Engage community residents, especially parents and other caregivers, in all partnership and prevention activities. Examples of prevention activities are those that enhance parenting and assist families at the first sign of abuse or neglect.
- Utilize a strengths-based universal approach to prevention that supports all families.
- Secure support for a collaborative prevention strategy from legislative and executive branches of state and local government and the general public.
- Develop dedicated sustained funding that supports universal, selective and indicated prevention strategies.

The Workgroup's vision, goals, principles, key concepts and prevention strategies create a **framework for prevention** for implementation at the state, local and neighborhood level. This framework incorporates prevention throughout the CWS system, resulting in the following **significant differences to the current CWS system**:

- Consistent and focused approaches to prevention. A State level partnership will provide leadership and direction for structure, outcomes and accountability.
- State, local and neighborhood based partnerships that are cross-systems, integrated prevention efforts. Partnerships will provide long-term support and oversight of the implementation of the CWS Redesign. Partnerships will generate public concern and an increased commitment to the protection of all children at the policy, community and individual level. This will result in a change of the community context to shared responsibility for prevention and protection.
- Partnerships working together to maximize funding resources for prevention activities, supports and services. At both the state and local level, public agencies will integrate their strategies and funding for prevention. For example, the TANF program and the Title V Maternal and Child Health Block Grant have goals (the formation and maintenance of two parent families and the reduction of infant and child deaths) that are key elements of an effective CWS prevention strategy.
- The six prevention strategies applied throughout the CWS system, with a high level of attention and response to families at the earliest signs of potential abuse and neglect situations.
- A new leadership role established for the Child Welfare Agency in community prevention and services coordination. The Child Welfare Agency will advocate for children and their families and support community engagement in prevention efforts. CWS leadership will support CWS social workers' new role in community partnerships.
- State, local and neighborhood partnerships building community capacity and supports a wide range of prevention services and creates multiple engagement opportunities for families. Partnerships support existing effective services, develop new services for what doesn't exist now, and increase capacity for both formal services and informal supports.
- Partnerships will develop an array of services that can be accessed by all families including those receiving CWS services such as emancipating youth, families receiving adoption services, families whose children are in placement and families participating in aftercare programs.
- Core funding for prevention is secured by the creation of sustainable funding streams and integrating or "braiding" together current funding that can be used to support prevention programs. Funding for prevention is not limited to services but supports resources that can keep children safe in their families. Allocation of resources is tied to community need.
- Family support principles guide the standard practice of CWS staff and public and private service providers.

APPROACH

Child abuse is not a new phenomenon and neither is child abuse prevention. Prevention is something we do, in part, because we must. Independent of our ability to reduce abuse rates, most find it untenable to believe that the best we can do in the area of child protection is offer assistance only after a child has been harmed.

Fortunately, prevention as a concept and as a field has come a long way in the past 100 years. Prevention practitioners, advocates and researchers have a greater appreciation for the complexity of the problem and what is actually within the realm of possibility. Prevention efforts have established stronger, more diversified partnerships that are engaging more people and institutions. Prevention research is more rigorous in terms of methods and measures and is more frequently cited in the articulation of specific program and policy decisions. It is widely understood and accepted across the nation that prevention is good business and cost effective. **The cost of doing nothing far exceeds the cost of implementing effective prevention strategies** (Attachment A).

The Stakeholders' Prevention and Community Partnerships Workgroup has identified prevention as a key element of the Child Welfare Services Redesign effort in California. At the core of the prevention strategy is the belief that prevention is not a stand alone project or activity. Rather it is integrated throughout the CWS system and community into all aspects of services and supports. Prevention is a shared responsibility across all systems and among all citizens.

In an effort to put this belief into action, the Workgroup proposes two **new approaches**. The first is to create opportunities for all members of our communities to support prevention efforts by establishing new and innovative partnerships at the state, county and neighborhood levels. The second is to develop community capacity for an integrated array of services and supports that respond to the needs of children and their families. The following details the Workgroup's proposed strategy to achieve State, local and neighborhood partnerships that can build and sustain an effective prevention system.

PARTNERSHIPS

The Prevention and Community Partnerships Workgroup is aware that there are many existing groups but felt that collaboration is very important in order for agencies and individuals to do their jobs better and to share funding. The partnership approach is critical to developing and sustaining a continuum of services and supports. Three sets of partnerships are essential to the achievement of an effective prevention strategy – state, local, and neighborhood. The goal of these partnerships is cross-systems, integrated prevention efforts.

The purpose of the partnerships is:

- Joint planning and coordinated budgeting authority, improving fiscal collaboration to increase capacity for smarter spending and increased ability to leverage federal revenue.

- Oversight of redesign implementation.
- Capacity building to ensure that every community has adequate resources and core services to meet the needs of all families, especially when there is potential for abuse and neglect.

State Level Partnerships

The focus of the state level partnership is to create a system that promotes safe and stable families by integrating departmental efforts in prevention and early intervention. **This new strategy** will also identify the intersections where different departments are serving the CWS population, with a goal of improving opportunities for safety, stability, and permanency through better coordination.

A State level partnership, convened by the Health and Human Service Agency, will provide the **leadership and direction for a systematic approach to prevention**. Initial members of the State Prevention Partnership to include State departments that bear responsibilities for the welfare of children, such as Social Services, Health Services, Mental Health, Developmental Services, Alcohol and Drugs Programs, and Education. Other partners to be included are the Children and Families Commission, Department of Finance, the Attorney General's Office and professional associations affiliated with each department (such as Child Welfare Directors Association, Mental Health Directors Association, Public Health Officers, and California Chief School Officers), and parents. Consideration should be given to including key community level leaders, partners and residents.

It is recommended that the Partnership have a dedicated staff that is independent of any of the represented members. The Prevention and Community Partnership Workgroup recognizes that additional resources are needed to support the partnership's activities and will develop recommendations on public-private funding and implementation strategies during the next year. The principle task of the State level partnership is to inventory all prevention and early intervention programs that each department supports to **create a plan for how they might better serve common populations.** Activities would include but not be limited to:

- Oversee implementation of CWS redesign
- Coordinate joint planning and budgeting
- Develop outcomes and accountability structures
- Build capacity at multiple levels, including state and local government, community based organizations and/or informal supports, to ensure adequate resources and core services to meet the needs of all families, especially when there is potential for abuse, neglect and other related risk factors
- Improve coordination between departments serving the CWS population to improve opportunities for safety, stability, and permanency for children
- Coordinate with other collaborative efforts that focus on prevention, such as the Shifting the Focus, Crime and Violence Prevention Center, California Department of Justice

- Develop a system to receive feedback from and communicate with local and neighborhood partnerships

Local Level Partnerships

The Workgroup is aware that many coordinating groups and collaboratives are working at the local level. However, the Workgroup believes that it is important to a structured prevention effort approach to have local partnerships in place that have a shared responsibility for funding and services coordination. This approach facilitates capacity building and the development of an array of services for all families including those involved in CWS services. The ultimate goal is to do a better job serving children and families.

The focus of the local level partnerships is to ensure that every county has broadly-based partnerships to promote and support the capacity of families to keep their children safe from abuse and neglect, to promote child development and child and family well-being. The membership of the local level partnerships would mirror the departments that are partnering at the state level and would include community-based service providers as well as community residents. A key to the effectiveness of the local partnership is the engagement of its residents in planning and implementation efforts. The local level will have flexibility to structure itself to meet its specific needs, whether rural, suburban or urban.

CWS will take the lead in providing technical assistance and support in the development of these partnerships, and will draw on the resources and expertise of its state partnership members to provide a broader base of support at the local level. Funds will be secured to assemble a “how to” guide for prospective partnerships and to provide other technical assistance that may be needed. The guide will also include indicators of successful prevention efforts that could be incorporated into community report cards.

Neighborhood Level Partnerships

The Local Level Partnerships will develop and support Neighborhood Level Partnerships. The focus of the Neighborhood Level Partnerships is to ensure the creation of broad-based opportunities for residents and CWS consumers to participate in prevention planning, implementation and evaluation. These partnerships will work closely with the local level partnerships. Local level partnership representatives will attend neighborhood level partnership meetings, and representatives of the neighborhood level partnerships will attend the local level meetings. The neighborhood level partnerships will also have flexibility in organizing the partnerships according to zip codes, city districts or county sub-regions.

An example of prevention activities at the neighborhood level could be convening periodic prevention town hall meetings. The purpose of the town hall meetings would be to promote prevention and family well being, evaluate the effectiveness of current strategies, and to identify unmet needs. This information would be shared with the local and State Partnerships.

BUILDING A PREVENTION SYSTEM

The goal of the Child Welfare System Stakeholders' prevention strategy is to ensure that families receive the support, services and opportunities they need to keep their children safe, to prevent abuse and neglect, and to promote child development, responsible parenting, and child and family well-being.

A. A **Family Support Approach** to prevention combines the strength of effective partnerships with programs and services that are built on a) the Principles of Family Support (Attachment B) and b) research, promising practices and proven effective approaches. Family support programs aim to emphasize and increase family strengths, work with the entire family to promote self-determination and sufficiency, and provide opportunities for the family to participate in personal, program, and community improvement. The family support approach also includes efforts to remedy community problems and improve the distribution of services and resources. The approach affirms and strengthens families' cultural, racial and linguistic identities and enhances their ability to function in a multicultural society.

B. **Research**: In the field of prevention, the current goal is to plan and deliver prevention efforts in a more orderly manner, beginning with a strong foundation of support for every parent and child, available when a child is born or a woman is pregnant (Daro, 2000). To achieve this goal, prevention systems are being built on three principles:

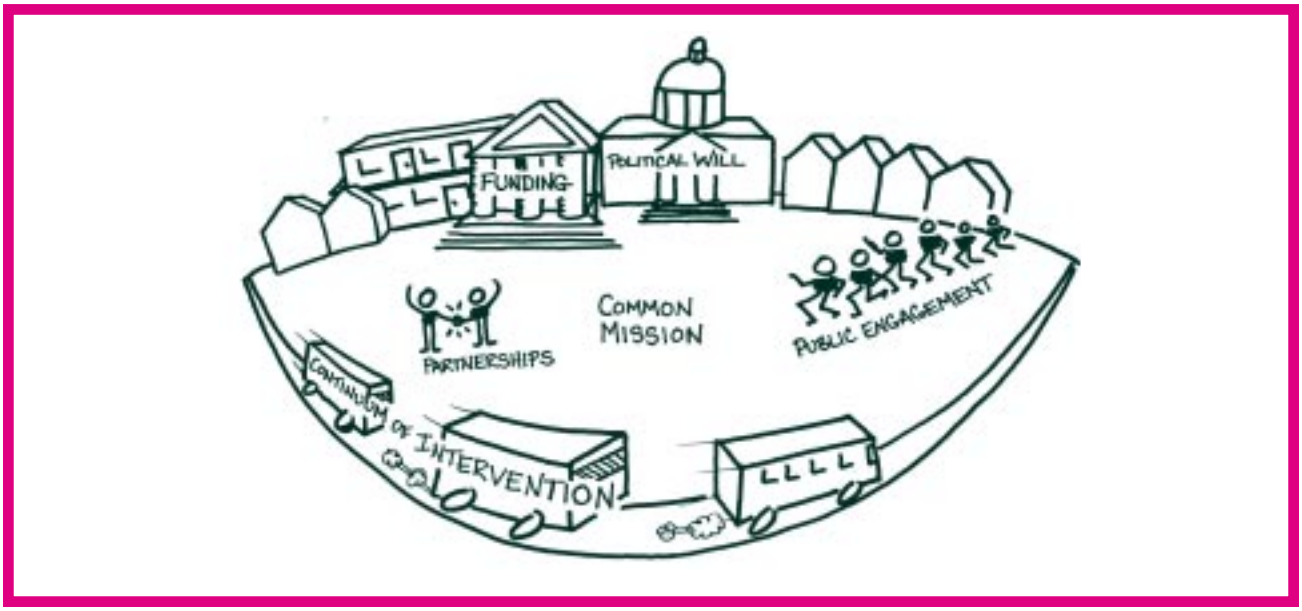
- Flexible Replication: State prevention efforts need to offer community planners flexible design options that are driven by research based information. Local prevention programs can then draw on the design options to build their own programs. Replication efforts need to include specific planning and implementation phases in which local stakeholders (participants, providers, funders, and the general public) assess the scope of maltreatment in their community, identify local human and social service resources, and craft a service delivery system in keeping with local realities.

- Offer multiple engagement opportunities: Intensive efforts for those families facing the greatest challenges need to be nested within a more broadly defined network of support services.

- Seek to change the community context: A successful community based prevention program engages its residents at the neighborhood level to promote community-wide commitment to a supportive atmosphere for all parents and children. Traditionally prevention programs have focused on changing an individual's behavior rather than changing the community context. The shift in thinking is to utilize prevention strategies as a springboard for systemic reforms in social service institutions such as health and social services, particularly child welfare.

The ultimate success of an integrated system of prevention, intervention and treatment services rests in an ability to provide families access to appropriate resources and at the earliest indication of need. To be most effective, prevention strategies should aim to reduce the need for coercive intervention in regard to child abuse and neglect and promote voluntary participation at the community level. The organizing principle for both prevention and child welfare reform becomes not the avoidance of a particular set of social dilemmas (e.g., child abuse, substance abuse, juvenile crime, etc.) but rather the establishment of the familial and community conditions conducive to optimal child development and family functioning.

C. **Critical Elements:** The following Critical Elements provide the foundation for the Prevention Strategies:

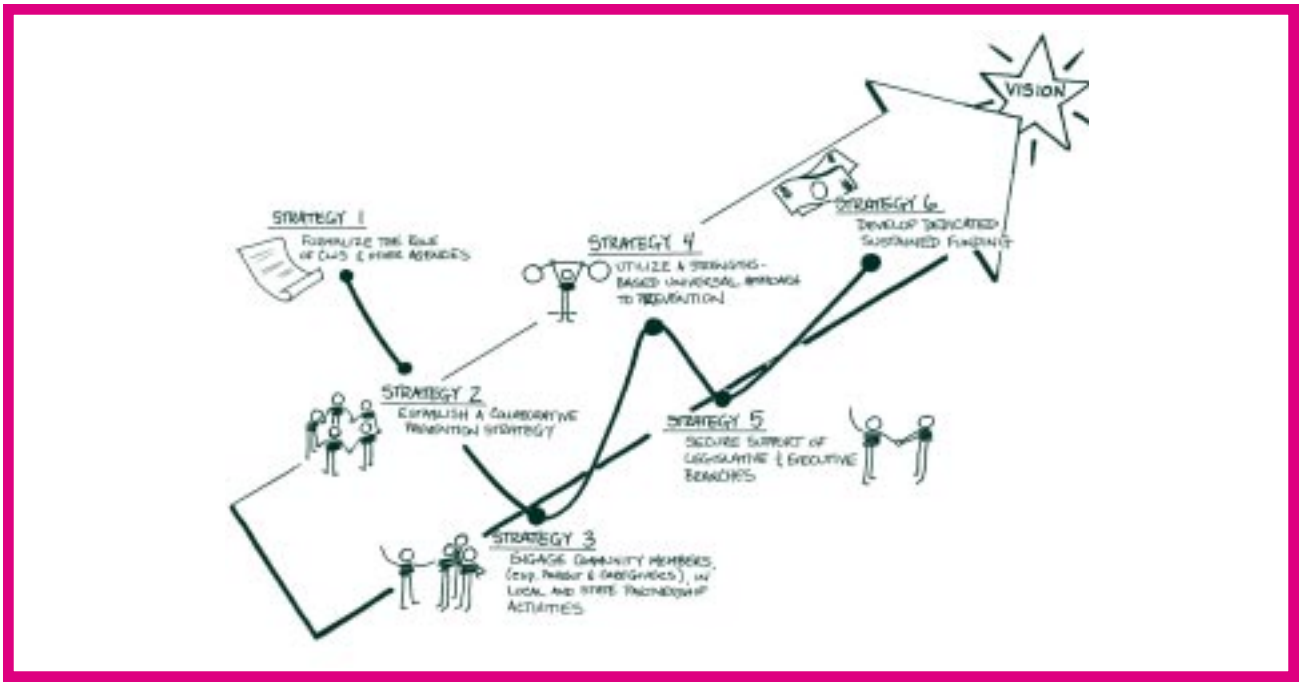


- **A Common Mission** is the foundation of an effective prevention strategy at both the state and local level and builds a broad base of support and sense of common purpose at all levels. It must be understood and widely accepted by all agencies serving children and families and at the community level in order to achieve an effective prevention strategy.
- **Leadership and Political Will**: Key leaders at the public and private level must step forward and commit to a prevention strategy at both the state and local level, and develop an environment of political support for prevention. It is important that CWS take a leadership role in prevention along with other child and family service leaders. Leaders at the forefront of the movement are key to focusing partners on a common purpose.
- **Public-private Partnerships:** Partnerships must be established at both the state and local level that facilitate and support capacity-building to ensure that every community has adequate resources and core services to meet the needs of families and youth who self refer or have been identified as at-risk of abuse and neglect.

Partnership activities must include joint planning and budgeting.

- **Community Engagement and Shared Responsibility**: Every citizen has a role and responsibility to promote the safeguarding of our children, strengthening our families and improving the health of our communities. An effective prevention strategy must create opportunities for meaningful participation by all segments of our society.
- **Funding**: Prevention must have core funding to be an integral part of the community network of integrated services, supports and opportunities. Strategies on leveraging, redeployment, and development of new resources are necessary to build a comprehensive funding strategy for prevention.
- **Continuum of Interventions**: Key to success is an integrated network of public-private services, supports and opportunities for families that begin with a strong foundation prenatally and continues through age 18 years. Active participation and support by CWS and community partners is critical at all levels of program development, funding, implementation, and evaluation. The continuum must also include non-traditional and informal supports for families (such as peer to peer models and the use of natural helpers).

D. **Prevention Strategies:** Building on the preceding Critical Elements, the following Prevention Strategies set the course for a successful prevention approach:



<u>Strategy 1</u>: To formalize the role of Child Welfare Services and agencies participating in prevention across the continuum of services and supports at the State, local and neighborhood level.

<u>Strategy 2</u>: To establish a collaborative prevention strategy based on public-private partnerships at the State and local level with shared outcomes and accountability.

Strategy 3: To engage community residents, especially parents and other caregivers, in local and State partnership activities, and to provide meaningful opportunities to contribute in all levels of the prevention strategy.

Strategy 4: To utilize a strengths-based universal approach to prevention that supports all families.

Strategy 5: To secure support for a collaborative prevention strategy from the legislative and executive branches of state and local government and the general public.

Strategy 6: To develop dedicated sustained funding that supports universal, selective and indicated prevention strategies.

Prevention Strategies

Table 1
Level 1: Universal Prevention Strategy
Targets all members of the general public

Approach & Application	• Strategies that promote shared responsibility, universal access to services, engage general population into prevention strategies, contribute to the development of partnerships, and inform parents of available services, supports and opportunities. • Example: Public education campaign; family resource centers that provide support services to all residents of their community.
Child Welfare Services and Other Partners Role	CWS has an active role in prevention; CWS and partners form and participate in community partnerships; provide leadership; share in funding public education campaign; provide funding and support to family resource centers that offer family support services.
Population	General public; special emphasis on parents of newborns to inform of services, supports and opportunities.
Outcomes & Accountability	Indicators: • Increased formation and participation in community partnerships • Increased number of parents with newborns utilizing support services • Increased participation by CWS in community partnerships • Increased availability of community based support services; increase FRC coverage • Increased awareness of child development and positive parenting techniques • Increased voluntary usage of prevention services • Increased father involvement

Level 2: Selective Prevention Strategy
Impacts those families that have at least one key risk factor.

Approach & Application	• Families self-identify or identified by others as needing help to prevent child abuse/ neglect and to promote child and family well being. Culturally appropriate, common assessment tools used; families acess services voluntarily; neighborhood/center-based supports and services are embracing, non intrusive; multidisciplinary approach to respond to families. • Examples: Family resource centers that offer family support services; home visiting programs for families with newborns who exhibit one or more risk factors and are in selected populations; for example, family of a newborn where there is an identified risk factor receives a child and family well-being assessment within seven days of birth of child with services to follow as indicated.
Child Welfare Services and Other Partners Role	CWS takes active role. CWS and partners participate on multidisciplinary team, provide proportional share of support for community based and home visiting programs; support community engagement; development of services and community capacity to respond.
Population	Children and families in zip codes with highest birth rates; families on CalWORKS, working poor families; young/teen parents.
Outcomes & Accountability	Indicators: • Increased parent preparedness. • Increased number of healthy births • Increased parental support services especially for parents of newborns. • Increased number of parents linked to community networks and support services. • Increased school readiness • Increased number of families voluntarily accessing services • Increased number of mothers seeking prenatal services • Increased number of parents seeking pre-birth parenting classes • Increased number of young parents accessing education and job training opportunities. • Increased father involvement • Increased involvement of extended family and other supportive persons • Increased number of CalWORKS caseworkers identifying risk factors and making referrals for services. • Increase regular school attendance/improved school performance

Level 3: Indicated Prevention Strategy
Impacts those families at high risk of entering the child welfare system.

Approach & Application	• Families self-identify or identified by others as at risk of entering CWS system; families seeking help to prevent child abuse/ neglect and to promote child and family well being. Strategy uses culturally appropriate, common assessment tools; families participate voluntarily in targeted services; neighborhood/center based support services are embracing, non-intrusive; family needs are addressed through a multidisciplinary response. • Examples: Family resource centers that offer family support services, Family to Family, shared family care, intensive home visiting and family support programs, family group decision making, family support meetings, family unity model.
Child Welfare Services and Other Partners' Role	Makes referrals, participates on the multidisciplinary team, provides core funding; initiates appropriate policy changes that support the voluntary participation of families what have been reported for abuse and/or neglect, but where the child's safety is not at risk; development of services and community capacity.
Population	Self-referred families; families with identified risk indicators referred by others; foster youth, youth at risk of entering the child welfare system as parents, crossover with families targeted by the early intervention work group.
Outcomes & Accountability	Indicators: • Increased number of CWS calls that receive formal referral to support services • Increased number of CWS referrals accessing voluntary services • Increased number of families reporting receiving services they need • Increased numbers of families receiving family maintenance services voluntarily, rather than under court order. • Increased community capacity to respond to families seeking voluntary services. • Decrease in number of parenting foster care teens • Decreased number of unplanned pregnancies and increased delayed pregnancies in foster care teens • Increased availability of appropriate services.

Attachment A
Premises of Family Support

1. Primary responsibility for the development and well being of children lies within the family, and all segments of society must support families as they rear their children.
2. Assuring the well being of all families is the cornerstone of a healthy society, and requires universal access to support programs and services.
3. Children and families exist as part of an ecological system.
4. Child-rearing patterns are influenced by parents' understanding of child development and of their children's unique characteristics, personal sense of competence, and cultural and community traditions and mores.
5. Enabling families to build on their own strengths and capacities promotes the healthy development of children.
6. The development processes that make up parenthood and family life create needs that are unique at each stage in the life span.
7. Families are empowered when they have access to information and other resources and take action to improve the well being of children, families, and communities.

Principles of Family Support Practice

1. Staff and families work together in relationships based on equality and respect.
2. Staff enhances families' capacity to support the growth and development of all family members – adults, youth, and children.
3. Families are resources to their own members, to other families, to programs, and to communities.
4. Programs affirm and strengthen families' cultural, racial, and linguistic identities and enhance their ability to function in a multicultural society.
5. Programs are embedded in their communities and contribute to the community-building process.
6. Programs advocate with families for services and systems that are fair, responsive, and accountable to the families served.
7. Practitioners work with families to mobilize formal and informal resource to support family development.
8. Programs are flexible and continually responsive to emerging family and community issues.
9. Principles of family support are modeled in all programs activities, including planning, governance, and administration.

Attachment B
Total Estimated Cost of Child Abuse and Neglect In the United States
Statistical Evidence
Fromm, Suzette © 2001

Introduction

For years, we have recognized the tragic effects of abuse and neglect on the children against which it is perpetrated. Innumerable scientific studies have documented the link between the abuse and neglect of children and a wide range of medical, emotional, psychological and behavioral disorders. For example, abused and neglected children are more likely to suffer from depression, alcoholism, drug abuse and severe obesity. They are also more likely to require special education in school and to become juvenile delinquents and adult criminals.

This data represents the first attempt to document the nationwide costs resulting from abuse and neglect. These costs can be placed in one of two categories: **direct** (those costs associated with the immediate needs of abused or neglected children) and **indirect** (those costs associated with the long-term and/or secondary effects of child abuse and neglect).

The data cited in the following pages has been drawn from a variety of sources, including the Department of Health and Human Services, the Department of Justice, the U.S. Census and others. Appropriate data citations are included throughout the report.

In all instances, we have opted to use conservative estimates. For instance, only children who could be classified as being abused or neglected according to the harm standard were included in the analysis. The harm standard is the U.S. Department of Health and Human Services' more stringent classification category. In addition, we have not attempted to quantify all of the indirect costs of abuse and neglect including, for example, the provision of Welfare benefits to adults whose economic condition is a direct result of the abuse and neglect they suffered as children. For this reason, we believe the estimate of $92 billion per year is conservative.

Regardless of the economic costs associated with child abuse and neglect, it is impossible to overstate the tragic consequences endured by the children themselves. Each year, more than three million children are reported as abused or neglected in the United States. And three children die each day from abuse and neglect in this country. The costs of such human suffering are incalculable.

Total Annual Cost of Child Abuse and Neglect in the United States
DIRECT COSTS
Statistical Justification Data

Direct Costs	Estimated Annual Cost
Hospitalization Rationale: 565,000 children were reported as suffering serious harm from abuse in 1993[1]. One of the less severe injuries is a broken or fractured bone. Cost of treating a fracture or dislocation of the radius or ulna per incident is $10,983[2]. Calculation: 565,000 x $10,983	**$6,205,395,000**
Chronic Health Problems Rationale: 30% of maltreated children suffer chronic medical problems[3]. The cost of treating a child with asthma per incident in the hospital is $6,410. Calculations: .30 x 1,553,800 = 446,140; 446,140 x $6,410	**2,987,957,400**
Mental Health Care System Rationale: 743,200 children were abused in 1993[4]. For purposes of obtaining a conservative estimate, neglected children are not included. One of the costs to the mental health care system is counseling. Estimated cost per family for counseling is $2,860[5]. One in five abused children is estimated to receive these services. Calculations: 743,200/5 = 148,640; 148,640 x $2,860	**425,110,400**
Child Welfare System Rationale: The Urban Institute published a paper in 1999 reporting on the results of a study it conducted estimating child welfare costs associated with child abuse and neglect to be $14.4 billion[6]	**14,400,000,000**
Law Enforcement Rationale: The National Institute of Justice estimates the following costs of police services for each of the following interventions: child sexual abuse ($56); physical abuse ($20); emotional abuse ($20) and child educational neglect ($2)[7]. Cross referenced against DHHS statistics on number of each incidents occurring annually[8]. Calculations: Physical Abuse – 381,700 x $20 = $7,634,000; Sexual Abuse – 217,700 x $56 = $12,191,200; Emotional Abuse – 204,500 x $20 = $4,090,000; and Educational Neglect – 397,300 x $2 = $794,600	**24,709,800**
Judicial System Rationale: The Dallas Commission on Children and Youth determined the cost per initiated court action for each case of child maltreatment was $1,372.34[9]. Approximately 16% of child abuse victims have court action taken on their behalf. Calculations: 1,553,800 cases nationwide[10] x .16 = 248,608 victims with court action; 248,608 x $1,372.34	**341,174,702**
Total Direct Costs	**$24,384,347,302**

Total Annual Cost of Child Abuse and Neglect in the United States
INDIRECT COSTS
Statistical Justification Data

Indirect Costs	Estimated Annual Cost
Special Education Rationale: More than 22% of abused children have a learning disorder requiring special education[11]. Total cost per child for learning disorders Is $655 per year. Calculations: 1,553,800[12] x .22 = 341,386; 341,386 x $655	**$223,607,830**
Mental Health and Health Care The health care cost per woman related to child abuse and neglect is $8,175,816/163,844=$50[13]. If the costs were similar for men, we could estimate that $50 x 185,105,441[14] adults in the U.S. cost the nation $9,255,272,050. However, the costs for men are likely to be very different and a more conservative estimate would be half of the amount.	**4,627,636,025**
Juvenile Delinquency Rationale: 26% of children who are abused or neglected become delinquents, compared to 17% of children as a whole[15], for a difference of 9%. Cost per year per child for incarceration is $62,966. Average length of incarceration in Michigan is 15 months[16]. Calculations: 0.09 x 1,553,800[17] = 139,842; 139,842 x $62,966 = $8,805,291,372	**8,805,291,372**
Lost Productivity to Society Rationale: Abused and neglected children grow up to be disproportionately affected by unemployment and underemployment. Lost productivity has been estimated at $656 million to $1.3 billion[18]. Conservative estimate is used.	**656,000,000**
Adult Criminality Rationale: Violent crime in U.S. costs $426 billion per year[19]. According to the National Institute of Justice, 13% of all violence can be linked to earlier child maltreatment[20]. Calculations: $426 billion x. 13	**55,380,000,000**
Total Indirect Costs	**$69,692,535,227**
TOTAL COST	**$94,076,882,529**

Attachment B Table Footnotes

[1] Sedlak, A. & Broadhurst, D. (1996). The Third National Incidence Study of Child Abuse and Neglect: NIS 3. U.S. Department of Health and Human Services.

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[3] Hammerle (1992) as cited in Myles, K.T. (2001) Disabilities Caused by Child Maltreatment: Incidence, Prevalence and Financial Data.

[4] Sedlak, A. & Broadhurst, D. (1996). The Third National Incidence Study of Child Abuse and Neglect: NIS 3. U.S. Department of Health and Human Services.

[5] Daro, D. Confronting Child Abuse (New York, NY: The Free Press, 1988).

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[9] Dallas Commission on Children and Youth (1988). A Step Towards a Business Plan for Children in Dallas County: Technical Report Child Abuse and Neglect. Available on-line at www.ccgd.org.

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[11] Hammerle (1992) as cited in Daro, D., Confronting Child Abuse (New York, NY: The Free Press, 1988).

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[17] Sedlak, A. & Broadhurst, D. (1996). The Third National Incidence Study of Child Abuse and Neglect: NIS 3. U.S. Department of Health and Human Services.

[18] Widom (2000). The Cycle of Violence. Available on-line. U.S. Department of Justice, National Institute of Justice.

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V. REPORT OF THE EARLY INTERVENTION AND DIFFERENTIAL RESPONSE STRATEGIES WORKGROUP

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EARLY INTERVENTION AND DIFFERENTIAL RESPONSE: OUR COMMITMENT FOR CHANGE

"Never doubt that a small group of thoughtful, concerned citizens can change the world. Indeed, it is the only thing that ever has."

-Margaret Mead

OVERVIEW

From the time agencies to protect children were established, there has been an ongoing goal of improving services for maltreated children and their families (USDHHS, 2001). More recently, national leaders, including members of the U.S. Advisory Board on Child Abuse and Neglect (1993), have called for a new national neighborhood-based strategy for protecting children in this country. During the past ten years, there has been a growing consensus that states and communities need to change the way they protect children (Farrow, 1997), and many states have taken the charge to make the protection of children a community responsibility. This charge is also reflected in the strategic plans of a broad based coalition of most of the major national child abuse organizations which envisions that, "Our nation's systems of protecting children are revised and strengthened to deliver the highest quality response" by 2020 (National Call to Action, 2002). In California, the Child Welfare Services Stakeholders Group has taken this charge and is pleased to report on its second year of work.

Building on the key concepts and desired results identified in year one by the CWS Stakeholders Group, the *Early Intervention and Differential Response Workgroup* has been working since December 2001 to articulate specific strategies that will achieve these desired results. These strategies are designed to create a CWS intake and response process that engages vulnerable families in their own development, allows for a flexible response based on family circumstances, delivers quality assessment and supportive services to referred families early in their contact with the system, employs the resources of formal and informal community partners, and most importantly, keeps children safe.

The *Early Intervention and Differential Response Workgroup* has developed five core strategies to address the related challenges of building a system of early intervention in California communities and, at the same time, individualizing the way CWS responds to referrals of child abuse and neglect.

The *Early Intervention and Differential Response Workgroup's* **core strategies** include:

- Differential Response to Referrals to the Hotline
- Community Partnerships for Early Intervention
- Assessment and Service Planning
- Comprehensive System of Services and Supports
- Building Accountability to Outcomes

California is a vast and diverse state. Currently, many of the recommendations imbedded in these strategies are already operational in some counties or in some communities. Generally speaking, however, they are not fully implemented at a systems level nor are they present in the majority of counties. When stating "what will be different", it is understood, based on current practices, that these differences might be more pronounced in certain areas of the state than they will be in others.

As the redesign is implemented along the lines recommended, **the following are the major proposed differences from the current system.**

- A system of differential response to referrals will emphasize an increased opportunity for families to receive services sooner and without court involvement.
- *Substantiation of an allegation* will be replaced by a safety, fact finding, and family assessment practice approach allowing for a focus on engaging families in a less adversarial safety and change process.
- There will be a statewide consistent approach to assessment of safety and family strengths and needs.
- Social workers will have the time, knowledge, and skills needed to engage and develop helping relationships with families.
- An integrated community system of services and supports will be available to reach and serve more families through formal community partnerships.
- CWS and community partners will collaborate in the use of multi-agency teams for assessment and service planning.
- Communities will be encouraged to develop specific programs that focus on special populations (i.e. chronic neglect, homeless, substance abusing, birth to five) as well as on policies and processes particularly impacting people of color.
- Families and their non-formal support systems (e.g., extended families, faith communities, friends) will be routinely involved in service planning and delivery.
- County child welfare agencies will have the option to delegate case coordination to community public and private non-profit partners.

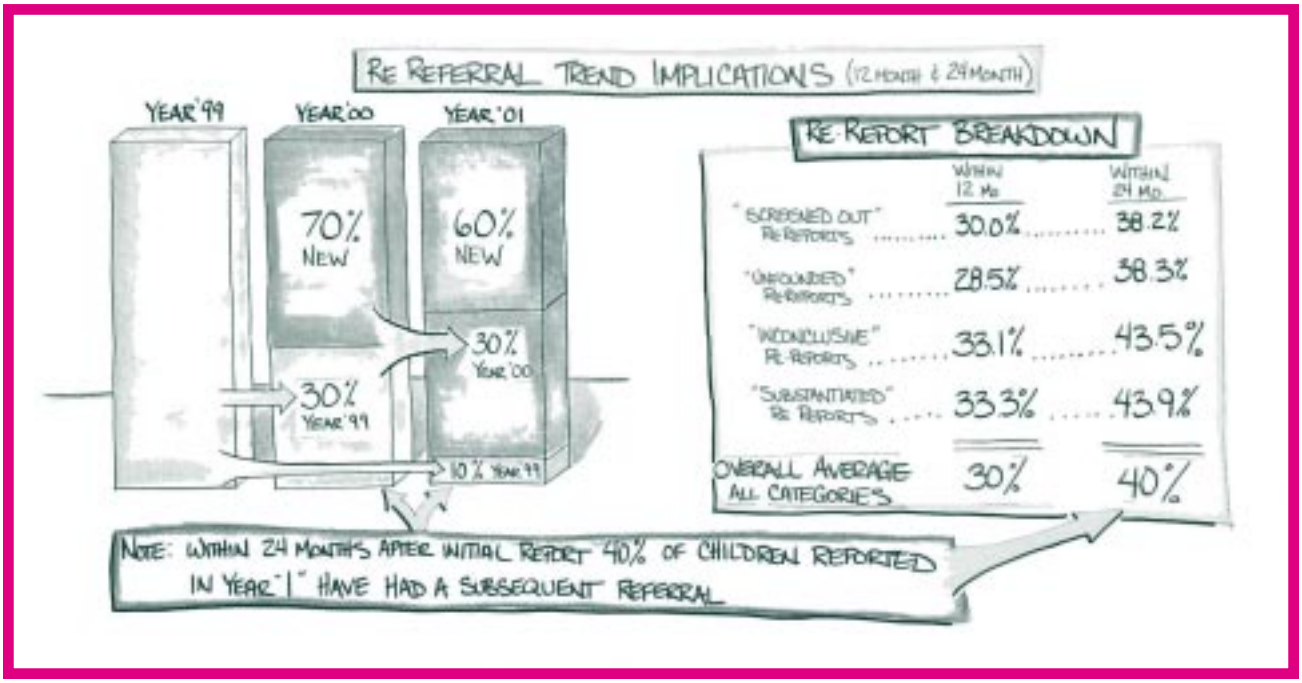
- Flexible funding mechanisms will be in place to support serving referred families without an open CWS case.
- Tools and practices that target, measure, and integrate outcomes for children and families will be developed, implemented, and used to measure outcomes and contribute to ongoing system improvement.

Rationale for Early Intervention and Differential Response

The primary purpose of the redesign and implementation of an early intervention and differential response approach is to build upon the strengths of the current system to achieve safety, stability, and well-being for children and families through a more flexible, supportive, and responsive services system. This initiative embraces the principles of Child Protective Services reforms (APHSA, 1999; Farrow, 1997; Shirk, 1998; USDHHS, USGAO, Waldfogel, 2000, 1998a, 1998b) as well as best practices in the family support field - strengths based, family focused, child centered, and culturally competent community based service delivery.

The most compelling reason to consider change is that the current allegation based system does not provide or fund early services for families to protect children from repeated occurrences of child maltreatment. Each year approximately one-third of all referrals represent re-referrals of the same families from the previous year. Another 10% of all referrals were initially referred two years prior. Over time, the Hotline has become a revolving door where intake and emergency response workers are responding to referrals about many of the same families over and over again.

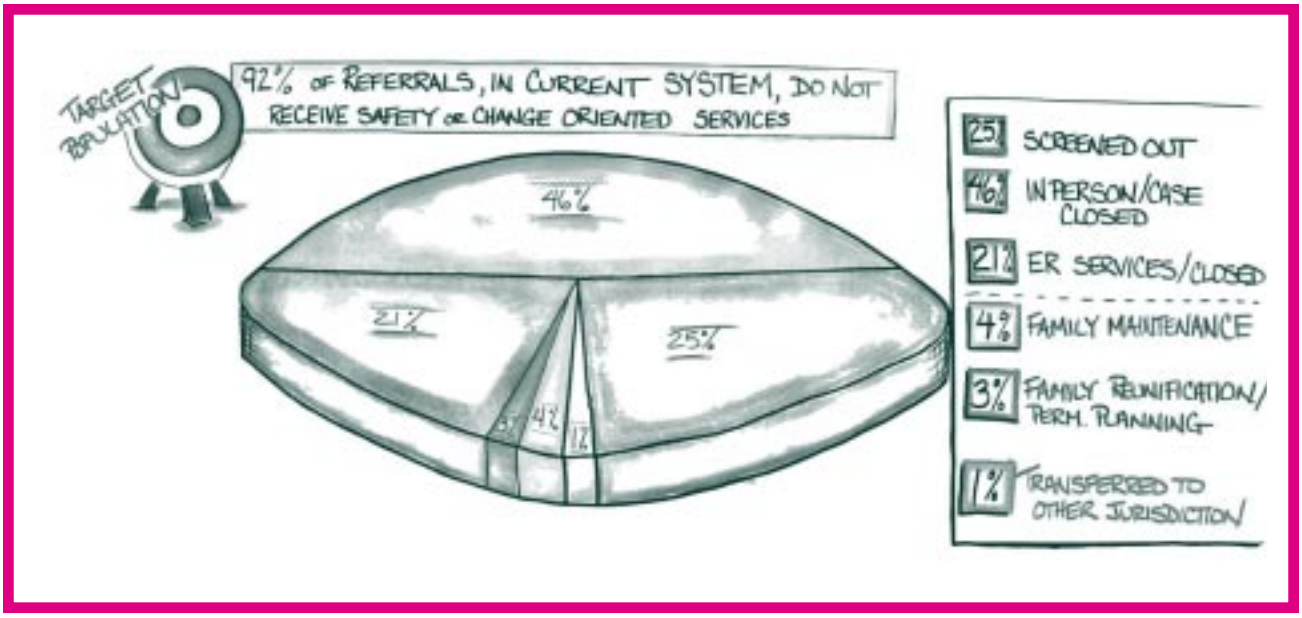
Figure 1
Re-Referral Trend Implications



Complexity and seriousness usually increases with each new referral. If families are not helped to address the behaviors and conditions that lead to maltreatment the first time someone identifies a potential problem, the likelihood of keeping children safe and reducing the risk of maltreatment decreases over time. This approach takes its toll on families and their children. It also takes its toll on the staff mandated to protect California's children. While staff may embrace the principles of early intervention and family support practice, current workloads significantly limit such practice. The frustration and reduced job satisfaction resulting from this cycle also makes it difficult to recruit and retain staff. Unfortunately, funding, and policy restrictions do not support serving more families earlier in their contact with the CWS system.

The volume of re-referrals is created partially by the fact that most families referred to the Hotline are not provided any ongoing service response designed to increase the safety of maltreated children or to reduce its future occurrence. In recent years, the current CWS system resulted in screening out 25% of all referrals from any initial in-person response. Approximately 46% of referrals prompted an initial visit to families, but were closed without services. Another 21% of the families referred received an initial contact and brief services. And, only 7% received any ongoing CWS services (3% were placed in out-of-home care and 4% received family maintenance services).

Figure 2
How Does the System Currently Respond to Referrals?



Current funding and policies only allow CWS to intervene in the most serious cases. This often results in court action and removal of children, which tends to give the general public a negative view of CWS. Mandated reporters and other reporters at times become frustrated with what they perceive to be no action on the part of the agency. This can result in reduced reporting on behalf of vulnerable children leaving them in potentially unsafe settings. The first visit to a family in the current system requires that, social workers focus on "substantiation of an allegation of child maltreatment", which hinders their ability to engage families, gain a broader understanding of a family's strengths and needs, and offer assistance. The current allegation driven, incident focused

approach, may also be missing opportunities to engage and help vulnerable families and children who may be ready to change if approached in a non-adversarial way. Facilitating family change at these earlier opportunities has the potential to save future costly court intervention and curtail more long lasting damage to children.

A final reason to consider changing the current child welfare system is that in most California communities, CWS is perceived as the only agency responsible for the protection of children. At the same time, most public child welfare agencies recognize that they cannot keep children safe without the support of other public and private community agencies, strong communities, and healthy families. In many cases, the child welfare agency must assume the full burden of trying to help families whose needs may be better addressed by other organizations or multiple service systems. This results in both ineffective help for families and children, and an inefficient use of resources.

There are numerous initiatives in California that offer a solid foundation from which to engineer a change process. First, there is already a centralized mechanism from which to organize a responsive network to serve more families flexibly, i.e., the Hotline. Second, the system is already organized to train social workers in competency-based practice (CalSWEC Standards and Values for Public Child Welfare Workers, Supervisors, and Administrators, 1997). Third, there is a long history of using teams and working together across systems in teams. And there are excellent interdisciplinary models in local jurisdictions for reaching out with prevention and early intervention (e.g., Family Resource Centers, home visiting to families with newborns) and developing community partnerships to better serve families who have multiple needs (e.g., Multi-Agency Integrated Systems of Care).

Summary of Rationale for Change

In the current system:

- Families often do not get the help they need early enough and are often re-referred for child neglect or abuse
- Forty per cent of children referred have at least one subsequent referral within 24 months
- Responses are allegation driven, incident focused, and largely adversarial
- By the time CWS is able to intervene, problems have escalated, making problem resolution more challenging and costly
- CWS is perceived as solely responsible for child protection
- CWS funding and policies do not support serving more families earlier

PRINCIPLES FOR REDESIGNING THE CWS SYSTEM IN CALIFORNIA

Reforms to the system need to result in real changes for children and families. The bottom line is that more families need to be served before problems escalate to severe and complex levels.

- **Protection of children is a community responsibility.** To truly promote increased safety, stability, and well-being for children and families in California, the first thing that needs to change is that the community, not solely one or two agencies, needs to assume its responsibility for protecting children.
- **Most families referred to the Hotline are assessed for child risk and safety and the need for services.** All children in the state should have an equal opportunity to be safe from all forms of abuse and neglect. If referrals are not appropriate for CWS, the system assures that a connection is made with voluntary services provided by another community agency. When child abuse and neglect concerns are present, there is an opportunity for continuing services beyond one or two visits, either by CWS, CWS in partnership with community agencies, or by partner agencies alone.
- **Responses are customized by need.** A comprehensive assessment that joins with the family to understand their strengths and needs should result in individualized tailored service responses.
- **The community system is accountable for outcomes.** An accountability system is implemented that assures families receive the services they need, assures barriers are identified and minimized to increase the quality of service responses, and assesses the degree to which families are successfully achieving outcomes of safety, well-being, and stability.

OVERVIEW OF CHILD WELFARE REFORM EFFORTS AND OUTCOMES

Over the last ten years, an increasing number of states, and some jurisdictions in California, have piloted substantial changes to traditional child welfare service policies and practices in order to offer individually tailored services to a wider range of at-risk families (Budde, Daro, Baker, Harden, and Puckett, 2000; USDHHS; Wilson, 1996). The catalysts for these reforms include: law suits and court consent decrees, changes in state legislation driven by media attention, initiatives driven by private foundations, collaborative working groups, legislative initiatives to maximize available funding by de-categorizing services, and Federal Child Welfare Waivers.

Table 1
Overview of Key Changes introduced by Child Welfare Services Reforms

	Traditional CPS Systems	Reform Efforts
Standardization of Response	- "One-size fits all" standardized response	- Flexible, differentiated response that reflect varying needs and safety concerns
Referral for services	- CPS serves as "gateway" to services - Referral for services only for substantiated cases	- Expanded access to services through community supports - Enhanced preventative and early intervention strategies - Increased assessment and referrals for services for uninvestigated and unsubstantiated cases
Screening/ Assessment	- Single approach for responding to reports - Screened in/out for investigation	- Serious cases investigated by CPS; others diverted for response by community partners
Investigation	- CPS leads investigation sometimes in tandem with law enforcement	- Most families can be assessed without a formal investigation - When appropriate, CPS and law enforcement lead team investigation
Criteria for Decision Making	- Deficit-based model	- Strengths-based model - Assessment of safety - Assessment of needs in partnership with family
Responsibility for Child Protection	- CPS	- Shared responsibility with community partners

Most of these innovations involve flexible methods for offering a variety of services based on the presenting circumstances. Evaluations of these types of strategies are in the early stages. However, initial findings from pilot projects in Florida, Iowa, Missouri, and Virginia look promising (USHDDS, 2001). These include a documentation of changes in the process and some outcomes.

- **Child safety was not compromised in pilot sites.**
  - Researchers in Iowa, Virginia and Missouri all reported positive child safety outcomes (CSSP, n.d.; Hernandez and Barrett, 1996; Siegel and Loman, 1998).
  - The Missouri evaluation suggested a 2% decrease in the frequency of repeated child abuse and neglect reports in pilot counties compared to the non-pilot counties. In particular, there was a decrease in recurrences involving children lacking basic necessities and supervision.
- **The number of families labeled on central registries decreased to:**
  - 33% in Missouri pilot counties (Siegel and Lowman, 1998)

- 27% in Virginia pilot counties (Virginia State Department of Social Services, 1999)
- 16% in Iowa pilot counties (CSSP, n.d.).

- **Referrals resulted in services provided more quickly**.
  - In Missouri, the period between incident and first service in pilot counties was 17 days compared to 34 days in comparison counties.
- **The use of community resources increased for families in pilot projects**.
  - In Missouri, 25% of families in pilot counties received community services compared to 20% in comparison counties (Siegel and Loman, 1998). Further, in pilot counties there was an increase in the delivery of basic necessities to families, including food, clothing, shelter, and medical care.
  - In Florida, the use of community services increased by 11% (Hernandez and Barrett, 1996).
- **The length of CPS intervention with families decreased.**
  - In Florida, the length of CPS service was 56 days in pilot counties compared to 72 days in other counties (Hernandez and Barrett, 1996).
  - In Missouri, families experienced a 15% decline in the number of days they were involved with agencies (Siegel and Loman, 1998).

STRATEGIES

Strategies have been identified to address the challenges of building a system of early intervention in California communities that individualizes the way CWS responds to referrals of child abuse and neglect.

- Differential Response to Referrals to the Hotline
- Community Partnerships for Early Intervention
- Assessment and Service Planning
- Comprehensive System of Services and Supports
- Building Accountability to Outcomes

Differential Response to Referrals to the Hotline

Differential response is a strategy which allows the child welfare agency to respond in an individualized manner to referrals of child abuse or neglect based on the unique needs, resources and circumstances of the family. It is designed to engage the participation of vulnerable families and children currently not receiving change oriented services. Differential response also redefines the relationship between the child welfare agency and the general public as partners in protecting children.

Target Population

The target population for differential response is all those children and families referred to the Hotline. Most of these referrals reflect a sincere concern about the safety and well-being of a specific child or children. Concerns cover a broad set of situations from life threatening to merely needing temporary assistance. Rather than responding to all of the referrals with an "investigation" to determine if the "incident" reported is true and who is responsible, differential response is built upon the assumption that "one size does not fit all".

Instead, the differential response system leads to one of three response options: (1) community services, (2) family services without court, and (3) family services with court.

1. Community Services Population

This option is selected when child maltreatment is not a concern, the child is deemed to be safe, and there are either no or low risks of harm to the child. However, it is clear the family is experiencing problems or stressors, which could be addressed by community services. In the current system, these referrals may or may not receive a referral to a community agency and no measures are taken to assure that referral connections have been made. Someone in the community is concerned enough to bring it to the attention of the child welfare agency, and the referral merits a response and assessment.

EXAMPLES:

- A teacher calls about a child whose behavior is difficult to manage both at home and at school; the school has complained to the parents on numerous occasions; the parents feel overwhelmed, don't know what to do, and are asking for help.
- A hospital social worker calls about a 16-year-old who has given birth to a child. She lives with her single mother who works 10-hour days and is therefore unavailable to assist with caring for the infant or instructing her daughter on infant care. There are no allegations of abuse or neglect but concerns exist about the 16-year-old's maturity and ability to care for a newborn by herself.

2. Family Services Non-Court Population

This response option is selected for families in which child maltreatment is alleged and appears to be a valid concern. This includes a range of family situations including children who are deemed to be safe as well as unsafe and the family is willing to engage in an in-home safety plan. These are situations both classified as low to moderate risk as well as moderate to high risk. Currently some of these families may receive one or two visits by a social worker, and no on going services due to system resource constraints. Others are provided family maintenance services following a court petition.

EXAMPLES:

- A neighbor reports that the family next door has 5 children under the age of 10. The children are frequently seen outside after dark and unsupervised. They appear dirty,

unkempt and inadequately dressed for the weather. In addition, the family rents out space in the garage and back yard sheds to what appear to be transient men who drink and use the yard as a bathroom.

- An elementary school counselor refers a family with two school-age children aged 7 and 9. Concerns include the children having head lice, frequently missing or being late to school, and not wanting to go home. She learns from one of them that the mother drinks a lot of beer throughout the day and is often asleep in the morning when the children need to get ready for school. They also have told her that they do not like their mother's boyfriend because he uses drugs, is mean to them, yells a lot, and threatens to hit them with his belt.

- A school nurse calls to express concern about the safety of one of their students. He is a 9-year-old mentally delayed, emotionally disturbed child who can be a danger to himself and others. His parents are on vacation out of the country. His adult childcare provider called to say that he was sick and would not be in school. The nurse called the home and found the child alone. She called the childcare provider's work and found her at work. The nurse is very concerned about this child's ability to care for himself and to be alone all day.

3. Family Services Court Population

This response option is selected for families in which children are not safe and child maltreatment is causing immediate or severe harm to a child. The level of risk is classified as high and there is the likelihood of court involvement and the need to place a child in protective custody.

EXAMPLES:

- A mandated reporter calls to report that a teenage mother of a one year old gave her baby two bottles of beer last night to make him sleep. Today the baby is sick and vomiting. The child is also observed to have bite and burn marks on his body and a friend of the teen mother has told the reporting party that she has seen the mother bite the baby. The teen mother has no visible means of support either financially or socially.

- An emergency room doctor calls to report child abuse. A 2-year-old is in the hospital having suffered a head trauma, internal bleeding and several broken bones. X-rays reveal additional old, untreated fractures. The mother reports that she was at the market and when she got home her boyfriend was gone and she found the baby unresponsive. Not sure what to do, she called a neighbor who then called 911.

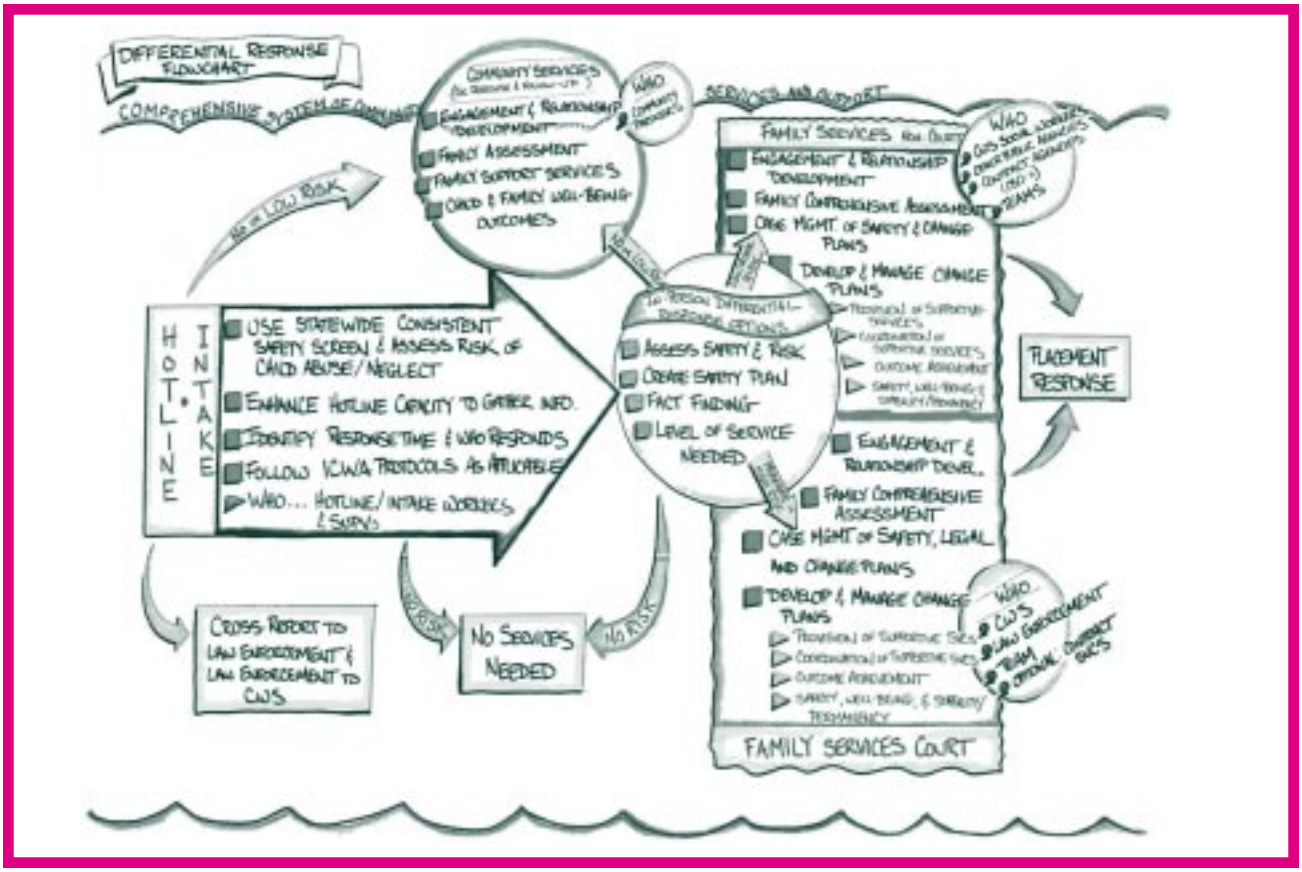
The chart on the following page titled, CWS Redsign Matrix: Child Safety, describes how potentially the three options identified could be implemented.

CWS Redesign Matrix: Child Safety

	"Safe"		"Unsafe"	
General Description	Desire for family strengthening and/or support	Reduced parental protective and/or nurturing capacity	Parental protective incapacity will produce long term impact on child	Parental protective incapacity is causing immediate, severe harm to child
Level of Harm to Child	None or low	Low to moderate	Severe	Severe
Imminence of Harm	None	Unknown	Long-term	Immediate
Level of risk of harm to child	None or low	Low to moderate	Moderate to High	High
Harm characterized as Child Maltreatment	No	Inevitable if risk not addressed	Yes	Yes
Protective Action	None	None	Non-removal 1st preference; Removal an option	Removal likely; Non-removal an option
Juvenile Court Involvement	None	None	Possible	Likely
CWS Involvement	CWS refers to Community Partners	CWS Oversight or Supervision	Full CWS Involvement & Community Partners	Full CWS Involvement, and possibly law enforcement
Engagement Type	Voluntary	Voluntary	Expectation: Mostly Voluntary; Some Involuntary	Expectation: Mostly Involuntary; Some Voluntary
Immediate focus of intervention	Child & Family Well-being	Reduction or elimination of risk for child maltreatment	Long term child safety impacts	Immediate child safety impacts
Differential Response Track	Community Services Connection	Family Services -Non-Court	Family Services -Non-Court or Court	

Differential Response Flow Chart

The following graphic depicts the differential response strategy.



Intake/Hotline

Referrals will continue to be made to the child abuse Hotline in each county. The focus of the Hotline conversation is broadened to learn more about the immediate safety issues for the child as well as obtain some background information about the parents through collateral contacts. Some of the referrals currently considered inappropriate will continue to be screened out (i.e., children out of the jurisdiction, adults reporting abuse during their childhood).

If the referral is not screened out, and does not indicate the presence of or moderate to high risk of child abuse or neglect, the Hotline worker refers the case to *community services.* Counties will have to develop specific procedures, including those addressing confidentiality; to ensure that these referrals actually result in outreach to the families in order to connect them to needed services.

In summary, the major functions at intake/hotline are to:

- gather information from the reporter and any available collateral information
- identify immediate safety issues

- decide whether the referral concerns the presence or risk of child maltreatment
- screen out some referrals as needing no further response
- refer and connect others directly to community services, or
- send the referral on for an in-person response
- determine the needed response time, and
- choose whether the in-person response should be routed to CWS staff familiar with cases likely to be court involved, CWS staff who will assess and serve families without court involvement, or a more appropriate community partner.

In-Person Response

Those referrals suggesting the presence or risk of abuse and neglect move forward, to an in-person response under the direction of Child Welfare Services. However there are some important differences, from the current system.

First, it is recommended that current policies change to require the in-person response take place within a maximum of five days with an immediate response for referrals the Hotline staff believes represent an immediate threat to the child's safety.

Second, for some cases, CWS may use its community partners to conduct the in-person response or conduct these assessments jointly with a partner agency. CWS may partner with law enforcement when the referral suggests immediate safety issues and the likelihood of court involvement. Through community partnership agreements and based on what seems to be present in the referral, they may request another more appropriate partner agency (i.e., substance abuse evaluation and treatment, mental health, domestic violence, or public health) conduct the initial in-person response and report back its findings. CWS may also choose to do the initial in-person assessment solely with their own social workers.

Third, the initial in-person response gathers facts related to the presence and severity of abuse and neglect, the safety of the children, the risk of future maltreatment, and the willingness of the parents to engage in services. If the family appears to be headed for court involvement and/or criminal charges, the appropriate level of "evidence" has to be gathered. It should be noted that these families represent less than 7% of the total referrals currently received.

The focus of this first in-person assessment continues to be the safety of the children; therefore there is no need to focus on whether or not the allegations can be "substantiated". For those families headed for court-involvement, a higher level of fact-finding occurs to determine what is needed to engage the court in decision-making regarding out-of-home placement or criminal charges. For many families, the initial in-person response is likely not to be focused on evidence gathering. Rather it involves moving away from an "incident-focused" approach and moving toward engagement and connecting families to the services and supports that can contribute to changes in their own capacity to protect their children.

Fourth, many of the families experiencing the initial in-person response are offered continuing services by CWS and/or community partners. ***This is a major change from the current reality as evidenced in the data discussed earlier.*** As a result of the initial in person response, decisions may change as to how best to respond to the family. Low or moderate risk cases might turn out to be higher risk and vice versa. Decisions are made at this point as to the path the family will follow – either court involved, or not court involved. The low to moderate risk cases are most likely served through the non-court route, and the higher risk cases may or may not need court involvement.

There are also be some cases that are closed after the initial in-person assessment because the children are safe, the parents do not want to participate in services, and the level of need or risk is not sufficient to involve court-ordered services.

In summary, the major ***functions at initial in-person response*** for both court involved and non-court involved families are to:

- assess child safety and potential risk of future maltreatment
- create a safety plan if needed
- gather facts related to the referral
- assess the willingness of the family to participate in services
- begin identification of family needs and strengths; address emergency service needs
- close case if child is safe, family does not need (or will not participate in) services, and concerns do not rise to level of court involvement
- determine the response path for services – community services, on-going family services/non-court, or family services/court

Three Response Options

As stated previously, referrals that do not involve child maltreatment and in which the risk is nonexistent or low, families are referred to the community services response option without an in-person response.

After the completion of the initial in-person assessment, families are served in one of two distinct ways. If court involvement is indicated, specialized CWS staff teaming with law enforcement and other court related resources serve them. If the case is not court involved, they are assigned a case coordinator who may or may not be a CWS staff member. For a number of these families, a *multi-agency team* may also be involved to coordinate the various services needed by multi-problem families with complex and inter-related issues. The team may also involve members of the extended family, other supports, or paraprofessionals operating as therapeutic aides.

After families are routed to the response path best suited to their individual needs, a more comprehensive family assessment is conducted that continues to monitor safety issues, identify the

strengths and problems in the family, and develop a service plan with the participation of the parents and other family members as appropriate. Although distinct, both paths involve a comprehensive assessment and a plan for intervention that includes identified services and supports as well as key anticipated outcomes.

For most families, these first few meetings with their case coordinator are focused on exploring their need for services, identifying the problems and the strengths of the family, clarifying the family's natural system of support, exploring their sense of what would be helpful, and encouraging them to participate in needed services.

No matter how the family is served or who serves as case coordinator, a common set of assessment information is collected on all open cases, and the outcomes in terms of safety, permanence, and well-being are tracked.

TEAMS AND TEAM DECISION-MAKING

Benefits of Teams

Teams play a vital role in the system of differential response. The responsibility for protecting children and strengthening families is one that is shared with other public agencies, community based organizations, schools, non-formal resources in the community, families and their extended support networks.

Early in the work with a family, when engaging them regarding concerns about their children, all relevant formal and non-formal services and supports need to be identified in order to plan for how best to support the family. Family assessment and development of an intervention plan can often best be done as a team. For more complex family situations where the children or parents are involved in multiple systems of intervention and services, it is particularly relevant for involved professionals and organizations to share assessment information, coordinate interventions, and to work together on common family and child goals.

In cases involving the court, it is useful to have not only specialized CWS staff on the team, but also specialized representation from law enforcement, and other court-related personnel to organize the information and evidence in a timely manner that facilitates court decision-making and reduces the secondary trauma of the process on the child and family.

Characteristics and Functions of Effective Teams

Team efforts are distinguished from periodic engagements with other partner agencies in that they have an on-going role to play. Teams usually keep a core set of members who become familiar with each other; they share a common mission; and they build trust in each other's capacity to collect needed information and use it for case decisions.

Teams reflect joint ownership of decisions. They are involved most commonly in initial fact finding, sharing data gathering, joint service planning, making significant decisions related to placement and reunification, and on-going evaluation of the intervention. Teams can also be involved in building needed community resources, policy development, and other joint endeavors that improve the system of services and supports to children and families.

Team Membership

Best practices and experience across the country and in California shows that there is typically a core set of agencies comprising community based child welfare teams.

The core team members for **families served without court involvement** include CWS, CalWORKs, mental health, probation, public health, substance abuse evaluation and treatment, domestic violence, law enforcement, and contracted community-based organizations.

The core team members for the **court-involved families** include CWS, law enforcement, prosecutor, CalWORKs, mental health, county counsel/CPS attorney, medical, domestic violence, and substance abuse evaluation and treatment services.

Ad hoc team members, in both cases, include family members and family supporters, school personnel, representatives from housing services, faith based, and other agencies that are specific to a particular family or category of families.

In the redesigned system, counties determine the composition of their teams based on size, scale issues, resources, and other factors. For smaller counties, core teams may be shared across counties. Counties may also distinguish between “standing team members” who might be supervisory level staff from partner organizations and “direct service team members” who are those in the field working directly with families and only participating in team meetings related to families on their caseload.

Team Priorities

Although teams could be considered relevant for most, if not all, family situations, they are most needed for more “serious” cases where multiple systems are likely to be involved and coordination of interventions are particularly important for good outcomes. While each county determines which families the teams will serve, it is recommended that counties consider the special populations noted throughout this document as they represent some of the largest percent of families coming to the attention of child welfare services (chronic neglect, homeless, substance abusing, birth to five).

Team Response

Core teams meet regularly and may also be convened by any member of the team. Different members of the team may take the lead on cases. Case coordination is not necessarily the exclusive responsibility of CWS. Partner agencies taking the case coordination role must have accountability linked to outcomes just as CWS does. All partners use shared assessment tools and methods of evaluating outcomes. A common, shared database is needed to make much of this happen.

COMMUNITY PARTNERSHIPS FOR EARLY INTERVENTION

Early intervention is a strategy designed to address signs of child or family stress sooner rather than later. It is designed to forestall crises that might result in child abuse or neglect, to catch and address problems in family functioning before they become ingrained. The goal is to reduce the long-term impact of child maltreatment by supporting vulnerable children and families as soon as problems are identified, and as early in the child's development as possible.

Early intervention is also designed to change the relationship between the community, other public agencies, and the child welfare agency. The success of early intervention is dependent on the community taking greater responsibility for the welfare of children. This means engaging in formal and informal partnerships with the child welfare agency. Early intervention attempts to shift public perception of the child welfare agency from that of an authoritative intrusion in the lives of families to a vehicle for facilitating safety and support for children and families

Early Intervention Services

Community Services. Early intervention services include a wide range of family support oriented community services made possible through community partnerships. These might include family counseling, youth development activities, educational support services, parenting classes, self-help support groups, child care, housing assistance, home visitation for new parents, mentoring, emergency services, and others.

The new system has in place policies, procedures and mechanisms at the Hotline to assure that appropriate community referrals and service connections are made in these cases while safeguarding confidentiality. These mechanisms include agreements with community partners to receive referrals and assign some priority, and systems for providing feedback to the child welfare agency regarding service delivery.

Family Services – Non-Court. Early intervention services here include a range of family support and preservation community services provided when child maltreatment exists or the risk of child maltreatment is present. Families in this category might also need access to drug treatment, respite care, anger management, in-home parent/therapeutic aides, domestic violence services, in-home parenting instruction, and others.

A child welfare social worker or a member of a community partner agency engages families in these mostly voluntary services. The engagement process includes an assessment of child safety

and family strengths and needs in order to develop a service plan that addresses the risks to a child. A child welfare social worker or a member of a community partner agency serves, as case coordinator providing direct services and assuring connections with other needed services. Feedback to the child welfare agency or the community team, accountability measures addressing child safety, and child and family well-being are part of the case management role. Families continue to receive family services until the issues leading to the referral are satisfactorily resolved and their service plan goals are achieved. Safeguards in the system assure that if families are unable to keep their children safe, there is a reevaluation of the need for court involvement.

Community Partnerships

Local community partnerships are essential to the success of early intervention. Without community partnerships to facilitate a responsive, available and accessible system of support services for families and children, early intervention is not possible. Each county and/or local jurisdiction must have the flexibility to develop its own community partnerships based on its own resources and unique community situations. The Early Intervention and Differential Response Workgroup acknowledges that additional investment of state resources is needed to assist counties in taking the leadership role at the local level to develop and support these community partnership networks.

Assessment and Service Planning

To increase the responsiveness of the community system to families where maltreatment has occurred and to families at risk of maltreatment in the future, the overall system must enact multiple opportunities for collecting and analyzing information (assessment) to arrive at key decisions that will lead to successful outcomes. Ideally, in community service systems that encourage flexibility and multiple options, who leads the assessment process varies depending on the degree to which the child is safe, the readiness of the family to engage in services, and the capacity of community members and resources that may be available. Instead of “one size fits all”, a tailored response encourages appropriate matches and maximizes family involvement in making decisions about their strengths and needs and about who can best meet these needs.

At all points in the process, there is a need to gather and analyze relevant information to respond effectively to children and families.

Table 3
Key Assessment Points, Decisions, and Responsible Party

Service Phase	Key Decisions	Responsibility Options
Intake/Hotline	-Is this an appropriate referral for CWS or for community services? -Are there safety concerns? -How soon does someone need to respond? -Who should respond?	-Hotline or Intake staff -Intake supervisor
Face to Face Assessment/ Investigation (First Contact)	-Has child maltreatment occurred? -Are there safety concerns? If so, develop a safety plan - What is the nature and risk of maltreatment? -Are there emergency service needs? -Does this family need continuing services? -What is the interest of the family in receiving services? -Who will be the care/case coordinator?	-CWS worker & law enforcement -CWS worker with community partner -Community partner alone -Team assists with decisions if needed
Family Assessment	-What strengths exist that may reduce the risk of maltreatment? -What needs to change to increase safety and well-being of the children and family? - What is the developmental status of children birth to 3? -What outcomes should drive intervention?	-CWS worker -CWS worker with community partners (formal and informal) -Community partners alone -Family members and extended family network -Team assists with decisions if needed
Planning	-What goals and tasks will help families achieve outcomes? -What change-oriented services match these outcomes? -Who can provide these services? -What services need to be continued to assure safety of the child(ren)? (follow safety plan above or revise as appropriate)	-CWS worker -CWS worker with community partners (formal and informal) -Community partners alone -Family members and extended family network -Team assists with decisions if needed
Evaluation (at least every 3 months)	-What safety concerns still exist? -What is the degree of goal and outcome achievement? -What services have been provided and how effective have they been? -Is there still a need for safety or change-oriented services? -What is the interest of the family in continuing with services	-CWS worker -CWS worker with community partners (formal and informal) -Community partners -Family members and extended family network -Team assists with decisions if needed

Table 3
Key Assessment Points, Decisions, and Responsible Party
(cont.)

Service Phase	Key Decisions	Responsibility Options
Closure	-What safety concerns still exist? -What is the degree of goal and outcome achievement? -How will the family remain connected to on-going supports to sustain changes	-CWS worker -CWS worker with community partners (formal and informal) -Community partners -Family members and extended family network -Team assists with decisions if needed

SYSTEM OF SERVICES AND SUPPORTS

The redesign assumes more families referred to the Hotline will receive services, no matter what path their case follows. It also assumes that for most of these families, services and supports will be provided without court involvement. It is essential, therefore, to:

- plan for the development of a broader system of services and supports than currently exists in many counties,
- assure access to these services, and
- motivate troubled families to use them through enhanced assessment and engagement skills.

There is a growing literature (DePanfilis, 2000; Dore and Alexander, 1996; Dunst, Trivette, and Deal, 1994; Ivanoff, Blythe, and Tripodi, 1994) underscoring the importance of ***relationships*** between parents and service providers in guiding a change process for vulnerable children and their families. As systems of services and supports to families are considered, the role of relationship-building has to be a key factor in how services operate, how long they are sustained, and how supportive they are to parents. Resources are needed (e.g., time, workloads, training) to support the case coordinator establishing a relationship.

The suggested core minimum services that should be available and accessible in every county include:

- Substance abuse evaluation and treatment
- Mental Health services suited to children and families reported to child welfare
- Domestic Violence services and supports
- Flexible funds for emergency needs
- Housing assistance

- Services for developmentally delayed children and adults, including developmental assessments for children
- Health services for families
- Home visiting for all targeted higher risk families with newborns or young children
- Paraprofessionals who can operate as therapeutic aides, family advocates, and mentors
- Comprehensive parenting programs
- Community resource specialists and outreach workers
- Family resource centers – possibly connected to schools or other accessible community centers
- Community based services to keep children safely with their families
- Respite care
- An array of out-of-home placement options that are community based
- Regional forensic interviewing and evaluation services
- Specialized child maltreatment medical diagnostic assessment services

In order to provide additional focus to the above list of needed core services, it is recommended that each county specifically outline its approach to four distinct special populations:

- *Children under five* – the young child is particularly impacted by patterns of inadequate care and continued harm; not only are their bodies more vulnerable, the extraordinary growth of the human brain in the first years of life greatly magnify the consequences of allowing inadequate care to continue. The new system, therefore, gives particular emphasis to children birth to three with the inclusion of a comprehensive developmental assessment recommended, as part of the family assessment process, for all these children whose families are involved in the family services non-court and court response options.
- *Chronically neglected children* – This category constitutes 45% of current referrals and is a continual source of frustration to CWS and others who work with these families. The accumulation of harm for these children is pervasive, with consequences lasting throughout their lives in terms of diminished educational achievement and capacity for healthy relationships. 77% of the children in out-of-home care in the state are there due to neglect. They are also the most likely to return home, and, unfortunately, be placed in care again.
- *Homeless families* – When referrals are made for children in homeless families it is often very difficult to find them even if the harm they are experiencing is severe. Special efforts need to be made to see these children more quickly, to have specialized staff who

can assist CWS in searching databases and contacting relatives to find these children, and to stabilize their living situation.

- *Substance abusing parents* – This impacts many of the referrals to CWS and every county has some resources to address this problem. However, more is needed in terms of cross agency teamwork and training. In many counties, treatment programs and facilities that accommodate parents and children living together during treatment are needed. Clear assessments and outcome evaluations focused on substance abuse could improve the long-term prospects for these families.

ACCOUNTABILITY TO OUTCOMES

Implementation of a consistent process across the state for evaluating outcomes for children and families referred to CWS is recommended. The development and implementation of the redesign requires reliable approaches for tracking outcomes at the system and case levels. Achievement of outcomes needs to be a shared responsibility between CWS and community partners. It is expected that implementation of the strategies for differential response and early intervention will achieve four outcomes: child safety; child well-being; family well-being; and stability and permanency of family relationships. In some instances (e.g., child safety), CWS takes the lead with support by community partners. In other cases (e.g., child and family well-being), community partners take the lead with support by CWS. With respect to stability and permanency of family relationships, CWS may take the lead to achieve some dimensions and community partners may take the lead to achieve other dimensions. The workgroup's recommended definition for each outcome follows.

Child Safety

- Children are, first and foremost, protected from abuse and neglect.
- Children are safely maintained in their own homes whenever possible and appropriate.

Child Well-Being

- Children are achieving appropriate physical, behavioral, and developmental (cognitive, social, emotional) milestones at age appropriate intervals.

Family Well-Being

- Families are self-sufficient and demonstrate ability to adequately meet basic family needs for health care, housing, food, clothing, safety, and financial, emotional, and social support.
- Supervision of children is age appropriate.
- Family caregivers develop and sustain nurturing relationships with their very young children (birth to five years of age).

Stability and Permanency of Family Relationships

- Children have permanency and stability in their living situations.
- The continuity of family relationships and connections is preserved for children.

WHAT IT WILL TAKE TO CHANGE THE SYSTEM

Changing a system as large and complex as the child welfare system in California will take time, patience, commitment and leadership at all levels. Based on what is known about systems change in general, and child welfare reform efforts in other states, we can anticipate some of what will be required to make these recommendations meaningful. These "lessons learned" in other locales can inform our decision making in design and implementation.

- Legislative and policy changes supporting early intervention and differential response need to be made.
- Consistent and reliable tools and protocols for safety assessment need to be developed and used.
- Policy and procedural changes regarding criteria for case acceptance at the Hotline and criteria for which cases belong in the court-related family services category and which in the non-court family services category need to be made.
- Processes are needed to assign and re-assign cases to response paths appropriately.
- Staff needs time and skill to engage families and conduct more comprehensive family assessments.
- Outcome accountability requires skills, resources, measurement methods, and shared databases.
- Processes to secure timely connections to appropriate services need to be articulated.
- The system needs to have the capacity to evaluate the quality and outcomes of the services offered families and children.
- Adequate and flexible funding must be available.
- A recognition of workload impact during implementation is important as part of the change process.
- Staff needs initial and on-going training and supervisory support in core technologies of differential response and early intervention.
- Counties need technical assistance in building the capacity of community partnerships.

While the required investment of time and resources to realize these changes is great, the consequences of not changing is greater. Every day in California, children who have been previously referred, are referred again to CWS Hotlines around the state. Fortunately, the child welfare field has learned a lot over the past decade from research and practice about what vulnerable families and children need and what can make a difference. The *Early Intervention and Differential Response Workgroup* is committed to making that difference. Because when it happens,

- Family needs (not substantiation of allegations) will drive service responses
- More children and families will be helped sooner according to their unique needs and resources, without the need for court intervention
- The broader community will partner with CWS and play a much larger role in protecting children and supporting families
- Social workers will be freer to engage with families, conduct thorough assessments, and plan and deliver more individualized services
- The state will have a consistent approach to defining and managing child safety
- The system will be better able to measure meaningful outcomes for children and families

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VI. REPORT OF THE APPROACH TO SAFETY AND CHANGE WORKGROUP

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APPROACH TO SAFETY AND CHANGE

Daring as it is to investigate the unknown,
even more so it is to question the known.

- Kaspar

OVERVIEW

Safety is the core issue in child welfare systems reform. In our society child safety is a function of the family system and is primarily the responsibility of the adult caregivers. When the adult caregivers are unable or unwilling to assure child safety, Child Welfare Services is accountable for and maintains this responsibility. It is critical to engage families, using the CWS core technology of relationships, to involve them in their child safety responsiblities, and facilitate change to improve their protective capacities. Ensuring the redesigned CWS system addressed these critical issues fully was the responsibility of the Approach to Safety and Change Workgroup.

During their first year of work, the Child Welfare Services Stakeholders Group deliberated for several months in reaching consensus on some foundational assumptions upon which to redesign the Child Welfare Services system. Consistent with those foundational assumptions, a first year Stakeholders Group subcommittee, Child Welfare Services & the Courts, recommended specific strategies for Child Welfare Services engagement of families and for use of a non-adversarial approach in relationship with families. The purpose of both of these strategies is to achieve child safety and to facilitate change in families in order to maintain safety.

Since December 2001, the Approach to Safety and Change Workgroup has been examining known Child Welfare Service interventions designed to assess and manage child safety throughout the life of a case and exploring numerous strategies related to facilitating family and client change from the conclusion of early intervention until closure of the case. We also devoted considerable time to exploring the Stakeholders' assumptions and beliefs about Child Welfare Services, current California case practice, and the state of current research regarding child safety and intervention in child welfare cases.

Our workgroup's activities also included: a study of reasonable efforts and the identification of necessary core services; an evaluation of eighteen safety assessment models; a review of essential concepts related to the establishment of a promising approach to facilitating client change; input about current California "best practices" and intervention approaches; consideration of contextual issues and influences within the California Child Welfare Services environment; and a review of the concept of evidence-based practice with suggestions for how to move in the direction of evidence-based practice in the California child welfare system.

The Adoption and Safe Families Act

California is faced with a compelling influence concerning the nature and effectiveness of its Child Welfare intervention. The Adoption and Safe Family Act of 1997 established specific expectations and requirements concerning acceptable practice and outcomes related to achieving

child safety and altering family conditions. The law requires services to be designed to ensure the safety and protection of children. Strengthening and preserving families is the means by which the law directs states in achieving the healthy development of children. Services are to focus on families as a whole and the law contains a particular attitude about such a focus including respect for families, a strength orientation and empowering families to solve their own difficulties (45 Code of Federal Regulations (CFR) 1357). The expectations and requirements set forth in the Adoption of Safe Families Act provide for the federal governments Child and Family Services Review of the states. The Child and Family Services Review will be conducted in California in September 2002. A preliminary self-assessment has produced data that indicate that California will be out of compliance with Adoption of Safe Families Act requirements (CDSS, 2002). The implications for developing effective safety intervention, client change strategies and a case management approach are far reaching.

Reasonable Efforts

The core of the reasonable efforts mandate is that the child welfare agency make reasonable efforts to prevent placement, reunify families, and achieve legal permanency for children in each case. In addition, it means that every possible effort is made by the child welfare agency to provide carefully planned, individualized supportive and therapeutic services to strengthen families and enable them to retain care of their children. Currently, a finding of reasonable efforts is often made based on the provision of available services rather than needed services. The Adoption of Safe Families Act regulations describe the criteria by which a state will be deemed to be in "substantial conformity" with Title IV-B and IV-E State Plan requirements. In 45 CFR 1355.34 (c)(5), the statute states that the state must have in place an array of services that includes at a minimum:

- services that assess the strengths and needs of children and families
- services that address the needs of the family, as well as the individual child
- services designed to enable children… to remain with their families
- services that can be individualized to meet the unique needs of children and families

According to Seaberg (1986), the basics of "reasonable efforts" should include: (1) Sustained activity with the parents to engage and maintain them in relevant services including follow through despite rejection or denial; (2) Relevance of the services provided to the problems that brought children into care; and (3) Accuracy of problem specification upon which the case plan is based. In order to facilitate the provision of relevant services that address the needs of families, the workgroup developed a list of core services that it considers essential to reasonable efforts with families (Appendix 1). Since there is great variation in the types of services available in communities throughout the state, capacity building must be emphasized and assisted.

An Outcome Focus

For some time Child Welfare Services has been evaluated and judged according to performance rather than outcomes. Public Law 96-272 (1980) perpetuated that practice by

1) specifying process standards and 2) measuring performance with respect to those standards. States were in compliance based on their ability to demonstrate that performance met the process standards. No consideration was given about results. Currently, a quality assurance mentality prevails so that Child Welfare Services are judged primarily according to the extent to which it achieves positive results associated with stated case outcomes. The Approach to Safety and Change Workgroup agrees with this approach to producing effective Child Welfare Services. The workgroup has identified the following case outcomes related to its areas of responsibility:

- Child safety
- Family well being
- Child well being
- Child permanence

While the workgroup has arrived at recommendations that express certain values about Child Welfare Services case practice and even specific identification of case practice related to child safety intervention and evidence-based practice, it is our expectation that the over-riding standard for evaluating Child Welfare Services effectiveness will be measured against case outcomes.

The Approach to Safety and Change Workgroup core strategies include:

- The design, evaluation and statewide implementation of a standardized approach to safety assessment and intervention
- The development and confirmation of evidence-based practice that will be offered for implementation across all counties in California.

STRATEGIES

Standardized Safety Approach

A standardized approach to safety assessment and intervention strategy must be developed from a clear conceptual and definitional base. The purpose of a safety intervention approach should be clear and understandable particularly with respect to other child welfare interventions. It must be comprehensive and effectively address each safety decision within the case process. A safety approach must contain standardized safety assessment criteria. It must provide effective guidance to staff concerning service responses that assure the management of threats to safety. The model should be versatile enough to evaluate safety within a child's own home and in homes where children might be placed. Safety intervention must accommodate Adoption of Safe Families Act requirements and the approach must be culturally sensitive.

Evidence Based Practice

Sackett, Straus, and Richardson (1997) define evidence-based practice as the conscientious, explicit, and judicious use of current best evidence in making decisions about individuals. Quality social work practice makes use of evidence-based and "best" or "promising practice" standards in family and child assessment and intervention. Defined by social worker behavior, evidence based practice requires:

1) an individualized assessment;

2) a search for the best available external evidence related to the client's concerns and an estimate of the extent to which this applies to a particular client; and

3) a consideration of the values and expectations of clients.

A focus on evidence based practice requires a rethinking of the relationship between practice, professional judgment, and research findings. Social workers should not rely only on preferred theories, individual professional experience or instinct, but also on objective evidence found in the best research studies to date.

RATIONALE FOR THE APPROACH TO SAFETY AND CHANGE STRATEGIES

The Adoption and Safe Families Act makes safety a focus of child welfare systems reform. Service requirements in Adoption of Safe Families Act regulations are very explicit about both safety and family-centered practice. Currently in California, sixteen counties have adopted a standard safety approach, Structured Decision Making (SDM).

Without a standardized and evidence-based approach to safety intervention there is a lack of necessary direction and the danger of variability among social workers regarding crucial safety decision-making. In the absence of evidence to support safety intervention and planning there is the temptation to rely on personal bias to inform decisions. A standardized safety approach should be guided by principles of cultural sensitivity and fairness and equity concerns for all clients. It should actively mobilize family and community network resources in a planned manner to support keeping family members together whenever possible.

In addition, since the early to mid 1980's the field of child welfare has increasingly been held accountable for services and interventions provided to children and families. Weary of relying on faith in well-intentioned but often unavailing programs, society began asking social workers to prove their work is worth supporting (Magura and Moses, 1986). Interest in providing effective interventions and services to children and families is essential to evidence-based practice and ethical social work. In order to consistently engage in quality practice one must recognize and be able to utilize best practice standards whenever possible. The application of these standards more often results in effective intervention and positive outcomes for client families.

In the 21st century, a move in the child welfare field toward utilizing evidence based practice standards can be seen as a way to assure both best practice and positive outcomes for children

and families. There is little consistency in the social work literature thus far in defining "quality practice" but there is relative consensus in recognizing the underlying principles (Gira, et al., 2001). Macdonald (1998) explains the principle of evidence-based practice by stating, "when we intervene in the lives of others we should do so on the basis of the best evidence available regarding the likely consequences of that intervention." As social workers strive to meet the outcome goals required by the public, the Safety and Change Interventions workgroup believes they must also strive to provide effective practice interventions to children and families.

For example, the California Department of Social Services in a document outlining best practice guidelines (CDSS, 1998) states its commitment to family-centered, strength-based, solution-oriented principles to advance an overall policy objective of establishing safe, stable, and permanent families for children that promotes healthy social, emotional, physical, and cognitive development. They further state that the use of family-centered, strength-based strategies in assessment and planning creates opportunities for families, community members, and professionals to work collaboratively toward the achievement of positive outcomes (p.1). A shift toward an evidence based practice model builds on "best practice guidelines" for social work assessment and intervention and assists the practitioner in operationalizing such guidelines, with the added effect of making them come alive in the worker/client relationship.

DESCRIPTION OF APPROACH TO SAFETY AND CHANGE CORE STRATEGIES

Achieving Child Safety

Child safety is the paramount objective of Child Welfare Services. The Adoption and Safe Family Act requires Child Welfare Services to assure child safety through specific response and decision-making expectations during intervention. Child safety as a concept must be stated in a way that a) supports and facilitates intervention while b) providing a basis for assessment and decision-making. It includes the demonstration of parenting behavior that is protective and child centered, and can be evaluated based on the expression of behavior, emotion, motives, perceptions, attitudes, and situations within families.

Responsibility for Child Safety

Within our society child safety is a function of the family system and is primarily the responsibility of the adult caregivers (e.g. parents) with due respect for variation among cultures as to how that responsibility is implemented. During any time in which the adult caregivers are unable or unwilling to assure child safety, Child Welfare Services is accountable for and maintains this responsibility. Consideration as to how adult caregivers will be involved during their lapse of and return to responsibility is paramount. The community at large also has an investment in how child safety is addressed.

The child safety plan remains the responsibility of Child Welfare Services while positive change in protective capacities, with Child Welfare Services facilitation, is the caregiver-client's responsibility. The focus should be on adherence to a safety plan and a child's return should be based on sufficient improvement in the caregiver's protective capacities. Efforts should be made to seek client input and gain client acceptance whenever possible. Safety plans should acknowledge a

progressive process for increasing and eventually returning adult caregiver responsibility for assuring child safety.

In the service of increasing a family's protective capacity and reducing threats to child safety, the Approach to Safety and Change Workgroup recommends engaging families in ways that support family involvement in child safety responsibility, including *Family Unity* and *Family Group Conferencing* approaches. In addition, community education and community organization strategies should be developed to generate common understanding, acceptance, and support concerning the Child Welfare Services responsibility and approach to assuring child safety.

Determining a Timely Response

State of the art regarding child safety suggests that Child Welfare Services should have a comprehensive approach to child safety intervention that begins when a family is reported for child maltreatment. It should provide the foundation to change family behavior associated with danger and threats of danger. Evaluating and responding to child safety concerns begins when a report is received and continues until a case is closed. When a report of child maltreatment is received, information collection and analysis must be sufficient to effectively consider the question of child safety. The timing and nature of the initial Child Welfare Services response must be standardized, clear and understandable by the worker.

The Approach to Safety and Change Workgroup recommends that Child Welfare Services' response time should *be no longer than five days* after a report is filed rather than the current allowance of 10 days for some reports.

Child Safety at First Family Contact

State of the art child safety intervention is unanimous in agreement about the importance of evaluating child safety immediately upon the initial contact with a family reported for child maltreatment. Safety assessment and response must comply with standard criteria and take into account that danger manifests itself within a family in two ways: *presently occurring* or *imminent* and *threats of danger.*

Danger should be the prevailing standard applied at the first contact in assessing family conditions (e.g., behavior, emotions, intent, perception, attitudes, situations, etc.). Safety intervention at the initial contact can be considered a *protective action* and must provide for immediate management of danger to assure child safety and allow for further intervention (i.e., investigation or family assessment). "Immediate" refers to having a protective strategy in place for the child between the conclusion of the first contact and by day's end. Therefore the Approach to Safety and Change Workgroup recommends that Child Welfare Services re-design include the development and implementation of a state-of-the-art**,** *standardized, comprehensive, and well-integrated child safety assessment and intervention approach*. While we place emphasis here on applying the standard of danger, the standard for threat of danger must also be considered in so far as information is available at the first contact that suggests significant threat(s).

In order to implement a standardized safety approach, rigorous training would be required for initial assessment staff to assure competence in recognizing and understanding (present) danger,

and in fully understanding and carrying out the concept of protective action. Cross training with law enforcement would also increase the effectiveness of assessing for danger and taking protective action in initial contacts that involve joint intervention.

Protective Action

If the selected protective action requires child placement, reasonable efforts should continue to guide any intervention and an ongoing assessment of threats to safety should be part of any investigation or family assessment. This may result in the consideration of alternative safety interventions that may be less intrusive than out-of-home placement and involve an in-home safety response or a combination of in-home and out-of-home responses.

For example, *Emergency Caregiver Service*, is an approach to maintaining children in their home that originated in Nashville, Tennessee in the 1970s and was implemented in various jurisdictions across the country. The service involves placing an emergency caregiver in a home when no family adult caregiver is present or capable of caring for the children. This short-term service serves primarily as a protective action in some neglect-related case circumstances that have risen to the level of threatening child safety.

Another possibility is the use of *Family Group Conferencing* as a protective action at initial contact. It has been used successfully throughout the case process in various counties in California and in several states and nations and has significant potential to address child safety concerns at the initial contact. We recognize however that protective action related to the first family contact is usually done under rather extreme circumstances with both time and opportunity constraints. Such constraints may obviate the use of alternative protective action strategies such as Family Group Conferencing at this juncture in Child Welfare Services intervention.

Protective Action and the Court

The Approach to Safety and Change Workgroup also recognizes that the legal system should be educated and encouraged to support aforementioned Child Welfare Services protective actions as temporary, and concerned with assuring safety from present, or significant threats of danger. It is important that the court's attention be focused on supporting and encouraging Child Welfare Services accountability with respect to a prompt re-examination of child safety and safety intervention options to placement whenever appropriate.

In this regard, procedures should be developed to ensure that a determination is reached as to the continued need for safety protective action within five days or less. Court procedures and timelines support short term, temporary protective action. Nonetheless, a child often remains in custody for four weeks or more before a determination is made regarding whether there is a need to move from a protective action to a safety plan.

In order to increase cooperation between Child Welfare Services and the legal system, the court and those who participate in court proceedings should receive training related to 1) the manifestation of danger and threats of danger in reported families; 2) realities involved in information collection at the initial contact with reported families; 3) protective action as a safety intervention concept related to initial contact; and 4) ramifications of child placement as a protective action as set forth here.

In addition, we recommend the creation of information-sharing technologies, policies, and practices for the court to ensure that judicial rulings are made by judicial officers fully aware of pertinent family dynamics relevant to the initial contact point for the case. This might include the use of a court case coordinator to help facilitate information, communication and awareness among the judges who are handling cases where the same family is involved.

Likewise, the development of case management systems capable of keeping the court informed about immediate family conditions, the process of initial intervention, and the review of any protective action decision is strongly encouraged. This might include the appointment of a court case coordinator to identify cases of co-occurrence and facilitate case management among all involved courts. The court coordinator might also have compliance monitoring responsibilities and act as a resource and referral person at the courthouse. This would include a data management system, which reports to the court when a child is moved from one placement to another.

Judges presiding over Child Welfare Services cases should be trained in disciplines relevant to family problems (e.g., child and adolescent development, family dynamics, medicine, and mediation), and cross-training with social workers, judges, administrative and support staff to instill in each an appreciation of the different mandates and perspectives is strongly encouraged. In addition, all stakeholders in the juvenile court system should meet regularly to establish rules of practice and policies as well as mechanisms for periodically examining system laws, regulations, and state policies should be developed and implemented to make it more difficult for the agency to move children between foster homes and attorneys and judges should monitor any moves that occur while children are in foster care.

The standard for danger should also apply for the initial evaluation of safety within an out-of-home placement setting. Child Welfare Services must also assure that no present danger exists within any placement setting selected as a part of a protective action intervention.

Since effective safety assessment and protective action depend on time and opportunity, workload assignments for initial intervention must be reasonable so that sufficient time and opportunity exists for Child Welfare Services to fully assess present safety concerns. Workload management and case assignment strategies should be developed to ensure that priority is given to cases in which (present) danger is identified. Workload management should take into account the level of effort and stress on staff and the intensity of activity required in such situations, which may extend over several days.

The Approach to Safety and Change Workgroup recommends that the legal process and court procedures seek to minimize the adversarial relationship**,** emphasize fairness and equity in decision-making, and seek to increase the collaboration and cooperation of all parties who might be involved. Some methods to accomplish this are *dependency mediation* and *pre-trial settlement conferences.* In addition, utilizing the safety strategy as the court plan, outlining the conditions for return as part of every out-of-home care court plan, and using consent agreements and advisory panels whenever possible could be helpful in increasing the effectiveness of courts concerned with addressing child safety intervention during or at the completion of the initial intervention. Several of these methods are already in use in selected California counties as well as in other states and merit wider implementation and further study.

Completing the Initial Intervention

The bedrock of any child safety approach is established by the completion of the initial intervention. Investigation and family assessment must be conducted to assure that sufficient and relevant information is collected to support and facilitate child safety assessment and response. Safety assessment must be based on a consideration of standardized threats of danger. A purpose of the safety management strategy is to stabilize the family so that caregiver and family change can be addressed. Child Welfare Services must ensure that threats of danger are managed/controlled in the least intrusive, most reasonable manner. The family network should be viewed as a primary resource in planning and carrying out the safety management response.

The foundation for the child safety intervention approach should be a standardized list of threats of danger. This is consistent with state-of-the-art safety intervention design nationally. There are findings from at least three other states which support the value of applying a standard list of threats of danger (often referred to in other terms such as safety factors, safety influences, etc.): Illinois' Child Endangerment Risk Assessment Protocol (2001), Wisconsin Bureau of Child Welfare Child Safety and Safety Service Model (2001) and ACTION for Child Protection's Safety Assessment and Family Evaluation (1987), A New Approach to Child Protective Services: Structured Decision Making (1999).

The Approach to Safety and Change Workgroup suggests that the following criteria be applied to establishing a standardized list of threats of danger:

- Threats of danger should be behaviorally stated;
- Threat of danger statements should be concise, clear, simple as possible and unambiguous;
- Threat of danger statements should be as objective as possible;
- Parental figures should be referred to as caregivers rather than caretakers, offenders or perpetrators;
- Avoid coupling threats of danger together;
- Standardized threats of danger should be amenable to being individualized within a particular family by the worker, e.g. elaborated upon and described in terms of specific behavior, emotion, situation, motive, interaction, perception, and attitude;
- Threats of danger are most useful in supporting intervention responses when they are amenable to change; and
- Standardized threats of danger must be developed in ways that provide sensitivity to cultural practices and include specific prompts and guidelines to assure appropriate application across ethnic and culturally diverse families.

After careful review of safety assessment measures from a number of other states, the Approach to Safety and Change Workgroup determined that most measures contained between ten and twenty

threats of danger. Therefore, rather than suggest specific items for inclusion in a standard list of threats of danger, it is recommended that careful consideration be given to the list in Appendix II in order to arrive at the threats of danger that appear to be most useful and meet the criteria presented above. Similarly, the workgroup did not analyze and therefore has no recommendations concerning standardized threats of danger that are solely related to sexual abuse, domestic violence, substance abuse, or mental health. The group acknowledges however that many of the threats of danger identified can be interpreted to accommodate these topically related issues.

Protective Capacities

A standardized approach to addressing child safety intervention should include a method for evaluating the presence and extent of protective capacities within the adult caregivers and the family network. This should include specific guidance about how protective capacities are applied in order to mitigate the family conditions associated with or causing the threats of danger. Additionally the method should provide a baseline for measuring progress when protective capacities are found to be limited and in need of change.

An example of a Child Welfare Services strategy which could be utilized to identify a family's protective capacities and provide a temporary safety intervention is Family Group Conferencing. The Approach to Safety and Change Workgroup recommends that it be broadly and systematically incorporated into the Child Welfare Services family assessment process as a viable and proven means of engaging caregivers, extended family, and others in the child safety intervention. It is especially helpful in empowering family networks to confront child safety issues and to assume some responsibility in managing the threats of danger. The group conferencing model is grounded in family centered principles and respect for the extended family network and is often better suited to address child safety issues than an outside entity (Pennell & Burford, 1997).

Safety Services

The Approach to Safety and Change Workgroup recommends that state resources be directed toward the development of *core safety services* available to all Child Welfare Services client/families in California. The timing and purpose of safety services is different from services that are designed to influence change. Safety services are for the purpose of stabilizing disruptive family situations and managing threats of danger. However, some safety services may also be useful in facilitating change in caregivers. Services may differ according to the needs and resources of particular communities. However, safety services must be immediately accessible and available and must have an immediate effect. Core safety services recommended by the workgroup are listed in Appendix I.

All families experiencing child maltreatment should be screened for addiction and referred for diagnosis and treatment when necessary. Estimates indicate that between 50% and 80% of families involved with Child Welfare Services are dealing with a substance-abuse problem. (Murphy et al., 1991). Drug abuse and child maltreatment must be treated simultaneously if families are to remain together (Bavolek & Henderson, 1990). The Child Welfare Services worker should be responsible for eliciting enough information for a preliminary screening in order to secure a referral to a qualified program and be able to follow up with the client's progress.

Core safety services should also include a high emphasis on and well-developed strategy for assuring caregiver-child connection and interaction particularly in cases of out-of-home placement. Research (Pine, Warsh, & Malluccio, 1993; Berrick, 1998)) indicates visitation is highly influential in achieving reunification. Family centered practice and system theory supports the importance of reducing relationship disruption and maintaining close interaction and emotional proximity.

The Approach to Safety and Change Workgroup identified four particularly creative core service strategies that merit further review and study.

- An alternative culturally sensitive *live-in Mentor program* to be developed by Child Welfare Services or another agency/organization in collaboration with the community as an option for families with children at risk of imminent removal from their home. Family members, social worker and mentor would co-create a contract for mentor services needed to ensure child safety and avoid removal. The mentor could be a relative, community member or a trained paraprofessional.

- State of the art *Multiple Family Housing* to provide parent support services, “hands-on” parent education/training, job training, multifamily groups, positive social support, and substance abuse treatment services. This temporary housing would be designed to increase family protective capacity for families where child removal was imminent. Families would receive intensive services and positive social support during their placement in such housing.

- A *Shared Family Care* program is being used successfully in various locations (Colorado, Pennsylvania and Minnesota) and in three bay area counties (Alameda, Contra Costa, and San Francisco). This program could be developed for families in situations in which the child might otherwise be removed. Families in the program are matched and placed with trained mentoring families to ensure child safety and avoid removal. Mentoring families provide intensive positive social support, role-modeling, and facilitation of learning of life skills.

- *Community Orientation Groups* developed by Child Welfare Services to assist in orientation of new clients to the County system of services. Group leaders would guide discussion of parent’s rights and responsibilities. Child Welfare Services clients would learn how to navigate the Child Welfare Services system. Community families could be recruited as volunteers to mentor newer families through the system. The program would be located and staffed in the community with some combination of legal representatives, family advocates, Social Workers, family therapists and others. Client/families would be encouraged to attend within the first 48 hours of contact with Child Welfare Services.

Addressing Family Conditions Associated with Threats of Danger

The ongoing Child Welfare Services worker has a number of distinct roles to play sometimes simultaneously, in order to effectively address family conditions associated with threats of danger. The worker has a safety management role consistent with the requirements of the Adoption and Safe Families Act. The worker also has a casework facilitation role. This involves the interpersonal,

planning and problem-solving activities necessary to promote the caregivers' improvement in protective capacities. The worker has a legal management role, which refers to all the activities associated with employing the authority of the court to influence the change process and guiding the family through the legal system. The worker also has a case management role, which refers to all the logistic, coordination, acquisition and communication activities required to direct and facilitate the change based intervention strategies.

Upon case assignment, the worker must review the threats of danger and/or ineffective behavior that were identified in the investigation/assessment and the safety plan (if one exists) and the specifics of how it is to be managed. It is essential that the worker have a clear understanding of these issues before making contact with the caregivers. The worker should engage in any activities deemed necessary to increase this understanding. After reviewing the information, a prognosis is made regarding likelihood of success. This early judgment, based on standardized criteria, will inform the decisions to be made about the need for a concurrent plan, the establishment of timeframes for future analysis to guide resource management, etc.

Safety Management During Service Provision

Safety management and oversight is the responsibility of Child Welfare Services, and should be organized and articulated in policy in ways that provide direction about expectations, specific responsibilities, clarification of required duties, and time lines. The assignment and expectations must be clear and understood. When placement occurs in some jurisdictions, multiple workers may have some role in the case. Criteria should be developed that outlines the essential matters to be overseen or managed. As a result, the Approach to Safety and Change Workgroup recommends that Child Welfare Services provide guidance that includes the criteria for safety management and oversight during ongoing Child Welfare Services intervention. This duty often "falls between the cracks" as an expectation that is not articulated in policy or procedure. It should be an official component of the child safety intervention approach.

Case Evaluation, Reunification and Case Closure

Case evaluation or case review should occur at a frequency that is consistent with and supportive of critical decision making concerned with child safety and client change. Each threat of danger originally requiring a safety intervention should be evaluated with respect to current manifestation, reduction, intensity, frequency, etc. The Approach to Safety and Change Workgroup recommends that the evaluation of progress in each case should occur at least every 90 days either by an informal in-house evaluation, administrative review, informal court hearing or full court hearing. Case evaluation should involve caregivers and family network members in a meaningful way.

Clear criteria should be established upon which to base recommendations for reunification. These guidelines should be standardized, but customized for the particular type of safety concern in the client/family. Several examples of reunification guidelines already exist (Roizner-Hayes, 1996; Larson & Maddock, 1995). The reunification process should be thought of as a component of the CWS child safety intervention approach. The seriousness of the decision to reunify demands that CWS use a specific process involving discrete steps.

The standards that apply to evaluating child safety throughout Child Welfare Services reasonably should apply when a case is closed as well. The definition for child safety at case closure should include the absence of threats of danger or sufficient protective capacity to manage these threats. Protective capacities must exist within caregivers and/or the family network in order for a case to be closed. The workgroup recommends the following measurable and observable criteria be used to serve as a basis for effective ways to judge child safety at case closure:

- Reduced threat of danger
- Absence of threat of danger
- No indication of child maltreatment or harm within a designated period of time
- Increase in relevant adult caregiver protective capacity
- Increase in relevant family network protective capacity.
- Increase in family's social connectedness
- Examples of protectiveness
- Observable security among family members; absence of child anxiety and fear for own safety

Serious thought and study should be applied to using the concept of assessing for safe environments as a means for judging child safety at case closure. Evidence of a safe environment can be found within the child, adult caregivers, characteristics of the family and the way it functions and in the community in which the child resides. Higher confidence can be gained from an assessment that identifies the presence of positive family conditions that are consistent with a safe environment than the absence of negative factors.

Evidence-Based Practice

The term "evidence-based practice" was originally coined by clinicians and epidemiologists in the medical field at McMaster University in Canada in 1988. It became known worldwide during the 1990s. Its core idea—that we should consider the effectiveness and harms of different interventions before implementing them, using reliable estimates of benefit and harm—was, of course, not new (Donald, 2002). However, the process of systematically reviewing, appraising, and utilizing research findings to aid in the delivery of optimum services to child welfare clients represents a paradigmatic shift in social work practice and service delivery. Evidence based practice is particularly useful for addressing questions that do not have intuitive answers, or those for which our impressions can actually cause more harm than good. For example, Gambrill (1999) cites a chapter on empirical approaches to case management (Moseley and Deweaver, 1997) which concludes that specific types of case management interventions have proven to be helpful with elderly people, people with developmental disabilities, and people with mental illnesses. In fact, a critical appraisal of all randomized experimental trials of assertive community treatment programs with those labeled persistently and severely mentally ill shows such programs not to be effective. This illustrates that that incomplete, uncritical reviews can lead to conclusions that mislead rather than inform readers.

"Best" or "Promising" to an Evidence Based Practice Model

The shift from a "best practices" model of social work toward evidence based practice represents a logical transition to a higher standard of care. Social workers need to seek out practice related research findings regarding the important practice decisions and share the results of their search with clients. Clients need to understand that what is presented as evidence based practice is more likely to be effective than other interventions, but is not guaranteed to work, especially since it depends on individual factors that may not have been controlled for in research trials. The client's input is essential to ensure the best use of current evidence because it will help the social worker and client/family to combine research results and these individual factors to co-create an intervention that is more likely to be successful. A notable feature of evidence based practice is attention to client's values and expectations. Clients are involved as active participants in the decision-making processes.

According to Gambrill (1999, 2001), social work has been and continues to be an authority-based rather than evidence-based profession. Social workers tend to have strong biases that the interventions they use with families are effective whether or not there is evidence to support their claim. The belief that doing something is automatically better than doing nothing is rampant, yet not necessarily true. This professional posture is complicated by the fact that most research that tests the effectiveness of social work intervention is not guided by methodology that can establish cause and effect. Fraser and colleagues (1991) in a review of ten journals between 1985-1988 concluded, that "the core social work literature contains little rigorous research from either a quantitative or qualitative point of view" (p.253). As a result, practitioners are able to find evidence (no matter how weak) that their programs and interventions are helping families. The current research base around best practice guidelines is not challenging professional social workers to confront the potential lack of effectiveness in services that are daily provided to uninformed clients.

Limited Practice-Related Research

Exhaustive, rigorous reviews are not available regarding many practice questions. This does not negate the ethical requirement to search carefully for research findings related to important practice decisions, to critically appraise what is found, and to share what is found (including nothing) with clients (Gambrill, 1999). For example, a California Department of Social Services document describing SB 933 best practice guidelines (1998) states that "Family-centered, strength-based practice is an effective approach with most families in most situations" (p. 3) without *any* evidence to support this assertion.

Further, family-centered services have long been available but the delivery of these services is often flawed. Funding may be inconsistent and inadequate, access to services limited, and programs tend to emphasize problems and family weakness rather than strengths. According to McCroskey and Meezan (1997), family-based interventions seldom focus on the family unit. In order to maximize effectiveness, family counseling should be family systems and community-based, culturally competent, outcome-oriented and when possible, supported by research evidence conducted with the population being served.

Challenges to Adopting Evidence Based Practice

Research showing that social workers do not keep up with practice-related knowledge suggests that under use of available knowledge is common (Gambrill, 1999). In fields such as psychiatry and psychology, research suggests that evidence based practices are not typically used by the three primary professional groups that provide psychotherapy—psychiatrists, psychologists, and social workers (Taylor, et al., 1989; Sanderson, et al., 2001). The logical conclusion is that the development of evidence based practices does not necessarily lead to their use. Psychotherapy training that psychiatrists, psychologists, and social workers receive as part of their graduate education does not require that they receive comprehensive training in evidence based practices, consequently, when they enter practice they do not have the skills to administer these treatments. Continuing education programs do not require training in evidence based practices, therefore there is no way to ensure the transfer of these treatments from research settings to clinical practice. Finally, many clinicians in the field are negatively biased toward evidence based practice and presumably, not likely to seek continuing education training and adopt it for use in practice.

Busy practitioners do not have time to discover and systematically review research findings related to important practice questions. Therefore, ready access to rigorous reviews prepared by others is vital to evidence-based practice. To practice evidence-based social work, individuals need core skills in interpreting research findings, access to evidence-based materials, and some commitment or willingness to ask questions about what works on an ongoing basis.

Other barriers to adopting an evidence based practice perspective in social work are the absence of support structures needed for sustained evidence-based decision making. Lack of commitment to its due process, insufficient evidence for too many problems, and insufficient local skills for interpreting evidence-based information can all limit the feasibility of evidence based social work practice.

The Use of Evidence Based Practice in Other Helping Professions

Traditional medicine has always drawn upon research evidence at different times to inform key decisions. What is new about evidence-based medicine is that it gives healthcare decisions a structured process to help professionals and patients alike choose the best available healthcare interventions for the outcomes they are seeking.

Evidence based practice is also spreading to other sectors. In the U.S., evidence based practice is gaining momentum in psychology. During the past 15 years, there has been considerable progress in the development of specific, time-limited psychotherapy protocols (e.g. exposure and response prevention for obsessive-compulsive disorder, interpersonal psychotherapy for depression, cognitive behavior therapy for panic disorder) and then testing them in controlled clinical trials. As a result, there is an increased availability of specific psychotherapeutic evidence-based treatments for the full range of psychiatric disorders, and an increased recommendation for their use in official treatment guidelines, such as the American Psychiatric Association's Practice Guidelines or the American Psychological Association's guidelines for efficacious treatment.

In Britain, evidence-based frameworks are emerging in education, criminal justice, and international development programs. A Center for Evidence-Based Social Services has recently been formed at the University of Exeter, England.

Quality Practice and the Link to Outcomes and Accountability

According to Blome (1996), there are large deficiencies in Social Worker preparation and training. It is currently possible for an MSW to graduate without learning how to negotiate with a client, plan with a parent, make a proper referral, develop a strengths/needs assessment, write an ongoing, incremental case plan, and manage caseworker services. The fact that there are relatively few social workers with enough training to fully implement the reasonable efforts law which requires extremely skillful practice, is an irony of the Child Welfare system. There are indications that social workers, even those with masters preparation and experience, need additional training to fulfill the intent of the reasonable efforts mandate. Research suggests that providing effective services to some clients requires considerable training (Patterson and Chamberlain, 1988). As protocols are developed that are critically tested in relation to their effects on outcomes, they become more important to know about.

The consensus regarding Social Worker training seems to be that we need to develop more standardized protocols and supervision of agency workers to conduct accurate assessments regarding child safety, family capacity, motivation, and family strengths and resources. This would require a philosophical shift toward more standardized service delivery from the initial response to termination of the cases.

By providing a fair, scientifically rigorous method for making practice decisions, evidence based practice can helped social work professionals to develop more transparent working practices to establish guidelines and standards. In doing so, evidence based practice is a timely development, given the growing demand for professional accountability coupled with the technical complexity of practitioner decisions.

Development Cycle for Evidence Based Child Welfare Practices

The Approach to Safety and Change Workgroup recommends that California establish a formal process to develop an evidence base for child welfare practices. Promising practices identified for examination through this process would likely be those most closely tied to the safety and change outcomes established by the workgroup and in relation to ASFA requirements and current best practice.

The development cycle for evidence based practice would include:

1. Determining criteria for promising practices to reach desired child welfare outcomes.
2. Selecting practices for further study based on these criteria.
3. Establishing the means and requirements for research and demonstration of promising practices.
4. Testing the practices for level of efficacy in achieving desired outcomes.
5. Deciding if the practices meet rigorous standards for being evidence based.

6. Monitoring for continuous quality improvement.

7. Disseminating information on evidence based child welfare practice to counties across California.

The above components are depicted in Figure 1 as the "Cycle of Evidence Based Child Welfare Practice Development" and are described in more detail below.

Criteria for Promising Practices. Criteria can be designed to identify requirements and features of approaches that qualify as promising practices. The criteria should clearly discriminate between interventions designed for specific populations or for particular purposes within mainstream child welfare intervention and practice approaches that define the nature and rationale for over all case management and client-worker interaction. Emphasis should be given to considering current "best practices" that are currently being implemented in California, and the state should also be open to evaluating newly created or designed practice approaches that comply with the criteria for promising or best practices.

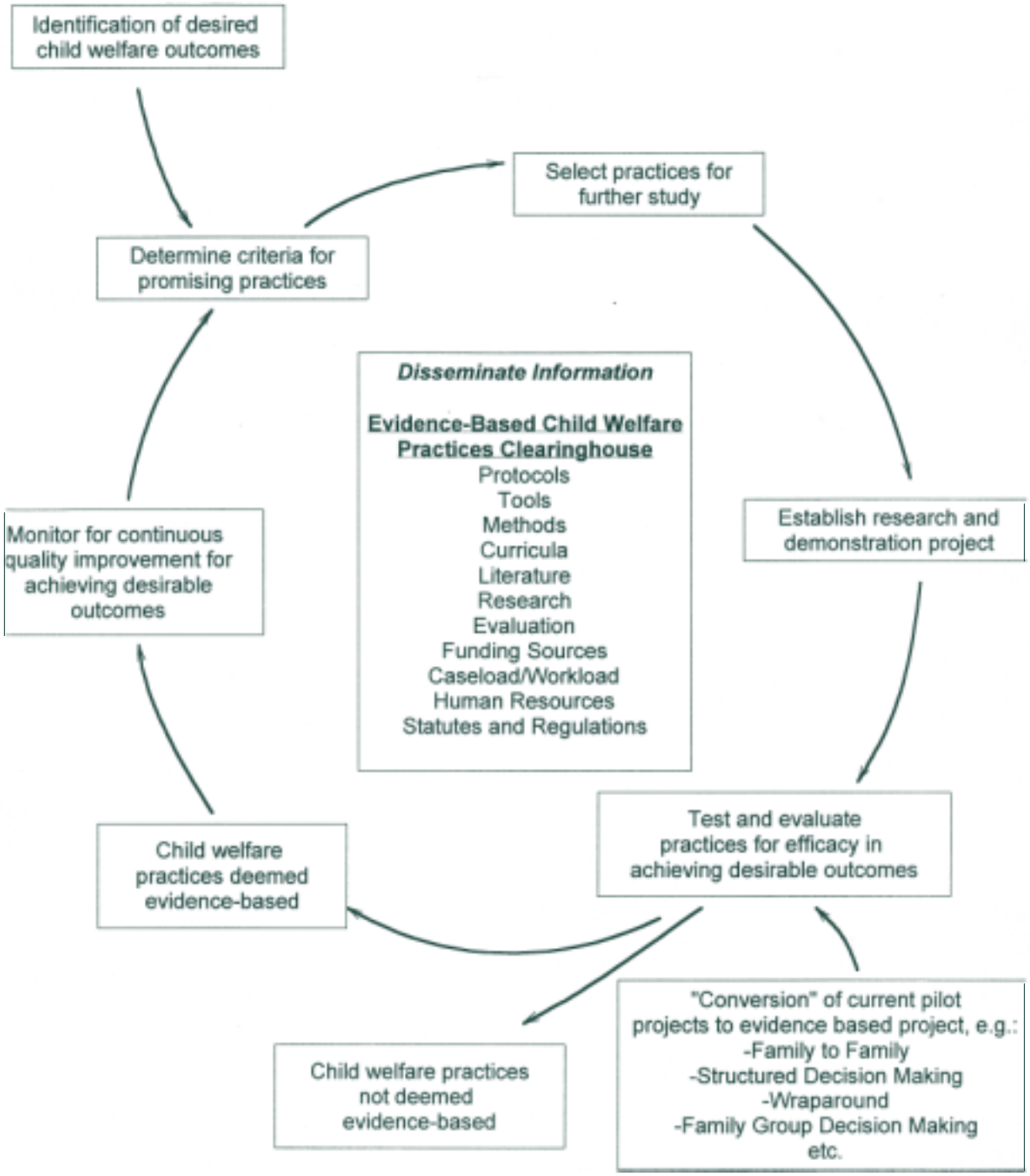
Selection of Practices for Further Study. Based on the criteria, practices that merit further investigation and exhibit potential toward becoming evidence based practice may be selected for further work. The potential for achieving desired child welfare outcomes is foremost among these considerations.

Research and Demonstration of Promising Practices. The approach to study, research and demonstration must be rigorous and scientific. Research designs, pilots and demonstrations that are implemented must meet acceptable standards. Those standards should be spelled out in detail. Additionally, it is crucial that sufficient support and resources are available to assure that appropriate standards can be applied. The value of research evidence can be ranked according to the following classification in descending order of credibility:

- Strong evidence from at least one systematic review of multiple well designed randomized controlled trials.
- Strong evidence from at least one properly designed randomized controlled trail of appropriate size.
- Evidence from well-designed trials such as non-randomized trials, cohort studies, time series or matched case-controlled studies.
- Evidence from well-designed non-experimental studies from more than one center or research group.
- Opinions of respected authorities, based on clinical evidence, descriptive studies or reports of expert committees.

Testing of the Practices. Once the research methodology is established, practices would be tested in the field with data collection protocols in place. Established procedures would be in place to ensure data integrity.

Figure 1
Cycle of Evidence Based Child Welfare Practice Development



Deciding if Practices Are Evidence Based. After data are collected, detailed analysis of the findings would occur so that a determination could be made as to whether or not they are evidenced based. The decision would be officially announced, and the lessons learned from the testing would be made available to inform future practice development.

Continuous Quality Improvement. For those practices deemed evidence based, there would be a continuous quality improvement process in place to advance further learning and refinements for improving outcomes for children and families.

Dissemination Through a Clearinghouse for Evidence Based Practice. The Approach to Safety and Change Workgroup envisions that every county in California would eventually implement evidence based practices in ways that are respectful of county autonomy within the California child welfare administrative configuration. To this end, dissemination of information about evidence based practices as well as the tools and resources needed to support these practices is essential.

As a practical and efficient way of keeping child welfare stakeholders informed about evidence based practice a clearinghouse structure is recommended. The clearinghouse could contain resources that enable the successful implementation of evidence based practice such as training curricula, implementation plans, workload implications, community organization approaches, resource development strategies, technical assistance and consultation, agency and program guides.

Model Approach to Practice. Eventually sufficient research and study could result in the identification of evidence-based practices that can be synthesized into a model approach to practice. The model approach could contain specification for child welfare worker responsibilities and necessary competencies, delineation of procedures, and process and interaction strategies to be followed by child welfare workers. Developing a model practice approach requires the application of certain criteria. These criteria could include the relationship to achieving outcomes, sensitivity to cultural and ethnic diversity, replicability, costs, ease of implementation, versatility across service populations and settings, necessary organizational supports, ease of mastery, management and accountability, interaction with other systems and others.

Suggested New Practice Approach for Testing in the "Cycle of Development": Change-Based Approach. In accord with the growing consensus in the literature for improved Social Work practitioner training (including training in evidence based practices) and the development of more standardized protocols for practice, the Approach to Safety and Change Workgroup has been exploring a comprehensive change-based approach to facilitating and managing ongoing child welfare intervention. Change-based intervention combines several best practice approaches to support change among individuals and families and form an effective model for ongoing child welfare intervention. This approach has some unique features that the Approach to Safety and Change Workgroup believe warrant further study and perhaps testing through the cycle of practice development.

The change-based approach differs significantly from current "best practice" modalities in California in that it is a *practice approach*. A practice approach refers to theory, concepts, procedures, and interpersonal interaction that a Child Welfare Services worker employs to usher families and children through the helping or change process. A *practice approach* is typically utilized

as the basic collaborative framework or foundation to helping within which specific strategies or interventions are applied. In contrast, *interventions* or *strategies* refer to solutions that will enable families to accomplish their goals in terms of possibilities for a better future (i.e., Family Group Conferencing, Shared Family Care, Mentoring, etc.). A comparison of the most common ongoing practice approaches is illustrated in Table 1 entitled "Comparison of Ongoing Child Welfare Services Practice Models".

The following is a brief summary of concepts which support the change-based approach to ongoing interaction with a child welfare client/family (Holder, 2000):

1. **Trans-theoretical model of change:** The trans-theoretical model of change is an integrative framework for understanding and intervening with human intentional behavior change (Prochaska, DiClemente, and Norcross, 1992). The model has been used in a number of settings but it is most associated with the substance abuse field. There are three organizing constructs of the model: the stages of change, the processes of change, and the levels of change. Over the past fifteen years empirical and clinical support for the scope and utility of this model with addictive behaviors has been accumulating (Miller and Heather, 1998). There have been recent attempts to apply trans-theoretical model theory to child maltreatment (Gelles, 1995, 1996, 2000), and parental substance abuse in child welfare cases (Hohman, 1998; Rullo-Cooney, 1995) with promising results.

2. **Motivational Interviewing:** Motivational interviewing is a unique method for assisting people to recognize and take action with respect to their problems (Miller and Rollnick, 1991). The approach appears to be particularly effective with those who are reluctant or ambivalent about changing. The primary objective of motivational interviewing is to mobilize people through the stages of change.

3. **Solution Based Intervention:** The principle philosophy of this approach is that the best way to help people is through strengthening and empowering the family (Berg, 1994). The source or answer to problems is viewed as being present within the family. The orientation on strengths and future possibilities is consistent with the trans-theoretical model and motivational interviewing.

4. **Order of Change:** Watzlawick. Weakland, and Fisch (1974) described in detail first and second order change. First order change refers to an alteration that occurs within a family while the family itself remains the same. Second order change refers to change that results in a different systemic state. The ultimate aim of Child Welfare Services intervention must be second order change.

5. **The Competence Approach:** Waters and Lawrence (1993) have identified a number of intervention concepts that bolster the change-based approach. The competence approach to helping is four-fold: searching for people's healthy intentions embedded in their pathology; developing with them a clear vision of what they want to master; helping them find the courage to make a pro-active step in this direction; and doing this in an atmosphere of respect and support in a worker/family partnership.

Table 1
Comparison of Ongoing Child Welfare Practice Models

Function	Problem – Service	Cause – Effect	Strengths – Needs Based	Change Based
Basic Assumption (Beliefs about people and change)	Symptoms reduction results from relevant service provision. People respond to having their problems pointed out to them. People can be expected to comply with others expectations.	Maltreatment is symptomatic of other underlying problems. Change occurs when causes are identified and treated. People need to understand why they have problems. People can participate in identifying causes.	The answer to people's difficulties lie within them. All people possess positive attributes that can be mobilized to assist in meeting needs. Child maltreatment occurs as a result of unmet need.	People change as a result of internal influences People are driven to achieve competency in their lives. Change occurs within the context of movement through specific stages Change is more likely to occur when people feel empowered Child maltreatment results from behavior that people resist changing.
Primary Client (The focus of intervention)	A victim child is usually identified as the primary client; however, most business and service provision is focused on adult caregivers.	Since cause is generally related to adult caregivers, the primary client usually would be the adult caregivers	While a concept might exist indicating that the client is the family, usually most business is conducted with the adult caregivers.	Adult caregivers are the primary client as the authority figures within the family; those who must make choices about change.
Intervention Variables (What is addressed?)	Problems associated with the maltreatment	Causes of essential problems associated with maltreatment	Needs and the strengths that can be mobilized to support need meeting.	Choice, change readiness, motivation and movement related to essential problems associated with maltreatment
Client Interaction	Authoritarian/Observer	Expert/Collaborator	Partner/Collaborator	Facilitator/Partner
Essential Practice Objective	Behavior change based on compliance	Behavior change based on understanding and addressing cause.	Behavior change based on meeting needs.	Behavior change based on client choice.
Intervention Influence	External authority	Engagement Relationship	Engagement Relationship	Facilitation Relationship

Table 1
Comparison of Ongoing Child Welfare Practice Models
(cont.)

Function	Problem – Service	Cause – Effect	Strengths – Needs Based	Change Based
Assessment Question	What are the problems associated with child maltreatment?	What are the causes of the problems associated with child maltreatment?	What are the unmet needs related to the problems associated with child maltreatment?	Where are the caregivers located in the stages of change related to the problems associated with child maltreatment?
Strategy	Longer term case plan with goals related to problems; major risk influences	Longer term case plan with goals related to causes of problems; major risk influences	Short or longer term case plan with goals related to unmet need and building on strengths.	Incremental plans with goals related to safety threats/major risk influences
Oversight	Case management	Case management	Case management	Case management
Service Provision	Mostly arranged	Provided or arranged	Provided or arranged	Mostly arranged
Success	Behavior change resulting in safe children and improved caregiver functioning.	Behavior change resulting in safe children and improved caregiver functioning.	Behavior change resulting in safe children and improved caregiver functioning.	Behavior change resulting in safe children and improved caregiver functioning.

6. **Working with the Involuntary Client**: The change-based approach relies heavily on Rooney's (1992) work with involuntary clients. Working with involuntary clients requires a re-establishment of an individual's self-determination and reclaiming of personal choice. Research into working with involuntary clients indicates that court ordered or involuntary clients can achieve as successful outcomes as voluntary clients and that motivational congruence between the client and practitioner is an important clue toward effective intervention.

7. **Family Centered Practice:** While the change-based approach focuses attention on facilitating change primarily with caregivers, it also borrows heavily from family centered practice thinking. The most important principle is that of partnership. The family is viewed as a system and change can be apparent within subgroups of the system (individuals, dyads, and triads), among subparts (interaction & relationship), and in the system as a whole.

SUMMARY

This year's Approach to Safety and Change Workgroup (active since December, 2001) has been responsible for addressing Child Welfare Services intervention related to:

- Assessing and managing child safety throughout the life of a case;
- Facilitating client/family change through use of evidence-based practice.

The current document provides a foundational framework to address these significant elements of the redesign. Every day Child Welfare workers across this state are working hard, frequently under difficult conditions, to make a difference in the lives of innumerable children and families. We applaud their efforts. And we believe that the best way to ensure ongoing quality improvement in California Child Welfare Services service delivery is to continuously question current procedures with an eye to state-of-the-art research and practice in this state and across the nation. As California changes and grows at an enormous pace, those in the business of maintaining child safety must do no less than stay ahead of the curve. Our future and the future of our children depend on it.

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APPENDIX I
Approach to Safety and Change Workgroup

Core Safety Services

- Routine outpatient medical and mental health services that address family conditions associated with threats of danger
- Routine outpatient substance abuse services that address adult caregiver conditions associated with threats of danger
- In home health care related to family conditions associated with threats of danger
- Day care
- Respite care for adults and children
- Basic home management/life skills coaching
- Basic parenting coaching and behavior modification
- Chore services
- Social/emotional support and connecting
- Individual crisis counseling
- Family crisis counseling
- Financial services
- Housing
- Transportation
- Food/clothing service
- Unique child condition services that address behavior management as associated with a threat of danger
- In home supervision and observation (part-time)
- Live-in Mentor (see description above)
- Multiple Family Housing (see description above)
- Shared Family Care (see description above)
- Community Orientation Groups (see description above)

APPENDIX II
Approach to Safety and Change Workgroup

Items to be Considered for Inclusion in a Standard List of Threats of Danger

- Caregiver behavior that is out of control or violent
- Caregiver or others in the home having criminal involvement or activity
- Failure of caregivers to benefit from professional services related to current child safety concerns
- Caregivers lacking knowledge, skill or motivation related to child safety
- Caregivers who describe or act toward a child in predominantly negative terms
- Child being seen as responsible for caregiver's problems
- Caregivers have caused severe harm or threatened to cause severe harm
- Caregiver fails to protect a child from serious harm
- There is a pattern of escalating severe harm
- Caregiver has given up or deserted a child with the state or apparent intent to not resume the parent-child relationship
- Indication that caregivers will flee
- Overt rejection of Child Welfare Services intervention
- Continued access by a maltreating caregiver
- Child's whereabouts cannot be ascertained
- Family refuses access to the child
- No explanation of injury or threatening conditions or explanation of injury is unconvincing or inconsistent
- Maltreating caregiver exhibits no remorse despite severe harm
- Insufficient supervision
- Caregiver is unwilling or unable to meet child's acute/severe medical or mental health needs

- No adult in the home will perform parental duties/responsibilities affecting child safety
- Caregiver has previously severely abused or neglected a child
- Serious bodily injury to a child
- Prior death of a child due to maltreatment
- Prior placement of a child
- Prior termination or relinquishment
- Multiple reports concerning safety of the child
- Age and vulnerability of a child
- Child fearful of home situation
- Child has exceptional needs that caregiver cannot or will not meet
- Behavior of child in home threatens immediate harm to self or others and caregiver cannot control the child's behavior
- Child shows effects of serious physical symptoms from maltreatment
- Child has positive toxicology for drugs or alcohol
- Caregivers are unwilling or unable to meet child's immediate needs for food, clothing and shelter
- Living arrangements seriously endanger the physical health of the child and may cause severe harm.

VII. REPORT OF THE SUCCESSFUL PLACEMENT OUTCOMES WORKGROUP

Successful Placement Outcomes Workgroup Membership

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Robin Allen, Executive Director, California Court Appointed Special Advocate

Bonnie Armstrong, Regional Advocate, Casey Family Programs

Janet Atkins, First Vice President, SEIU, Local 535

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SUCCESSFUL PLACEMENT OUTCOMES: Our Commitment to Change

OVERVIEW

The Successful Placement Outcomes Workgroup (SPO Workgroup) espouses a commitment to permanency for every child entering out-of-home care. Toward this end, the Workgroup recognizes permanency as involving three essential elements:

1. **Parental Custody**. The parent or guardian in a permanent arrangement has custody of the child. Custody in permanency cannot rest with the state.
2. **Parental or Guardian Commitment**. The parent or guardian is committed to meet the child or youth's developmental needs, including preparing the child or youth for adulthood.
3. **Emotional Security**. The child or youth experiences a trust that the parent-child or youth relationship will endure through space and time.

Permanency has both legal and emotional components. Permanency involves exiting the child welfare system to a legal relationship with an adult caregiver. It also involves emotional commitments on behalf of the caregiver and a sense of emotional security on the part of the child or youth. The SPO Workgroup offers the following definition of permanency:

Permanency occurs when a child or youth is living in a legal relationship with an adult caregiver where the caregiver holds a commitment to meeting the child or youth's developmental needs through transition to adulthood and the child or youth experiences a sense of emotional security regarding the enduring nature of his or her relationship with the parent or guardian.

The SPO Workgroup suggests a hierarchy of preferences for permanency outcomes. This hierarchy is based on the extent to which the three elements of permanency are present.

- Safe reunification with birthparents
- Adoption or guardianship by relatives
- Adoption by a non-relative foster parent
- Adoption by a non-relative other than the foster parent
- Non-relative guardianship

Transition to adulthood either by emancipation or aging out of the child welfare system is not considered a permanency outcome as it contains neither the legal nor emotional components of permanency.

Historical Context

Permanency has not always been a primary concern for children in out-of-home care. The modern era of family foster care in America can be traced to Charles Loring Brace and the Orphan Trains. During their operation, more than 100,000 orphaned and abandoned children were sent from the east to live with mid-western families. Out of concern and in exchange for the value of the child's labor, families provided free foster care. Later, between 1886 and 1911, Charles Birtwell and the Boston Children's Aid Society established family foster care as a short-term arrangement and incorporated the idea of rehabilitation of the birth family and reunification of the child. Birtwell developed a systematic means for studying prospective foster families and for supervising them once approved.

In the late 1950's concern increased about the plight of children in foster care. Various studies observed that children experienced multiple placements and seemed to "drift" in care. In the early 1970's, a project in Oregon, whose original purpose was to terminate parental rights on children who had been in care for a long time, discovered that circumstances had changed in many birth families and that about half of the children could return home. The Oregon Project, as it became known, launched a national campaign for permanency planning. This paved the way for the passage of PL 96-272. Passed in 1980, it contained requirements for:

- Periodic case review every six months
- Reasonable efforts to prevent placement
- Reasonable efforts to reunify children
- A determination hearing at eighteen months
- Termination of parental rights and adoptive or guardianship placement where children could not be reunified

In support of these requirements, California passed Senate Bill 14 in the Statues of 1982. These laws set specific timeframes intended to communicate a sense of urgency. Many advocates believed that these laws and aggressive permanency planning efforts would result in ever fewer children in foster care. Regrettably things did not turn out this way.

Current Trends

In 1988, there were 52,159 children in foster care in California, representing 6.5 children per 1,000. In October 2001, there were 96,087, or 9.3 children per 1,000 in foster care, or an 84% increase over 1988. Table 1 (Needell, B. et. al., 2002) presents the California foster care population by placement type and race or ethnicity as of October 1, 2001. Table 2 presents the California foster care population by placement type and age.

Table 1
Children in Child Welfare Supervised Foster Care by Placement Type and Ethnicity, California, October 1, 2001

	Black		White		Hispanic		Asian/Oth.		Nat Amer		Missing		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Pre-Adopt	1,144	3.5	903	3.4	1,334	4.1	74	3.9	26	2.2	0	0.0	3,481	3.6
Kin	14,012	42.8	7,999	29.7	12,355	37.6	550	29.1	434	36.1	124	26.7	35,474	36.9
Foster	4,881	14.9	5,153	19.1	5,062	15.4	356	18.8	234	19.5	116	25.0	15,802	16.4
FFA	5,569	17.0	6,055	22.5	7,148	21.7	454	24.0	224	18.7	87	18.8	19,537	20.3
Group	2,580	7.9	2,651	9.8	1,946	5.9	127	6.7	98	8.2	16	3.4	7,418	7.7
Institution	494	1.5	630	2.3	669	2.0	65	3.4	25	2.1	30	6.5	1,913	2.0
Guardian	2,770	8.5	1,989	7.4	1,631	5.0	118	6.2	93	7.7	63	13.6	6,664	6.9
Missing Type	129	0.4	120	0.4	473	1.4	22	1.2	***	0.3	***	0.6	751	0.8
Runaway	137	0.4	159	0.6	180	0.5	13	0.7	8	0.7	***	0.2	498	0.5
Tr. Home Visit	541	1.7	645	2.4	1,177	3.6	63	3.3	25	2.1	10	2.2	2,461	2.6
Other (?)	450	1.4	647	2.4	899	2.7	48	2.5	30	2.5	14	3.0	2,088	2.2
Total	32,707	100.0	26,951	100.0	32,874	100.0	1,890	100.0	1,201	100.0	464	100.0	96,087	100.0

Data Source: CWS/CMS 2001 Quarter 3 Extrac

Black children made up only 7% of California's child population in 2001, but accounted for 34% of those in care on July 1, 2001. By contrast, Hispanic children made up 43% of the state's child population, but accounted for only 34% or those in care on July 1, 2001. The increase in the overall number of children in foster care and the considerable disproportionality of Black children in care reflect two of the challenges facing the placement service system today.

There are some positive trends. For every year between 1988 and 1997 the number of children entering care exceeded the number of children exiting care. In 1999 and 2000, the number of children exiting care exceeded the number of children entering care. Adoptions have increased. Children placed with relatives experience greater stability while in placement.

Table 2
Children in Child Welfare Supervised Foster Care by Placement Type and Age, California, October 1, 2001

	<1 yr		1-5 yrs		6-10 yrs		11-15 yrs		16+ yrs		Total	
	N	%	n	%	n	%	n	%	n	%	n	%
Pre-Adopt	20	0.5	1,644	7.2	1,208	4.4	538	1.8	71	0.6	3,481	3.6
Kin	1,099	30.0	9,491	41.4	10,897	40.1	10,217	34.2	3,770	30.2	35,474	36.9
Foster	1,316	35.9	4,266	18.6	3,905	14.4	4,230	14.2	2,085	16.7	15,802	16.4
FFA	822	22.4	4,943	21.6	5,835	21.5	5,815	19.5	2,122	17.0	19,537	20.3
Group	43	1.2	189	0.8	1,322	4.9	3,839	12.9	2,025	16.2	7,418	7.7
Institution	93	2.5	270	1.2	348	1.3	695	2.3	507	4.1	1,913	2.0
Guardian	12	0.3	623	2.7	2,114	7.8	2,904	9.7	1,011	8.1	6,664	6.9
Missing Type	50	1.4	235	1.0	233	0.9	181	0.6	52	0.4	751	0.8
Runaway	0	0.0	***	0.0	***	0.0	178	0.6	314	2.5	498	0.5
Tr. Home Visit	79	2.2	725	3.2	792	2.9	681	2.3	184	1.5	2,461	2.6
Other (?)	128	3.5	544	2.4	516	1.9	554	1.9	346	2.8	2,088	2.2
Total	3,662	100.0	22,932	100.0	27,174	100.0	29,832	100.0	12,487	100.0	96,087	100.0

Data Source: CWS/CMS 2001 Quarter 3 Extract

Recognizing the vast complexity and numerous elements involved in California's foster care and permanency systems, The Successful Placement Outcomes Workgroup recognized that time would not permit examination and recommendations for all that might be improved. With this in mind, the Group identified improvement in reunification outcomes as a first priority. Improved transition of youth to adulthood became the second. As a result of the recent success of the Adoption Initiative, the SPO Workgroup chose to concentrate its emphasis on reunification and successful transitions to adulthood.

Stakeholders Group Foundation

The SPO Workgroup recognized the foundation laid by the full Stakeholders group in its first year. A number of assumptions and beliefs became the platform on which new strategies would be formed. While all of the first year assumptions are relevant, twenty-eight are highlighted here. They include:

California Stakeholders Group Assumptions and Beliefs Relevant to Successful Placement Outcomes

1. Maltreatment within families has dynamic qualities that interact with, but are not simply caused by, other family problems, e.g. substance abuse and domestic violence.
2. Different forms of maltreatment have different causes that imply differentiation of assessment and intervention approaches.
3. Caregivers should be personally accountable for the care of a child.
4. Child maltreatment results from the convergence of individual, family, ecological and community factors.
5. Children develop and fare better if they have a permanent emotional attachment to a legally responsible adult caretaker.
6. A child is entitled to live in the least restrictive, most family-like and community-based setting that can meet the child's needs for safety and developmental support.
7. Every child's needs should be assessed.
8. Differing family circumstances should indicate different responses.
9. Placement can have harmful effects.
10. Positive incentives are generally more effective than negative incentives in producing long-term changes in behavior.
11. Child safety from child maltreatment takes precedence over parental rights.
12. Children should be removed from their homes as a safety intervention only when safety cannot be assured in the home.

13. A statewide common agreed-upon framework and set of criteria should guide decisions about needs and interventions with families in which child maltreatment occurs and safety is a concern.
14. As long as children are safe from maltreatment, they are entitled to be raised by their family.
15. Family members are entitled to due process and a court appearance where loss of a fundamental right is at stake.
16. The extent of control used in the intervention should generally relate to the severity of the danger to the child.
17. The success of a maltreatment intervention depends partially on the direct actions of the caseworker.
18. The likelihood of success increases where the family and professionals mutually agree upon decisions.
19. Planned change in human social behavior is more likely to occur in the context of a supportive helping relationship.
20. Behavior is initiated and maintained through a system of social supports.
21. Continuity of relationships influences trust, a necessary ingredient for positive change.
22. In child maltreatment cases, the time allowed for change in the family is determined by the developmental needs of the child.
23. The primary role of foster parents is to meet the child's basic needs in the areas of health, development, emotional support, safety and socialization toward adulthood.
24. Outcomes are enhanced for the child and birth family when the foster family works as a partner with the agency in meeting the child's needs for permanency.
25. Outcomes are improved for the child when the foster parents support the child's continuing relationship with the birth family.
26. Outcomes are improved for the child when the birth family perceives the foster family as a resource and support to the birth family in meeting the child's well-being needs.
27. Foster parents are a resource for permanency.
28. Foster parents are a resource to youth after they leave care.

With regard to assumptions 23-28, a parallel set of assumptions were developed for relative caregivers.

WHAT WILL BE DIFFERENT?

The SPO Workgroup identified many challenges to be addressed in the redesign. Permanency will be the central focus and as such will permeate every decision, action, and interaction. Successful CWS redesign will result in:

- Improved safe reunification outcomes for all children, and especially for Black children who achieve this outcome less frequently and with longer stays in care than their counterparts
- Improved successful transition of youth emancipating or aging out of care
- Improved success in permanency through adoption
- Improved success in permanency through guardianship
- Improved well-being of children and youth in care
- More fair and equitable process and outcomes for children and youth in care
- Less time spent in care without a safe and permanent placement
- Improved child and youth participation in decision-making

HOW WILL IT BE DIFFERENT?

The SPO Workgroup supports several strategic changes in the approach of the California child welfare system. They are:

To support reunification:

- Assertive in-home safety planning involving expanded safety services and reunification safety plans
- Newly focused case plans and related interventions
- Differently engaging birth parents in the ongoing care of their children
- Post Reunification Supports and Services

To support successful adult transitions:

- Developmentally based preparation is offered from intake through aftercare
- Caregivers prepare youth for adult success and reinforce training provided elsewhere
- Youth are in charge of their transition plan
- Interventions enhance or develop connections to family, friends and community resources

- Continuum of well-integrated services and training experiences emphasizes education, life skills, work skills, housing and positive relationships
- Relevant, 'real world' training approaches are used
- Youth participate in progressively more responsible employment experiences throughout high school
- Expanded housing supports are provided
- Enhanced court oversight is available for all transitioning youth

To support alternative permanency through adoption and guardianship:

- Recognition of emotional permanency for older youth
- Continued expansion of relative guardianship and adoption
- Flexible post-adoption services
- Concurrent Planning

To enhance system responsiveness:

- Compensated and supported family foster care
- A differentiated model for intervention in kinship care
- Statewide reporting and planning to reduce racial/ethnic disproportionality
- A standardized statewide approach to safety assessment
- A standardized approach to assessment and decision-making in critical program areas
- Enhanced well-being for all children and youth in out-of-home care

The SPO Workgroup believes that the child welfare system needs to be predicated on the goal of achieving permanency for every child. Taking a child away from a family only to make the child a legal orphan upon adulthood is not sound policy. When this occurs, the youth requires support. However, the most compassionate support comes through making the birth family safe, and where that cannot occur, early adoption or guardianship in an alternatively permanent family.

The SPO Workgroup recognizes that many of the following recommendations require new resources or the reallocation of existing resources. The availability of such resources will influence implementation. However, the charge given to the Stakeholders Group included not being bound by resources as a limiting consideration. The recommendations that follow are believed to be fiscally sound based on projected return on investment.

SPO STRATEGIES FOR FAMILY REUNIFICATION

Traditionally, in law as in practice, we have tended to regard family reunification in either/or terms - that is, children should be either reunited with their families or placed in adoption or other settings. Research, as well as practice, indicates that this premise is too simplistic and not responsive to the needs and qualities of families coming to the attention of child welfare agencies. Accordingly, Robin Warsh, Tony Maluccio and Barbara Pine have proposed the following definition of family reunification:

> *Family reunification is the planned process of reconnecting children in out-of-home care with their families by means of a variety of services and supports to the children, their families, and their foster parents or other service providers. It aims to help each child and family to achieve and maintain, at any given time, their optimal level of reconnection – from full reentry of the child into the family system to other forms of contact, such as visiting, that affirm the child's membership in the family. (Warsh, Maluccio, and Pine, 1994: 3).*

Family may include non-related family members or persons close to the family who have had a meaningful role in family life. Community supports include both informal as well as formal systems.

Reunification is a form of family preservation, representing a strategy for permanence and the achievement of emotional security for the child. In the recent history of child welfare practice, family preservation has come to be defined as a set of intensive, time-limited in-home services designed to prevent entry into out-of-home care. The rationale for efforts to prevent placement has centered on the effects of separation and loss of the birth family on the child and the probability of multiple placements and permanent loss of the birth family subsequent to entry into care. In a broader context, family preservation may be thought of at three levels. The first would be protection of the continuity of care by family members. The second is the restoration of autonomy and preservation of attached relationships with birth family members lost temporarily during the child's period in care. The third is the preservation of elements of identity and relationships, e.g. with siblings or grandparents. Each of these preserves one or more of the four key elements of families, attachments, identity, autonomy and efficacy.

Unfortunately, these practices have been segmented into different concepts of family preservation, reunification and openness in adoption. Since formal family preservation programs have traditionally used entry into placement as a chief evaluation measure, the expansion of the concept of family preservation to include reunification and openness in adoption conflicts with common usage. Yet, no other term seems to fit the expanded practice concept as well as family preservation. In addition to these considerations, the National Association of Black Child Welfare Administrators has taken a position that kinship or relative care is a form of family preservation. This position reflects an African-American cultural strength of flexible family roles. It also raises policy issues regarding the commitment of resources to rehabilitation of the birth parent to full caregiver status and functioning when a child is in a relative care circumstance.

Such an expanded view of family reunification (as a form of family preservation) underscores the value of maintaining and enhancing connectedness or re-connectedness between children in

out-of-home care and their families or members of their extended kinship system, while also providing for child safety. At the same time, it recognizes that not every parent can be a daily caregiver and that some families, though not able to live together, can still maintain kinship bonds. Strategies for reunification congruent with this definition would exhibit the following characteristics:

- Family reunification should be systematically considered and planned for by the child welfare and legal systems as early as possible in a child's placement in out-of-home care – and in many cases even before the child enters into care. Its timing should be determined by the needs and qualities of the child and her/his family and reflect the urgency of continuing the child's development safely within the family.
- Family reunification should be viewed by all who provide services to the family as a continuum, with levels or outcomes ranging from full reentry into the family system to partial reentry to less extensive contact. At any point during the child's placement in out-of-home care, the most appropriate or optimal level of reconnection should be identified and actively pursued. At the same time, it should be recognized that reconnection is not possible or desirable in some situations, and that those situations may appropriately require termination of parental rights. Even under these circumstances, aspects of family identity and contact may be maintained.
- It is important to involve, as appropriate, any and all members of the child's family, including members of the extended family or others who, while not legally related, are considered by the child and themselves to be "family."
- Human diversity – for example, culture, race, ethnicity, and ability – should be respected. Life-styles and child-rearing methods that might be considered different or unusual should be accepted so long as they promote a child's health and safety. This principle is especially crucial because a disproportionate number of children in care come from low-income families or families of color.
- A commitment to early and consistent contact between the child and family is an essential ingredient in preparing for and maintaining a successful reunification. Child-family contact can serve as a laboratory in which both parties work on the problems that may have contributed to the need for placement and learn new ways to be together again.
- The specific time of reunification represents a time of considerable stress on family members and requires specific supports. Family reunification services should be offered for as long as they are needed to maintain the reconnection of a child with the family. The intensity of the services should match the needs of the family over time. For a few families, some level of service may be necessary until the child is ready for independent living.

With this definition as a basis, the SPO Workgroup recommends that several new strategies be incorporated into the redesign work plan.

Strategy 1: Early Reunification with Expanded Safety Services

The SPO Workgroup recognizes that many children are brought into care due to safety threats existing at the point of initial contact. Many also return home within a few days. For those who remain in care longer than 30 days, the likelihood of reunification declines as time passes. As the length of time in care progresses, dynamics develop that work against reunification. Focus may shift from the actual safety factors to completion of case plan steps that, while tied to risk, may not relate to safety. In other words, a child might be able to be safe at home, but due to other factors that have become tied to the case plan, reunification cannot occur until later. Since the case plan becomes an order of the court, new formal court procedures are required in order to make changes in the plan.

Although early reunification is desired, for children who remain in care longer than five days and reunify within 90 days appear to re-enter out-of-home care at higher rates. This suggests the necessity of supports through the six months following reunification.

The SPO Workgroup strategy for early reunification contains several elements:

- Within seven days of entering care on an emergency removal and prior to any non-emergency removal a staffing that includes the family members is held to examine the safety factors associated with entry into care. (This requires training and a flexible yet structured approach to the meetings.)
- The team conducting the staffing would be responsible for identifying the safety services necessary to assure child safety within the home *at this time*.
- The staffing includes provisions for family participation in decision-making.
- Where these services can be provided and maintained, the agency approaches the court and requests reunification with continuation of services in the home.
- Where the in-home safety plan cannot be put in place immediately, a second staffing is held within 21 days to determine the family conditions necessary for changing from an out-of-home care safety plan to an in-home safety plan. These criteria would then become the basis of reunification and become incorporated in the 30-day case plan.
- Barring the development of new safety threats, once the conditions have been reached and irrespective of the completion of service programs, the agency would approach the court to consider reunification and continuation of the service plan with the child in the home.
- A necessary component of periodic case review would include the current status of safety threats and the necessity of the current level of safety services

In order to implement this strategy, a statewide safety model is needed that is jointly applied by CWS, the courts, police, attorneys, CASA and GAL's.

Strategy 2: Engaging birthparents in an ongoing caregiving role while the child is in out-of-home care

Dr. Vera Fahlberg suggests that the arousal/relaxation cycle is an important basis of attachment. In this framework the child experiences a need (hunger, discomfort, fear, etc) and becomes aroused. When the parent intervenes by feeding, comforting, etc. the need is met and the child experiences relaxation. The repeated experience of this phenomenon is an important component of the development of trust in very young children, and is also important to early brain development. When children enter out-of-home care, the birth parent is significantly removed from this cycle. Though the out-of-home caregiver may meet the child's needs, the child and the birth parent miss experiences necessary to the development of attachment.

A similar dynamic occurs with older children. Though the child may be attached to the birth parent by the time the child enters care, the cycle of need is broken. As the child over time does not experience this reciprocal cycle with the birth parent, attachment may diminish. For these reasons, not simply is visitation necessary, the nature of visitation is extremely important. Similarly, older children who have been in the system for longer periods of time may have experienced diminished contact and opportunities to maintain attachment.

Currently, much visitation is constructed around simple maintenance of contact. The structure of supervised visitation can be very frustrating for both child and parent. Visitation is generally short, in settings that limit social interaction, and often designed so that parent and child are not able to complete and repeat the arousal/relaxation cycle. In fact, there may be considerable arousal of need without relaxation. Children frequently return to the out-of-home care setting distraught and upset, leading some out-of-home caregivers to request that visits be halted as they are "upsetting the child."

The SPO Workgroup's strategy for engagement of birthparents in ongoing caregiving would have several components:

- Placement of children in their home community with reasonable access by birth parents.
- Placement of children with their siblings.
- Out-of-home caregivers would be specifically prepared and supported in various roles necessary to more frequent and meaningful contact.
- Birth parents would be expected to participate in ongoing parenting of the child. This might include shopping for the child's clothes, attending doctor's visits, participating in school conferences, addressing behavioral and developmental issues, etc, but all within safety considerations for the child.
- Visitation would be structured so as to involve the parent in the care of the child, including feeding, grooming, and discipline where needed, etc.
- These experiences would be used as mentoring opportunities and as observation of parent child interactions.

- Parents of children under the age of one would have daily opportunities for interaction with the child and be expected to participate a minimum time each visit in the supervised care of the child. These visits will be designed within the safety considerations of relevant parties.
- Visitation activities would include elements that build on the goals of the case plan and offer opportunities for practice and coaching in areas related to the needs of the child for safety and well-being.
- Supervised visitation would occur when safety requires it or when supervision is necessary to the learning or assessment objectives of the visitation.

STRATEGIES FOR SUCCESSFUL TRANSITION TO ADULTHOOD

The data on the experiences of children exiting care that have neither been reunified with their birth families nor found permanency through adoption or guardianship is mixed. In time, many youth survive and do well. In the short term, the transition is often problematic. For some the short term is also the long term.

Transitioning youth are less likely to finish high school and may experience homelessness, poverty, sexual exploitation, rejection, and unemployment and be lured into criminal activity. Estimates suggest that as many as 50% may return to parts of their birth family. While such cases are hopefully few, evidence exists of youth being locked out of their foster homes on the date of their emancipation, not being told of their emancipation and being offered no real plan for transition.

National baseline data regarding transitioning youth reflects the following:

- One third of the children in out of home care are teenagers. (Caliber Associates, 1999)
- Three most critical challenges facing youth leaving care in NJ are lack of housing; failed relational support and limited medical and mental health services. (Eisenbud, 2001)
- Many youth discharged from out of home care have a difficult time making the transition to living on their own. A substantial portion has not attained basic educational goals such as completing high school. (Fragnoni, May 1999)
- Mark Courtney finds that youth leaving foster care are vulnerable to physical and sexual victimization, underemployment and unemployment, homelessness, incarceration and public assistance utilization in higher numbers than youth in this age cohort who had not been placed in the CWS. (Courtney & Piliavin, 1998)
- Many youth have the misconception that the CWS will be available to them after discharge from care to help them meet their needs. (Courtney & Piliavin, 1998)
- Participation in ILP was linked to improved education, housing, and employment. (Courtney & Piliavin, 1998)

This year approximately 4,000 youth will emancipate from the California Child Welfare System. The SPO Workgroup believes that a successful system would have several characteristics. It would:

- Match the youth's needs with family capability versus "filling the empty bed"
- Allow placement changes as appropriate
- Employ trained former foster youth to assist with mentoring
- Train, support and incentivize care providers to prepare foster youth for successful adulthood
- Prepare youth for future relationship with birth family
- Recognize within redesign that youth who have not reunified or achieved adult permanency may have unique and intense challenges
- Potentiate hope
- Create and sustain bridge from dependency to self-sufficiency
- Ensure that youth have a voice; maximize opportunities for participation
- Continue healthcare, housing, mental health benefits
- Provide/facilitate financial support for education
- Help youth remain in their own community after exiting where positive social support is in place
- Have a significant experiential component
- Levels of support:
- Peer support
- Mentoring
- Advocacy
- Provide knowledge of available resources
- Address diversity issues capably
- Not be age-driven; doesn't "send youth on their way" until they are ready to go
- Allow youth to "make mistakes" and maintain placement
- Offer a youth driven plan specified by and with youth
- Begin early (at intake) and in the natural environment
- Use a standardized assessment

- Provide emancipation conferences
- Provide a safety net of support; lets youth “back in” as needed
- Include education, life skills and work skills with significant support provided

The SPO Workgroup recognizes that many successful programs containing many of these elements currently exist in California. The system needs to build on the strengths of these existing programs, working toward integrated comprehensive service models.

A well functioning support system for transitioning youth would be able to manage or impact:

- Foster Family capability and motivation to teach, mentor, prepare, etc.
- Youth’s own capability to manage
- Having a significant, attached relationship with at least one caring adult
- Criteria for placement change, i.e., leaving foster or group home “open” for child to return to if temporarily moved
- Educational attainment
- Strong connection with siblings and biological family and tools to manage
- Supportive transitional housing
- Transitional living plan
- Fragmentation in delivery of services
- Opportunities to experience “normal” life activities
- Developing capacity for self-protection
- Consider trans-racial placements for culture-specific training/preparation
- Employment preparation, placement
- Self advocacy skills
- Providing adult-like growth experiences
- Age-appropriate case plans
- Accountability (system)

These efforts have traditionally been called “Independent Living.” Independent living is in many ways a misnomer. No one lives independently. In reality successful social functioning in society involves the ability to establish and maintain *interdependent* relationships necessary for survival, growth and fulfillment. The term “independent living” was originally developed to convey independence from the child welfare system. Even this is being reconsidered in light of many modern realities. Even children raised in families without experiencing abuse may a take until their

mid-thirties to become fully independent of their families. Even then, grandparents often provide childcare and some financial subsidy. For these reasons the workgroup has renamed the service "Successful Transition to Adulthood."

The SPO Workgroup suggests the following definition of Transition to Adulthood:

Successful transition to adulthood refers to a planned transition of a youth from state supervised and supported care in which the state makes major decisions regarding the youth's life to a status in which the youth assumes responsibility for these decisions. These decisions include employment, housing, medical care, education, association with others and lifestyle. This transition is assisted through financial, material, educational social and emotional supports designed to recognize the youth's history and experience of being in out-of-home care and the unique challenges that history presents to social functioning as an adult in society.

With this definition as a basis, the SPO Workgroup recommends that several new strategies be incorporated into the redesign work plan.

It is the SPO Workgroup's intent that youth transitioning out of the foster care system will have:

- A healthy sense of cultural and personal identity
- Close, positive relationships with at least one adult and community connections
- Access to physical and mental health services
- Improved life skills
- A high school diploma or GED
- Income sufficient to meet basic needs
- A safe and stable living situation

Strategy 1: Comprehensive, integrated model of transition services

Successful transition to adulthood requires systematic, developmentally appropriate preparation progressing over time. At the same time, youth benefit from individualized services, responsive to their particular needs, preferences and learning styles. To respond to both of these requirements, it is helpful to implement a continuum of services that integrates structured programming available for all developmentally appropriate foster youth with individualized services and supports. Structured programming includes support for educational achievement (tutors, aggressive school links and follow-up), relevant and applied life skills training and progressive employment experiences for all four years of high school. Individualized services include physical and mental health care, mentors, transitional housing, and the flexibility to provide additional services that individual youth need to successfully transition into adulthood. Planning for these services is youth centered and coordinated through the transition caseworker. To the greatest extent possible, foster parents and caregivers offer or reinforce learning experiences in the home setting.

Strategy 2: Youth experience

Youth in care need real world and real time experiences. Concerns about liability inordinately restrict youth from practicing and participating in life experiences accessible to other youth. These real life experiences are the essential building blocks for successful growth and development. When structured appropriately they promote school success, good health, leadership, resistance to danger, delaying gratification and overcoming adversity. These experiences should focus on helping youth build positive relationships, create boundaries, structure their use of time, stimulate interest in learning, cultivate positive values, engage in leadership projects which build decision making, planning and assertiveness, and contribute to the community. They should also encourage youth to obtain employment, a bank account, a driver's license, a social security card, and other necessary records. The state should address risk and liability issues that would permit youth to engage in young adult experiences that develop skills associated with adult functioning

Strategy 3: Developmentally staged transition planning and preparation

Adult transition services will begin at intake. The focus on adult transition services sharpens beginning at age 12 and for the duration of their stay in placement regardless of the permanency goal. Each youth is assigned an adult transitions caseworker, specifically trained to support foster parents, kinship caregivers and group or residential care providers in preparing adolescents for self-sufficiency. The role of the adult transitions caseworker will be to provide coaching and support to the caregiver. This caseworker works concurrently with the foster care or adoption worker coordinating the preparation for adulthood with the permanency plan. These services are developmentally appropriate and needed until successful transition, reunification or adoption is accomplished.

The adult transitions caseworker is specifically recruited and trained to consult with foster parents and other caregivers and to assist in planning and preparation for adulthood. This includes knowledge of resources available to the young person and advocacy efforts on their behalf.

Foster parents and other caregivers would carry out the primary role in preparing youth to transition to adulthood. To do this they will need specific training for parenting adolescents in setting standards for appropriate conduct, acting as role models, providing discipline which promotes responsibility, setting reasoned limits to protect and promote physical and emotional safety and monitoring whereabouts and peer interactions. Parents and other caregivers also need training in how to use 'teachable moments' to create experiences and reinforce learning that youth need for successful transition. Foster parent training needs to focus on working collaboratively with the agency and birth family to support the young person's self sufficiency and permanency.

A plan for preparation for independent living skill development needs to begin at age 12 and be updated annually to focus on the changing preparation needs as the young person grows and develops into young adulthood. The plan needs to examine a number of areas including employment, education, housing, relationships, sexuality, high-risk behaviors, self-care, documents, health and recreation. The plan needs to be done in conjunction with the service plan and be a part of the foster care review.

Youth must be at the heart of the planning process and be assisted in taking increasing charge of the process and content over time. At the youth's discretion, people who offer significant support, including birth family and other community members, are invited to planning meetings. How family members may support the transition and the changing role of birth parents, including the youth's need for support in managing these changing relationships, should be part of the on-going considerations.

Near the time of exit, a final family conference is held involving members of the youth's family that may constitute a support network. Two issues need to be finalized. These include how family members may support the transition and how birth parents may re-enter the youth's life positively or negatively. Where re-involvement may be negative, the youth may require supports in managing ongoing relationships with the birth parent.

Strategy 4: Housing

Current and former foster youth require a continuum of safe, stable and affordable housing options to meet their needs. Options should reflect differences in youth requirements and preferences at least along the following dimensions: degree of supervision, proximity to other youth (group care to individual scattered site housing), cost (ranging from wholly subsidized to market rate) and location. Ideally, young people in transition should experience a progression of living options, allowing them to master the tricky requirements of living on their own gradually and over time. Remaining with the foster family or relative should be an option.

The state and counties need to provide leadership to develop and maintain a pool of landlords that will rent to youth exiting care. This housing may or may not be subsidized depending on the needs of youth. Communities should coalesce around the emancipated foster youth and develop local housing plans tailored to local needs and resources. Local jurisdictions can make foster youth a priority position for housing assistance with HUD. Housing options for college bound youth during school breaks and vacations need to be developed. As well, in California, each community's general plan has to have a housing element. The needs of foster care youth exiting care should be addressed in the general plan.

Strategy 5: Court Oversight

Court oversight would be strengthened to assure that developmentally appropriate planning occurs and that the youth receive a range of "guaranteed services." All youth will receive a six-month written notice of the agency's intent to emancipate. Foster care placements shall be maintained until an approved transitional living arrangement is secured.

STRATEGIES FOR ALTERNATIVE PERMANENCY

All things working out well, every child and birthparent would likely prefer family preservation (including reunification) as the preferred permanency option. Unfortunately, circumstances do not always permit this end to intervention. This necessitates consideration of an alternative form of permanency, either through adoption or guardianship.

California has made considerable progress through its Adoption Initiative. Adoption finalizations have increased. While this is good news, the adoptions finalized appear to be principally from a backlog of cases in which an adoptive family had already been identified and only finalization remained. An increase in the rate of identification of adoptive families for other waiting children is less evident.

The SPO Workgroup believes that the strategies of the Adoption Initiative are sound and that the Initiative should continue. Within its framework there are some further issues that need attention.

Strategy 1: Options for older youth

After the age of 14, youth have considerable say in whether they become adopted. Many report feeling a sense of emotional security in their current setting, although most of these cannot fully anticipate what will happen at the age of 18. The current experience of youth exiting care at 18 suggests that what may seem emotionally secure now may not be in the future. The SPO Workgroup observed that policy and practice remain somewhat ambivalent about older youth in cases where no adoption option currently exists. Should the agency keep searching or accept adult transitioning as the new goal?

At the most recent Adoptions and Permanency Planning Summit participants identified a number of issues related to adoption of older children. They include:

- System/Model Issues
- System does not promote adoption of older children - focuses on foster placement
- Lack of complete and timely assessment and re-assessment of older children
- Inadequate preparation for adoptive families and older children to accept placement (feelings of fear and ambivalence)

Educational needs:

- Judicial staff need to be informed about permanency
- General misconceptions, assumptions from child's history
- Workers need training to build skill set for working with older children

Myths and Misconceptions:

- Older children are not adoptable
- Media portrays negatives
- Older children sometimes believe there are no benefits to adoption

Financial obstacles:

- Lack of resources for recruitment, education and outreach efforts tailored for placing older children
- Financial disincentives when older children are adopted that impact children (scholarships), foster parents, and private adoption agencies

Recruitment:

- Workers and the system are resistant to public targeted recruitment of families for older children (seen as “advertising” children)
- Lack of marketing knowledge and information for successful targeted recruitment

Support:

- Lack of guaranteed post adoption services for parents and children
- Lack of appropriate preparation of families and children

Definitions:

- There is no agreement on the age at which a child is considered an “older child”
- A child is “harder to place” when they reach 10-12 years old and need to consent
- General agreement on the age at which a child becomes “harder to place” is younger than traditionally acknowledged by the system

Ultimately, as it did with kinship adoption, the answer may lie with the youth themselves. The SPO Workgroup does not believe that sufficient data exists at this time to shape policy or strategy regarding adoption options for older youth. Anecdotes abound. Reliable studies do not. While continuing to consult with youth about their needs and preferences, the Workgroup recommends additional research regarding the preferences of older youth when continued pursuit of adoption is preferable.

Strategy 2: Concurrent Planning

The child welfare system remains undecided about when concurrent planning is necessary or suggested. One state bases its application on those cases judged to be at high risk of not reunifying. Another applies the construct for all cases open for services, whether in out-of-home care or not. California requires a clear position on the use of concurrent planning. Toward this end, the SPO Workgroup recommends a special task group be developed to assess available research on concurrent planning and to make recommendations for specific practice elements.

The expectations of families in concurrent planning are different than has been the case in traditional fostering. California needs to retarget its recruitment, preparation, selection and support of foster families to match concurrent planning process. As well, the configuration of supports to concurrent planning families is expectedly different. The model of foster care needs to be adjusted to reflect these considerations.

Strategy 3: Post-Adoption Services

At the most recent Adoption and Permanency Planning Summit, participants identified a number of post-adoption service needs.

Respite services:

- SED children
- Continuum of care, from 1 hour to out-of-home care
- Residential out-of-home care

Support groups for family members (including parents, siblings):

- Single parent issues
- Gay, lesbian, and trans-gender issues
- Trans-racial issues
- Issues related to medically fragile children
- Cultural issues
- Family of origin vs. adoptee (issues related to birth children vs. adopted children)

Intensive services to prevent disruption or dissolution:

- In-home assistance
- Behavior management
- Counseling
- Shadowing for child
- Therapeutic services
- In-home mentor for the parent
- Wrap-around services
- Educational advocate / access to educational system
- Adoption competent mental health services

California requires a comprehensive model of post-adoption family needs and related services. The SPO Workgroup recommends that a specific model for post-adoption services be articulated with implications for funding, policy and practice.

Strategy 4: Guardianship

The SPO Workgroup endorses relative guardianship as a form of permanence equivalent to adoption. It does not consider non-relative guardianship in this same light. Guardianship carries no legal responsibility to support the child. While it might be presumed that relative ties provide a natural motivation to do so, the SPO Workgroup is not persuaded that the same exists for non-relative guardianships. As well, guardianship is a much easier legal status to relinquish than that of adoptive parent. Despite these reservations, the Workgroup recognizes that certain circumstances arise in which non-relative guardianship is a viable option. These circumstances require clarification.

Systemic Strategies

While addressing specific areas needing change, the SPO Workgroup also recognized certain crosscutting needs that are more systemic in nature that support successful outcomes relative to all permanency goals.

Strategy 1: Assuring sufficient competent and supported foster family resources

Perhaps the most important or immediate issue in out-of-home care is that of the availability of foster parents or foster families. Throughout the country, for various reasons, there is a limited supply of competent foster parents or even persons who are interested in considering foster parenting. For this and other reasons, such as the need of many foster children for intensive care, one strategy that we should actively consider is that of recruiting, training, supporting and adequately paying *a selected group of foster parents*. This is something that of course requires a lot of thought and planning.

Currently, compensated foster parenting is provided to a limited degree in agencies throughout the country. The SPO Workgroup suggests that it is required for many children in care. Without such help, many children who enter foster care sooner or later develop problems that require intensive treatment.

The current volunteer status for foster parents provides a dilemma for both agency and foster parents. Agencies feel constrained as to the extent of expectations they can place on the role given that it is a volunteer role. Conversely, the status of foster parents on the care team remains ambiguous due to their volunteer status. In foster family agencies and in therapeutic foster care there is often a defined structure of supervision and support for foster family providers. This is frequently not the case in families serving public child welfare agencies.

Chart 1

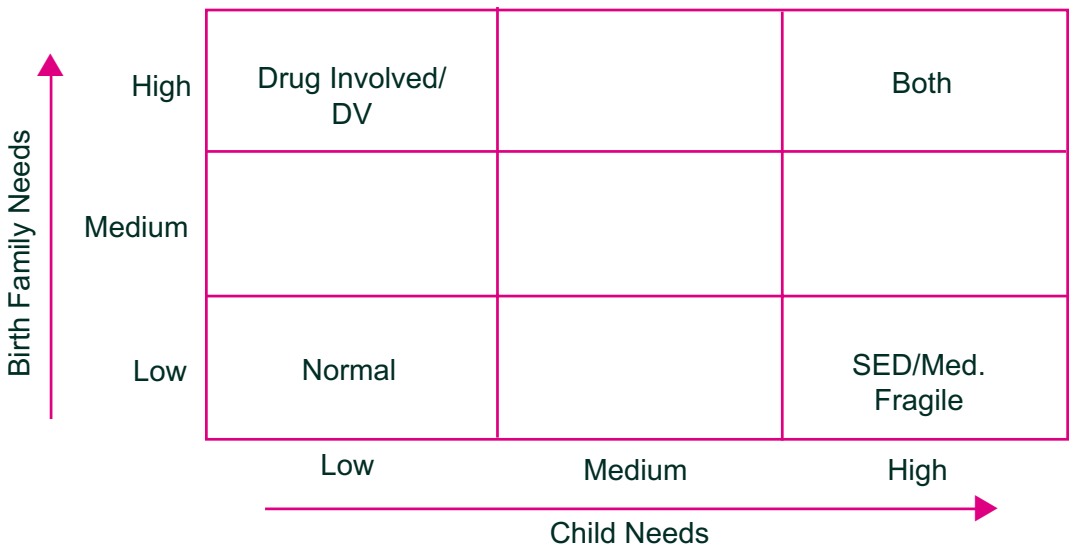

Chart 1 illustrates a critical change in the concept of fostering. Early conceptions of fostering focused primarily on the needs of the child. Many of the children placed in foster care fit into the lower left cell in that their daily needs were not seen as different from those of other children. Over time, children with more extensive needs entered foster care and the concept of therapeutic foster care emerged. Along with this came medically fragile children and other special needs children. Increasingly, the field has recognized a need and benefit for foster parents and other out-of-home care providers to work directly with birth families. However, the complexity of the birth parents' problems and the implied enhancements to the foster parents' tasks skills has not been recognized. The SPO Workgroup recommends that not only high needs children, but also high need birth families may justify supplements or compensation.

Compensation is a complex issue. Where foster parents represent a valid concurrent plan, compensation may complicate the emotional and practical issues. Yet CWS remains between a hard place and a rock. Fewer families can afford to withhold an income earning member from the workforce to care for the children in the public child welfare system

The SPO Workgroup recommends that CWS redesign its foster parent recruitment and support strategy with consideration of the following:

- The provision of foster care services should, in many circumstances, be a compensated role with a defined system of supervision. (This is not necessarily construed to mean an employee status with the CWS or Foster Family Agency.)
- The role should require qualifications matching the needs of children in care and contain expectations consistent with the requirements of the child welfare system as a whole.
- The supports provided in regard to training, respite, liability and resources should match the expectations of the role.

- The foster parent should have a defined role on the service team.
- In constructing a compensated role, the CWS should consider disincentives to foster parent adoption that may occur through loss of compensation.
- While a number of recruitment approaches should be maintained, a parent-to-parent strategy should be emphasized as this has proven the most effective.
- The system should maintain a number of roles for foster parents reflecting the differing needs of children and birth families.
- A common flexible framework for foster care would be adopted by all California agencies providing reunification services to maltreated children and youth.

Strategy 2: Kinship Care

Currently, more than forty percent of the children in out-of-home care in California are in some form of relative care. The expanded use of relative care has proven to have many benefits for children. Relative care placements are more stable. Children remain within their extended family system and with caregivers known to them. It is also the case that kinship care placements have approximately twice the duration of non-kinship care placements. As well, child welfare agencies struggle with the role differences inherent in kinship care.

The current kinship care system primarily adopted the same practice and policy framework as non-relative care. Federal requirements dictate that kinship families meet the same approval standards as non-relative homes. Casework practice has tended to view kinship providers in much the way it has viewed foster care providers.

However, there are significant differences. Significant elements of family history and the extended family system are at work in kinship placements. Where the foster family may be acting primarily as an agent of the child welfare agency, the kinship family is primarily operating as an agent of the family system.

The SPO Workgroup recommends that the CWS strategy in kinship care be redesigned to contain the following elements:

- Kinship caregivers would be recognized equally as a component of the family system rather solely than as a contracted agency resource.
- The design of the service plan would involve an assessment of the historical relationships of the family system and directly include kinship caregivers as an intra-familial resource for change.
- Kinship caregivers and birthparents, as members of the same family system, would jointly determine the concurrent permanency plan and goal.
- Kinship caregiver support would reflect their unique family role and be differentiated from other non-relative provider roles.

- Kinship care providers would share the executive functions of the family for the child, including right to consent to medical treatment.

Strategy 3: Disproportionality

As illustrated in Table 3 (located at the end of this document), African-American children are disproportionately represented in out-of-home care. The national evidence is inconclusive regarding disproportionality. While some point to poverty, Hispanic children are under-represented although their families are equivalently poor relative to African-American children. While reporting and entry into out of home care are higher proportionally for African-American children, The National Incidence Studies[5] find no differences in the actual incidence of maltreatment in African-American families. In Illinois, both White and Black workers substantiate reports on African-American families at an equal and higher rate than for White families, raising question as to whether disproportionality is a race-on-race effect.

Whatever the cause, positive outcomes are less likely for African-American children entering the child welfare system. This issue deserves greater attention. The SPO Workgroup recommends two courses of action. One is increased research in California to better understand these dynamics. The second is an annual report by county of proportionality and relevant strategies to address instances where need is equivalent across races but disproportionality exists.

Strategy 4: Standardized Safety Assessment

Safety decision-making reflects one of the most critical components of the child welfare intervention. Safety decision-making begins with the referral and continues throughout case closure. The means of this assessment is not standardized across California counties. In many locations, safety assessment is designed primarily to support determination of immediate danger early in the emergency response and does not equally support decision-making throughout the life of the case. Given the critical nature of this decision, the Workgroup recommends the development of a standardized methodology for safety assessment throughout the life of the case that is equally applied in all local jurisdictions by CWS, the courts and law enforcement.

Strategy 5: Standardized Assessment Criteria

There are a number of critical decisions affecting children and their families that occur during the time children are in care. Among them are:

- Determination of the areas of needed change in parental caregiving and protection in order to permit safe reunification (includes child safety along with family behavior and capacities threatening safety)
- Identification of family protective and child development, skills, resources and capacities
- Determination of the child's specific requirements for safety within the out-of-home care setting
- Determination that the placement setting will be safe for the child

- Determination of the areas of needed change in child nurture in order to compensate for and re-mediate the effects of past maltreatment or developmental delays
- Determination of the child's physical and emotional health status and related plans
- Determination of the child's educational development and related plans
- Determination of the means to accomplish change in family behavior and capacity, and in child development
- Determination of progress relative to the above
- Determination of developmental needs and community supports necessary to assist transition from state supported care to adult independence
- Determination of a family's capability to meet a child's needs through fostering, kinship care, adoption or guardianship
- Determination of a child's needs in relationship to an out-of-home placement and possible adoption or guardianship
- Determination of the match between the child's needs and caregivers
- Determination of need for concurrent planning
- Determination of the permanency goal
- Determination of unintended undesirable consequences
- Determination of the prognosis for change

Currently, the criteria for each of these decisions and the related assessment processes supporting each decision are determined at the county level. From the perspective of a statewide program, this leads to confusion and possibly differential treatment of similar conditions. The Workgroup recommends that statewide consensus be reached regarding the core criteria to be used in making each of the preceding decisions and that consensually agreed upon criteria be standardized throughout the state.

Strategy 6: Meeting the well-being needs of all children in care

The scope of child well-being is broad. There are many domains with needs that must be met in child development. Yet the state cannot, and certain cases, should not become the primary means of meeting these needs while a child is in its custody. The SPO Workgroup considered a number of relevant domains of child well-being. Among them are:

- Physical and Emotional Safety
- Physical Health
- Mental Health
- Education

- Dental
- Special needs such as DD, SED, FAE
- Cognitive Development
- Family Connectedness
- Cultural Development
- Social Development
- Spiritual Development
- Recreation
- Moral Development
- Sexual Development
- Gay, Lesbian, Bisexual, Transgendered and Questioning Youth Needs

The SPO Workgroup views CWS as having a direct responsibility for the role any parent might take in the following areas:

- Physical and Emotional Safety
- Physical Health
- Mental Health
- Education
- Dental
- Cognitive Development
- Special needs such as DD, SED, FAE
- Family Connectedness

With regard to the following areas, CWS shares a role with birth parents while the child is in out-of-home care:

- Social Development
- Spiritual Development
- Recreation
- Moral Development
- Sexual Development
- Gay, Lesbian, Bisexual, Transgendered and Questioning Youth Needs

Though it is recommended now, a defined plan of care is not always constructed. Certain of the above needs are not systematically assessed. Progress is not measured, nor is remediation always offered.

To resolve this, the SPO Workgroup recommends that CWS achieve consensus regarding its responsibilities for the various domains of well-being. Following this, counties should collectively implement a standardized set of measures of current functioning for areas of direct responsibility. A component of the case plan should reflect how these needs will be met and who is responsible. Flexible, yet clear, agreements with birth parents and out-of-home caregivers should be developed regarding how the child's or youth's needs will be addressed in remaining areas.

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VIII. REPORT OF THE HUMAN RESOURCES WORKGROUP

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HUMAN RESOURCES WORKGROUP SECOND YEAR REPORT FOR CWS REDESIGN

OVERVIEW

Year One of the CWS Stakeholders Group brought significant attention to the carrying capacity of direct service professionals through development of an implementation plan for the CWS Workload Study authorized by SB2030. The Human Resources Workgroup continued in Year Two, in part to follow-up on the Workload study in the context of the broader human resources implications of the CWS Redesign. The Year 2 task of the HR Workgroup was:

To provide strategies resulting in a high-capacity, competent, satisfied CWS workforce able to perform the essential functions of the redesigned child welfare system.

Now, at the end of Year Two, the HR Workgroup has found that workload issues have not appreciably declined, although augmentation dollars were made available as a result of SB 2030. Through its work, the HR Workgroup has surmised that broader human resources realities affecting child welfare are inhibiting the singular but important focus of the SB 2030 Study. Challenges to the CWS workforce extend beyond workload but have an indelible effect on it: qualified candidates are in low supply, turnover rates are high, child welfare services carries a negative public image. These are the kind of complex, system issues creating an environment in which additional funding alone is unable to mitigate heavy workloads.

The HR Workgroup has adopted the position that in order for the CWS Redesign to be successful, workforce considerations need to be at the forefront of all Redesign efforts. Reflecting this position, this Year Two Report provides both core strategies and key system changes, as the CWS Stakeholders Group moves closer to implementation of the Redesign in Year Three of its process.

While further detailed in Section V of this document, the **core strategies** are composed of the following:

- Engage in a long-term organizational change process resulting in a high-capacity, competent, satisfied CWS workforce able to perform the essential functions of the new Child Welfare System
- Prepare the existing workforce for CWS workforce realignment
- Build and maintain the capacity of the workforce
- Support manageable workloads
- Build, maintain and reward the skills and competencies of the workforce

- Conduct evaluation and research on the effectiveness of workforce development efforts
- Build external support for CWS workforce realignment
- Optimize working environments to achieve positive client outcomes

The HR Workgroup has identified these strategies as a means to reaching the goal of a high-performing HR environment within the public child welfare context. Once these strategies are implemented, the following **key system changes** will result:

- Strong leadership throughout the agency at all levels of management, especially the executive level.
- Organizational support for effective supervision of CWS direct service professionals.
- Work environments that offer locally-driven competitive incentives for entering and staying within the CWS workforce.
- Systems and structures that accurately assess candidates' potential for meeting job expectations and remaining engaged and committed to their work over time.
- Workplaces as learning environments where career-long training and professional development opportunities are available for all employees.
- Recognition of the client/worker relationship as the essential factor in achieving positive client outcomes.
- Clear agency expectations of roles and responsibilities all staff, including acceptable levels of performance.
- Recognizing cultural and generational differences within the workforce and ensuring the workforce can optimally serve the diversity of the client population.
- Strong partnerships with colleges and universities who train future CWS staff.
- Organizational culture that promotes collegiality both within and across segments of the CWS workforce.

As described in Section III, these key system changes are designed to take into account the broad range of workforce challenges as well as the overall goals of the Redesign—and ultimately provide a framework for moving toward a satisfied, competent workforce for California's Child Welfare System.

VIEWING THE CWS REDESIGN THROUGH A HUMAN RESOURCE LENS

There is a new vision for the entire child welfare system in California. The CWS workforce will need to be envisioned differently as well. When considering the Redesign through a human resources lens, a number of imperatives stand out. At the most basic level, the CWS workforce will need to develop the skills and competencies required by the new directions of the Redesign. More

complex is the fact that the entire child welfare system will undergo a significant cultural change as a result of the Redesign. Also significant to long-term success will be turning workplaces into dynamic learning environments, where staff members both identify and acquire new skills, and practice and refine skills they already have. Finally, because the Redesign is moving in the direction of greater partnership with community, the workforce will need to move into broader, more collaborative roles than are currently experienced.

A pivotal element in the CWS Redesign is the focus on relationship as the primary technology for success. Recognition of this human element places Human Resources in a particularly important role. The workforce system is integral to all elements of child welfare services. If workplace relationships, client/worker relationships, and worker/supervisor relationships are to successfully support and promote the CWS Redesign, the workforce at every level must undergo preparations. Aligning the changes to the workforce to the goals and directions of the Redesign will contribute significantly to the Redesign's cohesion and ultimate success.

CHALLENGES TO THE CWS WORKFORCE

The problems faced by the child welfare system nationally are widely recognized. California currently experiences the same difficulties as other states: a rise in the population requiring child welfare services; an increase in the complexity of issues facing families; a lack of shared vision of the essential role played by child welfare services. In this environment, almost every issue impacts the child welfare workforce. California has its own unique set of challenges; a difference in expectations of child welfare county to county, and an especially large, geographically and culturally diverse population.

The challenges to the child welfare workforce in particular include decreasing numbers of people interested in the child welfare profession, working conditions and demographic realities resulting in high staff turnover, lack of organizational support for quality supervision, inadequate incentives to attract and keep workers and difficulty securing adequate service resources for clients.

Perhaps equally significant are the challenges of change that will be brought about by the Redesign. The very definition of child welfare services will shift—from the bottom line of safety to comprehensive assessment focused more on the anticipation and mitigation of potential risk. Ultimately, this will expand the clientele of CWS. The scope of CWS function will grow correspondingly, expanding to include such activities as outreach, early intervention and prevention. Many of these roles may not be played by CWS workforce personnel, but instead by expanded partnerships with community agencies, especially those functions specific to the front-end of the service continuum. Nonetheless, the impacts to the CWS workforce will be dramatic: functional roles may change altogether, while brand new roles may need to be defined. Training will need not only to deliver a new knowledge base, but also to maximize positive client outcomes consistently and over time.

Addressing the many levels of challenges to the CWS workforce can be daunting. Tackling every issue is unrealistic and ineffective. However, it is possible to identify a reasonable number of

specific entry points for improving the workforce. These portals are the priorities for the HR Workgroup's recommendations for system changes. The scope of the system we seek to change is defined by the current boundaries of the public child welfare system in California and the personnel who perform CWS functions at the state and county levels.

One such area is identified by the difficulty of attracting social workers to the field of child welfare services. Institutions of higher education have a limited capacity—and are often already at capacity—in their ability to produce qualified candidates. California schools of social work produce about 1900 graduates annually, falling considerably short of the demand for 3400 immediate social worker vacancies at the ten largest county welfare offices. Competition for the social worker set across all human services sectors is great. There is the challenge of a negative public image coloring the child welfare profession. And finally, there are inadequate incentives to attract and keep workers.

Another entry point for improving the workforce is to address the challenges surrounding demands on a worker's time. It is widely known that currently in California, agencies can neither consistently meet the accepted standards established by CWLA nor SB2030. Workers report that high caseloads make it very difficult to check family compliance and maintain relationships with workers in partnering agencies. Shifts in workload duties and conflicts over demands on workers' time challenge the workforce's ability to achieve successful case outcomes. The workforce is also challenged by a lack of adequate support services such as paralegal aides, case aides, clerical staff and volunteers. Even when workers identify effective interventions for their clients, the resources for meeting those needs are often unavailable.

A third area of challenge is around the high turnover rate in the field of child welfare. Some California counties report as high as 40% turnover rates for social workers having less than two years experience in the county. Among the fifteen smallest county welfare agencies, turnover is as high as 50%. Often, hiring practices don't adequately prepare or match workers for specific job duties. Large caseloads and conflicting requirements on time keep workers from exercising their clinical expertise. The nature of the CWS environment often inhibits peer support and disrupts the critical supervisor/worker relationship, contributing to less than optimal work conditions. Opportunities for staff development, professional autonomy, recognition and advancement are limited. And finally, on a broader note, is the challenge of inadequate succession planning for the imminent workforce demographic change, due, for example, to the approaching retirement age of Baby Boomers.

These three groups of challenges constitute the priority areas for HR attention. For the purposes of establishing desired results and developing strategies, the three areas can be identified as the following domains: **Recruitment, Workload/Caseload,** and **Retention.**

DESIRED RESULTS OF THE HR SYSTEM CHANGES

Before devising strategies to mitigate the challenges facing the CWS workforce, it is necessary to identify the desired results or outcomes to be achieved by any changes to the system.

Ultimately, the goal of any change to the HR system is to enable the CWS workforce to perform the essential functions of the redesigned child welfare system. The clearest path to achieving this is to create an environment in which desired results can be reached. Toward this end, we have identified three critical outcomes that are the desired end result of the system changes being recommended by the HR Workgroup.

1. To increase the pool of interested, qualified candidates for identified CWS functional roles

    - Communities appreciate CWS and have a positive image of what it does
    - Candidates are diverse, skilled and abundant
    - Staffing needs are met through flexible, innovative hiring policies and practices
    - CWS is able to respond effectively to changes to the labor market

2. To increase the tenure of the existing CWS workforce

    - Caregivers experience a stability and continuity of relationship with children and families
    - Caseworkers and courts work collaboratively to make effective legal decisions to support positive client outcomes
    - CWS workforce finds the organization culture supportive
    - CWS workforce competence is maximized and effectively developed
    - Interested staff find flexible career paths
    - The CWS system overall experiences cost savings due to reduced turnover
    - CWS workforce is acquiring, developing and demonstrating the skills necessary for the Redesign

3. To implement workload standards that ensure optimal staff/client relationship

    - Clients receive the services that best meet their needs
    - The core technology of relationship-based social work is at the forefront of every case decision and interaction
    - Agencies use innovative and effective methods of reaching optimal workload standards
    - Working environments support direct service workers in ways that assure optimal workload standards

KEY SYSTEM CHANGES TO PRODUCE A HIGH-PERFORMING HR ENVIRONMENT WITHIN PUBLIC CHILD WELFARE

While achievement of one or more of the outcomes identified above is the goal of any recommended change, it is important to also consider what specific HR system changes will be most beneficial to the public child welfare environment in California. The HR Workgroup developed the following set of key system changed based on a review of the current social services literature, the professional expertise of the Workgroup members and input from other transforming child welfare organizations.

Invariably, some—even many—of these key system changes will already be a part of some of California's county organizations. The intention here is to acknowledge what changes are aligned with the Redesign, the strategies recommended for the CWS workforce and the Year One CWS Stakeholders' Group work, in order to reach a consistent and uniform level of excellence state-wide.

1. Strong leadership throughout the agency at all levels of management, especially the executive level.
2. Organizational support for effective supervision of CWS direct service professionals.
3. Work environments that offer locally-driven competitive incentives for entering and staying within the CWS workforce.
4. Systems and structures that accurately assess candidates' potential for meeting job expectations and remaining engaged and committed to their work over time.
5. Workplaces as learning environments where career-long training and professional development opportunities are available for all employees.
6. Recognition of the client/worker relationship as the essential factor in achieving positive client outcomes.
7. Clear agency expectations of roles and responsibilities all staff, including acceptable levels of performance.
8. Recognizing cultural and generational differences within the workforce and ensuring the workforce can optimally serve the diversity of the client population.
9. Strong partnerships with colleges and universities who train future CWS staff.
10. Organizational culture that promotes collegiality both within and across segments of the CWS workforce.

These key system changes paint an overall picture of what a high-performing HR system in California would look like. The next step is to create a road map for achieving these system changes. These are an integrated set of strategies that move us from our current HR realities toward the post-Redesign HR environment.

STRATEGIES FOR SYSTEM CHANGE

The HR Workgroup has developed a set of strategies that integrate the HR priorities with the key system changes, within the context of the CWS Redesign. The strategies build on each year of the Redesign process. They incorporate recommendations made by the HR Subcommittee of the Stakeholders Group in Year One. The strategies also reflect the complexity of issues discovered in the Year Two work. Finally, they take into consideration the implications of implementation brought in by Year Three.

Taken together, this set of strategies proposes an integrated model of workforce realignment supported at the statewide level to ensure the supply, development and evolution of a competent, qualified CWS workforce. The goal is to initiate and sustain a long-term organizational change process. The strategies suggest implementation directions for key system changes that prepare the current and future CWS workforce to carry out the Redesign. This approach requires a strong working partnership between the Department of Social Services (DSS) and counties to create and sustain a multi-disciplinary, multi-sector, diverse and geographically dispersed CWS workforce. Commitment to a comprehensive organizational change process plays an integral part in assuring the success of all the recommended strategies.

The HR Workgroup has organized its strategies around both the long-term and short-term aspects of accomplishing system changes. Each of the eight strategies below is described in terms of purpose and action steps. Considerations for implementation planning in Year Three of the Redesign process are discussed at the end of the section.

1. **Engage in a long-term organizational change process resulting in a high-capacity, competent, satisfied CWS workforce able to perform the essential functions of the new child welfare system.**

   Purpose: The essential long-term question is one of organizational change. It is the people of the CWS workforce that will ultimately transform the system from its current reality into the redesigned Child Welfare Services system. However, the challenging fact is that this organizational change needs to occur in 58 unique organizational environments—each county child welfare program across California. In order to end up with cohesive system change across these varied environments, the State needs to champion a process by which counties are prepared, supported, challenged and build ownership in the outcome of a post-redesign CWS workforce.

   Action Steps:

   a. CDSS sponsors a Five-Year CWS Workforce Realignment Initiative. This statewide initiative would provide sufficient leadership, guidance and support for counties to engage in developing and implementing their own organizational change plans. The outcome would be a CWS workforce carrying out the objectives of the CWS redesign within five years of implementation of the system changes.
   b. Counties commit to and engage in an organizational change process that assesses, plans, implements and re-evaluates the workforce in their location against the goals of their change plan.
   c. CDSS provides a framework, guidelines, tools and technical assistance to counties to develop and implement their organizational change plans.

2. **Prepare the existing workforce for CWS system changes.**

   Purpose: The success of the redesign depends in large part on how well the current workforce embraces changes in the context, role, function and performance expectations of their jobs. This strategy is intended to ensure the preparation, support and training of the current CWS workforce on the elements of the redesign. A primary

reason for preventable staff turnover is lack of clarity about roles and responsibilities—this element becomes critical to address in an environment of organizational change. The following action steps are recommended to meet this challenge.

Action Steps:

a. CDSS convenes a workgroup comprised of state, county and community stakeholders to create a functional description of the new CWS workforce. This workgroup will:
   - Define essential functional roles of the redesigned CWS workforce and identify core competencies required for each role. Use the redesigned CWS practice model as a framework for identifying workforce roles and competency requirements.
   - Develop competency-based job descriptions for the essential functional roles of the redesigned CWS workforce. Revisit what skill set is required to perform what tasks under the teamwork model of the Redesign. Identify minimal and optimal workload standards for positions with a primary function of building client relationships.
   - Define the use of interdisciplinary teams in the redesign workforce. Clarify roles and skills required of other disciplines. Establish guidelines for effective utilization of interdisciplinary resources and productive working relationships between CWS staff and those from other disciplines who perform functional roles on the team.

b. Use the redesign itself as a motivator to retain current staff by preparing the workforce in advance for CWS system changes:
   - Statewide training academies develop curriculum and train supervisors and managers in their role as change agents during implementation of the CWS Redesign.
   - CDSS program personnel modify existing supervisory, manager and social worker training curricula to incorporate elements of CWS Redesign.
   - Create opportunities to cross-train all levels of workforce on Redesign elements that model teamwork and collaborative working environments.

3. Build and maintain the capacity of the CWS workforce.

Purpose: The redesign provides an opportunity to stimulate the supply of qualified, interested candidates to join the "new" CWS workforce, thus building its capacity to better serve children and families. The ultimate goal is that children and families benefit from a workforce that is well matched for the job they are required to perform. In addition, the agency and potential employee make a better-informed employment decision leading to increased staff retention. The following action steps are suggested to stimulate the supply of desirable candidates:

Action Steps:

a. Establish a statewide, coordinated public information campaign that reintroduces the "new" CWS to potential sources of recruits, such as:
   - Undergraduate and graduate students at California schools of social work.
   - High school students interested in a career in social services.
   - Professionals from other disciplines who may be partners in the collaborative efforts of the Redesigned CWS (e.g., public health officers, family therapists, etc.)
   - Former foster youth who are transitioning to independent living, interested in social work career opportunities and eligible for Ameri-Corp funding.
   - Professional and community organizations representative of the diversity of the CWS client population in terms of race, ethnicity, class, gender, language or other cultural characteristics.

b. Create media exposure about the Redesign to improve awareness of the "new" CWS and to announce new job opportunities.

c. Provide technical assistance to counties for leveraging statewide "Reintroducing CWS" recruitment materials and techniques to address staffing shortages in their location.

d. Proclaim statewide endorsement of and provide incentives to implement recommendations from the CWDA Human Resources Subcommittee Report that build workforce capacity for the Redesign environment.

e. Establish a statewide, coordinated partnership with the Chancellors of the State Colleges and Universities, California Community Colleges, CDSS, the California Social Work Education Center, the County Welfare Directors Association and the National Association of Social Workers to:
   - Expand enrollment slots for all levels of social work education.
   - Develop and implement curriculum that teaches the quality practice principles, values and competencies of the CWS Redesign.

f. Monitor workforce composition and forecast need – CDSS encourages and supports each county to perform an "asset inventory" of current workforce composition against new job competency needs to determine gaps and degree of change needed.

g. Encourage and support counties to build partnerships within the community to carry out the roles and responsibilities that ensure the safety, stability and permanence of children.

4. Support manageable workloads.

Purpose: The core technology for successful achievement of the desired outcomes of the Child Welfare Services program is the relationship between the social worker and the children and families. Current caseload and workload sizes are not built on this basic assumption regarding the nature of intervention in Child Welfare Services.

Action Steps:

a. Conduct CDSS-sponsored workload relief forums where counties can exchange ideas, hear from workload management experts and develop innovative strategies to utilize augmentation dollars for workload relief.
b. Continue to perform periodic workload studies throughout and beyond Redesign implementation to accurately measure progress toward achieving optimal caseload standards.
c. Incorporate an expectation of the minimal and optimal caseload standards during beginning, intermediate and advanced stages of competency development into all functional descriptions of CWS workforce positions with case management or direct service responsibilities.
d. Statewide practice standards incorporate optimal and minimal caseload standards to ensure quality practice by service area.
e. Encourage and promote county development of interim CWS Redesign staffing models and community partnerships to pilot test effective staffing configurations and optimal workload standards.
    - Explore use of interdisciplinary teams in Redesign workforce. Experiment with variations on staffing configurations to reach desired outcomes.
    - Discover innovative ways of sharing responsibilities across interdisciplinary team members to redistribute workload, while maintaining accountability for case decisions.
    - Utilize methods that acknowledge and support social workers for achieving excellence in carrying out their professional role: assessment, case planning and ongoing oversight of the services provided to families and children. Identify opportunities for support resources to perform functions appropriate to their skill level such as paralegal aides, case aides, clerical staff and volunteers.

5. Build, maintain and reward skills and competencies of CWS workforce.

Purpose: The Workload Study revealed that new social workers spend an average of eleven hours per month in training. This amount of time is not adequate for social workers to be fully prepared to meet the needs of the job—even without a Redesign. The new knowledge, skills and attitudes that will be required to implement the Redesign further expands the demand for training.

Action Steps:

a. Define competencies and develop curriculum – Statewide academies assume leadership role and work in partnership with Child Welfare Directors Association to redesign current statewide competency-based training system to build workforce knowledge and skills in current, new and emerging practice principles of the Redesign. Examples of proficiencies include establishing effective relationships within a culturally diverse context, engaging families in the change process, targeting change toward outcomes and integrating comprehensive family assessment results.

Educational curriculum reflects the interdisciplinary, culturally-diverse team context of the post-redesign CWS work environment.

b. Design an integrated learning system – CDSS assumes a leadership role to develop a continuum of education and organizational change that integrates a career-path perspective into both university-based and agency-based/academy supported education and training opportunities.
c. Use incentives to assure competency – using performance-based evidence, reward competency achievement through certification, recognition, merit pay increases, career advancement or other incentives.

6. Conduct evaluation and research on the effectiveness of workforce development efforts.

Purpose: Use of a statewide tracking data system enables the systematic input of information needed to plan, administer and evaluate workforce development activities and staff participation. Measure of performance for the system must be identified and the system's output regularly assessed. Such information is essential to improve workforce development strategies and adjust priorities as the needs of the CWS workforce change over time.

Action Steps:

a. Develop and maintain a statewide, web-based database of promising human resource practices and lessons learned from other states or counties who have implemented elements of the CWS Redesign.
b. Establish a statewide protocol and method to collect and analyze evaluative data for determining the effectiveness of workforce development activities.
    - Develop and implement a standard formula to calculate rate of staff turnover to track county and statewide trends.
    - Develop and implement standard recruitment measures to track trends in supply of qualified candidates entering CWS.
c. Department provides technical assistance and support to counties to report data on workforce development activities.

7. Build external support for CWS workforce realignment.

Purpose: Any strides CWS makes in realigning its workforce to meet the challenge of the Redesigned environment can only be accomplished in the context of the broader community that surrounds child welfare in California. It is essential to build the political will, financial resources and public sentiment to view CWS in a new light.

Action Steps:

a. Assure financial support – leverage existing resources, identify new funding sources and develop innovative approaches to support workforce development.

b. Provide statewide leadership to continue efforts to support statewide initiatives promoting social worker recruitment, retention and development efforts.
c. CDSS leads an effort in partnership with CWDA to develop and implement a statewide advocacy strategy that builds legislative, community and media support, thus ensuring adequate resources, funding and political support for the human resource needs of the Redesign.
d. CDSS leads an effort in partnership with CWDA to develop and implement a statewide marketing strategy to build public awareness and support for achieving the post-redesign CWS workforce. Emphasize the essential role human resources play in assuring redesign success.
e. Avoid adverse impact on community based organizations – both public and private child welfare agencies are currently struggling to meet their human resource needs. All statewide initiatives that build external support would be coordinated with community based organizations to develop a large enough pool of social workers, so that all agencies are able to adequately recruit and retain staff. This is particularly important given the reliance that the Redesign has on community partnerships.

8. Optimize working environments to achieve positive client outcomes.

Purpose: While direct service professionals bring a set of competencies to their relationship with their clients, it is their working environment that ultimately allows the workers to reach positive client outcomes. Elements central to the working environment include effective supervisory support, continual opportunities for staff learning, cooperative relationships among staff, role clarity and personal attention. Until the workplace culture is found by employees to be satisfying, supportive and productive, any attempt at attracting staff will only be an investment in a short-lived "quick fix". In addition, satisfied workers stay on the job, thereby reducing recruitment and training costs.

Action Steps:

a. Maintain the supervisory knowledge base by having incumbent supervisors mentor and coach caseworkers who may move into supervisory positions.
b. Ensure that resources are provided to train supervisors. For example, with appropriate funding, CalSWEC can provide standardized training to all California's child welfare services supervisors.
c. Train supervisors toward leadership skills in addition to their technical skills.
d. Create and maintain a realistic workload standard for supervisors, thus enabling supervisors to maintain their supervisor/staff ratio.

As the Redesign moves into Year Three, it will be critical to focus on successful approaches to long-term organizational change. Challenging to the picture in California is the fact that the organizational change needs to occur in 58 unique organizational environments—each county child welfare program across the state.

In order to end up with cohesive system change across these varied environments, CDSS needs to assume a key leadership role in supporting and guiding counties as they set structures to build a post-Redesign workforce. At the same time, it is at the county level that implementation planning must be based, for it is those most impacted by the Redesign who will have the highest investment in creating an effective plan for implementation.

Finally, the HR Workgroup recognizes that all corners of the Redesign—from the four infrastructure groups to the three resource and policy considerations to all the overarching themes—will be proposing strategies for Year Three, many of which will carry with them workforce implications. A successful plan for implementation will integrate all the proposed strategies into one unified, efficient plan. Such an implementation plan will carry with it the strengths of the three-year Redesign process.

CONCLUSION

It is a well-known and fundamental tenet of social work that people make change happen—that it is within the context of relationships that the change process occurs. The best client outcomes come when clients have ample face-to-face time with their direct service professionals. As relationship is now considered the primary technology of child welfare, it is these professionals—the CWS workforce—who need to be valued, recognized, supported and invested in.

Likewise, as California takes on the difficult and timely task of improving its child welfare services—a change process in and of itself—it would be wise to look closely at the model provided in the day-to-day interactions of direct service professionals and their clients. Although on a grander scale, and with wide-ranging implications, it will be within relationships that the CWS will launch its changes. Agents of change in this macro-view include the CDSS, the Counties, CWS management, front-line workers, community partners and other systems that regularly interact with child welfare. Ultimately, these relationships will sustain and fortify a stronger, redesigned child welfare system for California.

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IX. FLEXIBLE FUNDING REPORT

Developmental Contributions and Support to this Report Include:

CWS Stakeholders Group Members and Consultants

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A FLEXIBLE FUNDING STRATEGY FOR THE CWS REDESIGN

PURPOSE

The purpose of flexible funding in the CWS redesign is to ensure availability of resources and services that help families keep their children safe, that ensure permanency, and that promote child development and well-being for children and their families. Flexible funding in a redesigned CWS system would rely on a system of funding that is based on the achievement of positive outcomes, has effective partnerships and shared outcomes with other departments whose resources are essential to the achievement of child safety, and results in a "money follows the child and family" approach at the point of interaction between a worker and a family

VALUES

Assumptions were developed in the first year of the Stakeholders' work that frame the flexible funding strategy outlined here. The following are reminders of how critical flexible funding is to the overall redesign envisioned for CWS.

- Funding needs to support more diverse options for meeting family needs so that crises do not occur and children are not placed inappropriately.
- Funding needs to support the voluntary support service structure of CWS.
- A targeted investment is needed for prevention and early intervention services.
- Workers and others in helping relationships with families need spending flexibility.
- Maximum local spending flexibility is needed, and counties need the authority to spend funds according to applicable federal and state regulations.

WHY THIS PART OF THE CWS SYSTEM SHOULD BE REDESIGNED

- ***The "Perverse Incentive" Factor***. Two of the core sources of funding for CWS (the basic CWS allocation and Title IV-E, the federal entitlement program for foster care) are based on "perverse incentives". States and counties earn more revenue by having more children IN the system – whether it's opening a case to investigate a report of child abuse and neglect or placing a child in foster care.
- ***The Cost of Perverse Incentives***. The basic CWS allocation, foster care administration, and foster care payments make up 68.7% of the Governor's proposed FY03 CWS budget.

- ***The Link Between Funding and Outcomes***. The funding for CWS needs to be linked to outcomes that keep children OUT of the system – by expediting reunification and permanency, and by providing early services (prevention and differential response) that keep children in their communities and with their families.
- ***The CWS-CalWORKs Connection***. A substantial percentage of the families in CWS are linked to CalWORKs; yet there is no statewide system for integrating the two programs to ensure better outcomes for families.
- ***The Redistribution of Savings at the Federal Level***. The federal government's Title IV-E reimbursements constitute at least a third of California's CWS budget. When the state and the counties are effective in reducing the amount of time children spend in foster care, the federal government does not reinvest the savings achieved by the state and the counties into child welfare services.
- ***The Redistribution of Savings at the State Level*** While several counties have developed strategies to capture and reinvest savings they have earned by aggressive efforts to reduce the number of inappropriate out-of-home placements or to maintain children in the community through wraparound programs such as SB163, the state has not made a similar commitment to redistributing its share of the savings.
- ***Funding Critical Services***. The funding for some of the services that are most critically needed to achieve positive outcomes in CWS – substance abuse and mental health treatment, housing - are not in the CWS budget. There is no state level system (and in many cases, no countywide system) for ensuring that CWS families are a target population for these services.
- ***Funding Prevention***. Funding for services and resources that can prevent child abuse and neglect is a small portion of the CWS budget. Other state agencies fund prevention services, some through federally mandated programs (the Title V Maternal and Child Health Block Grant, for example) and others through state initiatives (the California Commission for Children and Families – Prop 10). Yet there is little evidence of coordinated funding strategies to prevent child abuse and neglect, and risk-related outcomes.
- ***Making the Money Work***. The capacity to make flexible funding work ultimately rests with county fiscal staff. Most counties have experienced substantial turnover of their fiscal staff in recent years, which has reduced opportunities for flexible funding strategies that integrate revenues from different departments in order to link funding to the needs of individual children and their families.

KEY CHANGE IDEAS

- ***Linking Funding to Outcomes***. The core funding for child welfare services (the basic CWS allocation and the federal Title IV-E program) need to be structured in a way that incentivizes the state and the counties to expedite the achievement of good outcomes for the CWS population.
- ***Redistribution***. Ensure that any savings that accrue at the federal, state, or county level from improved outcomes in foster care, as reflected in the CWS allocation and foster care payments, is available to enhance services and resources reductions in CWS.
- ***Partnerships***. The resources that families need to keep their children safe and to ensure their well-being are in other departments, as well as CWS. CWS needs to develop a set of common outcomes with these partners to ensure that needed services and resources that are not within the scope of the CWS budget are available to CWS families and to increase their investment in improved child welfare and related outcomes. Joint planning and budgeting efforts around prevention services and resources are a critical component of these partnership efforts.
- ***Flexibility***. Evidence of making funding more flexible at the program level, interdepartmentally, and at the place where the worker engages a family exists. Opportunities for flexible spending need to be systematized, and available in every county. County fiscal staff need the knowledge and tools to make flexible spending work and to meet requirements for fiscal accountability.

STRATEGIES

- ***Pursue Federal Fiscal Reform***. It is recommended that California's Congressional delegation be briefed as soon as possible on the goals and strategies of the redesign, and the need for reform of the Title IV-E program (with initial recommendations presented).
- ***Redistribute Foster Care Savings***. Systematically track improved foster care outcomes on a county-by-county level. Identify the federal, state, and county share of savings that accrues. Develop plan for redistributing at least some portion of the state share of savings back into an enhanced CWS Allocation. Pursue redistribution of federal savings as part of a federal fiscal reform strategy described above.
- ***Pursue State-Level Partnerships to Improve Child Welfare Outcomes***. Join with other state agencies (as is being done already with CalWORKs through the Stuart Foundation Initiative) to develop outcomes and to increase the availability of services and resources that are essential if families in CWS are to keep their children safe. Along with CalWORKs, a primary focus should be with the Department of Alcohol and Other Drugs.

- ***Earn Federal Reimbursement for Case Management/Case Coordination Activities Provided to the "Prevention" Population***. One of the "perverse incentives" in the current system is that counties can only earn federal reimbursement for case management activities provided to families whose children are "open" in the system. The Department should work with the state Department of Health Services to develop a capacity for counties to have the option of using Medi-Cal Targeted Case Management to support to cost of serving families who are "referred out" of the system for services at intake.

- ***Earn Federal Reimbursement for Case Coordination Performed by Community Partners on Behalf of the CWS Population***. State fiscal policy currently prevents counties from claiming Title IV-E reimbursement for supportive case management activities provided to families in the CWS population (children in family maintenance, foster care, or adoption) by community partners. Federal policy permits such reimbursement. Aligning state and federal policy in this area would provide counties with a sustainable source of funding for community-based supportive case management activities.

- ***Secure New Funds***. There are not enough resources to meet the needs of the CWS population, and especially to meet the needs of the 40% of families for whom a subsequent report of abuse or neglect is filed within two years of the first Hotline report. The Stakeholders Work Group as a whole should press for state legislation that supports enhanced funding for services and resources that support families and prevent child abuse and neglect. The Work Group should work with its state partners to secure major foundation support for the development of a statewide prevention system.

- ***Fiscal Training***. Follow up on the suggestions made at last year's Summit and by the Flexible Funding Subcommittee to develop a fiscal training academy. The academy would enable county agencies and their community partners to implement flexible funding strategies that support the delivery based on individual need, are "smart" about audit requirements, integrate documentation requirements (where possible), and improve accountability for outcomes.

- ***Explore the Consolidation of the CWS Allocation***. This recommendation first appeared in the results of the SB2030 Workload Study and was given further consideration in the findings of the Stakeholders' Flexible Funding Subcommittee last year. A work group of state and county fiscal staff should be convened to explore the benefits and opportunities of a consolidated allocation, and the potential for establishing the allocation as a state matching grant, driven by county-specific plans.

X. EIGHT OVERARCHING THEMES

OVERARCHING THEME NUMBER 1: FAIRNESS AND EQUITY

Fairness and Equity Workgroup Membership

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FAIRNESS AND EQUITY

Building A Culture Of Fairness And Equity In California's Child Welfare System

"Fairness, like democracy, is complicated, time-consuming, but indispensable."

INTRODUCTION

In her most recent publication, Shattered Bonds: The Color of Child Welfare, Dorothy Roberts, presents a compelling examination of America's child welfare system, and concludes that the system is in crisis. "The very structure of child welfare," she argues, "is fundamentally flawed. Instead of targeting the systemic reasons for family hardship to prevent child maltreatment, it lays the blame on individual parents' failings after a crisis has occurred. Instead of supporting families, it punishes them by taking children from their homes for placement in foster care." The result of this defective structure, according to Roberts, is that far more children of color, especially African American children, are taken from their parents in disproportionate numbers. Disproportionality exists when there is a difference between the proportion of children of a particular racial or ethnic group in the child welfare system and the proportion of children in that particular racial or ethnic group in the general population [Hines et al, 2001].

Whatever the contributing factors may in fact be, the disturbing fact is that there is an enormously disproportionate number of African American children who are placed in foster care. The California's Child Welfare Services (CWS) Stakeholders Group has voiced grave concerns about the disproportionate representation of African American children within the juvenile dependency system and, about the *fairness* of the system in its treatment of the individual families being served. A Workgroup on Fairness and Equity was launched to explore, research and strategize ways to ensure that concepts of fairness and equity are integrated into all elements of any system redesign in the state. The most recent national and state data presented below provide further evidence of the disproportionate representation of African American and Native American children in the child welfare system. For California, a huge and demographically diverse landscape, there is also the issue of geographic disparity in the nature, quality and quantity of services provided to children and families across the state. Such disparity has profound implications for fairness and equity especially when there are differential services and levels of access for children and families in different areas or counties of the state.

Table 1
National Disproportionate Representation [1998]

Race/Ethnicity	Percent in the General Population	Percent of Children in CWS
African Americans/Blacks	13	47
Hispanics/Latinos	13	7
Asian Americans/Pac. Islanders	4	1
Native Americans	1	2
European Americans/whites	69	36

Sources: Child Welfare League of America, 1998; Department of Health and Human Services, 1998; U.S. Census Bureau, 2001.

Table 2
California Disproportionate Representation [2001]

Race/Ethnicity	Percent in the General Population	Percent of Children in CWS
African Americans/Blacks	6	36
Hispanics/Latinos	32	32
Asian Americans/Pac. Islanders	11	2
Native Americans	.5	1.5
European Americans/whites	47	30

Sources: California Public Policy Institute; U.S. Census Bureau, 2001.

There is strong support in the child welfare literature that systemic and attitudinal forces are responsible for the geographic disparity as well as the disproportionate involvement of large numbers of minority children at all stages of child welfare decision making. [Ards and Harell, 1993; Lieber, 1995; Coulton, et al.,1999; and Hines, et al., 2001]. And there is evidence of irrationality in the process, whose detrimental effects, also disproportionately hurt families and children of color [Roberts, 2002]. Roberts, for example, has written that the child protection process is designed and operated in a way that practically invites bias and encourages unfair habits. "Vague definitions of neglect, unbridled discretion, and lack of training form a dangerous combination in the hands of caseworkers charged with deciding the fate of families. Child neglect is sometimes defined broadly as any parental failure that presents an imminent risk of serious harm to a child. This definition does not even require any showing of actual harm." [p. 55]. Indeed without valid criteria for decision-making, and well-trained, culturally competent staff such a broad and vague definition invites abuse. While standards are important, the standards for removal of a child from the parent[s] however, must include *evidence* of serious risk to harm or *evidence* of actual harm. Garland et al [1998] have also proposed a "visibility hypothesis" to explain why there is a higher probability for children of color to be placed in foster care "when living in a geographic area where they are relatively less represented [i.e., less 'visible']." Drawing from data from the child welfare system in California, Garland and her colleagues concluded that visibility increases the chances for

minority contact and placement with the system for two reasons: [1] child protective services agencies, given prevailing perceptions and attitudes, are more likely to investigate groups, and [2] these groups generally do not have the support networks that could fend off any investigation from CWS.

Other scholars have written about the role of institutionalized racism in explaining the disproportionate representation of African American children in the system [see Roberts 2002]. Poverty, homelessness, drug addiction, poor housing, unemployment and other indices of misery are all worse for African-Americans than Whites. A CWS approach that is predicated on a law enforcement model, i.e., waiting for a report and investigating, instead of prevention, will ipso facto capture more African-Americans in the system.

For several observers of the child welfare system, the flawed and defective structure under which the system currently operates increases the potential for differential processing and raises profound questions as to the fairness of the system. At a minimum, the fact that caseworkers have considerable discretion in the determination of how and what types of allegations to place against an alleged perpetrator complicates the interpretation of the disparities in the system and presents wide-ranging implications for fairness. Are some families from particular backgrounds either committing more serious offenses with regard to child maltreatment, neglect and abuse, or are they being charged with more serious offenses regarding child maltreatment, neglect and abuse because of their backgrounds (culture, economic status, immigrant status, race, ethnicity, or affectional orientation, etc.)? In the former instance, we have what Lockhart et al. [1990] call “understandable disparity.” In the second instance, we have discrimination—and a system that is patently lacking in fairness.

Any comprehensive efforts at redesigning the child welfare system in California must therefore examine fairness as an indispensable component of a reformed CWS, and must identify strategies for integrating fairness and equity as overarching themes of a new system. From the standpoint of fairness and equity, it is important that the child welfare system be carefully examined so that similarly situated cases in California involving children and their families experience comparable outcomes. It is the consistent application of this principle that will ultimately create a culture of fairness and equity as a core value of a reformed CWS.

A CULTURE OF FAIRNESS AND EQUITY

Developing a culture of fairness as an overarching theme for a redesigned CWS system was one of the most challenging tasks for the Stakeholders Group. The very complex and emotive nature of the concept makes it difficult to grapple with. And there is general uncertainty among decision makers and practitioners within CWS as to how best to address it. The CWS literature, while highlighting several issues related to fairness, does not provide any roadmap for tackling these issues, nor has any state child welfare system addressed the subject in a systematic and comprehensive manner. Yet *fairness* is a construct that is very central to questions and issues of public policy making and execution, especially in an environment such as California where the population is both multiracial and multicultural. It is in recognition of this factor, that the

Stakeholders Group, following its Summit in Monterey, California in May 2001, created a Workgroup on Fairness and Equity. The workgroup consisting of about 20 volunteer members was charged with the following task: to develop strategies to integrate and ensure fairness and equity throughout the redesigned CWS system. The workgroup relied on the expertise of two consultants with extensive background in the area of fairness and equity. The two consultants also worked with an overall planning team to provide leadership and direction on the development "fair and equitable" strategies across the redesign. In addition, staff of the Department of Social Services provided statistical measurements related to fairness and equity to the workgroup. The workgroup began meeting on October 31, 2001.

The Workgroup on Fairness and Equity met over a period of five months dividing its examination of the child welfare system into several stages. The workgroup:

1. examined the culture within which the child welfare system operates, and how cultural assumptions and beliefs shape thought processes and communication, in this case CWS processes and decisions.

2. examined the nature and complexity of fairness as a construct, and provided a system-relevant definition for California's child welfare system.

3. addressed the issue of fairness outcomes for children and families in the system, and developed an outcome statement for ensuring child safety and family well being in the redesigned system.

4. examined the child welfare system processes and practices, from intake to disposition; policies and procedures contained within the system, as well as key decision points and process elements where fairness might be considered.

5. developed a fairness and equity matrix as a tool for integrating fairness and equity themes/strategies in a redesigned CWS.

6. reviewed extant literature on issues of fairness and equity, as well as factors to disproportionate representation of children of color in the child welfare system.

ASSUMPTIONS AND BELIEFS ABOUT CULTURE AND HUMAN INTERACTIONS

The child welfare system is expected to operate within and be accountable to a set of legal and ethical values embodied in our constitution, statutes, rules and regulations—all designed to ensure fairness. There is unavoidable tension between the dictates of the justice system and the obligations of CWS. Dozens, indeed hundreds of examples could be cited to illustrate this tension. However, a few will suffice.

First, under the constitution of the United States one of the fundamental rights identified is the right to parent one's own child. Tension results when the CWS or the court sets into motion a process to remove children from the parent either temporarily or permanently. The resulting tension is a product of the two conflicting imperatives of our justice/CWS system; i.e., to protect the

right of persons to parent their child and to protect the child from harm. The rationale for the requirement of periodic hearings, the statutory articulation of criteria to guide decision-making, the provision of attorneys, often at government expense, the establishment of standards of proof and other due process mechanisms is because of the "push and pull" of this tension and the necessity to balance these two competing imperatives.

Second, the child welfare system has a culture like other bureaucracies. Certain beliefs and assumptions permeate this culture and can produce tension, sometimes leading to serious conflict between the social worker and the family, the social worker and the attorney or the judge. At the very least, the family may find itself required to meet standards, comply with rules, adapt to a cultural world view or understand and respond to a set of values with which it is unfamiliar or which it rejects. The fact that the social worker or judge may see him or herself as "helping" does little to mitigate the pressure on the family.

Given the need to justify the intrusion of government into the protected family relationship, evidence is gathered and evaluated. Allegations that might lead to the permanent removal of children may be made based on this evidence. This process is, of necessity, judgmental and creates the risk that the decision-maker will consciously or unconsciously form moral judgments about the person or family being investigated, i.e., whether they are "good" or "bad", "decent" or not so "decent", "worthy" or "unworthy." Complicating this picture is the possible risk of racial, ethnic, gender or other types of impermissible bias.

At the core of the strategy for integrating fairness and equity in a reformed CWS are three organizing principles**. First**, there must be a clear understanding and recognition of the relationship between culture and human behavior. **Second**, there is a need to explore how fairness and equity problems might be resolved when dealing with issues across cultures. **Third**, there must be an examination of how CWS decision points, existing laws, regulations, and processes impede or enhance fairness and equity.

UNDERSTANDING CULTURE AND HUMAN BEHAVIOR

Understanding the relationship between culture and human behavior is essential to the development of a **fair** and **equitable** child welfare system. This is especially so in a multiracial and multicultural environment. Moreover, while the profile of CWS staff is predominantly Caucasian, its clientele population consists mostly of families and children of color **[see Table 3].**

Table 3
Number of Direct Service Child Welfare Workers in California by Racial/Ethnic Group 1992, 1995, and 1998

	Numbers and Percentages of Workers					
	1992		1995		1998*	
	43/58 counties reporting				58/58 counties reporting	
Racial/ethnic group	n	%	n	%	n	%
African American/Black	893	19.3	1,189	17.4	647	14.5
Caucasian	2,646	57.1	3,921	57.3	2,524	56.6
Asian American/Pacific Islander	348	7.5	459	6.7	322	7.2
Native American	28	0.6	37	0.5	31	0.7
Latino	770	16.6	1,177	17.2	838	18.8
Other	14	0.3	57	0.8	98	2.2
Total	4,630		6,840		4,460	

* Sampling procedures described in: Clark, S. & Jacquet, S. Factors Affecting Recruitment and Retention of Students of Color Preparing to Work in Public Child Welfare. Includes responses from parts of Los Angeles County, but not all.

For those who may look to a White on Black race effect, Mark Testa and Nancy Rolock presented research in Illinois that calls into question the body of research that offers systemic and attitudinal forces as explanations for disproportionality. Their research showed that both White and Black CPS investigators substantiate reports on African American families at an equal and higher rate than they do for reports on White families. Bryan Gryzlak, Susan Wells and Michele Johnson reported on a study of screening decisions. When the worker was White and the child a person of color, 40.4% of the reports were screened in for investigation. When the worker was of color and the child White, 76.8% of reports were screened in for investigation. This contrasts with 49.1% of reports being screened in when both worker and child are White and 46.2% of reports being screened in when both worker and child are of color. Given that disproportionality is greatest for African American children, combining all children and workers of color into one category may mask some effects. However, the finding that workers of color are much more likely to screen in a report involving a White child than White workers are to screen in a child of color seems opposite the presumed effect if disproportionality were the result of only White on Black bias. Overall, reports involving White children were more likely to be screened in (52.2%) than reports involving children of color (44.2%). [See Thomas D. Morton [2002]. Race Matters II, “Making a Difference that Matters” for more discussion].

In sum, developing an effective set of strategies for prevention and community partnerships, early intervention and differential response, safety and change interventions, as well as successful placement outcomes that is perceived as fair and equitable in a redesigned child welfare system requires a clear understanding of the dimensions of the various forces that account for disproportionality, a solid commitment to education and training regarding the relationship between culture and human behavior, and in the development of positive values of multicultural differences and similarities.

Culture is not innate. It is learned. Individuals who are members of a specific culture learn its rules, values, beliefs and norms. These rules, values, beliefs and norms, also called cultural backpacks, [Nwosu, 2000], become the prism through which they see and interpret the reality around them, and generally shape how they relate to self and others. While CWS as an organizational culture operates under certain rules, regulations, and processes, individuals who work in the system bring their own cultural backpacks [rules, values, beliefs, and norms] to the CWS environment. These cultural backpacks profoundly shape how they process information, and their perceptions, attitudes and interpretations about all aspects of child welfare services, including perceptions of what is good or bad. To the extent that they are unaware of culture's profound impact on human behavior, they wittingly or unwittingly participate in creating a system that is perceived by a growing number of client families, advocates and child welfare professionals as unfair, uncaring, and for some, racist in its treatment of families and children. From the standpoint of the child welfare system, three crucial points must be made about culture[s]:

1. culture provides the lenses through which we see the world, process information, and communicate with others.

2. cultures evolve mechanisms for dealing with the duality of good and bad. These mechanisms are built upon the cultural means for dealing with difference, as well as establishing the boundaries between difference and deviance.

3. cultures evolve different responses for behaviors that are considered as deviant or anti-social, ranging from expulsion to assimilation, or change from assimilation to expulsion.

Clearly, the current culture of child protective services is one that makes both legal and moral judgments about good and bad behavior[s] regarding child abuse, maltreatment, and neglect. The mechanisms for making such judgments/conclusions are not just legal but profoundly cultural. The real cross-cultural tasks for CWS staff in a reformed child welfare system are two-fold: **first**, the development through intercultural communication training of the ability to process information in a way that demonstrates respect and acceptance of the other culture's different habits as valid means of solving problems; and **second**, the implementation of a Family Support Approach, designed to remedy systemic or institutional disparities and improve the distribution of services and resources, as well as emphasize and increase family strengths, promote self-determination and self-sufficiency, and affirm and strengthen families' own cultural values for child safety and well-being, including their ability to function in a multicultural society. This approach requires empathy and education. This training must also include self-awareness and multi-cultural values.

DEFINING FAIRNESS AND EQUITY

At the hub of the workgroup spirited discussions on *fairness* is the recognition that the concept is both complex and contextual. It is complex because it means different things to different people—a point demonstrated in the "pizza exercise" given to workgroup members. Four groups were created, and each was asked to come up with the fairest way to divide a 12-inch pizza among group members. The discussion that followed brought out a range of varying dimensions around which each group had

constructed their sense of fairness in the division of the pizza. This discussion provides support for the second point—fairness is contextual in that it calls for the application of certain norms or mitigating factors with regard to how decisions are arrived at and how resources and services are to be provided or distributed. Given our knowledge of the intercultural and organizational communication literature, affirmed also by the workgroup exercise, discussion outcomes on fairness typically focus on the following six dimensions or norms— equality, equity, need, seniority/culture, reciprocity, and chance. These norms are reflected in the matrix below:

Thus, discussions at the workgroup on fairness and equity and at the Stakeholders meeting, and the definition of fairness that emerged were informed by both the complexity and the contextuality of the concept, and by a recognition of the role of systemic and attitudinal variables in shaping perceptions of fairness and equity in the child welfare system. This principle provides practitioners and decision makers with a framework for resolving fairness and equity problems across cultures and groups. Below then is a system-relevant definition for California's redesigned child welfare system:

Definition

A fair child welfare system is organized and implemented to provide a supportive institutional response in which each family is offered needed services, taking into account the individual's experience and cultural background, to effectively modify individual behaviors as well as remedy systemic and community problems that negatively affect a child's well-being.

A Supportive Child Welfare Institution

A supportive child welfare institution is one which:

- Continuously examines itself in terms of policies, regulations and practices to avoid placing roadblocks to clients and outcomes

- Seeks to remove systemic or institutional roadblocks from paths of clients
- Respects the humanity of its clientele even when it doesn't respect the behaviors
- Honors the client by having high expectations/aspirations, and assumes that clients have the capacity, moral courage and other qualities which lead to success
- Believes and wants clients to succeed
- Infuses hope in individuals
- Builds in benchmarks and celebrates success
- Seeks to include families in decision making about their own lives

Fairness Outcome for Children and Families

Under the redesigned system, the focus of a fairness strategy will be as follows:

The child welfare system in California will equally ensure safety, permanence and well being for each child and family in similar situations.

Examining Decision Points, Processes, and Regulations In The Child Welfare System

As part of its task, the workgroup examined the current system of child welfare—from intake to disposition. Three key interrelated components are critical to this examination: [i] system decision points, [ii] system processes and practices, and [iii] system policies and regulations. This approach is useful in identifying where fairness concerns might be implicated in the system and helps frame the strategies for addressing these concerns.

[i]. System Decision Points

Workgroup discussions of decision points focused on the stages of case processing in the child welfare system in California from the point in case flow when a report is made to child protective services through to the point when the report/case is disposed. Using the framework for the juvenile dependency process created by Karen Grace-Kaho for the Santa Clara County Department of Family and Children's Services as a guide, the workgroup conducted an examination of points in case flow in the CWS decision making process to identify where fairness and equity issues are implicated with regard to decision options and decision makers. The examination yielded the following system problems that have implications for fairness and equity:

- adversarial nature of current system which focuses on individual deficits and blaming
- current assessment methods and tools lacking cultural understanding

- current assessments lacking understanding of how effects of economic and social inequities on the family might result in contact with CWS
- single parent, grandparents, and extended family bias, single-mothers on welfare, or those who have children by different men; are prejudged harshly by the system; or grand parents who are seen as inadequate providers when they have several other dysfunctional children, etc.
- perception that parents who have abused their children in the past will always continue the abuse
- kin bias—bias against placing children with family members
- frustration in working with mothers/female victims of domestic violence—thus shifting the focus from assisting the family to *only* protecting the child.
- minimal efforts at formulating policies, practices and services that are responsive to the unique and special needs of each family
- power disparity between family, case worker, and system
- nominal attention on resolving drug and substance abuse issues
- not enough time to process cases
- case processing involves too much paper work
- stressful nature of juvenile court assignments
- adoption decisions lack cultural understanding
- no system in place to assess fairness at the decision points

The workgroup then developed a **fairness matrix** to show where fairness and equity issues exist at various points in case flow in the current child welfare system. The matrix also contains strategies identified to-date for integrating fairness and equity themes at various points in case flow in a redesigned CWS. (see attached matrix).

[ii] System Processes and Practices

Any discussion of fairness and equity must also include an examination of system processes and practices. By processes and practices, we mean how—the approach or approaches by which we examine and process information, evaluate cases, manage communication, as well as arrive at various decisions regarding family and child well being. The workgroup examined the child welfare system and identified the following eight major process elements that involve fairness and equity issues:

Observation: Observations are filtered through cultural lenses affecting perception and interpretation. How does one "fairly" observe the other? One way to engage in this process is through objective description is observable behaviors as opposed to evaluative commentary. Training in report writing, active listening and objective observation moves practitioners in this direction.

Assessment: Culturally distinct views of what is good or bad can lead to varying sets of assessment indicators, or variation in the ranking of the indicators. In a redesigned CWS, the range of assessment indicators needs to be expanded to include the objectives/values of different population groups served by the system. A fair child welfare system recognizes the existence of cultural differences in a diverse society and explores these differences in ways that assure that the indicators that are utilized in assessments of child well being are analogous across cultural groups. For example, do we assign different meanings to culturally similar behaviors such as a parent raising her voice in anger to the child, etc? *Assessments must be done in a way that does not create disparity in the result or treatment provided all families in the system.* The key is having fair values, good knowledge and skillful abilities.
Inclusion and involvement: Who is included or excluded and how this is done involves significant fairness issues. For example, who is included in assessment and case planning?—grandparents and extended family could be an ally to the case worker as well as great resource for the parent if they are included in these processes.

Interaction: How interaction is managed leads to issues of inclusion/exclusion. For example, if I alienate you, you may be present but you may not be actively involved. The focus is the relationship.
Distribution of power and administration of sanctions: I may fear sanction (social or physical) if I disclose and therefore, although I am asked to participate, I may see participation as coming with too high a price. This is a real issue when confronted with authority. A person may do what he or she is told by the social worker or the court merely to mollify the social worker or the court to regain custody of their child. (e.g. accept case plan requirements without question even though they may not seem correct.). This will not be an effective and authentic recognition by the parent that they need to change problematic behavior toward their child.
Contact: To the extent that the client believes that the home visit is used for surveillance rather than for helping/therapeutic value, then the freedom to disclose and the therapeutic value expectations of the visit are diminished. Thus home visits require role clarity for child welfare workers and treatment providers.
Physical boundaries: Accessibility may preclude participation when available, hence is the offer of participation valid? There are also the issue of affordability and cultural competence for community resources that enable a parent achieve success in their case plan.

Capacity: I may have availability and access, but lack capacities that make real participation not possible, e.g. I don't speak English.

The above are elements of information gathering, assessment, the helping process, problem identification, selection of actions, case planning, case review, evaluation of progress, etc., and they all have profound implications for developing and maintaining a culture of fairness and equity in California's child welfare system.

[iii] System Policies and Regulations

Workgroup discussions also focused on policies and regulations that are codified, and the potential impact of these policies and regulations on fairness and equity. Among these policies and regulations are the 1980 Adoption Assistance and Child Welfare Act, the 1978 Indian Child Welfare Act, the Multiethnic Placement Act (As Amended by the Interethnic Adoption Provisions of 1996), and the Temporary Assistance to Needy Families (TANF) Act. These statutes, as they pertain to issues of race, evidence a steady diminution of race as a cognizable factor in the operation of public programs.

Although the Constitution and Title VI bar discriminatory practices by states and publicly funded entities, many states and child welfare agencies nonetheless assumed that it was lawful to prefer racially and ethnically-matched foster care and adoptive placements for children. MEPA-IEP has made it clear that such preferences are illegal. [Hollinger, 1998]

While it is often argued that there is an exception to this rule for Native American children, the Indian Child Welfare Act is based upon cultural/political affiliation rather than race. A tribe's determination that a child is a member or a potential member may legally affect placement options.

Because ICWA is not based on a child's race as such, but on the child's cultural and political ties to a quasi-sovereign federally recognized Indian tribe, ICWA is not affected by MEPA-IEP. This means that a child with a certain quantum of "Indian blood" may or may not be subject to ICWA. Caseworkers generally have to rely on tribal determinations whether or not the child is a tribal member or eligible for membership. [Ibid.]

In another vein, the disparity in benefits between the TANF Act and the provisions governing foster parenting has spawned concerns that the foster care payment system may act as an incentive for a troubled family to seek a formal agency-supervised placement with kin rather than sharing child-rearing informally with the same relatives [Berrick, 1998]. This disincentive arrangement contributes then to the increasing numbers of children in state-supervised custody, and again leaves room for charges that the system is biased and unfair toward family reunification. Clearly, to address fairness issues more comprehensively with regard to system policies and regulations will require a more closer examination of these policies with a view to making specific recommendations for change.

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OVERARCHING THEME NUMBER 2: ACCOUNTABILITY AND OUTCOMES

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ACCOUNTABILITY AND OUTCOMES

ACCOUNTABILITY STRUCTURE

Since our children are our most precious resource, we as a society owe them the most efficient possible provision of safety, permanency, and well-being. Whereas these conditions are typically met by children's families, with modest and general community and governmental support, child welfare services becomes involved when there is a substantial and specific need to protect children and to help parents fulfill their roles and responsibilities. In pursuing this active involvement in the life of parents and children child welfare services accepts a profound responsibility.

Accountability involves the acceptance of that responsibility, the agreement to act to help parents fulfill their expected role and derivative goals (or to find substitute parents), the willingness to analyze the accomplishment of agreed upon goals, and the commitment to improve performance to address the requirements of those who are receiving or paying for child welfare services.

The accountable CWS agency incorporates mechanisms for promoting responsible action, analysis, and corrective procedures at every level—from the director on down to line staff. This requires having understanding of those roles, resources to achieve program goals, information about role fulfillment, and incentive structures to support maximum effort and performance. Similarly, accountable partners from other child and family serving institutions will have those accountability structures in place and will in concert with the CWS agency, share information needed to fulfill responsibilities and analyze key service processes and outcomes.

Role Clarity

The overall accountability structure is, primarily, to support CWS's accomplishment of its principal statutory mandates—to provide safety and permanency for all abused and neglected children in California and, under some conditions (e.g., for youth transitioning from foster care), to also support children's well-being in ways that transcend safety and permanency. For example, the new federal children and family service reviews now assess California's performance on facilitating child and family well-being. Table 1 indicates the traditionally-held responsibility of CWS for safety, permanency, and well-being. Under the redesign, CWS continues these primary areas of responsibility and, in concert with other agencies and institutions, addresses a wider range of desired outcomes.

Under redesign, this commitment to child and family well-being is extended to a broader group of children—those who come to the attention of CWS as well as those who are at risk of coming to the attention of CWS. Effective accountability structures will require a clearer description of which children are part of this broadened mandate. Developing accountable partnerships with other child and family serving organizations will also be part of this accountability structure. CWS must work

with other agencies to achieve all of its goals. This is especially true for achieving greater child- and family-well-being in such areas as injury prevention, health promotion, educational attainment, sober living, economic sufficiency, and positive mental health. The proposed accountability structure calls for dual accountability commitments that clarify responsibilities to gather, share, analyze and evaluate information and take action to improve performance. Examples of such structures include agreements between local, county, and state: educational partners to boost the achievement of higher achievement for student involved with CWS, health partners to reduce morbidity and mortality of children involved with CWS, and mental health partners to address the development and treatment of behavior disorders in families involved with CWS. Although these partnerships need to operate at the state, county, and local level—the state has a special responsibility to model the implementation of such agreements.

The relationship between the juvenile court and CWS bears special mention because of the jointly held responsibility for case outcomes. Information sharing between the courts and CWS must support the achievement of safety and permanency goals and help to inform all accountability structures about the practice parameters that are most and least desirable from the agency and court perspectives.

Information

Timely, accurate, consistent, and comparable information is critical to the fulfillment of the aspirations of the CWS redesign. The information should be comparable across time, county, and agency so that we can have the unique benefit of comparison to use in monitoring, evaluating, and improving our performance.

Performance indicators must be derived from the accountability structure. Improving CWS management requires *measuring what you manage*—safety and permanency, above all. But redesign creates broader information needs because the goals address prevention and early-intervention services and span child- and family well-being. Therefore, CWS and agency and community partners must also measure the performance of their efforts to meet dual accountability agreements. Further, CWS needs information about the community conditions of concern (e.g., demographic characteristics, public health indicators, criminal and juvenile justice involvement) that may be offer ideas about ways to reduce involvement with CWS—or at least work to improve the more egregious living conditions for children and families.

A statewide annual report that has data organized to reflect on CWS performance, state-level dual partnership agreements, and state and county-level conditions will greatly facilitate the needed information flow. Electronic and print prototypes are available at the state and county level in California, although no such site now includes detailed CWS information as well as broader county indicators with specific links to performance goals built into accountability structures.

Resources

The proposed accountability structure will require three dimensions of resources—resources that support productive action, analysis, and improvement. The development of information infrastructure is central to accountability and will require additional resources—some will come from our accountability partners but much will need to be from our efforts alone.

Information development must also include analysis. Although valuable for understanding general trends, a CWS annual report that presents frequencies and proportions will not satisfy the need for developing a deeper understanding of favorable courses of action to respond to the complex interplay of community, service, and case factors.

Agencies must also have sufficient resources to respond to the demands that influence the achievement of their expected outcomes. In the early part of redesign implementation, resources would need to be substantial enough for training, program, and accountability structure development. At later stages, resources will be needed to assist with the implementation of the accountability process, including technical assistance and development and implementation of targeted improvement plans.

Flexibility is another key resource required by the CWS redesign. Addressing the need for performance improvements in an ever-changing community and service environment requires the flexibility to respond with reasoned innovation.

Incentives

Fiscal incentives should support successful performance and needed adjustments in service delivery. At minimum, ways of generating resources to pay for services that are contradictory to the intent of the CWS redesign should be addressed. Primary among these are the fiscal penalties built into many funding schemes that reduce the resources available when there is a reduction in the use of the most expensive level-of-care. (This topic is the principally the work of the fiscal workgroup, but is also germane to incentives for accountability.) Bonuses for improved performance are another option—one that has recently been instituted in the TANF and IV-E programs. Evidence from those efforts suggest that there is no clear causal link between offering bonuses and better performance and that the bonuses that were achieved were not easy to reinvest in improved performance (principally because they were not a dependable annual source of funding). Penalties are now a component of the federal child welfare services accountability structure. States that fail to meet performance goals following corrective action are vulnerable to reductions in their funds for prevention and for placement services.

The proposed accountability structure does not include additional-bonuses or penalties. The incentive system is generated from the fiscal approach that allows counties to maintain the extent level of resources even when out-of-home care expenditures decline. This reduction in the current fiscal penalization of performance that reduces the use of high end care is a key incentive. Also central to this accountability structure is the bonus of spending flexibility that results when efficient performance results in the availability of dollars needed for prevention and early intervention services.

Horizontal (Trans-CWS) Accountability Structures

Responsibility for the safety, permanency, and well-being of abused and neglected children definitively transcends CWS. The CWS redesign depends upon many other agencies and institutions becoming more involved with children who have been referred to CWS. These CWS-screened children and families will, most often, not become more deeply involved with CWS. Most of them are likely to be served by allied agencies and institutions. Responsibility and accountability lies with all agencies in the partners in the design of early intervention and differential response systems. As part of that accountability, there must be mechanisms for sharing of resources, information, and analysis. The development of this horizontal trans-CWS accountability structure is not a trivial expectation from the standpoint of effort or cost.

Vertical Accountability Structures

An accountability structure must also communicate ways that information and responsibility flow up and down within the levels of CWS service provision. Federal, state, county, and local CWS units and sub-units each have unique roles, expectations, for information, and control over certain resources. Within these units operates a vertical structure starting with line staff and proceeding up to the agency's top official. Implementing the CWS redesign will call on each of these vertical system accountability structures to re-examine existing expectations for roles, information and resource sharing, and incentives. To an unprecedented extent, private and public providers must integrate their vertical structures to determine how information and resources will flow.

Plans for responding to excellent or poor performance must be developed. Although this accountability structure does not envision extra- systemic fiscal bonuses and penalties operating from the state down to the county, there may be part of the more varied set of tools used by managers at the county level to encourage optimum performance within CWS service units and by allied county agencies. Information sharing, training, and are still likely to continue to be the cornerstones of vertical accountability structures.

PERFORMANCE INDICATORS

The specific indicators gathered to indicate the performance of CWS, the courts, and allied agencies and institutions are less critical than the accountability structure, per se, but have an important role in the implementation of the redesign. These indicators must support the analysis of implementation and point to needed corrective actions. At the same time, data collection and analysis must not become a major distraction from the arduous task of developing a new system of care.

Performance Indicators: Processes and Outcomes

Although using "outcome indicators" to assess the attainment of program goals has become a central element of arguments to gain greater flexibility in how services are delivered—many CWS outcomes cannot be assessed by outcome indicators alone. Intervention goals (e.g., the goal that a

parent will handle adversity in a way that does not lead them back to substance abuse and child abuse) cannot always be measured directly. They can only be viewed as part of a process (i.e., that the parent has completed evidence-based parenting and substance abuse treatment and has had supervised trial visitation). A comprehensive accountability structure must address the performance service processes and outcomes; hence, they are most aptly called "performance indicators." Consumer satisfaction items may bridge both areas—asking about personal perspectives of the fairness and adequacy of the process and the attainment of the desired outcome.

Purposes of "Performance Indicators"

Performance indicators have many jobs to do. They provide information about performance levels to those delivering services (public and private agencies and institutions), paying for services (taxpayers, clients), receiving services (parents, children, grandparents), and providing the basis for comparing service performance. Ideally, performance indicators will allow for meaningful comparison of processes and outcomes across settings, agencies, and time. They are also intended to help agencies set priorities that are consistent with other agencies operating under the same conditions. Thus, performance indicators generate focus. If the performance indicators are too simple, this focus can become constricted and counter-productive. If there are too many that are weighted the same, the agency may not be attentive to them.

Standards for Selecting Performance Indicators

Regardless of the substantive elements of the outcome indicator, the accountability structure will emphasize an approach for selecting and using performance indicators. Rather than setting standards—as the federal government has done for child welfare services—that have a single cut-off, we will emphasize understanding of the range of performances on an indicator (e.g. not just looking at which counties are above and below the state median for the length of time children remain in care but also looking at the first, third, and fourth quartiles to better understand ways the overall picture of length of stay).

Further, because there is 20 years of research indicating that performance on child welfare indicators varies according to such factors as the types of maltreatment, ages of children at the time they enter care, and the ethnic/racial composition of the population, data will be broken down in these ways (whenever feasible). An accountability structure requires a mixture of data collection methods—CWS administrative data, surveys, and archival data—to capture the complexity of performance.

Standards for Using Performance Indicators

Just as there is best practice in the gathering of performance indicators, there is best practice in interpreting them. Accountability structures should maintain a commitment to complexity by avoiding conclusions, decisions, an classifications based on single indicators and one or two points

in time. Instead, performance should be evaluated by looking at *patterns* of indicators *over time*. Also, information about performance should be provided to all concerned—service providers, clients, funders, advocates—with the understanding that sophisticated interpretation of indicators takes time and training.

INDICATORS BY WORKGROUP

Redesign will require indicators that address every aspect, from prevention and community partnerships to successful placement. These indicators will be conceptualized, for the most part, as occurring at three levels: those that are primarily the province and responsibility of **CWS**, those that reflect **dual** accountability between CWS and a partner, and those that are principally the responsibilities of other **community** agencies and institutions, but to which CWS contributes. Although all of the indicators have not been identified or specified, much progress has been made. This is summarized below for each workgroup and accountability level. Examples of indicators by workgroup and accountability level are shown in Table 2.

Prevention and Community Partnerships

The prevention workgroup has organized their efforts into three overlapping categories: *universal*; *selective*; and *indicated.* These map quite well to the distinctions between the community, dual, and CWS accountability levels. These universal indicators address the well-being of children and families as well as the presence of services. Examples of some of the community level indicators that address family and child well-being include:

- Improved birth outcomes, including decreased number of babies born exposed to toxins
- Reduced youth substance abuse
- Reduction in domestic violence calls regarding physical conflict with teens
- Number of fathers paying for and playing with their children
- Reduction in delinquency rates
- Reduced crime rate (adult and youth)
- Decreased number of child welfare dependency petitions filed
- Decreased number of children removed from child care for behavior problems

Those indicators that address improved delivery of universal services include:

- Increased number of usable parks
- Increased parental involvement in school
- Increased Family Resource Center coverage

- Increased availability of after school programs (low or no cost)
- Increased number of daycare providers per child population

Prevention indicators that might operate to support and inform dual accountability agreements include:

- Increased health/MH contacts with assessed cases, closed cases, in-home cases, and placed cases (Health and Mental Health).
- Increased services provided and follow-up with all calls to DSS hotlines (screened out as well as accepted reports) (Community Partners)
- Increased school readiness for CWS children 0-3 (Education)
- Increased number of CalWorks "child only" cases receiving additional support services from DSS or other providers and reduced numbers of placements for these children (CalWorks)
- Increased school performance for CWS foster care children: standardized test scores improve; attendance improves; increased rates of graduation (Education)
- Increased number of families voluntarily accessing CWS-referred services (Community Partners)
- Increased number of mothers seeking prenatal care services (Public Health)
- Increased number of parents seeking pre-birth parenting classes (Public Health)
- Increased number of young mothers accessing education and job training opportunities. (CalWorks)

The *Prevention And Community Partnerships* workgroup also nominated indicators for their "indicated" category—these indicators clearly bridge to the *Early Intervention And Differential Response* group.

- Increased rate of families accessing substance abuse treatment
- Decreased rate of child abuse reports
- Increased rate of calls followed by referrals
- Rate of calls to hotline followed by services
- Rate of responses including extended families
- Family reports getting helpful services they need
- Proportion of calls from mandated reporters compared to other reporters
- Ratio of voluntary FM families to dependency cases
- Increased child care for CWS children

- African American children have risks of placement that are equal to those of other children
- Better referral processes between CWS and family planning

Early Intervention & Differential Response

The *Early Intervention & Differential Response* workgroup nominated indicators of system changes, child well-being, family well-being, child safety, and permanency and stability. These indicators can also be grouped into community, dual, and CWS levels of accountability.

Indicators that reflect the participation of the community in promoting the safety and well-being of children include:

- Community-based agencies are increasingly prepared to provide priority and high quality services for low-risk referrals to CWS
- Community-based agencies are increasingly prepared to participate in CWS infrastructure, including assessment and data collection
- Evictions and homelessness are minimized
- Children achieve developmental milestones at an increasing rate
- School attendance increasingly meets school district requirements
- Families increasingly have resources to turn to in times of stress

CWS will also have dual partnerships to ensure the efficacy of their redesign plans.

- CWS is coordinated with IFSP development and implementation so that low, medium, and high risk families receive needed special education services (Early Intervention Services)
- CWS is coordinated with home visiting services (Public Health and Prop 10 funded services)
- Children receiving no services and in-home services have equivalent levels of medical, mental health, and dental care to children in OOHC (Health and Mental Health)
- Families will alcohol and drug problems will be increasingly adequately meeting the basic needs of their children (ADP)
- The juvenile court supports redesign efforts and collecting, sharing, and analyzing of data (Juvenile Court)
- Children are achieving appropriate physical and developmental milestones (Public Health)

- Children involved with CWS are increasingly remaining in the same school (Regular Education and SELPAs)

Many indicators can describe the effective functioning of the assessment, referral, and treatment of child abuse and neglect reports. These, in small part, include the federal indicators on safety (i.e., low re-referral of maltreatment cases and low maltreatment of children in out-of-home care) as well as broader measures.

- Low re-referrals of abuse or neglect within 6-months, 1-year, and 2-years (by age group)
- Referrals that result in voluntary out of home care are based on new incident of child maltreatment (not previously served cases)
- Low accidental deaths and intentional deaths—with and without prior child abuse reports.
- Children younger than 12 are not placed in group care or shelters
- Placements with kin happen expeditiously following screening and remain intact.
- Increasing rates of families staying together without any spells in placement for 1- and 2-years after becoming involved with CWS.

Safety, Change, and Maintenance Interventions

The Safety, Change and Maintenance Interventions Workgroup also has critical links to each accountability structure. At the broadest (community) level:

- Environmental hazards to children's safety continue to decrease
- Service providers are informed about special considerations in serving children in child welfare services
- Services designed for other populations (e.g., women in jail or substance abusing women) are sensitive to child welfare issues, as well
- Service providers understand post-permanency service needs of families

At the level of dual accountability, nominated interventions include:

- Law enforcement understands the role of CWS under the redesign (Police and Probation)
- Expeditious and informed provision of substance abuse services to CWS clients (AOD)
- Evidence-based parent training and coaching is the norm (Contract Agencies)
- Job-training, housing assistance, and income assistance are delivered flexibly and appropriately to CWS clients (CalWORKs)

At the most basic level, CWS is responsible for the safety of children in its care. Derivative indicators might include:

- Services vary in intensity and duration according to family risks and needs
- Family reunification services are sufficiently flexible to support families after they return home
- Parent-child residences (*safe haven* homes) are available for substance abusing and developmentally disabled parents to accomplish reunification with maximum support

Successful Out-of-Home Care & Permanency

Preventing unnecessary out-of-home placement and supporting placements of children in the community requires a broad strategy and substantial involvement with communities. Indicators include:

- Household membership changes (children being cared for by someone other than parent[s]) decrease
- Relatives are increasingly involved early on with services assisting most vulnerable children
- Fathers involved and supportive (at least financially)
- Evidence-based, targeted home visitation programs are in place

CWS agencies must partner with other community agencies and institutions to improve the quality of care for children in placement or leaving placement. Indication of this partnering would include:

- Complete record of scheduled health- and dental-care (Health Agency)
- Developmental milestones are measured and met (Health or Developmental Services)
- Fewer transitions to juvenile justice (Juvenile Justice)
- Transition planning for families experiencing severe economic hardship as a result of sanctions (CalWORKs)
- Reunification housing is available (Housing Authority)
- Improved educational outcomes for children who are in placement or recently left placement (Education)

Federal indicators developed for the children and family services review include a variety of performance indicators. CWDA has worked in concert with CDSS and UC Berkeley to hone these indicators, add additional refinement, and build more capacious tools for generating information from CWS/CMS. As a general principal the workgroup agrees to continue to build on this core set of indicators and add the additional refinement of having each indicator broken down by child age at

entry, race, and kinship foster care, non-kinship foster care, and group care. Other nominated indicators include:

- Per capita rate of admission to OOHC
- Severity of maltreatment experience prior to OOHC decreases
- Injuries to children in OOHC decrease
- Increased satisfaction of children and caregivers with placement reunification services
- Efficient achievement of permanency (overall proportion of children achieving permanency by 1-, 2-, 3- and 4- years)
- Concern for fairness in decision making and service practices (so that differences between outcomes that are associated with race, gender, or age can be understood)

Next Steps

As the characteristics of the redesign takes place, the requirements for accountability structures and performance indicators become clearer. Additional work must be done to clarify the top priority indicators for each level of accountability. Developing performance indicator partnerships with allied agencies and institutions is critical to the success of the redesign. We will need to clarify data collection needs and costs and develop long-term plans for developing the information needed for accountability. The creation of a powerful set of indicators based on CWS/CMS is progressing rapidly but still requires substantial time and effort. The linking of CWS/CMS data to other sources of data from our dual partners is also needed. Some of this work has never been done, some has been done in a few places or on a few occasions. Gathering examples of the data indicators and linkages that have been generated by state or county efforts would move the process forward.

Finally, substantial work must be done on the way that we use these data. We have to identify a range of strategies for addressing high and low performing units—at all levels, from individuals to branches of government.

Table 1
Priority Areas for CWS Accountability

	PREVENTION AND COMMUNITY PARTNERSHIPS	EARLY INTERVENTION & DIFFERENTIAL RESPONSE	SAFETY, CHANGE, & MAINTENANCE	SUCCESSFUL PLACEMENT OUTCOMES
Child Safety	❑ Incidence of Child Abuse and Neglect ❑ Incidence of child injuries and deaths (with Public Health)	❑ **Response to child abuse and neglect**	❑ **Services to protect children and improve family care giving**	❑ **Reunification services that maximize safety and successful return to biological families** ❑ **Safety from injury and maltreatment while in placement**
Permanency	❑ Support for extended family members caring for children outside of CWS-services	❑ **Early interventions that promote permanency by engaging potential lifetime caregivers**	❑ **Effective coordination with permanency services**	❑ **Timely and appropriate permanency actions**
Child Well-Being	❑ Supplementary programs for children and families in poverty ❑ Educational support for children at risk	❑ Follow-through with assessments for children referred to CWS-services--regardless of case outcomes	❑ Linking of children receiving in-home and reunification services to health and education resources	❑ **Federal standards for evaluation of Independent Living Services for youth leaving foster care include well-being indicators** ❑ **Children and family services reviews include assessments of efforts to promote children's health and education**
Family Well-Being	❑ Support for families with newborns (via home visiting)	❑ Dual agency partnerships with such agencies as CalWorks, Alcohol and Drug Programs and Public Health to support vulnerable families	❑ Services to parents and children that address parental housing, substance abuse, and employment issues.	❑ States are expected to have services in place to support and preserve families ❑ Post-permanency services (i.e., supportive financial and services mechanisms)

Note: Primary CWS Responsibilities Are In **Bold;** Indicators are suggestive and not comprehensive

Table 2
Sample Indicators by Locus of Accountability

Locus of Accountability	Prevention and Community Partnerships	Early Intervention and Differential Response	Safety, Change, and Maintenance Interventions	Out of Home Care
Child Welfare Services (CWS)	>Assistance in identifying high risk populations for primary and secondary prevention	>Screening, assessment, risk assessment, decision making, and court reporting >Reduction of deaths of children previously known to CWS	>Parent monitoring, instruction, and support >Reunification services	>Safety of children in out of home care >Achievement of permanency for children in out of home care
CWS and Other Designated Human Services Agency (Dual Agreement)	>Reduction of intentional injuries and related deaths (CWS and Public Health) >Reduction of traffic-related injuries and deaths (CWS, PH, DOT)	>Investigation of criminal child abuse (CWS and Public Safety) >Ongoing voluntary services to families closed to CWS	>Provision of timely and effective substance abuse and mental health treatment (CWS, DMH, and DADP)	>Educational attainment of children in out-of-home care >Support of kinship foster parents and child only caregivers (CWS, DSS, Public Health)
Community Partnerships	>Reduction of deaths of children due to all injuries	>Referring of children in need of protection >Support of organizations that can provide voluntary services >Administration of child death review teams and provision of feedback to CWS	>Support of organizations that can provide intensive services to high need families	>Recruitment of foster families >Development of adoption-sensitive services

NOTE: These are examples of processes or outcomes that could be expected for each infrastructure component and for each locus of accountability. These processes and outcomes should cover all the goals of child welfare services and policies: safety, permanency, well-being, and generation of social benefits to the larger society.

Development and Support for this Combined Report are based on the Contributions of CWS Stakeholders Group Members and Infrastructure Workgroups

OVERARCHING THEME NUMBER 3: COMPREHENSIVE SYSTEM OF SUPPORT

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OVERARCHING THEME NUMBER 4: FLEXIBLE INFRASTRUCTURE OF PUBLIC AND PRIVATE AGENCIES

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OVERARCHING THEME NUMBER 5: CLARIFICATION OF ROLES, RESPONSIBILITIES AND PARTNERSHIPS

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COMPREHENSIVE SYSTEM OF SUPPORT; and

FLEXIBLE INFRASTRUCTURE OF PUBLIC AND PRIVATE AGENCIES; and

CLARIFICATION OF ROLES, RESPONSIBILITIES AND PARTNERSHIPS

PURPOSE

These three themes are most logically considered together in the development of strategies that support the goals of the proposed CWS redesign. They are the "glue" that will hold the redesigned system together and give it the resources needed to make a difference in the lives of children and families who are served by the child welfare system.

Changes in roles and in the way that child welfare agencies at the State and local level partner with other entities that have resources to improve the protective capacity of families, has the potential to shift the way resources and services are planned, organized and provided. New and intensified approaches to roles and to partnering in turn set the stage for changes in how the system of services and resources that support families can be organized, operated, and funded.

Strategic changes in the way roles and partnerships are perceived and implemented, and how the "system of support" is designed (and who is part of it) as proposed in this report will result in a significant cultural change at the state, county and local level. The change is centered around a call for community awakening and commitment to the mission of protecting children and supporting families, such that there is a recognition and acceptance that child abuse prevention, and child protection are a community responsibility, not solely a government responsibility.

THE THREE THEMES

The three themes described below are interrelated and interdependent. The success of any strategy for the CWS redesign must address these themes in order to be successful.

- ***Roles and Responsibilities***. The strategies being developed by the CWS Stakeholders' Work Group involves changing roles and responsibilities for CWS and its partners. The redesign strategy assigns government principal responsibility for child welfare services when court intervention is necessary to prevent further maltreatment. At the same time, a new focus on community partnerships, flexible funding, and a comprehensive system of support establish the resources needed for the broader community to share the responsibility for child safety and well-being.

- ***Comprehensive System of Support***. Much of the activity in the CWS Stakeholders' Infrastructure Work Groups has focused on the need to build systemic supports for families all along the continuum of child welfare service – from prevention to emancipation. The emerging strategies for redesigning CWS assume an essential system of supports that is available across the state, and that has the resources to ensure there is fairness in access.

- ***A Flexible Infrastructure of Public-Private Agencies***. Perhaps the least visible of all the themes in the proposed CWS redesign, the idea of a flexible infrastructure of public-private agencies is critical. It is the administrative supports and "know-how" that ensures partnerships can accomplish their objectives and have the resources necessary for the work. The need for a flexible infrastructure becomes more apparent as other issues in the redesign are resolved.

  For example, the development of a case resolution strategy between the courts and CWS first requires that both entities engage in a partnership where the roles and responsibilities of each are clearly defined. The partnership may include other parties as well, such as a community-based organization that will provide services. It is not until the conceptual and planning work of the partners is done that the infrastructure becomes critical. We must develop capacity and political will to negotiate interagency agreements that support the planning objectives. There needs to be cooperative planning around budgeting and financing the new strategy. We must also foster administrative support to work out reporting and accountability procedures that apply to all the partners, and meet each of their own standards. A good infrastructure ensures flexibility and needs its own resources to be effective.

VALUES

Assumptions were developed in the first year of the Stakeholders' work that frame the integrated strategies outlined here. The following values emphasize the interdependent nature of these three themes – and how much a change in any one of them will create a related change in the other. For example, changes in the way CWS partners with families, courts, counties, providers, communities and neighborhoods will result in changes to roles, changes in the system of support, and changes in the way that things work on a day-to-day basis (the flexible infrastructure).

- Building and sustaining a culture of collaboration and partnership at many levels - from families to the courts to schools, the faith community, cities, community based organizations, foundations and individual families- is essential to achieving better outcomes for children and their families.

- Effective partnerships have shared outcomes. They clarify and redefine roles and role relationships. They result in the kind of cooperation and joint planning that is needed to create and maintain a comprehensive system of support for children and their families.

- The principles of fairness and equity are central to these three themes. A comprehensive system of support that ensures adequate and culturally competent resources for all families known to CWS is essential to preventing the disproportional representation of children of color in the system. Role clarity increases the accountability of each player in the CWS system – the state, the county, the courts, the worker, and the community - to ensure that every family is treated equitably. A flexible infrastructure provides training and methods to measure and guide accountability for an equitable system of interventions and supports.
- Role clarity in the context of enhanced partnerships between state and county child welfare agencies and their public and private partners encourages shared responsibility for the safety and protection of children and increased awareness of mutually-beneficial outcomes that shared responsibility achieves.
- While intervention will always be necessary in cases of serious child abuse, the short and long term benefits of prevention and a family support strategy are known to be significant to the well being of children and the health and vitality of our communities and society itself.

KEY CHANGE IDEAS

- ***The Role of the Family***. Central to the CWS Redesign is redefining the role of the family in the CWS system. State level pilot projects, foundation initiatives, and county efforts have all taken steps to change the relationship between CWS and the families its serves. Changes in practice, such as the use of family unity meetings and family group decision-making, highlight the need to make sure that the strengths-based principles they embody become essential components of every engagement between a child welfare worker and the family.
- ***The Role of Workers and their Managers***. Giving the individual child welfare workers the resources and authority necessary to assist families to keep their children safe is critical. Training, supervision and support, access to resources that can be used flexibly based upon each family's need, reasonable case loads, efficient methods for reporting and documentation, and personal accountability are interdependent factors in the achievement of positive outcomes for families. They must be addressed in the implementation of the redesigned child welfare system.
- ***The Role of the Court***. Partnerships between the courts and CWS are an essential strategy in redesigning CWS. A comprehensive system of support must ensure that resources are available to the court to ensure that non-adversarial approaches to engaging the family continue to be available at the time of court intervention. A flexible infrastructure would ensure that public-private partnerships exist to support these efforts, and that any barriers to providing opportunities for non-adversarial engagement with families are removed.

- ***The Role of the State in Ensuring a Comprehensive System of Support***. The State's role in ensuring a comprehensive system of support across the state is critical. The current lack of a statewide system of services and supports makes it difficult to ensure fairness and equity. Building a statewide system presents parallel opportunities for improved efficiency as the result of collaborative state agency planning, budgeting and program execution.

- ***Prevention and Family Support Services Concurrent With Intervention.*** Interventions that protect children at imminent risk of harm must be maintained. Prevention services that can reduce the number of interventions needed in the future must also be part of a comprehensive agenda to protect children, serve families and assure a strong, healthy community. The current level of state spending on prevention and family support services seems short-sighted. The payoff for all children and families and for the community from a commitment to prevention would be significant.

- ***The Role of the State and County Child Welfare Agencies in Forging Public and Private Partnerships.*** The resources that families need to keep their children safe and to ensure their well-being are often managed by multiple, often independent, public agencies. Forging partnerships between state and local child welfare agencies and these partners is essential. It requires agreement on a set of outcomes that benefit both partners and an acknowledgement of the roles each partner play in ensuring child protection, as well as the administrative capacity to integrate service delivery systems. State and local child welfare administrators must take a leadership role in forging these new partnerships.

- ***Resources***. Achieving equity in the child welfare system means that resources are available to meet identified needs statewide. The health of state and local economies impact the total amount of public revenue available for services to children and families. In tight times, partnerships become even more critical, as they create potential for joint planning and budgeting efforts around mutually beneficial outcomes that can result in more efficient and effective use of current resources, and better results for children and their families.

- ***Administration***. Effective partnerships and better role clarity also permit more flexibility in the administrative infrastructure. Cross-training in fiscal and reporting/ documentation systems create opportunities for flexibility in service delivery and for giving workers and their community partners better capacity to respond to the immediate needs of children and their families.

  A flexible, comprehensive system of support cannot be sustained without an adequate administrative infrastructure. This infrastructure can then integrate the complex accounting and reporting requirements of the various federal and state programs that provide funding for the comprehensive system of support. In addition, coordinated data collection is necessary to aid the replication of successful programs throughout the state.

- ***Confidentiality***. New strengths-based partnerships between agencies and families may raise issues around client confidentiality. Efforts to resolve these issues in a way that protects the family and complies with applicable federal and state laws have been successful in a number of state and county programs. The lessons learned from these efforts can be helpful in crafting a statewide approach to confidentiality that will arise in the redesigned child welfare system.

Recommended Strategies to Support Implementation of the CWS Redesign

The recommendations discussed here can only be considered in relation to larger strategies proposed to redesign the CWS system. Roles and responsibilities, a system of support, and a flexible infrastructure/system of administrative supports are the grease that will make the redesign work or not. Paying attention to these themes increases the potential for the redesign's success. Short-changing them will create serious problems in the implementation process.

- ***The State's Role in a Comprehensive System of Support.*** The state should engage its state partners and the counties to lay out the essential components of a statewide system of supports for the development of a CWS system that assures that intervention services will be provided when needed, but also assures that prevention and family support services are available to parents and other caregivers who seek help with the responsibilities of parenthood. Working with its partners, a set of mutually beneficial outcomes and indicators should be developed to measure the effectiveness of these essential resources in regard to child safety and permanence, and child and family well-being. The roles of each partner should be defined in regard to developing, funding, and evaluating the capacity of the resource or service to meet specific outcomes.

    - Technical Assistance. The state should provide technical assistance to help maximize county capacity to provide services.
    - Linking the System of Supports to Outcomes. The state should encourage counties to develop outcome-based plans for their child welfare services, and measure relevant indicators to evaluate the effectiveness of the comprehensive system of support.
    - Statewide Capacity. The state should collaborate with the counties to develop a process for ensuring the comprehensiveness of services when counties cannot or will not do so. Alternative contracting methods or the state's provision of services are two options for ensuring the availability of services in these situations.

- ***Partnerships***. All four of the infrastructure work groups convened to develop strategies for the CWS redesign have identified the need to partner with other public agencies and the many community and neighborhood organizations and individuals who respond to the needs of families in, or at risk of entering, the child welfare system. Through this year of redesign, it has been stressed that the California Department of Social Services (CDSS) needs to convene a state level partnership that includes all the entities responsible for meeting the needs of children and families affected by child abuse and neglect.

The purpose of this partnership would be to improve planning, budget and service delivery mechanisms and thereby increase efficiency and produce improved child welfare outcomes. The partnership must include, but is not limited to the agencies in the Department of Health and Human Services, the Judicial Council, the Department of Education, the California Children and Families Commission, the Attorney General, and statewide organizations such as California CASA.

- ***Non-Adversarial Responses***. An essential system of non-adversarial case and issue resolution strategies needs to be included in the comprehensive system of support. Administrative supports are necessary to expedite the capacity to provide these resources when a family has need of court intervention. Flexible funding strategies, including the capacity to earn federal reimbursement, need to be developed to support the cost of these efforts.

- ***Confidentiality***. As part of its state-level partnership efforts, CDSS should take the lead in developing uniform procedures for addressing issues of confidentiality, especially in regard to interagency efforts (for example, multi-disciplinary teams) to respond to a family's needs. The procedures should build on agreements and protocols that have been used effectively in such programs as the SB163 wraparound program and the Department of Mental Health's Children's System of Care.

- ***Administrative/Infrastructure Supports***. The success of any strategies recommended for the CWS redesign are ultimately dependent on the capacity of the system to support them. Consequently, it is recommended that as part of the implementation effort, each redesign strategy is analyzed for the changes or modifications that will be needed at the administrative or infrastructure level. The analysis will ensure that administrative changes will be made to support the implementation of a new strategy, and that resources will be available to ensure its success.

- ***Funding***. A set of flexible funding strategies are laid out for the redesigned child welfare system elsewhere in this report. These strategies are essential to developing and sustaining a comprehensive system of support and in ensuring that the administrative infrastructure can support the flexibility that is desired for the new system.

  As part of the flexible funding strategies, a set of recommendations should be developed on how to cover the start up costs of new programs, and necessary resources should be made available by the State to put these recommendations into effect. It should be noted that the partnerships called for at the state and local level to coordinate planning, budgeting and service delivery strategies are also expected to identify funding efficiencies and opportunities for flexibility in both the financing and delivery of needed resources and services.

OVERARCHING THEME NUMBER *6:* STRENGTHENING FAMILIES WITH QUALITY PRACTICES

And

OVERARCHING THEME NUMBER *7:* ENSURING THAT CHILDREN THRIVE THROUGH PRACTICE DEVELOPMENT

Development and Support for this Report were Contributed by CWS Stakeholders Group, the Infrastructure Workgroups and Consultants

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Strengthening Families with Quality Practice and Ensuring Children Thrive Through Practice Development

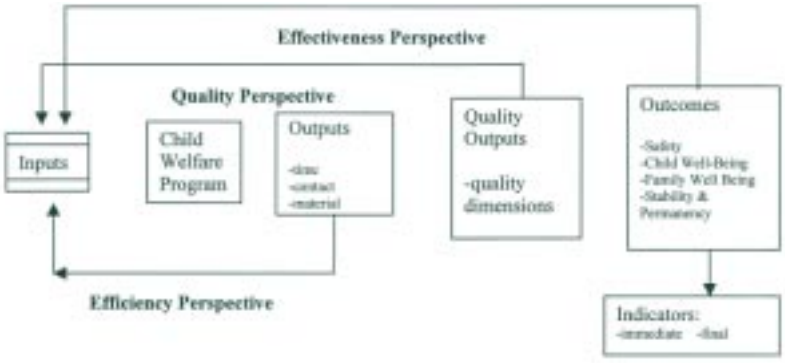
Every task is a self-portrait of the person who performed it. Autograph your work with excellence.

—Anonymous

INTRODUCTION

Excellence is a core value of the California Child Welfare Services (CWS) Stakeholders Group. It is intended to be embedded in every aspect of the redesign and to guide the process of the redesign itself. "Quality" is a reference to degree of excellence. In *Measuring the Performance of Human Service Programs*, Martin & Kettner (1986) discuss the relationship of quality to excellence. In Diagram 1 (below), they graphically depict excellence as being comprised of effectiveness, efficiency and quality.

Diagram 1
Effectiveness Perspective (adapted from Martin & Kettner, 1986)



As framed within the CWS Redesign, excellence by definition means not only achieving the desired results, or outcomes (effectiveness), and doing it in a cost effective manner with regard to human and resource capital (efficiency), but also to how the results are accomplished (quality). Quality becomes a pervasive condition of performance throughout the redesigned system.

Note that throughout this document all descriptors of quality apply equally to the CWS system as a whole, to programs within CWS, and to single interventions—collectively referred to herein as "practice." In other words, "parallel process" is a fundamental characteristic of the Redesigned CWS System. "Parallel process" is a concept that refers to the phenomenon of experiences in one relationship carrying over into other relationships. For example, it is anticipated that the manner in which a CWS social worker relates to parents in the system will have the strong potential to

influence how that parent later relates to his/her child (Winnicott, 1965; Applegate & Bonnovitz, 1995). How the CWS supervisor relates to the social worker has the strong potential to positively influence how that worker later relates to parents on their caseload, and so on. The principle of modeling, on all levels is reflected in the concept of parallel process as cited here.

The current state-of-the-art in quality practice in California often presents as a disjointed mosaic, rather than as a unified, consistent process. Some practices (and their delivery) that are in vogue in the state are excellent: effective, efficient, and clearly reflect quality. Sadly other practices lack excellence and therefore constitute the rationale for redesign in this area. Current quality practices will be built in to the redesign as they are systematically identified, and evaluated for "fit" within the redesign framework. The result will be a common view of quality practice, the benefits of which are many. A common view integrates the perspective of system, program and services; frames quality development as a contribution to the field as a whole—not simply when one's own program benefits; and most importantly, provides for the level of consistency in accountability and outcomes required in order to have and maintain a fair and equitable system.

What is Quality Practice?

Current California practice is often predicated upon known "best", or "promising" practices. By definition, these are practices which demonstrate some level of effectiveness and are agreed upon by experts and practitioners as providing some utility. In the redesign, however, a quality practice approach to the prevention of child maltreatment, along with change-based intervention to strengthen and support families in which child maltreatment has occurred, will require several considerations in the Child Welfare Services system. Among them are that quality practice is:

- A blend of art & science—both the skill, knowledge and personal characteristics of the practitioner as well as the research evidence to guide the intervention are important
- Developmental—follows a "lifelong learning" model emphasizing continuous growth and improvement as new learning is incorporated
- Embedded in the context of a quality system that operates quality programs
- Inextricably tied to accountability and outcomes

What are Indicators of Quality?

Because of the multiple perspectives about what constitutes quality, it is essential that stakeholders agree upon quality dimensions that are the *most* important to a successful implementation of the design (or redesign) (Kettner, Moroney, & Martin, 1999) of child welfare services in California. This includes the need to also agree on methods for tracking quality dimensions over time so that they can be compared to the extent to which outcomes of the redesign are also accomplished.

In some instances, quality dimensions that are agreed upon relate to standards of practice, based either in policies, procedures, or best practice standards (as cited above). For example, if we were concerned about the responsiveness of CWS, decisions may be made to track the percent of referrals that receive a face-to-face response within 24 hours or 3 days or 5 days. Or, if we believe that the

success of the redesign of CWS will be partially based on the degree to which CWS and community personnel have the competence to develop helping alliances with their clients, the decision could be made to track the percent of services delivered by staff who have received training and passed a certification exam (knowledge and skill) on the development of helping relationships.

Quality dimensions have been explored in the human service field for some time (e.g., see Martin and Kettner, 1996) however, programs have more often simply reported what services were provided, rather than reporting on the quality of the services provided. Since success of this effort hinges on the degree to which changes reflect quality, it is very important that we reflect the dimensions of quality that will affect the success of strategies suggested by all infrastructure workgroups.

Stakeholders participating in the redesign of CWS in California are recommending that the following quality dimensions be emphasized (Table 1):

Table 1
Quality Dimensions for CWS Redesign

Accessibility	The program or services are easy to access or acquire. (This includes access to persons—one's worker, supervisor, etc.
Assurance	All individuals working within the system are friendly, polite, considerate and knowledgeable
Communication	Information is provided in simple, understandable language
Competency	Individuals have the requisite knowledge and skills
Conformity	CWS redesigned processes meet established standards set by law, policies, and practice standards or ethics.
Courtesy	Respect is demonstrated at all times
Deficiency	Essential elements are not present (track by degree to which no essential elements are missing)
Durability	The results do not dissipate quickly
Empathy	There is an attempt to understand needs and provide individualized responses
Humaneness	Dignity and sense of self-worth are protected
Performance	The intended purpose is accomplished
Reliability	System processes operate in a dependable and reliable manner with minimal variation through time or between individuals
Responsiveness	Processes are delivered timely.
Security	System processes are provided in a safe setting free from risk of danger.
Tangibles	The appearance of facilities, equipment, personnel, and published materials is appropriate.

Each workgroup needs to determine exactly how each of the above will be emphasized, with some quality dimensions presenting as more of a priority to one infrastructure component than another.

Identifying Quality Practices

"Evidence-based Practice"

Since the early to mid 1980's the field of child welfare has increasingly been held accountable for services and interventions provided to children and families. Weary of relying on faith in well-intentioned but often unavailing programs, society began asking social workers to prove their work is worth supporting (Magura and Moses, 1986). Even with consideration of quality dimensions, best-, or promising practices alone have not produced the level of effectiveness and consistency desired.

Interest in providing effective interventions and services to children and families is essential to evidence-based practice and ethical social work. Sackett, Straus & Richardson (1997) define evidence-based practice (EBP) as the "conscientious, explicit, and judicious use of current best evidence in making decisions about individuals". Defined by social worker behaviors, EBP requires 1) an individualized assessment; 2) a search for the best available external evidence related to the client's concerns and an estimate of the extent to which this applies to a particular client; and 3) a consideration of the values and expectations of clients. Quality social work practice makes use of evidence-based and "best" or "promising practice" standards in family and child assessment and intervention.

A focus on quality practice requires a rethinking of the relationship between practice, professional judgment, and research findings. Social workers should not rely only on preferred theories, individual professional experience or instinct, but also on objective evidence found in the best research studies to date.

Recognizing Quality Practice

In order to consistently engage in quality practice one must recognize and be able to utilize best practice standards whenever possible. The application of these standards more often results in effective intervention and positive outcomes for client families.

For example, quality practice standards dictate that an individualized assessment requires the social worker to engage with the client family to determine what specific issues are causing difficulties in family functioning and determine individual family members readiness to change. The social worker and client collectively determine the stressors and work to define a treatment, or intervention path. Critical to quality practice is an understanding on the part of the social worker that an underlying condition or risk factor present within one family system may manifest itself differently than the same factor in another family system.

In the 21st century, a move in the child welfare field toward utilizing quality practice standards can be seen as a way to assure both best practice and positive outcomes for children and families. There is little consistency in the literature thus far in defining "quality practice" but there is relative consensus in recognizing the underlying principles (Gira, et al., 2001). Macdonald (1998) explains the principle of evidence-based practice by stating, "when we intervene in the lives of others we should do so on the basis of the best evidence available regarding the likely consequences of that intervention." As social workers strive to meet the outcome goals required by the public, the Quality Practices Workgroup believes they must also strive to provide effective practice interventions to children and families, and that the principles of quality practice need to be woven throughout the entire system.

Client/Family involvement in making decisions regarding services they will receive and programs in which they will participate is another key component of quality practice (Gambrill, 1999). Social workers need to seek out practice related research findings regarding the important practice decisions and share the results of their search with clients. Clients need to understand that what is presented as quality or "promising" practice is more likely to be effective than other interventions, but is not guaranteed to work, especially since it depends on individual factors that may not have been controlled for in research trials. The client's input is essential to ensure the best use of current evidence because it will help the social worker and client family to combine research results and these individual factors to co-create an intervention that is more likely to be successful.

Established "Best Practices" within each CWS Redesign Infrastructure Component

The current CWS system has evolved and/or developed many practices that meet the quality standard as described above. As previously stated, these need to be systematically identified and evaluated for "fit" within the redesign framework. The Overarching Workgroup on Quality Practice recommends that the State provide leadership in establishing a research center to serve as a Clearinghouse for the dissemination of knowledge, information, and specific protocols, where available for best practice guidelines related to strengthening families and ensuring children thrive. (Please refer to the Approach to Safety and Change Workgroup report for further detail regarding the potential role of such a research center.)

EMBEDDING AND SUSTAINING QUALITY PRACTICE IN THE REDESIGN

Barriers to Consistent Quality Services and Practice

Knowing what constitutes quality is insufficient to assure that it is embedded and sustained throughout the system. Numerous barriers to the consistent delivery of quality services and practice exist. It is critical, then, to identify potential barriers and to create strategies to overcome them. The following are illustrative examples:

Quality Practice Barrier 1: Use of Authority-based, rather than Evidence-based Practice

Quality practice guidelines for social work interventions contribute to improved practice and outcomes only if they succeed in moving practice closer to the behaviors that the guidelines recommend. According to Gambrill (1999, 2001), social work has been and continues to be an authority-based rather than evidence-based profession. Social workers tend to have strong biases that the interventions they use with families are effective whether or not there is evidence to support their claim. The belief that doing something is automatically better than doing nothing is rampant, yet not necessarily true. This professional posture is complicated by the fact that most research that tests the effectiveness of social work interventions is not guided by methodology that can establish cause and effect. As a result, practitioners are able to find evidence (no matter how weak) that their programs and interventions are helping families. The current research base is not challenging professional social workers to confront the potential lack of effectiveness in services that are daily provided to uninformed clients.

Strategy to Overcome Barrier 1: Randomized, Controlled Trials

While studies using secondary data-analysis or qualitative methods can provide useful information and answer important questions that may not be testable by controlled trails, randomized controlled trials are the only way that researchers can control for factors, known and unknown that may account for the outcome of an intervention. Unfortunately, there are a limited number of randomized controlled trials in the social work literature. However, there are important opportunities to conduct this type of research. For example, under section 1130 of the Social Security Act as amended by Public Law 105-89, Child Welfare Demonstration Projects are allowed for and waive certain requirements of titles IV-B and IV-E (United States Department of Health and Human Services, 2001). These Demonstration Projects provide an opportunity for child welfare to greatly increase the number of randomized controlled trials in the knowledge base.

Quality Practice Barrier 2: "Keeping Up" with New Developments

Another challenge posed by the evidence-based practice movement is assuring that those who intervene know the current state of the knowledge in the field. How does a child welfare worker faced with a caseload that includes a substance abusing mother, a victim of domestic violence, a victim of child sexual abuse and a developmentally disabled child keep up to date on best practices? Practitioners find it nearly impossible to even begin to keep up with new developments in the research literature.

Strategy to Overcome Barrier 2: Multi-faceted means of Disseminating Information

There is growing awareness that simply providing information may not lead to changes in the practice of health care professionals. It is common that paper documents get easily lost, misplaced, and are quickly obsolete. Freemantle et al., (2001) reviewed the effectiveness of printed educational materials on changing professional physician behavior and found that most of the changes to

practice were minimal, and the practical importance of these small changes, uncertain. Interventions that are a combination of several approaches (i.e., dissemination of information, educational outreach/training, use of local opinion leaders, audit and feedback, use of computer aids, mass media campaigns) are more likely to be effective.

Quality Practice Barrier 3: Under Use of Available Knowledge

In addition, as Stephen Webb (2001) observes, when social workers are provided with evidence it is unlikely that they will use it in the way that the proponents of Quality Practice claim or hope. He suggests that research is needed into the very idea that by alerting social workers to evidence and systemic reviews of research findings that they will actually do things differently. This challenge is consistent with research demonstrating that available knowledge is underused (Gambrill, 1999).

Strategy to Overcome Barrier 3: Stages of Change Approach

Determining the barriers that exist within a particular organization and the readiness of social workers to change is crucial. The application of the stages of change approach developed by Prochaska and DiClemente (1982) suggest that efforts to change social worker behavior will be more successful when they match the stage of change the individual is in.

Quality Practice Barrier 4: Insufficient Culturally Sensitive Evidence

A problem for social work and child welfare in particular is that there is a lack of strong evidence for quality practice guidelines. For example, there is a lack of evidence for most prevention programs. The family preservation program that sought to prevent placement of children has been subject to a number of controlled studies that demonstrate no difference between intensive services and usual child welfare services. The diversity of the child welfare population also raises a question about the nature of the evidence. Women and African American families are over-represented in the child welfare system (Morton, 1999; U.S. Department of Health and Human Services, 1999). The degree to which interventions are studied on African American children and families is not always clear. There is always the danger that an intervention tested one group may not fit the cultural framework of another.

Strategy to Overcome Barrier 4: CWS Culturally Sensitive Research

Incentives must be increased for the development of more culturally sensitive research in the California Child Welfare System, including case study research. There is evidence (Thomson O' Brian et al., 2001) to suggest positive results in favor of exposing medical doctors to relevant case studies supporting a quality practice guideline when compared with statistical information. Decision making is affected by emotional involvement both positively and negatively (Munro, 1999) and case study scenarios may appear more pertinent, culturally relevant, and intuitively correct for Social Workers open to modifying their intervention practice.

Quality Practice Barrier 5: "Established Ways of Doing Business"

The Organization and Professional Culture of any large institution has "established ways of doing business" which make it less likely to embrace new practices. On the other hand, workers in organizations where the culture indicates a value for innovation and demonstrating outcomes for clients are more likely to be open to new approaches. For example, within the professional social work culture conflict exists between practitioners and researchers. Practitioners sometimes feel that researchers are not faced with the same reality and researchers sometimes feel that practitioners are not open to a more scientific approach to their work.

Strategy to Overcome Barrier 5: Organizational Culture Shifts

Social workers understand the importance of culture in influencing behavior. Therefore, they are prime candidates for understanding how culture applies to organizations and the range of social worker behaviors that will be encouraged or discouraged. In any hierarchical organization, the attitudes toward change of "opinion leaders" are influential in determining the attitudes toward change in the culture at large. Social Work Supervisors and key Administrators may have the credibility and status to be "educationally influential" in providing sanction for the diffusion of new guidelines and technologies into the organizational culture. For an evidence-based approach to social work practice to succeed practitioners and researchers need to value each other.

Quality Practice Barrier 6: Impact of Social Worker's Post-Traumatic Stress

The stressful nature of child welfare practice has been well documented in the professional literature. Stressful aspects of the job include excessive workloads, court appearances, and overwhelming paperwork, poor working conditions, and low salary. One recent study (Regehr, Leslie, Howe, & Chau, 2000) of 175 social workers working for the Children's Aid Society of Toronto reports that 82.7% of participants encountered a traumatic event on the job and 70% of these workers reported significant emotional distress as a result. (mean IES scores of 29.5) Partly as a result of ongoing chronic stressors, researchers have cited a two-year turnover rate of 46% to 90% in child welfare practice. The alarming loss of staff in this demanding and highly specialized area of practice threatens the safety of children. Exposure to chronic stress is also present for social workers who remain on the job and experience the cumulative effects of stressors in their work. It is also important to consider the impact of staff's post-traumatic stress on worker/client interactions, case decision-making, and sustaining quality practices while on the job.

Strategy to Overcome Barrier 6: Increased Recognition of Worker Stress

Social workers need more awareness and training regarding safety issues in order to reduce their sense of vulnerability and actual risk. Increased safety measures include such precautions as cell phones and back up at work. For example, new workers might have an opportunity to shadow experienced workers to learn skills and procedures. Streamlined paperwork and better-managed workload during the working day is also necessary so that social workers can devote energy to family and other interests. Strategies to assist with managing workload must consider issues beyond time management to increase the control and satisfaction and reduce the traumatic risk that workers experience on the job.

DEVELOPING QUALITY PRACTICES

What Competency Standards Need to be Developed, Enhanced and Maintained?

Our success in redesigning the Child Welfare System will in large part depend on the knowledge, skills and attitudes of the workforce who will implement the system changes. To prepare for this, it will be important to examine the current competencies and curriculum available for CWS workforce development and recommend modifications and enhancements to ensure alignment with the redesign. At the most basic level, the CWS workforce will need to develop the skills and competencies required by the new directions of the redesign. More complex is the fact that the entire child welfare system will undergo a significant cultural change as a result of the Redesign. Also significant to long-term success will be turning workplaces into dynamic learning environments, where staff members both identify and acquire new skills, while at the same time, practice and refine skills they already possess. Finally, because the redesign is moving in the direction of greater partnership with community, the workforce will need to move into broader, more collaborative roles than are currently experienced.

The California Social Work Education Center (CalSWEC), in collaboration with the California Welfare Directors Association and the California Department of Social Services, has developed a competency-based curriculum for child welfare personnel. In addition, these entities have worked together to produce Standards and Values for Public Child Welfare Practice in California. These efforts are an excellent starting point from which to explore what changes to current practice is needed to sufficiently prepare the workforce to perform in the redesigned CWS environment.

The California Child Welfare Competencies was created for use by the graduate schools of social work to prepare their child welfare students. These competencies reflect the common priorities of schools and agencies, while encouraging each institution to exercise appropriate autonomy in training to these standards. These competencies also serve as a model for collaborative curriculum development across the nation. The current list of competencies can be grouped into the following categories:

- Section I: Ethnically Sensitive and Multicultural Practice
- Section II: Core Child Welfare Skills
- Section III: Social Work Skills and Methods
- Section IV: Human Development and the Social Environment
- Section V: Workplace Management
- Section VI: Child Welfare Policy, Planning and Administration

Each of these sections is briefly described below, followed by a discussion of potential modifications for enhanced alignment of the competencies with the new directions of the CWS redesign.

Ethnically Sensitive and Multicultural Practice – This category includes essential knowledge, values and skills for culturally competent child welfare practice. A comprehensive understanding and sensitivity to the dynamics of ethnic and cultural differences within the context of oppression and racism are at the core of child welfare services.

Currently, there are 14 specific competencies that address many important aspects of the attitudes, knowledge, skills and values that are essential to this core competency area. Considerations for strengthening this area in light of the redesign include expanding on the skills and knowledge needed to address issues of fairness and equity in assessment, planning and intervention decisions across diverse cultural groups. Another enhancement is knowledge and skill development in techniques of family engagement that are respectful and relevant to the values, norms, beliefs and behaviors of major ethnic groups. Finally, more attention to building learners' ability to identify, raise awareness of and work toward mitigation of one's own biases and assumptions about various ethnic or minority groups.

Core Child Welfare Skills – This category includes all assessment items necessary for the practice of child welfare such as adoption, permanency planning, foster care, child abuse, family life, separation and placement. In context, the competencies also identify four key target populations: the ethnic minority, the low income, the single parent and the non-traditional family. They also address three key problem areas: substance abuse, family violence and HIV-affected children and families. Knowledge about the legal basis for intervention and working with the legal system are emphasized as competencies for graduate school and essential for post-graduate practice.

While there are currently 18 competencies in this area that will all continue as core, several other topics are suggested by the redesign. First, the emphasis on prevention will require understanding of the role of CWS in assessment, service delivery and follow-up when the primary goal is prevention. Also, knowledge about the vulnerable populations being recommended as a focus of CWS prevention efforts, such as children age 0-5, homeless families and chronic neglect situations. Another area of emphasis is knowledge and skill in comprehensive family assessment, including proficiency in statewide protocols or approaches to assessment of risk, safety and family strengths and needs. Another area of change involves understanding and applying a model of differential response to the initial referral of a child and family for services. Next, sufficient knowledge and skill to apply tools and practices intended to target, measure and integrate outcomes for children and families; share the use of these tools within a community; and utilize outcome measurement to inform case decisions will also be essential.

Social Work Skills and Methods – This section encompasses core social work skills, including family, child and adolescent interviewing, management and relationship building. It includes an array of topics such as, intervention strategies, knowledge of special techniques and values in child welfare social work. Additional special methods, such as crisis intervention are also included.

It appears that the core elements required by the redesign are all present in the 25 competencies listed within this category. It may simply be a matter of emphasis and degree to which several of these competencies are brought into greater relief through modifications to curriculum content and training priorities. Topics of renewed emphasis implied by the redesign include family engagement strategies; working in teams; utilization of specific assessment protocols

for safety, risk or family strengths and needs; and decision-making techniques that empower the family, such as family group conferencing. One missing element, however, is competence in outcome-oriented case management. This topic, in fact, may suggest an entire new section to the core competencies to address the identification, measurement, interpretation, integration, evaluation and decision-support aspects of utilizing child and family outcomes in a more comprehensive way within the Child Welfare System.

Human Development and the Social Environment – The competencies in this section concern child and adolescent development, human sexuality, including normal development of children and adolescents and the ways in which child abuse, neglect and sexual abuse alter that development. Aspects of adult mental illness, normal adult development and childhood developmental delays are also covered.

The most significant observation about the 14 competencies that currently comprise this category is the emphasis on individual development. There is no doubt these will continue to be important core competencies on which to train CWS staff. However, the redesign suggests an equal emphasis be placed on the developmental life cycle of the family, including an understanding of principles and techniques of family systems theory in order to more comprehensively serve the CWS population. Perhaps, instead of taking a person-in-environment focus exclusively, a practice model can be developed that introduces a person-*in-family*-in-environment perspective. Another observation about this category is that it may not sufficiently address skills needed for working with two segments of the developmental life cycle emphasized by the redesign. They are:

(1) Very young children, newly formed families and families at risk of returning to the child welfare system are an important target population for early intervention and prevention services.

(2) Youth exiting substitute care to begin living independently are in need of enhanced assessment, services and supports to make more successful transitions into adulthood.

While these two populations may be served by community partner agencies or other specialized providers for these cases, it will be important for CWS staff to recognize the characteristics and needs present in these populations to ensure timely and appropriate referral to effective service resources.

Workplace Management – The overall objective of this set of competencies is to enhance the learner's ability to respect, collaborate and communicate with natural helping networks and professionals. This section contains competencies concerning three important aspects of agency work: internal relationships and organizational requirements; external relations, interdisciplinary and community collaboration; and self care and safety on the job. Knowledge of the clients' communities, the roles of other professionals involved with the client and the requirements of statutory agencies are essential to public child welfare practice.

The 11 competencies represented in this section are fundamental elements of working within an organizational environment. However, the redesign suggests a climate of organizational development that will likely continue on a long-term basis. A key concept implied by the redesign and the organizational change process that it will inevitably require is to create and sustain CWS as a learning organization. Learning organizations are characterized as organizations that:

- foster and create ways to learn throughout the organization;
- empower people to learn whatever they need to know to improve productivity;
- collect, store and transfer knowledge effectively and productively; and
- effectively utilize technology to support the above activities.

Efforts in various counties throughout the state have recently been testing the idea of transforming county CWS agencies into learning organizations. The Bay Area Social Services Consortium is one such example. While the process is long-term, the lessons learned and near-term results have been promising.

Child Welfare Policy, Planning and Administration – This section includes competencies that integrate child welfare policy, planning and administration. The competencies focus on the skills and knowledge required of leaders and managers in the areas of legislative advocacy, program evaluation and organizational change. The assumption for including this section in the child welfare curriculum is that students with master's degrees will become leaders in their agencies over time. The agency managers and supervisors are the key role models for desired competence and are sources of knowledge and skill building for their staff.

The 12 competencies that comprise this area of skill and knowledge will continue to be important elements to emphasize in the redesign. In addition, the role of supervisors and managers as leaders requires renewed emphasis on developing sustaining competence in these key resources, as well as transferring leadership skills to staff who succeed them. Topics that may require additional attention include, development of skills to demonstrate leadership in addressing the issues of ethnic minority and cultural diversity within the agency and the community; the ability to utilize client and family outcome measures as criteria to monitor service delivery; the need for supervisors to recognize internal and external political forces and how to deal with them, including the ability to efficiently utilize flexible funding sources; and the need to recognize and utilize the skills that facilitate successful interdisciplinary practice.

Developing Quality Practice

In addition to the difficulty of embedding and sustaining quality where there are known quality practice standards or a basis for evidence-based practice, is the challenge of developing quality practices where none exist. In the redesigned CWS system, there will be a need for practice protocols specific to families' multiple needs and changing circumstances in order to shape and offer customized responses. It is anticipated that practice protocols will need to be developed in the following areas:

- Neglect
- Ages 0-5
- Runaways

- Homeless
- Status offenders
- Mental Health
- E.g. Depression
- Substance Abuse
- Sibling Placements
- Emancipation
- Multicultural Education
- Revolving door from shelters
- Sexual Abuse
- Domestic/Family Violence

Practice protocols constitute a guide to assessment, case planning, and service activities. As envisioned by the Quality Practice Team, the most useful protocols will serve as tools to achieve desired outcomes with children and families; a vehicle for effective application of evidence-based best practice; and will be tied to accountability.

In California and elsewhere, there are currently a wide variety of practice protocols in use ranging from checklists to fully scripted "sessions." Emerging, adapted, or newly created protocols will need to be specific enough to provide for consistent application and use, yet flexible enough to incorporate the judgment, style, experience, skill of the worker along with unanticipated variations in the family's presenting circumstance.

To assist with development of needed protocols, the Quality Practices Team recommends the following:

1. Survey the field for existing protocols that may be utilized and/or adapted for use in the redesign. Many national organizations have developed such protocols including the American Professional Society for the Abuse of Children (APSAC), Family Support America (FSA) and the Child Welfare League of America (CWLA), to name a few.

2. Align the State's training and technical assistance efforts (Strategies, CATTA, PCWTA's, etc) and task them with the development of protocols suitable for the redesign. The unified training guide team would provide leadership and organization of the development effort, yet consistent with the principles of partnership and team approach, would collaborate with a broad cross-section of researchers, policy-makers and practitioners.

Responsibility for Consistent Delivery of Quality Services and Practice

The consistent delivery of quality services and practice is a shared responsibility to be negotiated by the State, Counties, and Community Partners. Some examples of roles within the emerging partnership include:

The State of California

The California Department of Social Services is an ideal partner to ultimately set standards of quality practice. Given their role in assuring outcomes through accountability, they would be in a position to know about, and subsequently highlight effective work being done in Counties. "Showcase California" might emerge as a means of disseminating quality practice. Finally, it is anticipated that California will contribute to the national dialog on quality practice as the outcomes achieved by California through full implementation of quality practice become known and recognized.

California Counties

Partnership that does not permeate every aspect of an effort is not true partnership, but rather a superficial label only. California county child welfare departments are critically needed to identify up front the practice areas in which protocols to guide quality practice are most needed; to assist with the development of practice standards to be reflected in the protocols; and most importantly, to implement the standards in a fair and equitable manner that embodies the values that provide the rationale for why quality is important.

California Communities

In the Stakeholders' redesign, "community" and "partnership" are almost synonymous. Communities are integral in the parallel process of mutual support and accountability. The role of the community is to partner on every level, thus ensuring that children thrive through practice development.

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OVERARCHING THEME NUMBER 8: ASSESSMENT

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ASSESSMENT

INTRODUCTION

What is Assessment?

All decision-making is based upon available information. The process of obtaining, organizing and using this information is assessment. Within the Child Protective Services system (CPS) there are dozens of important decisions made during the process of investigation, removal, placement and service delivery (in-home and out). These decisions have profound impact on children, families and communities (see Addendum). Good decision making is dependent upon access to up-to-date, accurate information and a good process for using this information. Both are objectives in the Redesign.

Assessment in the Redesign

The redesign of the CPS system in California will involve the development of an assessment process which can complement and serve the program and process re-design. There are a number of challenges which must be addressed to develop an assessment process and related program elements (e.g., training, information management systems) needed to best serve California's children. Some, but not all, of these challenges are listed below.

Key Challenges in Planning the New Assessment Process

1. **Utility**: If the data gathered regarding a child and family are not useful (e.g., not all children need a complete chromosomal work up), time, effort and money are wasted. The key is to evaluate and "assess" those elements of the child and family that will yield information, and measure capabilities, useful to decisions of the CPS system and its allied partners.

2. **Practicality**: Even if an assessment process can result in high quality and potentially useful data (e.g., it would be very useful if each child had a complete life inventory of trauma and maltreatment), the process must be practical considering the limitations of the system. Some questions related to practicality include: are the staff qualified to conduct the assessment; is the cost of the evaluation worth the potential benefit; is the data even used in decision-making; can rural communities find partners to conduct the assessment elements?

3. **Affordability**: Assessment is expensive; and most expensive when conducted by trained professionals. Children and families in the CPS system are at much greater risk of having significant emotional, behavioral, cognitive and physical problems than the

average population. This means that any assessment process must balance effectiveness with cost. A triage model is designed to do this. All children and families receive appropriate screening assessment; when certain screening indicators are met, an intermediate levels of focused assessment is conducted and, then, if needed a tertiary level assessment can take place. The best way to balance limited resources with pressing need is to make sure there is an efficient way to focus those limited resources.

4. **Professional and systemic boundaries:** The needs of children and families in CPS care are complex. Multiple public and private systems serve these children. Assessment can serve to facilitate – or impede – cross-systemic communication. In order to optimize the value of an assessment process, active and continuous efforts must be dedicated to developing effective means of communication, data sharing, joint program development and problem solving. The development of respect for others within other systems and with different training must be a central goal.

5. **Integrity and security of data:** Once assessment data are gathered, they need to be stored. A combination of paper and independent electronic records are most typical in most CPS systems. In the redesign, efficient and secure methods to store and share data must be developed and implemented. Choices will have to be made about which elements of the assessment and record should be electronically stored and in what fashion (intranet, internet, or individual record).

6. **Resistance to change:** Change can be difficult. There are innumerable ways that front-line staff, supervisors and partnering organizations can slow down or even stop the implementation of systemic change. The redesign must make sure to consider these predictable impediments when thinking about how to pilot and export any Redesign Assessment Process.

Key Choices And Decisions For The Redesign

Each of the workgroups has key choices and recommendations to make regarding the elements of assessment that can help lead to better care for children and families coming to the attention of the CPS system.

Why Assess? If the information is not going to be used, why measure? Each workgroup will have to clarify the rationale for the assessment elements recommended. The assessment elements should be linked to the process and decision-making within the CPS system.

What do you Assess? What should be evaluated, measured, observed and recorded? What information actually informs CPS and leads to good decisions? Each group will have to

When do you Assess? At what point in the process should the various assessment elements be conducted? And should they be re-assessed at various points?

Who does the Assessment? Do staff internal to CPS conduct elements of the assessment? Do CPS contract providers do assessment? Are elements of an assessment the responsibility of the school system, mental health system, a local Prop 10 program or the juvenile justice system? This will be one of the most challenging elements of the Redesign – the creation of a cross-systemic process to optimize assessment and service delivery.

Who pays for the Assessment? This is a major impediment. The economic responsibilities must be shared across multiple systems.

How is the Assessment Used? Is there a way to use the assessment information to best serve the children and families? Can assessment be used to examine efficacy of placement decisions, treatment, foster family strengths and, ultimately, allow self-correction and program refinement?

How do you record and store the Assessment data? As mentioned above, recommendations must address web-based or intra-net versions of information management.

Who sees Assessment Information? Recommendations about access to data must be created. Security and

Focus on Process

Finally, an appreciation of the process was at the heart of all discussions about assessment. Assessment depends upon people. High quality people with support and training will conduct high quality assessments. This means that all of the decisions about the correct measures, the proper psychometrics, the best IS systems are all meaningless unless there is a true desire to select, support and train staff and contracted professionals.

The process of developing assessment elements will require multiple pilot projects. Once the assessment elements have been piloted – and they meet the core elements of utility, practicality and affordability – they must be exported. The process of expanding across California will pose many challenges. They will only be met by continued attention to the process issues required to bring change to large, complex systems.

Addendum: (adapted from article by B.D. Perry)

1. Why Child Protective Services?

Humans are born vulnerable and dependent. In healthy human living groups (e.g., families, communities or societies) there are customs, beliefs, behaviors, policies and practices to ensure that helpless infants and children are protected, nurtured, enriched and educated. Throughout history, when infants and children are valued in these ways, society thrives; and when they are neglected and maltreated, society dissolves. Transgenerational attention and care of children are the most important and adaptive practices of any culture. With healthy investment in children there *can be* positive sociocultural evolution; without it there ***will be*** sociocultural devolution.

For the first two hundred and fifty thousand years our species spent on Earth, we lived in small hunter-gatherer groups of thirty to fifty members. There was no privacy. Infants and young children were continually in the presence of several invested and attentive adults during the day. Protecting, nurturing and enriching the young was the work of all, in the interests of all, and the responsibility of all. With years of supportive, attentive, nurturing and enriching experiences, the helpless infant could become a flexible, caring, creative and contributing member of the community.

During the last five thousand years, however, humans have lived in increasingly complex groups (e.g., city-states, kingdoms, nations). As part of this process, family life and work became increasingly compartmentalized. Over the last few hundred years as work left the home, the birth rate increased and household composition changed, the ratio of available caregiving adult for each young child decreased. In the last few generations, Western households have been shifting from multi-family to extended family to multi-generation single family to nuclear to single parent (Burguiere, Klapisch-Zuber & Segalen. 1996). The increasing complexity of society combined with the compartmentalization and isolation of many families allowed neglectful or abusive child-rearing behaviors to escape the attention (and therefore the intervention) of the community. As a partial response to this, societies were forced to address issues related to the maltreatment of children through non-familial, private systems (i.e., church or charitable organizations). Over the last century, public systems (i.e., child protective services) have assumed an increasing share of the responsibility for identifying and protecting neglected or maltreated children.

2. Infants and Young Children: *Out of sight - Out of mind*

The majority of child maltreatment takes place in the home (Straus. 1974). Parents rarely report themselves. The public systems mandated to identify and protect these maltreated children, therefore, rely upon a network of responsible community members to identify these children. These responsible adults rarely witness maltreatment in the home. As a result, the public systems must identify potential abuse and neglect by indirect means. Understanding and acting on the complex emotional, behavioral, cognitive, social or physical signs and symptoms of maltreatment can be very difficult. The result is an inefficient “identification” process; typically, abused and neglected children come to the attention of the community only after years of damaging neglect and abuse.

Identification of maltreated children is more likely when they enter the public eye. Abuse may be identified in the school-age child with visible manifestations of abuse – a bruise, a cut, a burn – and when the child can, if willing, disclose the source of the injury. Physical evidence along with the child's verbal narrative is often required before intervention by any public system. Lack of any clear physical manifestation of abuse often delays or even prevents maltreated children from being identified. This poses two major problems: (1) under-identification of maltreated children and (2) a more pervasive under-identification of maltreated infants and young children.

Abused and neglected children that are not in the public eye (e.g., infants that do not leave the home) or who are not capable of verbally communicating (e.g., infants, very young or disabled children) are rarely identified by the public systems mandated to identify and protect them. The implications of this for the individual child, and for society, are devastating. Contrary to popular belief, infants and young children are the most vulnerable to the adverse effects of abuse and neglect. Indeed, early life maltreatment can permanently rob children of their potential by altering the organization of the developing brain.

3. Early Life Maltreatment and Neurodevelopment

The human brain is an amazing and complex organ that allows each of us to think, feel and act. The qualities of humanity which have allowed us to create a democratic government, complex economies, astounding technologies and all other manifestations of our current society are mediated by the human brain. In turn, these brain systems that allow us to think, feel, and act are shaped by experience. Furthermore, it is increasingly clear that the experiences of childhood act as primary architects of the brain's capabilities throughout the rest of life. The experiences of childhood define and determine functioning for life.

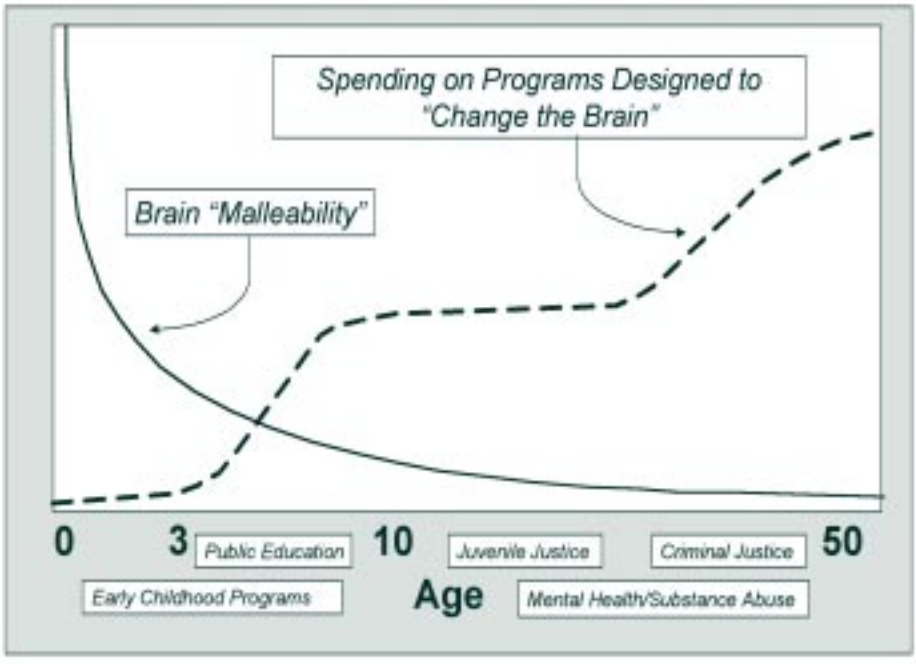
The brain is undeveloped at birth. Research in developmental neurobiology, early child education, developmental psychology and related fields has demonstrated the many ways that experience organizes the developing brain (Shore. 1997). During the first years of life, **the brain develops itself in a 'use-dependent' way,** mirroring the pattern, timing, nature, frequency and quality of the experiences of the young child(Perry, 2001). The neural systems underlying emotional, behavioral, cognitive, social and physiological functioning depend upon the experiences of infancy and childhood to organize properly. By age three, the brain is 90 percent the size of the adult brain and the majority of these key neural systems have been organized (Thoenen. 1995).

These organizing childhood experiences can be consistent, nurturing, structured and enriched, resulting in flexible, responsible, empathic and creative members of society. Optimizing experiences provided in a safe setting result in optimal brain organization and function. All too often, however, childhood experiences can be neglectful, chaotic, violent and abusive, resulting in impulsive, aggressive, remorseless, and anti-social individuals. Chaos, neglect, pervasive fear and direct violence in early childhood result in disorganized and under-developed brains (see Perry and Pollard. 1998).

The implications for maltreated children are tragic. Abuse and neglect in childhood impact emotional, behavioral, cognitive, social and physiological functioning in negative ways. Maltreatment increases risk for neuropsychiatric disorders including PTSD (Green. 1998; Perry. 1994), dissociative disorders (Putnam. 1993), depression (Kaufman. 1991), substance abuse and dependence and a host of other emotional and behavioral problems (Neuman, Houskamp, Pollock, & Briere. 1996). Maltreatment increases risk for anti-social, aggressive and criminally-violent behaviors (Myers, Scott, Burgess, & Burgess. 1995; Burton, Foy, Bwanausi, & Johnson. 1994; Lyons-Ruth, Alpen, & Repacholi. 1994; Lewis, Mallouh, & Webb. 1989). Maltreatment may increase risk for various medical problems including asthma (Klee & Halfon. 1987) and various cardiovascular problems such as hypertension (Henry, Liu, Nadra, et al. 1993; Giller, Perry, Southwick, & Mason. 1990). Neglect in early childhood can result in permanent cognitive impairment or learning problems (Buchanan & Oliver. 1977; Spitz. 1945), endocrine problems (Money. 1977; De Bellis, Chrousos, Dorn, et al. 1994), pervasive developmental delays (Perry, Pollard, Blakley, Baker, & Vigilante. 1995) and other developmental disorders (Spitz. 1946; Green, Voeller, Gaines, et.al. 1981).

The cost to the maltreated individual is incalculable. The lost promise of millions of maltreated children diminishes us all. The economic costs to identify, protect, heal, educate and sustain these wounded children are staggering. The relative inefficiency of the child protective systems in identifying high-risk infants and young children, therefore, has profound public health implications (Hertzman & Weins. 1996). Clearly, it is in society's best interests – and in the best interests of the abused, neglected child – to better identify, protect and care for maltreated infants and young children.

Figure 1
Mismatch Between Opportunity and Investment



Public systems in the United States spend billions of dollars on programs dedicated to education, therapy, changing violent or anti-social behavior and other activities that, in truth, are attempting to change the brain. The majority of these programs are focused at older children, adolescents and adults. Ironically, the human brain is most capable of being shaped and influenced (i.e., most malleable) during the first years of life – a time in life with little public investment. The only public system that routinely identifies high-risk infants and young children is Child Protective Services. The CIVITAS/CCCC Core Assessment is one way that CPS systems can be proactive in identifying the strengths and weaknesses of high-risk children in their care, thereby helping target services to prevent the need for more expensive and less effective interventions later in life.

4. Hope for Maltreated Children – Hope for Society: *Early Identification and Intervention*

The brain can be changed. Systems in the brain that have been poorly organized or altered by abuse and neglect can change. The human brain is plastic – it changes with repetitive, patterned and enriched experiences. The brain's malleability and plasticity – this capacity for change – varies over the life span. The brain is easiest to modify (i.e., most malleable) in early childhood and becomes less malleable with age (Figure 1). The older a child is, the more time, effort and resources are required to alter those brain systems that have been impacted by maltreatment. Furthermore, for a variety of reasons, brain areas that develop first (the relatively less complex areas responsible for regulation of attention, arousal, sleep, impulsivity, the fear-response) are less plastic – less malleable – than areas that develop later (i.e., the cortex, responsible for thinking).

The implications for intervention are obvious. Early intervention will be more effective. Early intervention will requires fewer resources. Early intervention will result in healthier children with fewer economic and human resources. A number of studies have demonstrated the efficacy (including economic) of well-designed intervention models with high-risk infants and children (Karoly, Greenwood, Everingham, et al. 1998).

Yet, early intervention requires early identification. The CPS systems in the United States identify more high-risk infants and children than any other public system. In this capacity, the CPS system is in a unique position to have a positive impact on maltreated children and, thereby, society. Unfortunately, this opportunity is often lost – in part due to the lack of practical, proactive models for assessing young children and, in part, due to a CPS system under a tremendous resource challenge.

5. Systemic Problems: *Optimizing Placement and Services for Maltreated Children*

Children's Protective Services (CPS) in all states have the critical responsibility for finding suitable (if not optimal) placement for the children removed from parental care. In 1995, on any given day, 486,000 children were placed in out-of-home care – a 74% increase from 1986 (Petit & Curtis. 1997). In Texas, approximately 12,000 children were placed in foster care in 1997 (TDPRS. 1997).

Once the CPS system removes children, they have additional responsibilities of attending to the medical, psychological, social and academic needs of these children. The problems in this high-risk population are significant. As noted above, these children are at great risk for a host of emotional, behavioral, cognitive, social and physical problems related to neglect or traumatic abuse. Yet each of these children will have unique combinations of strength and vulnerability; and each deserves the opportunity for placement and services that match their needs. This is a challenge under optimal situations.

In the overburdened CPS and family court systems, this challenge is often faced blind; little objective information about the child's emotional, social or academic needs is available. The quality of decision-making is dependent upon the quality of the information available to those making decisions. Unfortunately, good decisions about placement and services are difficult with the limited information typically available following removal. Few CPS systems have proactive, multidimensional evaluations that provide information to decision-makers during the first weeks in the CPS system (Urquiza, Wirtz, Peterson, & Singer. 1994).

With these limited resources, the "matching" of children to appropriate placements is important to avoid costly placement disruptions. Unfortunately, the majority of placements are made based upon availability of beds in the foster-care system rather than the specific needs of the children placed.

Resources are even more limited for the mental health, medical, psychosocial and academic needs of these children. Again, appropriate targeting of available services is essential to maintain the economic integrity of the system and to provide optimal care for the maltreated child. Medical, academic, psychological, early childhood intervention and other services are provided in a reactive fashion - after the child has demonstrated some significant medical, behavioral or academic problem, disrupted placement or otherwise failed in some dramatic fashion. In the case of older children, psychological evaluations are required for placement in therapeutic or residential treatment facilities.

Placement decisions are even more random for infants and young children than for older children. Early intervention services are rarely provided, as these youngest children rarely "disrupt" placement and they are not yet capable of failing in school. They are small, compliant and not as noisy, disruptive or difficult as their older siblings. They are easier to care for. In a reactive system, therefore, they will rarely be evaluated. Without appropriate assessment, their developmental problems will go undetected. No interventions will be provided.

These young maltreated children will grow up. They will become maltreated adolescents and adults. Most of them will absorb this maltreatment and carry the scars of the abuse and neglect in their diminished potential. Some, however, will pass the pain on when they are old enough to disrupt the adult world with violence or old enough to bear children. Any services they receive by this point will be targeting a more mature brain, more ingrained patterns of behavior and a more complex set of problems. Interventions at this point will be more expensive and less effective.

Developing a practical, cost-effective process for early identification of high-risk infants and children, therefore, is an essential step in addressing the complex problems related to the abuse and neglect of children.

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XI. CWS STAKEHOLDERS GROUP ASSUMPTIONS

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Beliefs About the Nature of Optimal Child Development

1. Children develop and fare better if they have a permanent emotional attachment to a legally responsible adult caretaker.

   This suggests that maximum feasible efforts should be made to maintain children safely in the permanent custody of their birth families. Where this is not possible, the emotional attachment of a child to an alternative permanent caregiver should be considered in permanency decisions.

2. A child is entitled to live in the least restrictive, most family-like and community-based setting that can meet the child's needs for safety and developmental support.

   Guidelines for placement restrictiveness are necessary, including criteria by which restriction is to be measured. Case review and other methods should assure that the principle is applied correctly in all cases.

3. Brain development is experience-dependent.

   Prenatal and post-natal parenting practices may cause permanent damage to a child's brain. This damage may constitute maltreatment under some circumstances.

Beliefs About the Nature of the Child and Caregiver Relationship

4. Most parents want to act in their child's best interests, although some are unable to do so due to circumstances beyond their control.

   This assumption has implications for investigative and intervention procedures. While the criminal justice system operates under a principle that one is innocent until proven guilty, no such principle is currently the standard for child protection investigations. To some extent the sacrifice of this principle is necessary in order to take immediate action in instances where children are unsafe. Still, child protection investigators are trained more to build a case to prove the allegation than to build a similar case to disprove the allegation. This could lead to a bias that results in a higher rate of substantiation than might otherwise occur.

5. Caregivers should be personally accountable for the care of a child.

   The system is presently predicated upon this premise. The primary implication is for continuing some form of public accountability for meeting certain standards of care for children.

6. Within limits, parents should have the right to choose the course of their child's development.

   While the front end of the child welfare system tends to operate with somewhat clearly defined thresholds, once in the system the rights of families are less clear. The principal implication is that agencies should define more clearly areas of parental discretion for children both in their own homes and in out-of-home care and then act to assure the maximum feasible parental discretion allowed within necessary safety concerns for the child. Note: Assumption # 13 specifies the limits referred to in assumption #6.

Beliefs About the Nature of Child Maltreatment

7. Maltreatment within families has dynamic qualities that interact with, but are not simply caused by, other family problems, e.g. substance abuse and domestic violence

   A present practice throughout the nation is to build child maltreatment case plans on problem assessments. Once problems are identified, they are referred to problem related services. Such an assessment approach fails to take into account the interaction dynamics of the family and the social system surrounding the family. To the extent that counties currently base case plans principally on problem identification, new assessment strategies and service or intervention may be needed.

8. Different forms of maltreatment have different causes that imply differentiation of assessment and intervention approaches.

   Many jurisdictions currently employ the same assessment factors and protocols regardless of the type of maltreatment. To the extent that differentiation is made in assessment of different types of maltreatment, different assessment protocols and intervention strategies may be needed.

9. Child maltreatment results from the convergence of individual, family, ecological and community factors.

   The state and counties should adopt a consistent operational definition and a consistent set of assessment criteria that are used in assessment of families and children in child maltreatment interventions.

10. Most child abuse and neglect should not fall under criminal statutes.

    It is difficult to determine the implication of this assumption given its wording. Most cases currently do not.

Beliefs About the Nature of Child Maltreatment Interventions

The Criminal Justice and Social Services Interface

11. Non-egregious forms of child maltreatment should receive a social services intervention.

    While a relatively small portion of cases are prosecuted under criminal statutes, virtually all cases receive a criminal justice based response at the front end. This is evidenced by the use of terms such as allegations, perpetrators, victims, determinations, investigations, etc. The question before the state is “To what extent does such an approach interfere with families participating in voluntary service arrangements?”

12. Most child abuse and neglect does not benefit from the response that emerges from a criminal justice framework.

    Acceptance of this belief or assumption suggests creating a differential response capability that permits a non-investigatory response to some reports.

Beliefs About the Nature of Child Maltreatment Interventions

The Nature of the Intervention and Service Response

13. Child safety from child maltreatment takes precedence over parental rights. (Cross-reference assumption # 27)

    The state should intervene where child safety is in question and the threat to safety results from a caretaker’s action or failure to act.

14. A statewide common agreed-upon framework and set of criteria should guide decisions about needs and interventions with families in which child maltreatment occurs and safety is a concern.

    The state should develop and operate from an agreed-upon set of variables in assessing families in which maltreatment occurs and for selecting related interventions.

15. Every child’s needs should be assessed.

    An agreed-upon set of criteria and related assessment methods, along with a realistic system capacity, are needed to complete such assessments.

16. Differing family circumstances should indicate different responses.

    This belief has implications at two levels. First, should all families receive an investigation? Second, how does the agency differentiate service responses based on specific forms of maltreatment, unique family needs and characteristics?

17. Placement can have harmful effects

    This belief has several implications. First, if true, then efforts should be made to avoid placement where the harm accruing from family circumstances is less serious than the harm accruing from loss of the birth family, even if only temporary. Second, efforts must be made to identify placement-related harms and to reduce their impact. Third, where such harms occur, there should be means of remediation of the effects of these harms.

18. Due to the multi–problem nature of child maltreatment, a multi-disciplinary response is necessary.

    While other disciplines are involved in child maltreatment interventions, it is difficult to say if this assumption is universally used and applied. The evidence of this would be clear delineation of multi-disciplinary roles in all maltreatment phases of intervention and all types of cases.

19. Response to child abuse and neglect should be immediate and expedient in the context or organization of the overall response.

    The system is generally organized to respond in this manner. It is conceivable that the system should assess current practice relative to the immediacy required in the response.

20. Positive incentives are generally more effective than negative incentives in producing long-term changes in behavior.

    Performance consistent with this belief would be indicated by a focus on strengths rather than deficits, positive service intentions and responses rather than the use of threats, intimidation and coercion and by the appearance of goals that are co-determined with the family rather than imposed upon the family. (This not meant to infer that the goal of safety should not be an imposed condition. Goals as used here refer to intervention outcomes.)

21. Court involvement is a powerful intervention that can be positive for some families and negative for others.

    While there is recognition of this principle, its real implementation in practice requires some uniform criteria for differentiating which families fall into which categories.

22. Involuntary governmental child welfare service interventions should be limited to instances in which family circumstances present a moderate to severe risk of harm to the child.

    The system should be designed to elicit voluntary family responses to the maximum extent feasible. Court proceedings should be used primarily when such efforts fail and the child's safety is paramount. The state should conduct research on how families experience the front-end response and make adjustments in the approach as necessary.

23. Children should be removed from their homes as a safety intervention only when safety cannot be assured in the home.

    Reasonable efforts should be taken to assure the safety of the child within his/her birth family, unless no reasonable means are available that will address the safety threats and assure the child's safety.

24. Under ambiguous circumstances, CWS should favor the response that most assures the child's safety, in the home or out.

    A number of decisions in child maltreatment cases necessarily must be made without complete and desirable information. In regard to safety, this raises a question as to how missing information should be treated in safety decision-making. Rules are needed within the CWS safety model for these instances.

25. Effective child maltreatment interventions require skills that go beyond the present base degree preparation of social work, counseling and related disciplines.

    The CWS system should define its basic assumptions and beliefs about assessment criteria and intervention methods in child maltreatment situations. Once developed, these should become the basis of in-service training design and negotiations with professional training institutions regarding curriculum. Where prior professional training and education do not match the state's requirements, it should require that these be supplemented by in-service training.

Beliefs About the Nature of Child Maltreatment Interventions

The Role of Government

26. As long as children are safe from maltreatment, they are entitled to be raised by their family.

    Safety, rather than risk of re-maltreatment or social betterment, should determine the removal of children from their families and should be the primary criteria for reunification. Toward this end, the state needs a clearly defined and uniformly applied safety model.

27. The interests of the child in regard to child maltreatment take precedence over the rights of parents with respect to their children.

    The state should be able to intervene to prevent harm to a child where such harm rises to a level beyond that deemed permissible by law.

28. The state is justified in establishing and holding caretakers responsible for a minimum standard of care.

    The state may create a system of enforcement and support for families not providing a minimum standard of care to their children.

29. Family members are entitled to due process and a court appearance where loss of a fundamental right is at stake.

    This is generally consistent with current structures and approaches.

30. The extent of control used in the intervention should generally relate to the severity of the danger to the child.

    In the absence of a uniform safety model, one might reasonably believe that considerable variance might occur in actions relative to this belief.

31. The court must authorize any CWS action that involves loss of liberty, entitlements or property.

    While the system generally conforms to this principle where child placement is concerned, this is not always the case with parental visitation and contact, and with parental participation in decisions about the child's routines.

32. Mild forms of physical and emotional pain do not result in sufficient harm to the development of a child to justify state intervention.

    Society accepts a certain level of physical pain inflicted upon a child (e.g. the use of corporal punishment) and of psychological pain (e.g., shaming) and the state should neither coerce nor attempt to influence families in regard to the use of these means of child discipline or control.

Beliefs About the Nature of Child Maltreatment Interventions

Factors Influencing the Success of Interventions

33. The success of a maltreatment intervention depends partially on the direct actions of the caseworker.

    The state should identify those aspects of outcomes (safety, permanency and well-being) that are expected to be directly impacted, or influenced, by direct use of caseworker skills. This should become part of the model of practice.

34. Positive outcomes are more likely when intervention targets relevant factors with effective interventions.

    This requires agreement on relevant factors and effective interventions.

35. The likelihood of success increases where the family and professionals mutually agree upon decisions.

    The intervention process must be designed to gain agreement about the nature of problems and needs, that maltreatment is occurring, why maltreatment is occurring and what actions will improve child safety, permanency and well-being. The state should examine aspects of current practice and agency processes that work against mutual agreement. These processes and practices should be modified.

Beliefs About the Nature of Change in Human Systems

36. Planned change in human social behavior is more likely to occur in the context of a supportive helping relationship.

    The CWS system needs to develop specific beliefs and assumptions about the nature and requirements of this relationship and adjust all agency processes and structures accordingly.

37. Behavior is initiated and maintained through a system of social supports.

    The family's social network should be considered as part of the assessment. Interventions to strengthen or change the network should accompany the direct family intervention.

38. Continuity of relationships influences trust, a necessary ingredient for positive change.

    The CWS system should consider the impact of multiple transitions in primary relationship for both the child and family, and design the response so as to minimize the number of transitions and the impact of transitions.

39. Change is more likely when outcomes are clear and mutually agreed upon.

    The use of coercive strategies is more likely to result in compliance rather than true agreement. Coercive strategies should be used only when necessary. CWS practices need to be examined for coercive content, and processes redesigned where coercion can be reduced.

40. A focus on strengths and solutions is more likely to achieve desired outcomes than a focus on deficits and problems.

    While research is scant in this area, this assumption suggests significant differences in the way families are engaged than is currently acknowledged nationally.

41. In child maltreatment cases, the time allowed for change in the family is determined by the developmental needs of the child.

    This requires a clear assessment of the developmental needs of the child and inclusion of these in full disclosure along with how they will impact time permitted for change.

42. Aggravating circumstances may mitigate the need for reasonable efforts.

    States may define aggravating circumstances not included in federal law.

43. The child's emotional security is positively impacted by the caretakers' agreement about the child's needs and how they are to be met, and caretakers' ability to successfully manage conflict. (For purposes of this statement, the agency is considered as one of the child's caretakers.)

    This suggests possibly significant changes in the alliance strategy among the caseworker, birth family and out of home caregiver, and supports that match.

Beliefs about the Nature of the Child Maltreatment Service System

Public Policy

44. The achievement of public policy objectives requires effective community partnerships.

    The decades following 1963 and the passage of major pieces of child abuse legislation witnessed increased concentration of responsibility and capability for child maltreatment interventions within the public child welfare system. The implication of this assumption is that insularity should be reversed and for a greater sharing of responsibility for with child maltreatment response with formal and informal subsystems of communities.

45. Public policy should include prevention and early intervention.

    While a public policy emphasis does not require government provision of such services, it does require government leadership in the development of such services where natural forces in the community have not emerged to meet the need. The primary implication here is that the State and County must have clearly defined prevention and early intervention strategies and a strategy for developing the capability to implement this response at all levels.

46. The financing of children's protective services is a shared federal, state and local responsibility.

    Find the devil (or Waldo) in the details of this one.

47. Child maltreatment services can be effectively provided in a number of settings.

    This assumption suggests that all phases of CWS services can be effectively delivered in different organizational and community settings. It does not address issues of continuity and related effects of fragmenting the service chain.

48. Management practices and organizational culture significantly influence positive

practices of social workers with families and children, and positive case outcomes.

CWS should systematically measure the variable qualities of work-life that relate to agency performance and a culture consistent with its model of practice. Where needs exist, it should deploy organizational development resources to meet these needs.

49. Due to the legal nature of the child maltreatment intervention where there is court involvement, the multi-disciplinary response must necessarily be led and managed by the public child welfare agency.

    Contract service agency staff cannot be the caseworker of record in court proceedings.

Beliefs about the Nature of the Child Maltreatment Service System

Public Agency and Community Responsibility

50. The combining of the dependency investigations and the direct or contractual provision of related service interventions within the same agency enhances continuity of the intervention and leads to improved outcomes.

    Based on this assumption, investigations should be conducted by CWS and not law enforcement or another separate source.

51. The governance and administration of child maltreatment interventions are best performed under the auspices of local government and community partnerships.

    This implies some form of maintaining a state supervised, county administered system for CWS.

52. The primary responsibility for prevention, early intervention and treatment of child maltreatment is shared among CWS, other service providers and the community.

    To the extent agreement on roles and actions are necessary. As well, the state needs a model and related strategies that these roles are to be shared, interagency for prevention, early intervention and treatment.

53. Public child welfare agencies should rely primarily on state and local specialized services (e.g. mental health) rather than developing these services under their own auspices.

    The absence of community resources should not become the basis for developing in-house professional services. CWS should work with other state agencies and local systems to support the development of needed services.

Beliefs about the Nature of the Child Maltreatment Service System

Role of Foster Parents

54. The primary role of foster parents is to meet the child's basic needs in the areas of health, development, emotional support, safety and socialization toward adulthood.

    All approved foster homes should have this capacity relative to the needs of any child placed within the foster home.

55. Outcomes are enhanced for the child and birth family when the foster family works as a partner with the agency in meeting the child's needs for permanency.

    The family's capability and motivation for partnership should be one of the criteria for approval and renewal.

56. Outcomes are improved for the child when the foster parents support the child's continuing relationship with the birth family.

    The family's capacity for support of the birth family, and the actual support provided, should be a criterion for approval and renewal. Where it is observed to be absent after a child is placed, it is the caseworker's job to influence the foster family and birth family relationship toward a positive partnership.

57. Outcomes are improved for the child when the birth family perceives the foster family as a resource and support to the birth family in meeting the child's well-being needs.

    Foster parents should be given and expected to use strategies for positively influencing the birth parent and foster parent partnership.

58. Foster parents are a resource for permanency.

    Foster parents should be recruited and approved based on current concurrent planning strategies. Where reunification or placement with relatives is not possible or not indicated, they should be considered as a preferred permanency option.

59. Foster parents are a resource to youth after they leave care.

    Part of the casework planning at time of a youth leaving care should necessarily consider how the foster family can and will be a support to the youth and the youth's birth family where relevant.

Beliefs about the Nature of the Child Maltreatment Service System

Kinship Care

60. The primary role of kinship caregivers is to meet the child's basic well-being needs in the areas of health, development, emotional support, safety and socialization toward adulthood.

All approved kinship placements should have this capacity relative to the needs of any child placed within the foster home.

61. Outcomes are enhanced for the child and birth family where the kinship caregiver works as a partner with the agency in meeting the child's needs for permanency.

    The family's capability and motivation for partnership should be one of the criteria for approval and renewal.

62. Outcomes are improved for the child where the kinship caregivers support the child's continuing relationship with the birth parents.

    The family's capacity for support of the birth parents, and the actual support provided, should be a criterion for approval. Where it is observed to be absent after a child is placed, it is the caseworker's job to influence the foster family and birth family relationship toward a positive partnership.

63. Outcomes are improved for the child when the birth family perceives the kinship caregiver as a resource and support to the birth family in meeting the child's well-being needs.

    Kinship caregivers should be given and expected to use strategies for positively influencing the birth parent and foster parent partnership.

64. Kinship caregivers are a resource for permanency.

    Kinship caregivers should be considered as a preferred permanency option unless child safety considerations indicate otherwise.

65. Kinship caregivers are a resource to youth after they leave care.

    While this is true, foster parents and the familial ties of kinship caregivers require different consideration.

66. All factors being equal, a placement with a relative is preferred over a placement with a non-relative caregiver.

    The CWS system should have in place a capacity to identify and assess relatives in all interventions.

67. Relative caregivers' pre-existing roles vis-à-vis the birth parents and child must be considered in designing the intervention.

    The CWS system needs to develop and implement supports for a model of practice that takes into account the unique role relationships of kinship caregivers.

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