



U.S. Department of Health and Human Services  
Administration for Children and Families  
Children's Bureau

RETHINKING CHILD  
WELFARE PRACTICE  
UNDER THE  
ADOPTION AND SAFE  
FAMILIES ACT OF 1997

*A Resource Guide*

November 2000

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WASHINGTON, DC ♦ NOVEMBER 2000



# TABLE OF CONTENTS

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Foreword	v
Introduction	1
The Resource Guide	3
Section 1: The Adoption and Safe Families Act	7
The Principles and Key Provisions	9
Figure 1: Timeline for ASFA Compliance	12
Section 2: Implications of ASFA for Outcome-Based Child Welfare Practice	13
Organizational Policies and Procedures	15
Supervisory Practices	15
Increased Attention to the Individual Needs of Children	16
Time Frames for Decision-Making	16
Checklist 1: “Good” Child Welfare Practice	17
Service Delivery	18
Collaboration with Other Service Providers	19
Disproportionate Representation of Minorities	20
Use of the Agency’s Legal Authority	20
Section 3: Principles and Key Elements of “Good” Child Welfare Practice	23
Principles	25
Elements of Good Practices in Child Welfare	25
Checklist 2: Critical Questions for Planning	26
Figure 2: Overview of Steps Followed by Cases Through the Child Protective Services and Child Welfare Systems	28
Section 4: Rethinking Casework Functions under ASFA	29

Engagement	31
Checklist 3: Guidelines for Engagement	32
Assessment	33
Checklist 4: Guidelines for Assessment	34
Case Planning and Implementation	35
Checklist 5: Guidelines for Case Planning and Implementation	36
Monitoring and Evaluation	38
Checklist 6: Guidelines for Monitoring and Evaluation	39
Closure	40
Checklist 7: Guidelines for Closure	41
Appendix 1: Summary of Critical Steps of the Casework Process under ASFA	43
Appendix 2: Child Welfare Outcomes	45
Appendix 3: Outcomes and Systemic Factors from the Child and Family Services Review (CFSR)	47
Appendix 4: The Federal Policy Framework for Child Welfare Practice	49
Appendix 5: Workgroup Members	51
Appendix 6: Selected Organizational Resources	53

# FOREWORD

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The Children's Bureau, Administration for Children and Families, is pleased to offer this monograph entitled *Rethinking Child Welfare Practice under the Adoption and Safe Families Act of 1997: A Resource Guide*. The key principles that govern the Adoption and Safe Families Act (ASFA) are the safety, permanency, and well-being of children and their families. ASFA puts into place legislative provisions to ensure that child safety is the paramount concern in all child welfare decision-making, shortens the timeframes for making permanency planning decisions, and promotes the adoption of children who cannot safely return to their own homes. ASFA also requires a focus on positive results for children and families, and the need to strengthen partnerships between the child welfare agencies and other systems to support families at the community level.

Recognizing the significance of the ASFA impact on child welfare practice, the Children's Bureau convened an advisory group to: 1) discuss the challenges and opportunities to improving child welfare practice, and 2) develop practice guidelines that incorporate the ASFA decision-making framework. The advisory group included child welfare practitioners, social work educators, representatives of child welfare organizations and advocacy groups, and federal staff, who met during 1998 and 1999 to formulate ideas and an approach to child welfare practice that is child-focused, family-centered, community-based, culturally responsive, and outcome-oriented.

This *Resource Guide* provides a framework for redesigning child welfare practice. It also suggests an approach to developing child welfare practice that is collaborative at all levels of casework activities aimed at promoting positive experiences for children and families. The ideas, discussions, and guidelines presented in this monograph are those of the advisory group and do not necessarily represent the official position of the Children's Bureau or the U.S. Department of Health and Human Services.

It is my hope that state and tribal agencies will accept the challenge that will lead to an examination and evaluation of their own practice environment to achieve better outcomes for children and families.

Joseph Semidei  
Associate Commissioner  
Children's Bureau



# I NTRODUCTION



The passage of the Adoption and Safe Families Act (ASFA) of 1997 (P.L. 105-89) marked the culmination of more than two decades of reforms in the child welfare field. It reinforces and clarifies the intent of the Child Welfare and Adoption Assistance Act (P.L. 96-272). This Act was enacted into law in 1980 due to growing concern that children were being “lost” in foster care and a hope that through the provision of preventive services and permanency planning, the future for these children would be more clear and appropriate. But in the late 1980s and early 1990s, the needs of families grew more complex, and the systems traditionally available to help them—especially public agencies and community-based organizations—were stretched thin and not able to keep up with the complex needs of families. It became increasingly clear to policymakers and administrators that more attention needed to be paid to the root causes of child abuse and neglect through active efforts aimed at prevention and early intervention with children and families. As a result, in 1993, Congress passed the Family Preservation and Support Services Program. This Program increased the amount of funding available to states to provide a continuum of services beginning with community-based family support opportunities, and including family preservation, intensive family preservation, reunification, and adoption as appropriate.

ASFA builds on these earlier laws and codifies many innovative state policies and practices that have emerged to respond to the multiple, often complex, needs of children and families. In addition, ASFA puts in place time limits for permanency and the termination of parental rights so that children are provided safe and stable permanent placements more quickly. With this mandate comes the need for families to receive timely, appropriate, and individualized services.

This is a complex charge. It requires state child welfare agencies to engage parents early in the process so parents understand the time frame considerations and can actively be involved in development of their case plan; to redesign service delivery including consideration about the level of staffing, training, and monitoring needed to achieve the permanency goals for children; to ensure

sufficient high-quality resources through other community-based organizations or other child- and family-serving agencies and forge clear agreements with them to assure that needed services can be accessed for families in the child welfare system; and to partner with the courts.

Thus, to fully implement ASFA’s provisions, states will have to make strategic decisions about how to use existing financial and staff resources, work in partnership with the courts, develop purposeful agreements to coordinate with community-based organizations and other child serving agencies, and redesign their service delivery so individualized case plans can be developed for children and families that will ensure the safety of the children.

## The Resource Guide

The child welfare system is increasingly facing serious challenges, including unacceptable rates of child and family poverty, teen pregnancies, substance abuse, AIDS, and family and community violence. These factors have contributed to the development of large caseloads of families that have multiple and complex needs. The child welfare system must respond to these needs, while protecting the rights of children and families and ensuring the safety of children.

The principles and provisions of ASFA are designed to ensure child safety, decrease the time required to reach permanent placements, increase the incidence of adoption and other permanent options, and enhance states’ capacity and accountability for reaching these goals. This law will have significant impact on children and families, the child welfare and court systems, and child welfare practice on the front lines. It will also have an impact on community-based organizations that will be asked to help meet the comprehensive needs of the children and their families.

By and large, the key to improving the experiences of children and families currently in or entering the child welfare system is to promote more effective methods of service delivery. *Rethinking Child Welfare Practice under the Adoption and Safe*

*Families Act: A Resource Guide* was developed to help child welfare agencies achieve this goal. Certainly evaluation of policies and practices resulting from the implementation of ASFA will help the field understand even better how to promote safety, permanency, well-being, and timely decision-making that are in the best interest of individual children. As such, this *Guide* should be thought of as a working document, continually evolving as new information is gathered and practices are correspondingly modified.

Recognizing that changes at the practice level are critically important for ASFA to have its intended impact, the Children's Bureau, Administration for Children and Families, convened a workgroup comprised of child welfare administrators, social work educators, representatives of child welfare organizations and advocacy groups, and federal staff. This group met during four 2<sup>1</sup>/<sub>2</sub>-day meetings in Washington, DC between 1998 and 1999 to develop this tool. (The list of workgroup members is included in Appendix 5.) Educational Services, Inc. was contracted to facilitate the process and prepare this document based on the discussions of policy, program, and child welfare practice issues. The *Resource Guide* reflects the themes and recommendations of the workgroup, as well as the comments of several child welfare experts at the federal and state levels. Throughout the discussion, members of the workgroup first considered and outlined the elements of "good" child welfare practice within the ASFA time frame requirements.

### *Purpose*

This *Guide* provides a framework that can be used by state and local child welfare agencies to redesign, expand, improve, and complement their current practices. It is not a step-by-step curriculum, but rather a resource that can help agencies re-examine and evaluate their policies and practices as they implement the provisions of ASFA and carry out "good" child welfare practice.

### *Target Audiences*

The *Guide* has been designed to support and enhance the training of child welfare staff. This document may also be informative to representatives of other related agencies (such as the courts, mental health professionals, school personnel, and juvenile justice system staff). Its primary audience, however, is training staff, administrators, supervisors, and program managers.

Given ASFA's emphasis on timeliness, it is essential that all components of the child welfare system understand the law and can work in a coordinated way to carry out the provisions. These many components, each related to the next as if points on a continuum, include protective services, family support, family preservation, foster care, adoption, and independent living. Within each of these components, casework progresses uniformly from engagement to assessment, followed by case planning and service implementation, monitoring and evaluation, and then closure or the passage of the case to another component within the continuum. Therefore, this *Guide* is equally appropriate for all of the components of the larger child welfare system, as well as other agencies and community-based organizations who work with these families. The *Guide* should be used to shape the policies and practices within and across each component to ensure "good" child welfare practice that upholds the requirements of ASFA.

While decisions about policy, administration, and funding are critically important, the relationships frontline staff members form with children and their families are of equal importance. These staff perform key functions that may facilitate or impede the agency's goals to implement ASFA. Regardless of the agency's structure, staff performing the casework functions must understand and impart the vision and goals of the child welfare agency, demonstrate respectful and supportive attitudes towards families, and have the knowledge, values, and skills needed to accomplish mutually supportive outcomes.

## Uses

The *Guide* articulates a common base of knowledge, skills, and values that should be part of the training of all individuals working in a child welfare agency, regardless of whether they work at the direct service delivery level, the supervisory or administrative level, or at the policy-making level. For example, the *Guide* can be used by:

- ◆ Trainers, as a resource to plan training sessions for child welfare administrators, program managers, supervisors, and frontline child welfare staff.
- ◆ Administrators, to identify and assess the requisite changes in state laws, procedures, policies, organizational and data systems, and service delivery strategies that are needed to implement ASFA.
- ◆ Program managers, during management meetings, to focus the attention of their agencies on the implementation of ASFA.
- ◆ Supervisors, as a useful tool in assessing the ability of staff to provide comprehensive direct services in accordance with ASFA timelines, and in guiding staff to acquire needed competencies. Supervisors can also use the *Guide* to facilitate discussion and problem-solving among staff at the unit level.

## Contents

The Guide consists of the following sections:

**Section 1: *The Adoption and Safe Families Act: The Philosophy and Key Provisions*** provides the context for the discussion of child welfare practice under ASFA.

**Section 2: *Implications of ASFA for Service Delivery*** describes child welfare practice areas that need to be addressed to support the implementation of ASFA.

**Section 3: *Principles and Key Elements of “Good” Child Welfare Practice*** addresses the core principles and elements that guide practice and need to be reflected in a new approach to service delivery. This section also provides a definition of the principles and elements of quality child welfare practices and a set of overarching questions that can help frame planning to implement the provisions of ASFA.

**Section 4: *Rethinking Casework Functions under ASFA*** provides guidelines to rethink the casework functions of engagement, assessment, case planning and service delivery, monitoring and evaluation, and case closure under ASFA. This section also provides a checklist of critical steps in the casework process to implement the ASFA requirements and provisions.

The *Guide* also includes six appendices:

**Appendix 1** lists the critical steps of the casework process under ASFA.

**Appendix 2** provides a listing of child welfare outcomes.

**Appendix 3** offers a listing of the outcomes and systemic factors from the Child and Family Services Review (CFSR).

**Appendix 4** includes a summary of relevant federal legislation.

**Appendix 5** identifies the members of the workgroup that provided input into the development of this *Guide*.

**Appendix 6** lists selected organizations that can serve as resources.



# SECTION I

## THE ADOPTION AND SAFE FAMILIES ACT

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The goal of this section is to describe the philosophy and key provisions of the Adoption and Safe Families Act (ASFA) of 1997—including both mandated requirements and provisions that are at the discretion of the states. The section can be used to:

- ◆ Increase understanding of the legislation as the context for practice.
- ◆ Assess the agency's mission and structure in relation to the philosophy and key provisions of ASFA.
- ◆ Assist in thinking comprehensively about all components of the child welfare system—protective services, family support, family preservation, foster care, adoption, independent living—and how they need to work together to promote the safety, permanency, and well-being of children and the stability of families.
- ◆ Provide training on ASFA to other public and private agencies that will have essential roles in ensuring children and their families are able to receive individualized, high-quality services that will help them meet the goals of their case plan.



## The Principles and Key Provisions

The Adoption and Safe Families Act (ASFA) of 1997, P.L. 105-89, marked the culmination of more than two decades of reforms in the child welfare field. Enacted as an amendment to titles IV-B and IV-E of the Social Security Act, ASFA has two overarching goals: to move children who are stranded in the child welfare system into permanent placements, and to change the experience of children who are entering the system today. The philosophy that guides ASFA can be summarized as follows.

***The safety of children is the paramount concern that must guide all child welfare services.***

To emphasize the importance of safety, ASFA:

- ◆ States explicitly that child safety is the paramount consideration in decision-making regarding service provision, placement, and permanency planning for children.
  - ◆ Clarifies the reasonable efforts requirements related to preserving and reunifying families by reaffirming the importance of reasonable efforts, yet identifying those circumstances in which states are not required to make such efforts to keep the child with the parents.
- ◆ Changes radically the time frames for making decisions regarding permanent placement. The law requires that states hold the child's first permanency hearing within 12 months (rather than 18 months), and that states initiate termination of parental rights (TPR) proceedings for parents of children who have been in care for 15 of the last 22 months (except in situations in which the child is placed safely with relatives, there is a compelling reason why TPR is not in the child's best interest, or the family has not received the services that were part of the case plan).
  - ◆ Reaffirms reasonable efforts to reunify families except under specified circumstances.
  - ◆ Reaffirms reunification as a viable option for children whose families can provide them with a safe, nurturing environment.
  - ◆ Promotes the timely adoption of children who cannot return safely to their own homes.

The reasonable efforts requirement does not apply if a court of competent jurisdiction determines that:

- ◆ The parent has subjected the child to "aggravated circumstances," as defined in state law (including but not limited to abandonment, torture, chronic abuse, and sexual abuse);
- ◆ The parent has been convicted of\* murder or voluntary manslaughter or aided or abetted, attempted, conspired, or solicited to commit such a murder or voluntary manslaughter of another child of the parent;
- ◆ The parent has been convicted of\* a felony assault that resulted in serious bodily injury to the child or another child of the parent; or
- ◆ The parental rights of the parent to a sibling have been involuntarily terminated.

\*The regulations state that conviction is necessary unless the case is in the criminal justice system and the judge decides to not wait for conviction based on the child's needs and time.

***Foster care is a temporary setting and not a place for children to grow up.***

ASFA seeks to ensure that the child welfare system respects children's developmental needs, including the need for a permanent place to call home. To ensure that children move out of foster care and grow up in safe, permanent homes, the Act:

- ◆ Establishes adoption incentive payments for States to increase the number of children who are adopted, leading to a doubling of the annual number of children adopted by the year 2002.
- ◆ Extends health coverage to children with medical needs who have an adoption assistance agreement.
- ◆ Allows adopted children to maintain Title IV-E eligibility following the death of their adoptive parents or a disruption of prior adoption.
- ◆ Requires states to assure that they will develop plans for the effective use of cross-jurisdictional resources to facilitate timely, permanent placements for children awaiting adoption.
- ◆ Makes technical assistance available to states and courts to promote the adoption or other alternative permanent placement of foster children.

In cases where reasonable efforts are NOT required to preserve or reunify the family, a permanency hearing must be held within 30 days after the determination. At this point, reasonable efforts to place the child must be made in a timely manner in accordance with the permanency plan, and to complete whatever steps are necessary to finalize the placement for the child.

*Permanency planning efforts should begin as soon as a child enters the child welfare system.*

The law emphasizes the importance of providing quality services as quickly as possible to enable families in crisis to address their problems. It is only when timely and intensive services are provided to families that agencies and courts can make informed decisions about parents' ability to protect and care for their children.

The law reauthorized the Family Preservation and Support Program for three additional years and renamed it the Safe and Stable Families Program. The primary goals of the program are to prevent the unnecessary separation of children from their families, improve the quality of care and services to children

and their families, and ensure permanency for children by reuniting them with their parents, by adoption, or by another permanent living arrangement.

In addition, ASFA:

- ◆ Clarifies that reasonable efforts to place a child for adoption or with a legal guardian may be made concurrently with reasonable efforts to reunify a child with his or her family.
- ◆ Expands the use of program dollars to include time-limited reunification services for 15 months after children enter care.
- ◆ Authorizes pre- and post-adoption services designed to expedite the adoption process and support adoptive families.

In addition to preventing child abuse and neglect and to assisting families in crisis, ASFA supports time-limited reunification services which may include:

- ◆ Individual, group, and family counseling.
- ◆ Substance abuse treatment services.
- ◆ Mental health services.
- ◆ Assistance to address domestic violence.
- ◆ Temporary child care and crisis nurseries.

*The child welfare system must focus on results and accountability.*

The law indicates that meeting procedural safeguards is no longer sufficient, and that child welfare services should lead to positive results. ASFA requires the development and implementation of performance standards to ensure that children in foster care placements are provided with quality services that protect their safety and health. Child welfare outcomes, performance measures, and other tools focusing on results must be used. The Act also requires the development of an annual report to Congress on the performance of states on each outcome measure with an examination of the reasons for high and low performance. Outcome measures (e.g., length of stay in foster care, number of foster care placements, and number of adoptions) are to be documented through

the Adoption and Foster Care Analysis and Reporting System. In addition, the Secretary of the Department of Health and Human Services, in consultation with States, must examine the feasibility of developing a performance-based incentive system for child welfare.

On January 25, 2000, the Department of Health and Human Services published a final rule in the *Federal Register* establishing a new approach to monitoring state child welfare programs that focuses on the results that child and family services programs achieve. Beginning in March 2001, the Federal government will conduct Child and Family Services Reviews (CFSR) that focus on the outcomes of safety, permanency, and child and family well-being. The CFSR also measures whether a state agency has satisfied qualitative criteria related to the delivery of services. Seven systemic factors are essential to the delivery of quality services. (See list of outcomes and systemic factors in Appendix 3.)

All States must complete the CSFR process within four years of the publication of the final rules. Ultimately, the goal of the reviews is to help states improve child welfare services and achieve better outcomes for families and children.

*Innovative approaches are needed to achieve the goals of safety, permanency, and well-being.*

To allow further consideration of new ways to serve children and families, the law:

- ◆ Expands federal authority to support waivers for up to 10 demonstration projects per year that focus on identifying and addressing barriers that result in delays to adoptive placements for children in foster care, identifying and addressing parental substance abuse problems that endanger children and result in the placement of children in foster care, and addressing kinship care. The demonstration projects allow States to waive certain provisions of titles IV-B and IV-E.
- ◆ Authorizes the General Accounting Office to examine geographic barriers to the adoptive placement of children.
- ◆ Continues eligibility for the federal Title IV-E Adoption Assistance Subsidy to children whose adoption is disrupted.

## Implementing ASFA Provisions

Some of ASFA's provisions are mandatory while others are optional.

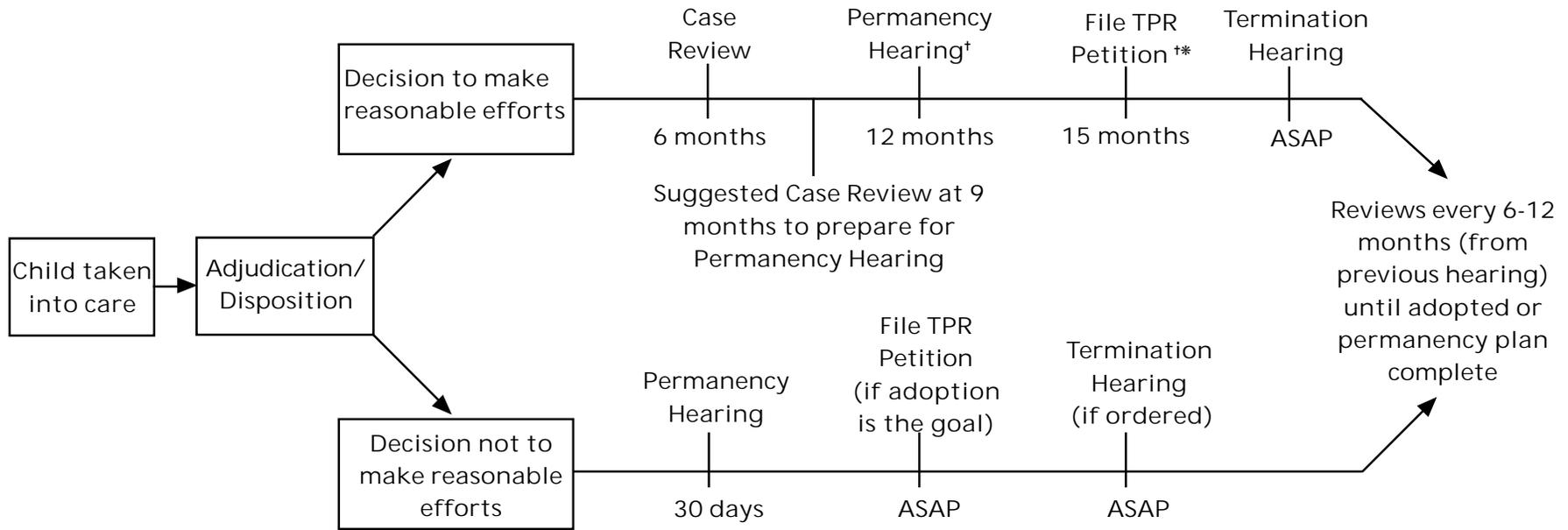
### ***Mandatory changes include:***

- ◆ The focus on safety.
- ◆ The 12-month timeline for permanency hearings.
- ◆ The requirement for initiating termination of parental rights if a child is in state custody for 15 of the most recent 22 months, unless the exceptions apply.
- ◆ Health insurance for children with special needs for whom there is an adoption assistance agreement.
- ◆ An expanded focus on family preservation and support programs to include time-limited family reunification and adoption promotion and support services.
- ◆ Reports to Congress on selected issues.

### ***The law provides for state discretion on a number of issues, including:***

- ◆ The definition of aggravated circumstances in which reasonable efforts may not be required.
- ◆ The identification of compelling reasons not to begin proceedings to terminate parental rights.
- ◆ Criminal record checks for foster and adoptive parents.
- ◆ Concurrent planning is addressed as a tool, but not a requirement, for expedited permanency planning.

## Timeline for ASFA Compliance



† When calculating when to have the permanency hearing or the 15 of 22 months, use the earlier date of adjudication OR 60 days after the child is removed from the home.

\* Unless child is being cared for by a relative or compelling reason not to TPR exists.

Laver, M. (1998). "Advice for Agency Attorneys: Implementing ASFA: A Challenge for Agency Attorneys," *Child Law Practice: Helping Lawyers Help Kids*. Washington, DC: American Bar Association Center on Children and the Law.

# SECTION 2

## IMPLICATIONS OF ASFA FOR OUTCOME-BASED CHILD WELFARE PRACTICE

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The goal of this section is to present some of the salient issues that state child welfare systems must address to strengthen the capacity of frontline staff to comply with ASFA. This section can be used to:

- ◆ Identify policies and procedures that need to be changed and determine strategies that will result in improved outcomes in the context of ASFA.
- ◆ Assess agency capacity and allocate/maximize resources to address each issue.
- ◆ Increase understanding of what each staff member brings to the agency—and encourage all to value and respect each person's contributions.



ASFA has a significant impact on children and families, as well as on the systems and professionals who provide services and supports to them. Families must recognize the limited time allowed for them to make the home environment safe. State agencies must determine whether or not to place children in custody, and make and sustain permanency decisions regarding family reunification, legal guardianship, or adoption. The Act provides a new legislative framework that sets the direction and parameters for the operation of state and local child welfare agencies and courts. The enactment of this legislation was necessary, but not in itself sufficient to reform the child welfare system. No single law, change, or strategy will suffice for agencies that continue to struggle with policy, capacity, staffing, and caseload issues.

The implementation of ASFA requires supports at many levels, including a sound statutory framework that governs state intervention in cases where families are unable to care for their children; a stable, well-trained professional workforce; an effective service delivery strategy; a caring and supportive community; and adequate resources for social services and courts to ensure that children and their families have the individualized attention, resources, and time needed to determine the most appropriate, permanent home for the child. For agencies to successfully implement the provisions of ASFA, they will need to address several issues, including those listed below.

## Organizational Policies and Procedures

In many respects, the key to moving the safety and permanency debate forward will be for child welfare agencies to institutionalize a safety-focused, family-centered, and community-based approach as the cornerstone of service delivery. Quality services require a policy, fiscal, and organizational environment that facilitates effective practice.

To support the implementation of ASFA, several components of an agency's infrastructure, such as its mission, goals, policies, and procedures, will

need to be aligned with ASFA's goals and performance standards. Consideration will need to be given to appropriate caseloads, accountability, staffing qualifications and training, and relationships with the courts, among other issues.

Identifying the criteria and developing a process for determining how to make organizational level decisions are complex tasks. To facilitate this process, managers should carefully analyze state child welfare data. The analysis of the data will identify the needs of families and children who most often end up in long-term foster care and the outcomes of services provided to them as well as the strengths and weaknesses of the service system. This data will be useful in identifying the most frequently needed services, improving caseloads and practice decisions by supervisors and frontline staff, and allocating resources for training and accountability at all levels.

## Supervisory Practices

Supervisors play a critical role in ensuring that the goals of ASFA are met and that outcomes focused on safety, permanency, and well-being of children and families are achieved through the delivery of competent, individualized, and timely services. Supervisors bring the mission, policies, procedures, and resources of the organization into action at the frontline—the point of contact with children and families. Simultaneously, they communicate information from the unit to upper management to help agency administrators plan and allocate resources. As such, effective supervision is key to successful implementation of ASFA as well as to assure good child welfare policy and practice within the state.

Knowledge and skills for supervisory practice as well as ongoing training is therefore critical to build and enhance supervisory capabilities in managing the unit staff and caseloads. In addition, supervisors must acquire computer skills to access state child welfare data systems to monitor the unit and individual worker performance. Understanding the data reports helps supervisors to better understand outcome trends, more effectively manage frontline

staff, and influence necessary changes in policies and procedures within agencies to yield better outcomes for children and their families.

For supervisors to facilitate the implementation of ASFA, they must have a clear understanding of what is expected of them and what they can expect from their managers. Managers should be specific about supervisory performance expectations and hold supervisors accountable.

## Increased Attention to the Individual Needs of Children

ASFA emphasizes safety and the importance of moving children through the child welfare system more quickly to establish a permanent home. With this emphasis, it is important to recognize that a sense of belonging and connectedness to family is central to children's healthy development. Each individual child's social, physical, cognitive, and emotional development must be taken into account in the development of a permanency plan.

At times, a child's attachment to his or her biological family may conflict with the time frames mandated by ASFA. At other times, a child's attachment to a foster family may conflict with achieving permanency through adoption into another family. At still other times, the family may not have received the full range of formal and informal services and supports they needed. In these and other instances, careful consideration by the family, frontline staff, and supervisors is needed to ensure that the appropriate next steps are responsive to the particular needs of the child.

Child welfare agencies can use many tools to ensure timely resolutions that optimize the individual child's healthy development. For example, agencies can assess and build case plans that address the child's particular developmental needs; collaborate with other community-based service providers to ensure the range of services needed by the child and family are provided and received; engage in concurrent

planning for the child; establish kin placements; organize family group conferencing; as well as pursue family reunification and adoption opportunities.

## Time Frames for Decision-Making

ASFA requires that States hold the child's first permanency hearing within 12 months (rather than 18 months). Further, it requires that States initiate or join proceedings to terminate parental rights for parents of children who have been in care for 15 of the last 22 months, except in situations in which the child is placed safely with relatives, there is a compelling reason why termination of parental right is not in the child's best interest, or when the family has not received the services that were part of the case plan.

These time frames will cause supervisors and frontline workers to approach their work differently as they move quickly to evaluate the case, provide services, connect the family to other supports in the community, and evaluate progress. Achieving case goals within this time frame requires individualized service plans and high-quality, comprehensive and coordinated services and supports. For the frontline staff to be effective, it is critical to evaluate caseload standards, supervisory oversight, and community-based services supports necessary to meet the timelines for decision-making. Supervisors and managers, together with frontline workers, will need to seriously consider adjusting caseload size so that each child and family receives enough attention from the child welfare system to ensure that an appropriate permanent placement is achieved. Further, it is unrealistic to expect that these time frames will be appropriate for families with substance abuse or mental health issues as it is well documented that there is often a waiting list to enter these programs, and the chance of relapse and need for repeated services is high.

## Checklist 1

“Good” child welfare practice suggests that supervisors should be accountable for:

- Communicating the importance of safety, permanency, and well-being for children and, therefore, ensuring that caseworkers focus on these outcomes.
- Communicating to workers the need to use the legal authority of the agency judiciously when working with families.
- Using coaching, modeling, and in-service training to help workers develop proficiencies.
- Communicating performance expectations in behavioral and measurable terms.
- Assessing workers’ attitudes, needs, behaviors, and cultural backgrounds.
- Using regular supervisory conferences to provide feedback and corrective action when needed.
- Discussing with workers ways of facilitating the family’s inclusion in the process.
- Helping workers assess training needs and arranging for appropriate training experiences.
- Helping workers analyze data gathered during the assessment process, set priorities, and keep their cases on track through continual review/ updates of safety plans.
- Assisting workers in developing creative, innovative practices to meet child and family needs.
- Helping workers identify and secure help from other agencies and community-based organizations to support families with multiple needs.
- Rigorously enforcing the reunification time frames.
- Establishing incentives for rewarding excellency in performance.
- Carefully scrutinizing every case recommended for long-term care to be sure that adoption or guardianship is not possible.
- Assisting workers in convening and preparing for family meetings and multidisciplinary staffing.
- Helping workers understand what constitutes reasonable efforts within the timelines established by a child’s developmental needs and ASFA requirements.
- Determining the frequency of case plan monitoring, according to the information above.
- Helping workers identify and remove systemic barriers to providing accessible services that would enable families to meet their case goals.
- Translating workers’ monitoring efforts into agency monitoring goals and outcomes.
- Using good practice standards to evaluate the performance of workers.
- Assisting workers in monitoring and evaluating their own practice.
- Using collective data from the unit to gain a sense of how the unit is performing and designing strategies to enhance effectiveness.
- Discussing situations in which timelines may be detrimental to the best interest of the child.
- Ensuring that case closure occurs as appropriate.
- Conducting cross-case and within-caseload comparisons to increase knowledge of criteria that units use for closure.

## Service Delivery

Broadly defined, child welfare service delivery takes many forms. For example, it supports families in their role as primary caregivers to children; prevents child abuse or neglect; preserves families in crisis while ensuring the safety of children in the home; protects children who have been abused or neglected; provides temporary substitute out-of-home care; and secures adoptive families or other permanent living arrangements for children who are not able to return home. Other activities include helping older youth in substitute out-of-home care make the transition to independent living.

To achieve the outcomes of safety and permanency and to facilitate the movement of child welfare cases through the court system, child welfare agencies will need to implement changes in service delivery. Although the responsibilities of the agency and the

casework functions will remain the same, staff will have to work differently. For example:

- ◆ The emphasis on safety will require good assessment of physical and emotional harm and of the risk that the family conditions will create abuse and/or neglect.
- ◆ Workers will need to keep the focus on children's developmental need for family connections and permanency.
- ◆ Workers will need to monitor that families do receive required services in a timely manner so that they can have adequate time to make changes to provide a safe home for their child. This will require staff to collaborate with other community-based service providers to ensure families can get the array of services and supports they need.

### Children at a Crossroads

The different and conflicting clocks of children and parents involved with the child welfare, substance abuse, and mental health systems are summarized below.

- ◆ The **child welfare system** clock ticks towards 6-month reviews, 12-month permanency hearings, and 15-month deadlines, which govern the termination of parental rights and the seeking of permanency. The child is the central focus, and child safety and permanency are the primary goals of intervention.
- ◆ The **substance abuse system** clock ticks "one day at a time" in its process of treatment and recovery. Recovery is a lifelong process with anticipated relapses. The parent is the focus of the intervention.
- ◆ The **mental health system** clock focuses on providing initial symptom relief for children and families and ongoing treatment for long-term improvement. Mental health clocks are currently adjusting to changes in time frames with the implementation of managed care, which has shortened the availability of services and supports beyond brief interventions.
- ◆ The **income assistance (TANF)** clock ticks towards timelines to participate in work activities in 24 months or sooner and which limit parents to receiving TANF over a lifetime for a maximum of 60 months.
- ◆ The **child's developmental** clock has its own timetable that governs brain development to achieve bonding and attachment or risk suffering consequences for a lifetime.

(Adapted from: Young, N. & Gardner, S. (1998). "Children at a crossroads," *Public Welfare*, 56, 3-10.)

- ◆ Permanency planning will need to begin as soon as the child enters the welfare system.
- ◆ ASFA reasonable efforts provisions will require an examination of decision-making; additional training for frontline staff on policies, procedures, and practices; an understanding of family preservation services and other community-based services available; effective placement decisions; and skills in working with families to bring about necessary changes.
- ◆ In recognition that children need safe families and strong communities for their healthy growth and development, child welfare agencies will have to work with other community-based providers to ensure that a range of appropriate, accessible, relevant, and effective services are immediately available to children and their families.
- ◆ Courts will need to hold earlier and additional reviews, and child welfare agencies will have to provide comprehensive services and file termination of parental rights petitions earlier or demonstrate compelling reasons not to do so.

## Collaboration with Other Service Providers

No one agency or program has the resources or expertise to develop a comprehensive response to the needs of all families that come in contact with the child welfare system. These families often experience complex and interrelated problems, such as poverty, unemployment, poor housing, substance abuse, domestic violence, and mental illness. The degree to which agencies and courts can be effective in helping children and families depends in a large part on their ability to connect families with the resources available from various agencies, community-based organizations, and other formal and informal supports in the community.

To achieve ASFA outcomes, it is necessary for all components of the community to work together to provide the child and family an individualized array of comprehensive, coordinated, family-centered, and community-based services and

supports. This requires all agencies working with the family to be cognizant of the time limits placed on foster care and to coordinate their efforts on behalf of the child and family. A lack of collaboration and coordination of services among these agencies can undermine the efforts to create safe, stable family environments. Furthermore, a lack of coordination can result in unnecessary and duplicated requirements and services that complicate rather than simplify and support family life.

Collaboration is not a simple task. With resources stretched to their thinnest throughout the human services systems, and with differences in philosophy and practice in the various systems, collaboration can be perceived as a real challenge. But with perseverance, many communities are effectively forging collaborative partnerships that honor the limitations of each agency but find ways to work effectively together to provide the individualized services that families need.

To be successful, collaboration with other service systems and providers must be guided by a common vision and commitment throughout the partnering agencies. Further, community partnerships need to select and focus on the same goal (such as creating more substance-abuse resources or jointly educating police, child welfare staff, and battered women's advocates about ASFA requirements), even if the mandates for and means of attaining that goal differ for each agency. Next they must outline the concrete tasks and functions that will be performed by each agency. This means that interagency agreements must be specific about their purpose (e.g., providing cross-training to the courts, mental health, substance abuse, and other service providers regarding ASFA time limits and other requirements; developing interagency referral protocols and/or contracts to provide services to families). Then community partnerships must evaluate their efforts to determine their effectiveness, and identify areas needing improvement or policies and practices that would benefit from modification. Thus these partnerships will be continually evaluating and advancing efforts to ensure that families receive the most comprehensive, coordinated, individualized supports and services possible to promote safe, stable family environments.

Beyond collaboration, child welfare agencies must take a leadership role to expand the network of services available at the neighborhood level from churches, schools, health and child care centers, and other family support agencies. This requires a clear understanding of trends, of the services families need but that are not sufficiently available, and advocacy to elevate the issues of need and to cause agency administrators and policymakers to respond. Agencies may also find it useful to enlist the court's help in working with these and other providers.

## Disproportionate Representation of Minorities

According to the Winter/Spring 2000 issue of the National Resource Center for Foster Care and Permanency Planning's newsletter, *Permanency Planning Today*, children of color make up nearly 65 percent of the children in substitute care—nearly twice their representation in the national population—and this population remains in care longer than any other group. Furthermore, in large urban areas such as New York City and Chicago, children of color constitute well over 50 percent of the child welfare population.

Ethnically diverse children are also more likely to come into the child welfare system than Caucasian children, and more minority children are reported to child protective agencies.

For child welfare agencies to provide effective services to the multi-ethnic children in their care, they need to explore and address the reasons for their uneven entry into and exit from the child welfare system. While some attribute the disproportionate representation to level of income and family structure, a review of data in Thomas Morton's article "The Increasing Colorization of America's Child Welfare System: The Overrepresentation of African-American Children" that appeared in the December 1999 issue of *Policy and Practice* suggests that these assumptions do not hold. Rather, Morton suggests that it is more likely that overrepresentation of minority children is a result of decision-making bias and/or application assessment scales that are not

culturally relevant. As such, issues that need to be addressed include: the number of agency staff who reflect the population served; the cultural competence of workers; culturally competent risk assessments; policies, procedures, and supports for kinship care; and institutional incentives and barriers to adoption. In addition, the child welfare agency may partner with other community- and neighborhood-based organizations that possess special expertise in serving minority families.

## Use of the Agency's Legal Authority

The principles and elements of good practice must be addressed within the context of the authority and responsibilities of the child welfare agency. All agency staff—from administrators to frontline practitioners—must recognize the State's authority and responsibility to ensure the safety, permanency, and well-being of children.

The decision-making process in child welfare is very complex in part because it takes place in the context of competing, deeply held societal values. Society recognizes that parents have the fundamental right and responsibility to protect and nurture their children. However, when parents are unable or unwilling to do so, the public child welfare agency has the societal and legal mandate to intervene promptly to ensure the safety of the child.

The lives of children are often in danger and, despite the love that exists between the children and their parents, children may be unable to return home within the required time frames because the family environment has been determined to be unsafe and unchanged. To meet the requirements of ASFA, frontline workers need to work with other members of the family, as well as with other service providers in the community, to make timely decisions about permanency. They must take into account the fact that there may be competing goals among different members of the system—the child, the family, the agency, and the courts.

Most families become involved with the child welfare system involuntarily due to abuse and neglect. The agency has the legal responsibility, guided by federal and state laws, to intervene. But this non-voluntary nature of child protective services creates special challenges for child welfare agencies. Agencies need to understand how to use their authority to create a permanent plan for children within the time frames of ASFA. They also need to educate other systems (e.g., employment, housing, health, mental health, substance abuse, schools) involved with the child and family regarding the “unique” authority role of the child welfare agency as well as the requirements of ASFA.



# SECTION 3

## PRINCIPLES AND KEY ELEMENTS OF “GOOD” CHILD WELFARE PRACTICE

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The goal of this section is to describe a set of core principles and key elements of “good” child welfare practice. This section can be used:

- ◆ To communicate a vision of improved child and family services in the context of the implementation of ASFA.
- ◆ To focus continually on the principles that should guide child welfare agencies in helping children and their families.
- ◆ As a checklist for planning organizational changes.



## Principles

The following principles are central to good practice:

- ◆ Children have the right to a fair chance in life and to the essentials of healthy development, including a sense of belonging, continuity of care, safety, nurturing, and access to opportunities to acquire basic social competence.
  - ◆ Family-centered practice advances the overall objectives of establishing safe, stable, and permanent families to promote the well-being of children.
  - ◆ The best care and protection for children can be achieved when service delivery focuses on developing and using the strengths of nuclear and extended families and communities.
  - ◆ The values and customs of families from different cultures need to be acknowledged and valued, and service delivery, training, policy development, and evaluation must be designed to be culturally competent and respectful.
  - ◆ There is a sense of urgency in all child welfare services to ensure safety and a permanent placement for children.
  - ◆ Training must provide information and direction regarding strategies and methods that promote high-quality service delivery to children and families.
  - ◆ A strong network of both informal and formal community-based resources is necessary for prevention and early intervention in child abuse and neglect cases.
- welfare practitioner is asked to make decisions quickly based on the best and most complete information available to him or her. This information will always have limitations, and yet decisions based on this information will have profound, long-term consequences for children and families. The decision-making process is more effective when agency staff work together as a team within the agency and with the family and community partners to develop service interventions that include the following elements of “good” child welfare practice:
- ◆ Child-focused: the safety, permanency, and well-being of children are the leading criteria in all child welfare decisions.
  - ◆ Family-centered: children, parents, and extended family members are involved as partners in all phases of engagement, assessment, planning, and implementation of case plans.
  - ◆ Strengths-based: practices emphasize the strengths and resources of children, biological and extended families, and their communities.
  - ◆ Individualized: case plans are individualized to address the unique needs of the child and family to appropriately address needs for safety and permanency.
  - ◆ Culturally competent: problems and solutions are defined within the context of the family’s culture and ethnicity.
  - ◆ Comprehensive: services address a broad range of family conditions, needs, and contexts.
  - ◆ Community partnership oriented: planning and implementation of case plans are undertaken in partnership with staff and agencies from different systems who together make a formal commitment to provide the services and supports the child and family need.
  - ◆ Outcome-based: there are measurable outcomes for services regarding the safety, permanency, and well-being of children.

## Elements of Good Practices in Child Welfare

The circumstances that bring child welfare practitioners into the homes and lives of children and families are often ambiguous and challenging. The child

## Checklist 2—Critical Questions for Planning

The principles and elements of good child welfare practice are condensed into six underlying themes that provide a framework for planning. The following are overarching questions that can help frame planning to implement the different provisions of ASFA. These questions can be used to assess whether and how each of the themes is being addressed by the policies, procedures, and delivery of services. The questions should be used at multiple stages of the planning and implementation process.

### **Child Focus**

- What strategies are in place to ensure child safety, permanency, and well-being:
  - in situations involving family violence, substance abuse, or mental illness?
  - while ensuring continuity and follow-through?
  - while working to strengthen and support families?
- What efforts are made to assess the overall health and well-being of the child and to access the necessary services to support the child's physical, emotional, and cognitive development while participating in the child welfare system?
- How do workers provide ongoing support to children during their involvement with the child welfare system, but especially during out-of-home placement, reunification, and/or adoption or another permanency option? How do workers prepare children for these transitions?
- What efforts has the agency made to implement a model of concurrent planning?
- How is permanency expedited for infants and toddlers in cases with a poor prognosis for family reunification (e.g., chronic substance abuse, multiple previous removals)?

### **Family-Centered Services**

- How do the agency's mission, principles, and goals reflect family-centered values?

- How does the agency achieve comprehensive assessments of the child and family that will yield the necessary information to design an individualized, comprehensive, strengths-based, and culturally competent case plan?
- What strategies are in place to shift the services towards a stronger emphasis on prevention of family crises, family breakdown, and out-of-home placement?
- What mechanisms and resources (i.e., financing, organization, management, staffing, in-service training, family-professional partnerships, family advisory boards) are in place to help services become more family-centered?
- How are families involved in determining how, where, and when services are provided?
- What measures have been taken to obtain meaningful input and involvement of families in the design of the policies, procedures, and practices that guide the child welfare system?
- What are the strategies to identify, recruit, process, approve, and support qualified foster care and adoptive families?

### **Comprehensiveness**

- How is the agency collaborating with the courts to ensure the best outcomes for children and families?
- How is the agency collaborating with local employment, housing, health, food and nutrition, education agencies, and others to access resources and services for families in the child welfare system? Are there interagency

agreements outlining how they will collaborate and share resources? Do staff from the various agencies work together with the family to plan and implement a cross-agency case plan?

### **Community-Based Services**

- What are the tools (i.e., community needs assessments, family feedback, data on individual families) used to assess/document the existing gaps in community services?
- How is the agency collaborating with the courts to ensure the best outcomes for children and families?
- What is the child welfare agency doing to raise awareness about service gaps and to enhance services available in the community?
- What are the mechanisms to cross-train other providers on the requirements of ASFA, and train child welfare workers on the requirements of other systems?

### **Outcome-Based**

- What are the procedures to regularly assess the quality of services at different levels of the agency?
- What is the system to measure progress towards the outcomes of safety, permanency, and well-being of children and families?
- How does the agency obtain feedback about quality of services from families as well as from state, tribal, and community-based organizations (both private and public)?

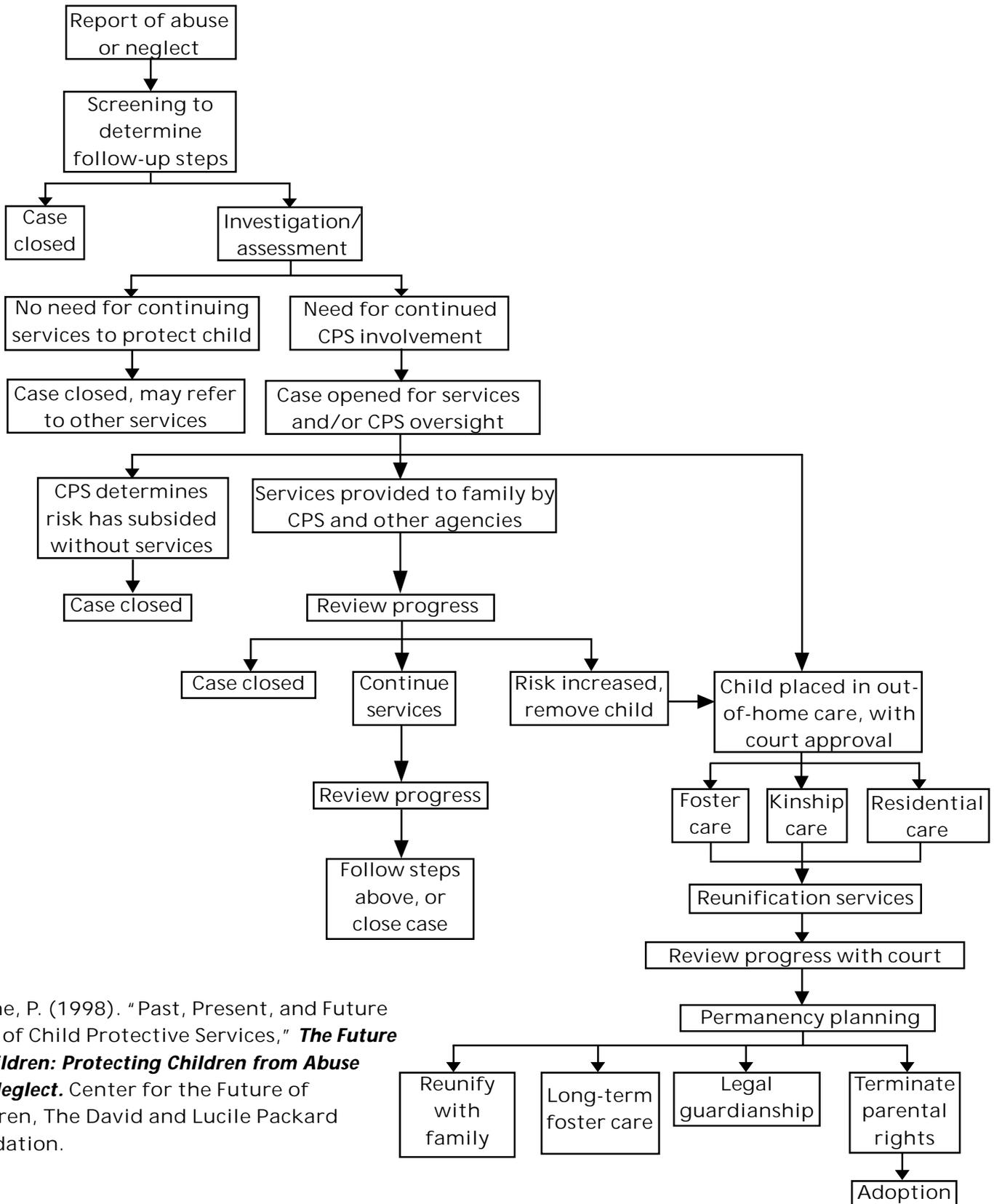
- What are the mechanisms for tracking outcomes across programs, developing agreements concerning information and methods of collecting data, and ways to connect this information with broader state data?

### **Cultural Responsiveness**

- What measures have been taken to obtain meaningful input and involvement of minority families, including Indian tribes (both consumers and citizens at the state and community level) in the design of the policies, procedures, and practices that guide the child welfare system?
- How do individual, family, and community-level assessments incorporate the needs of families from diverse cultural and linguistic backgrounds?
- What specific strategies are in place to engage, assess, plan, implement, and evaluate services that will improve outcomes for minority children and families disproportionately represented in the system?
- What formal training requirements are in place for staff (at all levels) to acquire effective knowledge of the ever-evolving dynamics of culture and social acculturation to effectively meet the needs of the diverse children and families the agency serves?
- What are the strategies to identify, recruit, process, approve, and support qualified foster care and adoptive families from diverse cultural and linguistic backgrounds?

Figure 2

## Overview of Steps Followed by Cases Through the Child Protective Services and Child Welfare Systems



Schene, P. (1998). "Past, Present, and Future Roles of Child Protective Services," *The Future of Children: Protecting Children from Abuse and Neglect*. Center for the Future of Children, The David and Lucile Packard Foundation.

# SECTION 4

## RETHINKING CASEWORK FUNCTIONS UNDER ASFA

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The goal of this section is to provide a framework to rethink each casework function in the context of ASFA. This section can be used:

- ◆ As a checklist against which to examine practice of the individual worker, unit, and agency.
- ◆ As an outline for in-service training of staff (inserting each state's statutes, rules, and practices).
- ◆ To strengthen the quality of supervision.
- ◆ To determine staff development needs.
- ◆ To develop performance objectives.
- ◆ To develop a model of a comprehensive system of support services and access points for children and families.



During the past three decades, major strides have been made at the federal, state, and local levels to enhance the delivery of child welfare services. Over the same period, however, many difficult social problems have complicated the mission of child welfare agencies. The spread of drugs (especially crack cocaine), cutbacks in social services, and the deterioration of urban inner-city neighborhoods are some of the conditions that have contributed to the increase in child maltreatment cases. Families often enter service systems with multiple problems, and the state and community systems must use their limited resources to assist families to the best of their abilities.

Recognizing the importance of relationships and time to children, ASFA establishes an expectation of urgency in decision-making regarding children's welfare. The requirement for timely permanency decisions creates a need for rethinking child welfare practice on the frontlines that upholds ASFA's requirements but also implements the principles and elements of "good" child welfare practice.

Frontline practices exist within a multilevel system and changes in service delivery need to be designed within the following contexts.

**Public policy:** the federal and state legislation, administrative rules, and resource allocation.

**Program management and structure:** the mission of the agency, staffing and organization of services, and the measurement of outcomes to evaluate agency performance.

**Program operations:** internal policies that guide frontline workers. In addition, caseworkers and foster and adoptive families need ongoing training and support to maintain quality service provision.

The framework outlined next can help guide discussions about rethinking frontline practice under ASFA. Although casework functions are described sequentially, the tasks cannot adequately be separated into discrete categories as the casework process relies on the integration of the tasks and because the tasks overlap and build on each other. For example, the approach to *engagement* will

influence the effectiveness of the *assessment*, which will determine the appropriateness of the *case plan and service implementation*, which will be assessed through ongoing *monitoring and evaluation* and end with case *closure* and a permanent placement for the child. Some view this as a "spiral effect" of casework functions; others simply see it as a series of interlocking steps necessary for reaching an appropriate outcome that is individualized for each child and family. (See Figure 2 on page 28.)

## Engagement

The goal of engagement is to develop and maintain a mutually beneficial partnership with the family that will sustain the family's interest in and commitment to change. However, a worker's ability to engage families is significantly affected by the families' perception of the process—parents often perceive this process as an intrusion into the privacy and integrity of their families and feel that the public is judging them. Whatever the cause of the initial intervention, frontline workers must be cognizant of the family's feelings toward the system and find effective ways to engage families, while at the same time protecting the children and helping a family identify needs and solutions.

Engaging families in the assessment promotes shared decision-making that helps frontline workers best understand the situations of families and ensures that families recognize the role they need to play to make the casework process most helpful to them. Frontline workers need to begin to establish their credibility with families when they first meet. Assisting families to feel safe and valued will encourage them to participate jointly in the assessment process and will build a foundation for family participation in case planning and service provision.

Understanding cultural differences is also crucial to the staff's ability to engage the family and build relationships. Misinterpretation of culture can result in miscommunication and inappropriate interpretations and judgments, which can negatively impact the agency/family relationship and decisions.

## *The Engagement Process under ASFA*

Engaging families in the planning and service delivery early and in a focused way is essential for achieving the best possible outcomes for children and their families within the ASFA time frame. Frontline workers need to find ways to engage families that protect the children and support maximum family involvement in defining needs and identifying solutions. During the first contact with the family, the child welfare worker needs to engage the family around the concern for the child's safety. Once the parents understand the safety concerns, attention is given to what it will take for the family to protect the child and create the safe, stable, nurturing home environment the child needs and deserves. As trust builds over time, this will bring to the surface the multiple issues the family may be struggling with and cause the family and frontline worker to begin frank conversations about the issues and the urgency for addressing them.

To effectively motivate the family to change, the frontline worker should brief the family on the reason for his or her visit, and establish ground rules on how fairness and trust will be handled. The worker will also need to help the family realize how their involvement can help achieve a clear understanding of the safety and risk issues for the child, resulting in the development of an appropriate case plan that will most closely meet the needs of both the child and family.

Engagement must occur throughout the life of the case. Frontline workers must become more skilled at engaging and reengaging families in the change process, even following a "relapse." The caseworker may consider focusing on an issue that is of immediate interest to the family and communicating a concern for or appreciation of it. For example, engaging the family around the child's developmental needs and sense of time will make clear that reunification will happen when families can provide a nurturing environment. Articulating clearly the demonstrable signs of progress while continuing to discuss safety planning can also facilitate continued engagement.

In the child welfare agency, there may be several different caseworkers involved with the family throughout the life of the case. Each new caseworker needs to renegotiate the relationship and engage the family in the process. This turnover is difficult for families and they will need time to build a sense of trust with each new person before they can become fully engaged.

Under ASFA, engagement with other professionals, extended family members, and caregivers also becomes critical. This engagement should promote focused assessment and decision-making and encourage everyone involved—agencies, extended families, birth families, and foster/adoptive families—to work together to identify and resolve problems that brought children into care.

## Checklist 3—Guidelines for Practice

### Engagement

The following guidelines are designed to facilitate the engagement process:

- Approach the family from a position of respect and cooperation.
- Engage the family around a concern for the child's safety.
- Explain the agency's concerns and the reason for involvement. Discuss issues of maltreatment (i.e., needs, conditions, and behaviors interfering with safety and well-being), consequences, and timelines.
- Help the family achieve a clear understanding of the safety and risk issues for the child.
- Help the family define what it can do for itself and where the family or individual members need help.
- Focus on family strengths (including culture, traditions, values, and lifestyles) as building blocks for services and family needs as a catalyst for service delivery.

## Assessment

The goal of assessment is to gather and analyze information that will support sound decision-making regarding the safety, permanency, and well-being of the child and to determine appropriate services for the family.

Assessment is based on the principle that all families have strengths that must be used to resolve the issues of concern. Assessment includes an evaluation of family functioning and service needs based on information obtained from the family and other sources such as schools, medical agencies, churches, and others. Assessment provides an opportunity for families and workers to review family concerns, strengths, and resources together. As such, it provides the information that lays the foundation for subsequent implementation of services and strategies aimed at problem resolution. Assessment that engages relevant staff from related child- and family-serving agencies helps to highlight the comprehensive needs of the child and family and begins to identify how the multiple agencies can support the family.

Assessment must be an ongoing process and should be conducted throughout the agency's involvement with the family. The components of assessment include:

**Screening:** the process of determining whether there are safety concerns that warrant a response by the child welfare agency or others in the community and what that response should be.

**Safety assessment:** the process of determining the present safety of the child, the seriousness of the threat or harm, the strengths and resources that may be used, and the steps—if any—needed to provide protection.

**Risk assessment:** the process of determining the likelihood that a child will be abused or neglected in the future.

**Investigation:** an inquiry or search by a law enforcement agency to determine the validity of a report of child abuse or neglect and/or to determine if a crime has been committed.

**Family assessment:** a comprehensive process for identifying, considering, and weighing factors that affect the child's safety and well-being. Assessment includes information obtained through investigation, as well as through a review of child and family needs, problems, strengths, capacities, and possible resources. The goal of the assessment is to develop, in partnership with the family, the plans and services needed to assure the child's safety, permanency, and well-being.

### *The Assessment Process under ASFA*

With the implementation of ASFA and its emphasis on achieving permanency for children in the child welfare system, the assessment of families and children takes on renewed importance. To make realistic decisions about child safety, reunification, family preservation, and termination of parental rights, increased attention must be given to the appropriate assessment of the family's strengths and needs and to the length of time required for the family to provide a safe, stable home environment.

An important challenge facing frontline workers is to take a comprehensive view of families' situations and to understand the contributions of various problematic behaviors to child maltreatment. Child maltreatment is complicated by personal, health, and substance abuse, as well as environmental, social, and economic factors. No less complex than the problems of their parents are the needs of the children. Research literature indicates that maltreated children are at higher risk for a variety of poor developmental outcomes. The accuracy and utility of the assessment process should involve members of the immediate and extended family, others identified by the family, and professionals with expertise relevant to the issues of concern.

It is critical for the implementation of ASFA that the frontline worker gathers information to:

- ◆ Determine the safety of the child.
- ◆ Identify the situations in which the reasonable efforts provision may be waived.

## Checklist 4—Guidelines for Practice

### Assessment

There are three major decision points in a child welfare case after the initial investigation. These decision points are related to the assessment of the likelihood of recurrence, case planning, and removal from or reunification of children with their families. Decisions regarding services and post-removal reunification are directly related to an assessment of the child's safety and well-being. The following are some guiding questions for assessment practice:

- Is the child safe?
  - location
  - monitoring
  - support and guidance
- If the child is not safe, what is needed to protect the child?
  - in the home
  - with kin
  - in out-of-home care
- What are the strengths, needs, and resources of the family?
  - emotional needs
  - physical needs
  - educational needs
- What supports and services is the family currently receiving (or do they need to receive)? How much of these services are needed for the home environment to improve? What is the most realistic time frame for addressing these issues?
  - employment
  - housing
  - substance abuse
  - domestic violence
  - health and mental health
- Are reasonable efforts not required?
- Who can provide care and protection of the child outside of the family?
  - kin
  - foster family
  - pre-adoptive or resource family
  - group or residential facility
- If the child is in out-of-home care, how do we ensure that visitation is safe and productive?
  - frequency
- Can this family be reunited?
  - What is the parent's capacity to resume parenting?
  - What progress is being made toward reunification?
  - What about other family members and their capacity to provide a permanent home for the child?
- What is the best possible permanency option if the child cannot be reunited with his or her parents?
- Are kin, foster parents, or potential adoptive parents suited to and interested in becoming a permanent family for the child?
- How do we best achieve the alternate permanency plan?
- What is the parents' assessment of the best path to permanency, including alternatives to termination of parental rights, parental relinquishment, or guardianship?
- Is it now time to move to an alternate permanency option for the child?

While this section focuses on assessment as it applies to the family, the same principles, knowledge, skills, and decisions should be employed in work with kin, foster parents, and other caregivers.

- ◆ Explore strengths, needs, and resources of the family (including family, social, and community support systems).
- ◆ Gather information for determination of paternity to change custody to a non-offending parent, expand kinship placement options, and streamline relinquishment or termination of parental rights.
- ◆ Gather names and contact information for maternal and paternal relatives to expand kin placement opportunities, arrange for family decision-making meetings, and maintain the child's connections during placement.
- ◆ Identify substance abuse, domestic violence, housing, health, unemployment, and other problems that families may face.
- ◆ Identify health, mental health, and developmental needs of the child.
- ◆ Evaluate the biological family's prognosis for reunification and, if poor, identify alternative, legally permanent families for the child.
- ◆ Decide (jointly with the court) if the removal of the child is necessary and, if so, find appropriate placement.
- ◆ Assess the potential caregiver's ability and willingness to assure safety, permanency, and well-being for the child.
- ◆ Synthesize the information gathered and discuss findings of the assessment with the family and other relevant individuals.

## Case Planning and Implementation

The goal of case and/or service planning is to develop an individualized, strength-based, needs-driven case plan that meets the safety and permanency requirements of ASFA and addresses the unique needs of children and their families as identified through the assessment.

Service implementation involves providing ongoing support (brokering, facilitating, monitoring, coordinating, connecting, developing, and/or providing services identified in the case plan) for the family and children, as well as reporting to the courts and working with administrative reviewers.

A family-centered and strength-based approach to planning and implementation results in approaches that will best enhance the safety, permanency, and well-being of individual children, youth, and their families. The child's needs—which may change over time—are the constant frame of reference during planning and implementation. Staff and biological and foster/adoptive families must be constantly mindful of the child's attachment, safety, security, and other needs, and plan to obtain sufficient services to meet these needs.

There are two types of case plans:

The *family plan* outlines agreed-upon goals for the family and defines in detail how the goals are to be achieved and measured (e.g., what changes are needed, what the family will do to make the changes, what services and supports are needed, who will provide them, how much is needed, how progress will be assessed). A family plan that reflects good child welfare practice will be child-focused, family-centered, strengths-based, individualized, culturally competent, comprehensive, reflective of community partnerships, and outcome-based. Further, the plan will be regularly revised and updated to reflect the successful completion of services as well as continuing concerns.

The *concurrent case plan* identifies alternative forms of permanency and addresses both how reunification can be achieved (the reunification services track) and how legal permanency with a new parent can be achieved if efforts to reunify fail (the concurrent services track). Concurrent planning is done in some cases, especially those in which children have been identified as unlikely to be reunified with their parents. However, not every case with poor prognosis for reunification is appropriate for concurrent planning.

## Checklist 5—Guidelines for Practice

### Case Planning and Implementation

#### **1. Develop and implement a plan that ensures safety**

- Child safety must be the first consideration during planning and implementation of services (while the child remains in the home, for reunification, selection of placement resources, visitation arrangements, or termination).
- Ensure the safety of the child in placement by conducting substitute caregiver criminal-background checks, reviewing licensing or certification files, and assessing the physical environment.
- Parents must demonstrate safe parenting before a child may be reunified. Parental compliance alone is not sufficient to justify reunification.

#### **2. Integrate family-centered practice with protective authority**

- Involve children and parents or other primary caregivers in all aspects of planning and implementation to the degree that they are able and to the extent permitted by any outstanding orders of the court.
- Use family (including extended family) resources first when creating a safety plan. Community members—such as neighbors and community groups—are the second choice, while agency intervention—such as placement—should be the last option.
- Work with the family to identify outcomes necessary for reunification to occur.
- Plan for goals that are immediate, achievable, measurable, and time-limited. Specify what services will be provided by whom, for how long, and with what frequency.
- Offer ideas as choices rather than as advice.

- Clarify what is negotiable and what is not about the case plan and overall involvement with the child welfare system (for example, court orders and safety considerations).
- Present options and alternatives for the family to consider should reunification not appear immediately possible (e.g., voluntary surrender, directed consent, kinship care, guardianship, or independent living).
- For children removed from the home, plan, provide supports, and place children close enough for frequent parent/child visitation (especially for younger children).
- Celebrate success, continually building on strengths and helping parents accept limitations.

#### **3. Help parents meet shortened time limits**

- Inform parents of the shortened time frames for reunification and the consequences of not meeting the time frames. Knowledge of the shortened time frames may help motivate parents to make more effective use of services, thus actively working toward the changes necessary to regain custody.
- Ensure that high-quality services called for in the case plan are readily available in the community so parents can make changes within the available time.
- Frequently and clearly tell the biological parents about their progress in achieving their goals so they are aware of what more needs to be done within the ASFA mandated time frame.

#### **4. Plan for permanency**

- Engage the family in discussions about permanency and reach an agreement on the appropriate permanency goal—whether it is for the child to remain in the home, kinship

placement, family reunification, substitute care, termination of parental rights, adoption, private guardianship, independence, or long-term care.

- Use concurrent permanency planning, ensuring permanency for the child through reunification, adoption, or legal guardianship.
- Use full disclosure as a permanency planning practice in which the worker and family routinely discuss the parents' progress toward the behavioral objectives, progress yet to be made, and consequences of failure to meet these objectives.
- Reassess the family's prognosis for reunification. If it remains or becomes poor, place the child with a family that will both support reunification and adopt or take guardianship if reunification doesn't develop.
- Inform the court about the prognosis for reunification, the parent's progress towards reunification, and the permanency services provided.
- When parental rights have been terminated, make timely and reasonable efforts to find an adoptive home. Termination of parental rights by itself is not a permanency solution.
- Provide adoption and post-adoption services using Safe and Stable Families (IV-B Part 2) funds.

### **5. Ensure the well-being of the child**

- Assess the situation from the child's perspective and prepare the child for reunification, foster care placement, or adoption.
- Support the child's adjustment to temporary placement in foster care homes and/or facilities, placement with an adoptive family, or reunification.

- Support the child in dealing with feelings of loss, depression, and anxiety due to separation from parents and siblings.
- Ensure that the plan for the child includes all domains of development (e.g., school performance, health, and physical well-being).
- Consider the preferences, norms, culture, and experiences of the child and family when making the placement selection.
- Help the child maintain relationships with the birth family, relatives, informal support systems, and the community. This means children need to be placed in a geographical location that facilitates parental visitation.
- Use frequent parent/child visitation to maintain or develop healthy attachment behaviors and connections to parents. Visitation should be seen as a service to the child, not the parents, and should therefore not be used as a reward or punishment for parental behavior.
- Make plans for frequent contact and visitation for siblings when they cannot be placed together.

### **6. Prepare for court**

- Court reports should always be detailed, child-specific, and concise.
- Keep the court informed throughout the length of the case.
- Prepare for hearings in advance with your agency attorney.
- Court reports and proposed court orders should be related to each other.
- Inform the parents and child of what to expect in court.
- Remember, you and the judge have similar goals. Be prepared so the judge is able to reach the decision you want.

## *Case Planning and Implementation under ASFA*

Maltreatment is rarely the only issue of families who enter into the child welfare system. Substance abuse and other addictions, serious physical or mental illness, domestic violence, and HIV/AIDS are often critical factors. Poverty is pervasive, and inadequate or unsafe housing are significant problems. These serious difficulties can result in extremely complex family situations that need multiple and coordinated services.

ASFA emphasizes moving children quickly and safely from the uncertainty of foster care to the security of a safe and stable permanent family. The frontline worker must be mindful of the time frames but also must acknowledge and address, through case planning and implementation, the holistic needs of the child and family. These time frames are only appropriate if the case plan outlines specific and realistic goals that must be attained to ensure the child's safety. The goals need to take into account the child's developmental timeline as well as the strengths of the child and family. Achieving the goals within the required time frames requires that the services address the comprehensive needs of the family, are available in the community, are of high quality, and are proven to produce the effect needed within the time frame. Further, it requires that the frontline worker is able to keep the family focused on the key concerns related to safety and permanency and also be able to establish clear linkages among the problems identified, the changes needed, the strengths of the child and family, and the solutions.

In their work with families, frontline workers must emphasize that the parents have the power to regain custody of the children by becoming safe parents. Families should be fully informed about relinquishment and voluntary guardianship, and be made aware of the time limits and consequences of not making the needed behavioral changes. The consequence of not doing so is the termination of parental rights.

Further, good child welfare practice requires child welfare frontline workers, supervisors, managers, and administrators to collaborate with other community-based agencies to ensure that families get the services

they need to reach the goals outlined in their case plan. Taking steps to formalize these relationships (e.g., interagency agreements, pooled resources, multidisciplinary teams, shared case management) will facilitate collaboration and increase awareness about service gaps, policy, and administrative issues that need to be attended to. This is necessary because all too often frontline workers become frustrated when services for families are in critically short supply and many of them are not within the caseworker's authority to provide. The result is that families receive whatever services are available rather than those that may be most appropriate for their needs. These frustrations are particularly obvious when the family's key problem is substance abuse and the child welfare agency does not have the authority to access or pay for substance abuse treatment services. In addition, the courts become frustrated by the apparent disconnect between families' needs and delivered services. Families face the loss of their children when termination of parental rights actions are initiated in the absence of appropriate, accessible services. Certainly good child welfare practice, over time, will help remedy these problems and build an infrastructure in the community that will more appropriately address the full needs of individual children and their families.

## Monitoring and Evaluation

The goal of monitoring is to ensure that an agency's case plan maintains its relevance, integrity, and appropriateness. The goal of evaluation is to understand the achievement of outcomes. Both monitoring and evaluation are critical to determine the progress of individual cases, reflect on the performance of a unit, and inform changes in policy, administration, and practice.

Monitoring and evaluation are iterative processes, involving constant feedback loops to facilitate future planning at the case level, systems level, and community resource level. At the case level, monitoring and evaluation influence whether there need to be changes to the case plan and service delivery strategy. This information then informs changes at the systems level. For example, when monitoring reveals that services are not available or culturally relevant to enable a family to attain case goals, the

# Checklist 6—Guidelines for Practice

## Monitoring and Evaluation

### **1. Develop and design with families a monitoring and evaluation strategy**

- Involve families to decide on appropriate progress indicators, determine how they will be measured, and how to conduct self-monitoring and self-evaluation. Include in the plan clear timelines, task accomplishments, interim markers, and success criteria.
- With the family, use benchmarks for monitoring and evaluation of: 1) child safety, permanency, and well-being; and 2) family satisfaction with planning, implementation, and outcomes.
- Explain the legal basis and importance of timelines to the family, highlighting the sense of urgency, and explain the consequences of failure to comply.

### **2. Use appropriate documentation**

- Document the monitoring processes and findings in case records. Documentation should include information provided by the family and the frontline worker of the family's progress.
- Design and use a template for recording monitoring activities. Include administrative and good practice markers.
- Ensure compliance with federal and other mandates (e.g., criminal record checks, drug/alcohol intervention, child health insurance).

### **3. Review progress toward outcomes and fidelity to plan**

- Review progress made by families with all appropriate service providers and the court, when involved.
- Elicit the family's view of their progress. Gather information about the actual and planned activities and about the family's perception of the quality of services received.
- Note the worker's view of the family's progress.
- Determine the extent to which activities set forth in the plan are being faithfully carried out

(process compliance) and if the services offered are appropriate, culturally relevant, and accessible to the family. This will document reasonable efforts in service provision.

- Communicate relevant monitoring information to the court and other appropriate service providers.

### **4. Gather feedback from the system**

- Provide feedback to the agency/system when the review of reasonable efforts reveals that services offered are not acceptable, culturally relevant, and/or accessible.
- Inform agency managers of systemic barriers identified and make plans to remove the barriers.

### **5. Revise the case plan with the family**

- Determine which services and new referrals are needed.
- Adapt services and resources when monitoring indicates a need for change.
- Review and revise the case plan to address barriers to implementation when monitoring reveals failure, partial breaches in the plan, or threats to child safety.

### **6. Update the permanency goal**

- Develop a new permanency plan, with the family, when monitoring suggests that the anticipated permanency goal will not be achieved within the required time frame.
- Document reasonable efforts toward achieving a previous goal when monitoring indicates that a different permanency goal is necessary.

### **7. Monitor and evaluate practice**

- Monitor practice for continual enhancement of professional competence.
- Use feedback from the case process to influence continued learning and skill development.

worker will relay this information to a higher administrative level for planning purposes. In turn, the feedback is used as a basis for discussion among agencies and community-based organizations to identify and determine resource needs in the community and plan accordingly. For example, it may become clear that the quantity and quality of substance abuse services in the community are inadequate to meet the needs of the families in the child welfare system who are seeking reunification. This information should then be used to promote a dialogue with providers, administrators, and policymakers to address the resource needs.

### *Monitoring and Evaluation under ASFA*

Child welfare staff make complex decisions daily regarding child safety that fundamentally affect the lives of children and families. These decisions are made in an environment of “zero tolerance” for error, in which a worker’s error may become tomorrow’s headline accusing an agency of overlooking an “obvious” peril for a child. The constant possibility of harm to a child following a determination that the child is not at immediate risk, or following reunification with a parent who has improved, makes ongoing monitoring and evaluation a critical task in the casework process.

The emphasis of monitoring has to shift from determining whether the family has complied with the plan, to continually looking at when identified goals have been met and when the family is able to manage risk at an acceptable level without agency involvement. In addition, workers must review and document the availability, appropriateness, and effectiveness of services and their relevance to attaining child and family outcomes.

On the other hand, ASFA’s shortened time frames—while appropriately responsive to a child’s sense of time—may be unreasonable if staff lack the skills to monitor and evaluate, and to communicate information about the families’ progress to the courts and families. Frontline practices in the ASFA context require that workers assess the effectiveness of their interventions and make adjustments to improve outcomes for children and families.

## Closure

Closure is defined as the point at which the agency no longer maintains an active relationship with the family. It typically occurs when the family is stable following reunification and child welfare services are no longer required, or once a child has been adopted and post-adoption services are no longer needed. A permanency hearing called by the court is the vehicle for finalizing recommendations about closure.

Despite the sense of urgency caused by the ASFA time frames, good child welfare practice does not support a premature rush to closure. Instead, the decision to end the agency’s involvement must be based on the monitoring and evaluation of the individual case with active involvement of the family. The agency and the worker should support the family’s right to self-determination by ending services when the risks to child safety have been significantly reduced and the family believes they no longer need services.

### *Closure under ASFA*

All too often in child welfare practice, when workers decide to close a case, they are not always able to conduct a full reassessment of child safety and risk, family progress, and goal attainment. Decisions about case closure are often made in the context of limited information regarding the family members’ ability to maintain child safety over time.

To meet ASFA’s accountability provisions, however, decisions about case closure need to be made in conjunction with the family and other stakeholders and must be based on safety and permanency outcomes. For example, closure may occur when there is a reasonable expectation that the child will be safe and that any remaining risk of harm can be managed by the family, sometimes with additional resources through the community, or when the child has been placed into another permanent placement in which there is no or low risk of maltreatment.

Good child welfare practice reminds workers that post-closure issues need to be addressed. Regardless

# Checklist 7—Guidelines for Practice

## Closure

### **1. Start planning for closure early**

- Start planning for closure from the beginning of the agency's work with the family.
- Continue planning throughout the agency's involvement with the family by evaluating outcomes and fostering family connections to self-help resources and other support systems, so that at termination there are connections to sustain the plan.

### **2. Decide when to terminate**

- Meet with the family, individuals important to the child, and representatives of other agencies providing services to the child and family to evaluate progress toward the goals and to assess the family's ability to maintain stability in the absence of child welfare involvement.
- Based on the findings from monitoring and evaluation, consult with the family, individuals important to the child, and representatives of other agencies providing services to the child and family about ending services when it is demonstrated that acceptable levels of child safety and well-being can be maintained by the family without agency involvement or when determination has been made to terminate parental rights and the new placement is offering a secure, safe environment for the child.
- Obtain supervisory and court approval to support termination recommendations.

### **3. Come to closure**

- Review positive aspects of intervention with the child, family, and support system. Plan how safety skills will be maintained in the future with the biological and/or the adoptive family.
- Help all partners deal with residual emotions, particularly those relating to loss and disappointment.

- Plan to work with the adoptive family to maximize family connections (sibling and child relationships) regardless of permanency plan.
- If the plan does not involve reunification, ensure that the family and caregiver have negotiated and clarified the parents' future role with the child.

### **4. Anticipate the future**

- Reach an agreement with the family about an ongoing post-closure safety plan that is appropriate to the family's reality and context. This plan might include provision of services and supports and monitoring from community resources.
- Prepare the caregiver for how the child may process issues at different developmental phases.
- Review and rehearse with the family possible future problems and coping/prevention strategies.

### **5. Complete the documentation**

- Complete termination paperwork and procedures.
- Provide the family a copy of the "discharge summary."

### **6. Courts**

- Work with the court to develop a review process for cases until permanency is actually achieved (e.g. adoption not termination).
- Provide closure plans and final court reports to the court in a timely manner. Be sure the reports are clear and child focused.

of the closure outcome, (i.e., reunification or adoption), the family may need episodic post-closure services and supports. This could include, but would not be limited to, a type of family support services and counseling to help the family understand how the child might process the issues of previous child welfare involvement at different developmental phases. If closure is not due to reunification, workers will need to ensure that the family and caregiver have negotiated and clarified the parents' future role with the child and that the child has been provided with adequate explanations and supports.

The court plays an important role in ensuring that a child's permanency goal is met. The court must hear any petitions for permanency—such as the termina-

tion of parental rights or granting of legal guardianship—and must make decisions that are in the best interest of the child. Further, the court must follow up with each case to be sure the child is placed in a permanent, stable, and safe home. The agency, then, must provide the court with all relevant documentation and information so the court can make well-reasoned and well-supported decisions.

# APPENDIX 1

## Summary of Critical Steps of the Casework Process under ASFA

Although terminology and organizational structures vary across jurisdictions, it is important to highlight the critical steps in the casework process that result from ASFA. These steps are summarized below. Please note that each step is directly related to the next. Some view these steps as a spiral; others view them as a series of interlocking steps necessary to reach an appropriate, individualized case plan and ultimate permanency plan for each child. The list is not exhaustive, nor are the items within each step necessarily in order.

### **Engagement**

- Engage families from the beginning by approaching them from a position of respect, valuing their unique qualities as the key to solutions for the child and family.
- Be honest and clear about the agency's role and what it can and cannot do.
- Use time frames and consequences to provide a framework to move parents forward.
- Use authority judiciously.
- Determine immediate safety issues and service needs.

### **Assessment**

- Determine the safety of the child and provide emergency services if needed.
- Conduct comprehensive assessments regarding child safety, family capacity and motivation, and family strengths and resources.
- Conduct comprehensive assessments of the health, mental health, and developmental needs of the child.
- Establish paternity and identify relatives for possible kin placement.
- Assess family prognosis for reunification.
- Discuss relinquishment of parental rights.

### **Case Planning**

- Continue to review and address child safety, accessing emergency services if the child is in danger.
- Engage families as active partners in all aspects of service identification and planning to understand their needs and build on their strengths.
- Involve other systems and community resources and other individuals important to the family (e.g., religious leader, extended family) in developing the case plan.
- Identify permanency goals and outcomes to be achieved within the ASFA time frame that build on the strengths and outcomes desired by the family and identified in comprehensive assessments.
- Based on the goals and outcomes, determine what special services will be provided, by whom, for how long, and with what frequency.
- Develop a contingency plan for services if agencies in the community are unable to provide the necessary services or if the services provided (e.g., substance abuse) are not of sufficient quality and intensity for the family to achieve their case goals within the ASFA time frame.
- Develop concurrent reunification and permanency plans, including adoption.

### ***Service Implementation***

- Continue to review and address child safety, accessing emergency services if the child is in danger.
- Assist families in accessing the customized array of services and supports outlined in the case plan that will help them enhance strengths and remove barriers to provide a safe, stable home for their child. Follow up with families to ensure that they are receiving these services and supports.
- Link families with community and natural supports.
- Remind families of the strict time frames, review their progress towards reunification, and emphasize the consequences of not achieving the goals.
- Work with children—support and prepare them for whatever the permanency plan may be.
- Advocate for families and children for whom termination of parental rights is not appropriate; develop a legal permanency option for those for whom it is appropriate or where reunification is likely to fail.
- Work with the courts to help them understand mental health, substance abuse treatment, and other ongoing supports needed by the family to establish and maintain safety.
- Enlist the courts to help coordinate collaborative efforts between the agency, service delivery providers, and the community.

### ***Monitoring and Evaluation***

- Include families, their natural support teams, and representatives of other agencies as active partners in all aspects of case reassessment and service evaluation.
- Obtain families' (adoptive, birth, foster) perceptions of progress.
- Examine whether behavioral changes have occurred and what further changes are needed.
- Where services have been provided but behavioral changes have not occurred, assess why this is the case and whether the quality or quantity of services has been insufficient to fully meet the needs of the family.
- Determine which services in the plan are still needed, whether there are barriers to accessing the services, and if new referrals are needed.
- Review progress with all service providers and with the court, if involved.
- Continue to develop and evaluate concurrent reunification and permanency plans (including adoption and early placement in a home that will adopt).

### ***Closure***

- Involve families in case closure decisions.
- Assess continuing risks to the child.
- Develop a safety plan for reunified families.
- Help reunified families acquire help-seeking skills.
- Communicate decision to close the case to all relevant agencies and the court, and confirm their ongoing involvement as needed with the child and family.

# APPENDIX 2

## CHILD WELFARE OUTCOMES

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The following is a list of outcomes developed by the Department of Health and Human Services, Children's Bureau. These outcomes were developed, in part, as a response to the congressional directive in section 203 of ASFA. A consultation group was established to provide input and expertise to help develop these outcomes. This group consisted of representatives from state, tribal, county, and municipal child welfare agencies; private nonprofit child and family services agencies; state legislatures; Governors' offices; juvenile and family courts; local child advocacy organizations; a national public employees' union; and national organizations. This group was involved in a series of discussions that guided the development of the outcomes listed below. This list does not encompass all areas of state child welfare functioning, but it does capture essential performance features related to the goals of safety and permanency.

### Safety

***Outcome One:*** Reduce reoccurrence of child abuse and/or neglect.

***Outcome Two:*** Reduce the incidence of child abuse and/or neglect in foster care.

### Permanency

***Outcome Three:*** Increase permanency for children in foster care.

***Outcome Four:*** Reduce time in foster care to reunification without increasing re-entry.

***Outcome Five:*** Reduce time in foster care to adoption.

***Outcome Six:*** Increase placement stability.

***Outcome Seven:*** Reduce placements of young children in group homes or institutions.



# APPENDIX 3

## OUTCOMES AND SYSTEMIC FACTORS FROM THE CHILD AND FAMILY SERVICES REVIEW (CFSR)

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The CFSR process reviews statewide data indicators and qualitative information to determine state achievement in two areas: 1) outcomes around safety, permanency, and well-being; and 2) systemic factors that directly impact the state's capacity to deliver services that support improved outcomes. To the extent possible, these indicators have been coordinated with the child welfare outcomes that are listed in Appendix 2, such as the incidence of child abuse and/or neglect in foster care, length of time to achieve adoption and reunification, and stability of foster care placements.

### Outcomes

#### *Safety*

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

#### *Permanency*

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

#### *Child and Family Well-Being*

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

### Systemic Factors

- 1. *The Statewide Information System.*** The state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is—or has been within the preceding 12 months—in foster care.
- 2. *Case Review System.*** The state provides a written case plan for each child to be developed jointly with the child's parent(s); provides a periodic review of the status of each child no less than once every six months; assures that each child in foster care has a permanency hearing no later than 12 months from the date the child entered foster care and not less than every 12 months thereafter; provides a process for termination of parental rights proceedings; and provides foster parents, pre-adoptive parents, and relative care givers of children in foster care with notice of and an opportunity to be heard in any review or hearing.

3. **Quality Assurance System.** The state ensures that children in foster care placements receive quality services that protect their safety and health and evaluates and reports on these services.
4. **Staff Training.** Development and training programs support the goals and objectives in the state's Child and Family Services Plan; address services provided under both subparts of title IV-B and the training plan under title IV-E of the Social Security Act; and provide training for staff who provide family preservation and support services, as well as child protective, foster care, adoption, and independent living services. Ongoing training is also provided for staff that addresses the skills and knowledge necessary to carry out their duties within the state's Child and Family Services Plan. Short-term training is also offered for current or prospective foster parents, adoptive parents, and the staff of state-licensed/approved child care institutions who care for foster and adopted children.
5. **Service Array.** The state has an array of services that assesses the strengths and needs of children and families; that addresses the needs of the family, as well as the individual child, to create a safe home environment; and that enables children at risk of foster care placement to remain with their families when their safety and well-being can be reasonably assured. Services are designed to help children achieve permanency; be accessible to families and children in all political subdivisions covered in the state's Child and Family Services Plan; and be individualized to meet children and families' unique needs.
6. **Agency Responsiveness to the Community.** The state engages in ongoing consultation, coordination, and annual progress reviews with a variety of individuals and organizations representing the state and county agencies responsible for implementing the Child and Family Services Plan and other major stakeholders in the services delivery system including, at a minimum, tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child and family servicing agencies.
7. **Foster and Adoptive Parent Licensing, Recruitment, and Retention.** The state establishes and maintains standards for foster family homes and child care institutions, applies standards to every licensed/approved foster family home or child care institution that receives IV-E or IV-B funds, and complies with the safety requirements for foster care and adoption placements. In addition, each state has a process that recruits foster and adoptive families who reflect the racial diversity of children in the state, and develops and implements plans for the effective use of cross-jurisdictional resources to facilitate timely adoption or permanent placement.

# APPENDIX 4

## THE FEDERAL POLICY FRAMEWORK FOR CHILD WELFARE PRACTICE

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### Indian Child Welfare Act, P.L. 95-608 (1973)

The Indian Child Welfare Act (ICWA) of 1973 described the role that Native American families and tribal governments must play in decisions about the protection and placement of their children. It strengthened the role of tribal governments in determining the custody of Native American children and specified that preference should be given first to placements with extended family, then to Native American foster homes. The law mandated that state courts act to preserve the integrity and unity of Native American families.

### Child Abuse Prevention and Treatment Act (CAPTA), P.L. 93-247 (1974)

This Act provides federal funding to states to prevent, identify, and treat child abuse and neglect. It created the National Center on Child Abuse and Neglect, developed standards for receiving and responding to reports of child maltreatment, and established a clearinghouse on the prevention and treatment of abuse and neglect. Changes in 1996 reinforced the act's emphasis on child safety.

### Adoption Assistance and Child Welfare Act, P.L. 96-272 (1980)

Hailed as the most important piece of child welfare legislation enacted in three decades, the Adoption

Assistance and Child Welfare Act required states to establish programs and make procedural reforms to serve children in their own homes, prevent out-of-home placement, and facilitate family reunification following placement. The Act also transferred federal foster care funding from IV-A to a new Title IV-E of the Social Security Act and provided funds to help States pay adoption expenses for children whose special needs make adoption difficult.

A major provision of P.L. 96-272 was that judges determine whether "reasonable efforts" had been made to enable children to remain safely at home before they were placed in foster care. Reasonable efforts were also required to reunite foster children with their biological parents. While the law required reasonable efforts to preserve and reunify families, it did not include a specific requirement for placing a child permanently in an adoptive or other permanent home.

### Family Preservation and Support Initiative, P.L. 103-66 (1993)

The Family Preservation and Support Initiative (FPSSP) earmarked federal funds for family support services and increased the funds available for family preservation services. The intent of the law was to help communities build a system of family support services to assist vulnerable children and families in an effort to prevent child maltreatment. Family preservation services were designed to help families experiencing crises that might lead to the placement of their children in foster care.

States were to use the new funds to integrate preventive services into treatment-oriented child welfare systems, to improve service coordination within and across state service agencies, and to engage broad segments of the community in program planning at the state and local levels.

More importantly, the FPSSP stipulated that the planning process should include parents and consumers of services, community-based service providers, representatives of professional and advocacy organizations, and child welfare agency line staff, administrators, and supervisors. The intent was to make child welfare systems more responsive to families and communities by involving a broad range of stakeholders.

### Multiethnic Placement Act P.L. 103-382I (1994) and the Interethnic Placement Act P.L. 104-108 (1996)

The Multiethnic Placement Act (MEPA) prohibited delaying or denying the placement of any child on the basis of race, color, or national origin. This Act required states to diligently recruit prospective adoptive and foster care families that reflect the ethnic and racial diversity of children in need of foster and adoptive homes, and required the federal government to impose fiscal penalties for states not in compliance with the antidiscrimination provision.

MEPA was designed to decrease the length of time that children wait to be adopted; prevent discrimination in the placement of children on the basis of race, color, or national origin; and facilitate the identification and recruitment of foster and adoptive families who can meet children's needs.

The Multiethnic Placement Act was amended in 1996 by the Interethnic Placement Act. The Interethnic Placement Act strengthened the provisions of the Multiethnic Placement Act to ensure adoption and foster placements were not delayed or denied based on race, color, or national origin.

### Adoption and Safe Families Act (ASFA) P.L. 105-89 (1997)

ASFA makes changes and clarifications to the policies established under the Adoption Assistance and Child Welfare Act to help states protect and care for children in the child welfare system. It also continues and expands the Family Preservation and Support Services (Title IV-B), renamed the Promoting Safe and Stable Families program.

ASFA requires that child safety be the paramount concern in making service provision, placement, and permanency planning decisions. It reaffirms the importance of making reasonable efforts to preserve and reunify families, but also specifies that states are not required to make efforts to keep children with their parents when doing so places a child's safety in jeopardy. ASFA includes provisions that shorten the time frame for making permanency planning decisions, and establishes a time frame for initiating proceedings to terminate parental rights. This law also requires a focus on results and accountability and makes it clear that it is no longer enough to ensure that procedural safeguards are met. It is critical that child welfare services lead to positive outcomes for children.

### Independence Program, Title I of P.L. 106-169 (1999)

The John H. Chafee Foster Care Independence Program (CFCIP), Title I of the Foster Care Independence Act of 1999 (P.L. 106-169, enacted December 14, 1999), provides funds to states to assist youth and young adults (up to age 21) in the foster care component of the child welfare system make a smoother, more successful transition to adulthood. This program replaces and expands Section 477 of the Social Security Act and allows states to use these funds for a broader array of services to youth "aging out" of the foster care system, including room and board. Most importantly, the Chafee program enables states to expand the scope and improve the quality of educational, vocational, practical and emotional supports in their programs for adolescents in foster care and for young adults who have recently left foster care.

# APPENDIX 5

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Beverly Jones, *Intake and Family Services Administrator*, Child and Family Services Agency, Washington, DC

Bernadette McCarthy, *Deputy Director*, Division of Clinical Services and Social Work Practice, Illinois Department of Children and Family Services, Chicago, IL

Robert Ortega, *Associate Professor*, University of Michigan, School of Social Work, Ann Arbor, MI

Rick Pond, *Deputy Director*, Virginia Institute for Social Services Training Activities, School of Social Work, Virginia Commonwealth University, Richmond, VA

Nancy Rawlings, *Director of Special Projects and Programs*, Cabinet for Families and Children, Department of Community-Based Services, Frankfort, KY

Betse Thielman, *Manager*, Policy Grants and Staff Development, State Office on Services to Children and Families, Oregon Department of Human Resources, Salem, OR

Peter Weidenaar, *Executive Director*, National Association of Social Workers (Michigan Chapter), Lansing, MI

Laura Williams, *Adoption Manager*, Department of Social Services, Sacramento, CA

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Joan Zlotnik, *Director of Special Projects*, Council on Social Work Education, Alexandria, VA

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Ellen W. Carey, *Director*, Child Welfare Capacity Building Division, Children's Bureau

Catherine Nolan, *Director*, Office of Child Abuse and Neglect, Children's Bureau

Judith Jhirad-Reich, *Child Welfare Program Specialist*, Children's Bureau

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Family-Based Services**

Steven Preister, *Director of Technical Assistance*

John Zalenski, *Associate Director of Technical  
Assistance*

**National Indian Child  
Welfare Association**

Terry Cross, *Director*

# APPENDIX 6

## SELECTED ORGANIZATIONAL RESOURCES

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American Association for Protecting Children  
American Humane Association, Children's Division  
63 Inverness Drive East  
Englewood, CO 80112-5117  
Phone (303) 792-9900  
[www.americanhumane.org](http://www.americanhumane.org)

The Children's Division of the American Humane Association (AHA) has worked for over a century to help improve and enhance public child welfare systems and private child-focused agencies in their responses to the plight of abused and neglected children.

AHA's main objectives are to:

1. Increase the abilities, knowledge, and effectiveness of child protection professionals and child protective service agencies;
2. Enhance the community's capacity to respond effectively to the needs of vulnerable children and families;
3. Improve the information and capacities available to public and private child welfare agencies that help the agencies respond effectively to child abuse and neglect; and
4. Facilitate a concerted national response to the problem of child maltreatment.

As a national association of child protection programs, agencies, and individuals, AHA's membership includes state and local social service agencies, courts, hospitals, schools, mental health professionals, professional social workers, child advocates, and concerned individuals in every state. AHA provides professionals and concerned citizens with the facts, resources, and referrals they need to make informed decisions to help children and families in crisis.

Annie E. Casey Foundation  
701 St. Paul Street  
Baltimore, MD 21202  
Phone (410) 547-6600  
Fax (410) 547-6624  
[www.aecf.org](http://www.aecf.org)

The Annie E. Casey Foundation was established in 1948 by Jim Casey, a founder of the United Parcel Service, and his sister and brothers, who named the Foundation in honor of their mother. The primary mission of the foundation is to foster public policies, human service reforms, and community supports that better meet the needs of vulnerable families.

The foundation's work in child welfare is grounded in two fundamental convictions. First, there is no substitute for strong families for ensuring that children grow up to be capable adults. Second, the ability of families to raise children is often inextricably linked to conditions in their communities. The foundation's goal in child welfare is to help neighborhoods build effective responses to families and children at risk of abuse or neglect. The foundation believes that these community-centered responses can better protect children, support families, and strengthen communities.

Chapin Hall Center for Children  
The University of Chicago  
1313 East 60th Street  
Chicago, IL 60637  
Phone (773) 753-5900  
Fax (773) 753-5940  
[www.chapin.uchicago.edu/index.html](http://www.chapin.uchicago.edu/index.html)

The Chapin Hall Center for Children at the University of Chicago was established in 1985 as a research and development center dedicated to bringing sound information, rigorous analyses, innovative ideas, and an independent perspective to the ongoing public debate about the needs of children and the ways those needs can best be met. Chapin Hall is a research and development center focusing on policies, practices, and programs affecting children and the families and communities in which they live. Chapin Hall's primary work is research that addresses two questions: (1) What does our society now do for children? and (2) What other approaches might we as a society take to meet our responsibility to children? The Center focuses its work on all children, while devoting particular attention to children facing special risks or challenges, such as poverty, abuse and neglect, and mental and physical illness.

Child and Family Policy Center  
218 Sixth Avenue  
Suite 1021  
Fleming Building  
Des Moines, IA 50309  
Phone (515) 280-9027  
Fax (515) 244-8997  
[www.cfpciowa.org](http://www.cfpciowa.org)

The Child and Family Policy Center is working to develop more outcome-based approaches to address child and family needs, with a particular focus on community-building efforts within disinvested neighborhoods. The Center provides technical assistance to many Iowa communities to develop more seamless and preventive responses to children and families.

On a national level, the Center operates the publication clearinghouse and technical assistance re-

source network of the National Center for Service Integration (NCSI) and provides technical assistance and support for those constructing more comprehensive, community-based systems of support to families and children.

The Child Welfare League of America  
440 First Street, NW  
Suite 310  
Washington, DC 20001-2085  
Phone (202) 638-2952  
Fax (202) 638-4004  
[www.cwla.org](http://www.cwla.org)

The Child Welfare League of America (CWLA) is an association of more than 1,100 public and nonprofit agencies devoted to improving life for more than 3.5 million at-risk children and youths and their families. Member agencies are involved with prevention and treatment of child abuse and neglect, and they provide various services in addition to child protection—kinship care, family foster care, adoption, positive youth development programs, residential group care, child care, family-centered practice, and programs for pregnant and parenting teenagers. Other concerns of member agencies include managed care, mental health, chemical dependency, housing and homelessness, and HIV/AIDS. For all these areas, CWLA has program experts who consult, train, and otherwise assist agencies to advance their practice.

CWLA establishes standards of excellence as goals for child welfare practice. The public policy staff concentrates on passage of child welfare legislation to protect abused and neglected children and strengthen vulnerable families. CWLA is the largest publisher of child welfare materials in the world, is involved extensively in consulting with both governmental and voluntary child welfare organizations on improving services to at-risk children and families, and convenes numerous conferences, seminars, and training sessions throughout the year.

The Council on Social Work Education  
1600 Duke Street, Suite 300  
Alexandria, VA 22314-3421  
Phone (703) 519-2043  
Fax (703) 683-8099  
[www.cswe.org](http://www.cswe.org)

The Council on Social Work Education (CSWE) is a nonprofit, tax-exempt, national association representing over 3,000 individual members and 142 graduate and 439 undergraduate programs of professional social work education in major colleges and universities in the United States. It is recognized by the Council for Higher Education Accreditation as the sole accrediting agency for social work education in the United States. As a partnership of educational and professional institutions, national social welfare agencies, and private citizens, CSWE's goals include improving the quality of social work education, preparing competent human service professionals, and developing new programs to meet the demands of changing service delivery systems.

Families for Kids  
W.K. Kellogg Foundation  
One Michigan Avenue East  
Battle Creek, MI 49017-4058  
Phone (619) 968-1611  
[www.wkkf.org/ProgrammingInterests/YthEdHighEd/ffk\\_init.htm](http://www.wkkf.org/ProgrammingInterests/YthEdHighEd/ffk_init.htm)

Families for Kids is a major initiative to help bring about reforms in the adoption system to swiftly and efficiently provide a permanent home for children who are lingering in foster care and are not likely to be returned to their families.

"Families for Kids: Building the Dream" describes a planning process that supported the development of another formative dream. The process, entitled "community visioning," invited participants from all walks of life to imagine—from the child's point of view—a preferred child-welfare system, one that could provide a nurturing permanent home to all

children in foster care who would not be returning to their families of origin. This active "dreaming" ultimately shaped action plans that are now directing adoption reform in many areas of the country.

In July 1993, planning grants of \$100,000 were awarded to 19 communities in 15 States. Each community embraced the vision and outcomes; developed a diverse leadership team that included members from public and private child welfare agencies, courts, elective offices, families, clergy, and local businesses; involved communities of color; and developed a consensus strategy for reform.

National Abandoned Infants Assistance  
Resource Center  
School of Social Welfare  
University of California  
1950 Addison, Suite 104  
Berkeley, CA 94704  
Phone (510) 643-7020  
Fax (510) 643-7019  
E-mail: [aia@uclink4.berkeley.edu](mailto:aia@uclink4.berkeley.edu)  
<http://socrates.berkeley.edu/~aiarc>

The mission of the National Abandoned Infants Assistance Resource Center is to enhance the quality of social and health services delivered to infants and young children affected by drugs or HIV and their parents by providing training, technical assistance, research, resources, and information to professionals who serve these families.

The NAIARC publishes a 24-page newsletter three times per year. Each newsletter focuses on a different theme related to perinatal substance abuse, HIV, and child welfare. The newsletter includes articles on practices, policy, and research; program profiles; resource reviews; articles about child welfare and substance abuse; the impact of welfare reform on families affected by alcohol or drugs; and conference listings.

National Adoption Information Clearinghouse  
330 C Street, SW  
Washington, DC 20447  
Phone (703) 352-3488  
(888) 251-0075  
Fax (703) 385-3206  
E-mail: [naic@calib.com](mailto:naic@calib.com)  
[www.calib.com/naic](http://www.calib.com/naic)

The National Adoption Information Clearinghouse (NAIC) was established by Congress in 1986 as a service of the Children's Bureau to provide professionals and the general public with easily accessible information on all aspects of adoption, including infant adoption, intercountry adoption, and the adoption of children with special needs. NAIC maintains an adoption literature database, a database of adoption experts, listings of adoption agencies, crisis pregnancy centers, adoptive parent support groups, and search support groups, excerpts and full texts of state and federal laws on adoption, and other adoption-related services and publications.

National Association of Foster Care Reviewers  
1349 W. Peachtree Street, NE  
Suite 900  
Atlanta, GA 30309-2956  
Phone (404) 876-3393  
Fax (404) 897-5325  
[www.nafcr.org](http://www.nafcr.org)

The National Association of Foster Care Reviewers, in cooperation with the Children's Bureau, has developed *Guidelines for Foster Care Review* as a tool for assisting child welfare systems in designing and implementing effective review programs. The guidelines provide practical assistance to child welfare agencies, courts, reviewers, and review and advocacy organizations, and are designed to improve the safety, permanency, and well-being of children in foster care.

National Child Welfare Resource Center for Family-Centered Practice  
Learning Systems Group  
1150 Connecticut Avenue, NW, Suite 1100  
Washington, DC 20036  
Phone (800) 628-8442  
Fax (202) 628-3812  
E-mail: [info@cwresource.org](mailto:info@cwresource.org)  
[www.cwresource.org](http://www.cwresource.org)

The goal of the National Child Welfare Resource Center for Family-Centered Practice is to build the capacity and resources of state and tribal child welfare agencies to provide family-centered, culturally competent, and coordinated child welfare services that will achieve the outcomes of safety, permanency, and well-being for families who enter the child welfare system.

The Resource Center focuses on the following child welfare services:

- ◆ Family support services to increase the strengths and stability of families (including adoptive, foster, and extended).
- ◆ Family preservation services to assist families at risk or in crisis to ensure safety and prevent out-of-home placement.
- ◆ Family reunification services to provide follow-up to birth, foster, and extended families to ensure that children are safe and that they thrive when they return home.
- ◆ Adoption and other permanency options.

The Resource Center provides the following services:

- ◆ Technical assistance and consultation to identify policy, practice, and program changes needed to improve frontline practice and improve child and family outcomes.
- ◆ Training for administrators, managers, supervisors, and frontline workers in the principles, methods, and strategies of family-centered practice.

- ◆ Information dissemination on innovative practices and efforts underway in child welfare throughout the United States. Dissemination of information is done through publications, a Web site, and national and regional conferences.

National Child Welfare Resource Center on Legal and Judicial Issues  
740 15<sup>th</sup> Street, NW  
9th Floor  
Washington, DC 20005-1009  
Phone (202) 662-1746  
Fax (202) 662-1755  
[www.abanet.org/child/rclji/home.html](http://www.abanet.org/child/rclji/home.html)

Since 1978, the Center on Children and the Law (a program of the American Bar Association Young Lawyers Division) has promoted improvements in the legal and judicial handling of child welfare cases. Through technical assistance, training, and the development of training manuals, the Center has sought to improve the quality of legal representation to child welfare agencies, juvenile court rules and procedures, relationships between courts and child welfare agencies, reasonable efforts determinations, skills of social workers in dealing with the legal system, risk management by child welfare agencies, and state child welfare laws. These services have been enriched with support from the U.S. Department of Health and Human Services, Administration for Children and Families with a grant to support the Resource Center. Currently, the Resource Center provides on-site technical assistance as well as written material on such topics as:

- ◆ Implementation of ASFA, MEPA, ICWA, and CAPTA
- ◆ Strategic planning for courts and agencies
- ◆ Improving legal representation
- ◆ Furthering the Court Improvement Objectives

National Clearinghouse on Child Abuse and Neglect Information  
330 C Street, SW  
Washington, DC 20447  
(800) FYI-3366  
Phone (703) 385-7565  
Fax (703) 385-7565  
[www.calib.com/nccanch](http://www.calib.com/nccanch)

A service of the Children's Bureau, the National Clearinghouse on Child Abuse and Neglect is a national resource for professionals seeking information on the prevention, identification, and treatment of child abuse and neglect and related child welfare issues. Technical information is available to assist professionals with specialized information needs in the following areas: statistics, child welfare, child abuse and neglect, prevention, and state statutes. The clearinghouse collects and disseminates information related to services for children and families who have entered the child welfare system through the intervention of child protective services (CPS). The Prevention Services Desk provides professionals with up-to-date, in-depth information on the prevention of child maltreatment. The State Statutes Desk provides information on state laws pertaining to child abuse and neglect.

National Indian Child Welfare Association  
3611 SW Hood Street, Suite 201  
Portland, OR 97201  
Phone (503) 222-4044  
Fax (503) 222-4007  
E-mail: [info@nicwa.org](mailto:info@nicwa.org)  
[www.nicwa.org](http://www.nicwa.org)

The National Indian Child Welfare Association, Inc. (NICWA) is a private, nonprofit organization dedicated to improving the lives of Indian children and their families. NICWA accomplishes this goal by offering training and technical assistance on Indian child welfare services; making available information regarding the needs and problems of Indian children; helping improve community-based services; and analyzing legislation and policies affecting services for Indian children.

NICWA is a membership organization with a 26 member all-Indian board of directors. Members include tribes, individuals (both Indian and non-Indian), and private organizations from around the United States concerned with Indian child and family issues. NICWA is the only Native American organization focused specifically on issues of child abuse and neglect and tribal capacity to prevent and respond effectively to these problems. Together its members, board, and staff work to ensure that Indian children are protected.

National Resource Center on Child Maltreatment  
The Child Welfare Institute  
1349 West Peachtree Street  
Suite 900  
Atlanta, GA 30309  
Phone (404) 876-1934  
Fax (404) 876-7949  
[www.gocwi.org/nrccm](http://www.gocwi.org/nrccm)

The Child Welfare Institute is a national leader in the provision of child welfare training and organizational development consultation services to state and local governmental agencies and private agencies. A nonprofit organization established in 1984, the Institute supports human service agencies through its three divisions: Practice Development, Organizational Development, and Community Information Services.

In 1996, the Child Welfare Institute was awarded a five-year grant from the United States Department of Health and Human Services (HHS) to operate the Federally funded National Resource Center on Child Maltreatment (NRCCM). NRCCM provides training and technical assistance to all 50 States and the ten HHS regional offices. Operated jointly by CWI and ACTION for Child Protection, and located in Atlanta, Georgia, NRCCM provides training, technical assistance, consultation, and written materials in response to needs related to the prevention, identification, intervention, and treatment of child abuse and neglect.

National Resource Center for  
Community-Based Family Resource and  
Support Programs (FRIENDS)  
Chapel-Hill Training Outreach Project  
800 Eastowne Drive, Suite 105  
Chapel Hill, NC 27514  
Phone (800) 888-7970  
Fax (919) 968-8879  
E-mail: [jldenniston@intrex.net](mailto:jldenniston@intrex.net)  
[www.friendsnrc.org/friends.htm](http://www.friendsnrc.org/friends.htm)

The National Resource Center for Community-Based Family Resource and Support Programs (FRIENDS) provides training and technical assistance to lead agencies implementing the Community-Based Family Resource and Support grant program. FRIENDS offers a range of services designed to help states, tribal organizations, and local programs develop community-based family resource programs and networks throughout the United States.

Services provided include:

- ◆ The Virtual Resource Center
- ◆ Phone and online technical assistance
- ◆ On-site technical assistance
- ◆ Topical conference calls
- ◆ Publications and materials
- ◆ A list serve

Topics covered as part of the technical assistance efforts include: evaluation and peer review, parent involvement, development of state networks, family support principles, family resource centers, collaboration, respite care, and other such topics.

National Resource Center for Foster Care and Permanency Planning  
Hunter College School of Social Work  
129 East 79th Street  
New York, NY 10021  
Phone (212) 452-7053  
Fax (212) 452-7051  
E-mail: [nrcfcpp@shiva.hunter.cuny.edu](mailto:nrcfcpp@shiva.hunter.cuny.edu)  
<http://guthrie.hunter.cuny.edu/socwork/nrcfcpp>

The National Resource Center for Foster Care and Permanency Planning provides information services and training and technical assistance to increase the capacity of child welfare agencies to provide children safe, permanent families in supportive communities. Services are tailored to meet the needs of individual organizations with an emphasis on the following issues:

- ◆ Implementation of federal legislation and policy, including ASFA, MEPA, and ICWA
- ◆ Strategic Action Planning for successful permanency outcomes through community partnerships
- ◆ Culturally competent, family-centered and community-based child welfare services
- ◆ “Tools for Permanency” related to concurrent permanency planning, family group conferencing, child welfare mediation, and kinship care options
- ◆ Working with vulnerable families affected by substance abuse, mental illness, domestic violence, HIV/AIDS, persistent poverty, racism, and homelessness
- ◆ Resource family recruitment, preparation, and support
- ◆ Linkages to state policies and model programs

National Resource Center for Information Technology in Child Welfare  
440 First Street, NW, Suite 310  
Washington, DC 20001-2085  
Phone (202) 662-4285  
Fax (202) 638-4004  
E-mail: [NRCITCW@cwla.org](mailto:NRCITCW@cwla.org)  
[www.nrcitcw.org](http://www.nrcitcw.org)

Through a grant from the United States Department of Health and Human Services, the Child Welfare League of America operates the National Resource Center for Information Technology in Child Welfare. The mission of the Resource Center is to assist state, local, and tribal child welfare agencies and the courts in improving outcomes for children and families through the use of information technology. The Resource Center assists frontline workers, supervisors, and administrators in child welfare, as well as judges and court administrative personnel in using technology and information to inform policy and practice in child welfare.

Types of services provided include:

- ◆ Identifying needs and providing consultation, training and technical assistance related to the development and use of child welfare information systems and data.
- ◆ Assisting the Children’s Bureau in conducting an annual conference on data usage and information technology in child welfare.
- ◆ Developing and disseminating information on technology development and good practices to the field of child welfare through various means, including an Internet-based Web site.
- ◆ Providing on-site technical assistance to states, tribes, and courts. States should request on-site technical assistance through their ACF Regional Office. On-site technical assistance may include the use of peer consultants.

National Child Welfare Resource Center  
for Organizational Improvement  
Edmund S. Muskie School of Public Service  
University of Southern Maine  
One Post Office Square, 400 Congress Street  
P.O. Box 15010  
Portland, ME 04112  
Phone 1-800-Help Kid  
Fax (207) 780-5817  
E-mail: [patn@usm.maine.edu](mailto:patn@usm.maine.edu)  
[www.muskie.usm.maine.edu/research/  
natlchildwel](http://www.muskie.usm.maine.edu/research/natlchildwel)

This National Child Welfare Resource Center strengthens and supports organizations committed to the welfare of children, youth, and families through research, training, technical assistance, and evaluation. Our work improves management and operations, bolsters organizational capacity and promotes service integration, resulting in improved outcomes for children and families.

As part of the Institute for Child and Family Policy at the Edmund S. Muskie School of Public Service at the University of Southern Maine, staff at the Resource Center enjoy collaborative relationships with researchers and faculty in many areas impacting child welfare, including disability, health, early education, human development, social welfare, and public policy. The Center also works closely with staff at other resource centers throughout the country, the People of Color Leadership Institute at the Center for Child Protection and Family Support, and the National Indian Child Welfare Association.

The Center helps with on-site technical assistance and training, a yearly teleconference training program, and a clearinghouse of print, video and audio materials.

National Resource Center for Special  
Needs Adoption  
Spaulding for Children  
16250 Northland Drive, Suite 120  
Southfield, MI 48075  
Phone (248) 443-7080  
Fax (248) 443-7099  
[www.spaulding.org](http://www.spaulding.org)

The National Resource Center for Special Needs Adoption was established at Spaulding for Children in 1985, with a grant from the Children's Bureau, to increase the number of children with special needs who are adopted nationwide, and to improve the quality of services provided to the children and their families.

Services provided include:

- ◆ Technical assistance and consultation to public and private agency administrators and practitioners regarding policy, practice, and programming in adoption, permanency planning, and cultural competence.
- ◆ Training on current practices, policies, and issues in special needs adoption, permanency planning, post adoption services, and cultural competence. The Center plans, sponsors, and participates in local and national conferences on these subjects.
- ◆ Several video-driven and video-augmented curricula. Train the Trainers programs are offered at the Center or at other sites.

National Resource Center for Youth Services  
College of Continuing Education  
University of Oklahoma  
202 West 8th Street  
Tulsa, OK 74119-1419  
Phone (918) 585-2986  
Fax (918) 592-1841  
E-mail: [hlock@ou.edu](mailto:hlock@ou.edu)  
[www.nrcys.ou.edu](http://www.nrcys.ou.edu)

The National Resource Center for Youth Development (NRCYD), through a cooperative agreement with the Children's Bureau, Administration on Children, Youth and Families, provides training and technical assistance to publicly administered and supported child welfare agencies. The objective of the Resource Center is to bring the concepts of youth development to the public child welfare system through the joint efforts of the national resource centers, as well as each agency and professional service provider.

The Center provides professional training and technical assistance in the following areas:

- ◆ Diversity
- ◆ Working with sexually abused children and youth
- ◆ Working with Native American youth
- ◆ Youth leadership/peer helping
- ◆ Adolescent substance abuse prevention
- ◆ Managing aggressive behavior
- ◆ AIDS prevention for youth
- ◆ Team building
- ◆ Strategic planning
- ◆ Adventure-based programming
- ◆ Residential/foster parent training

National Technical Assistance Center for Children's Mental Health  
Georgetown University Child Development Center  
3307 M Street, NW Suite 401  
Washington, DC 20007  
Phone (202)687-5062  
Fax (202)687-1954  
<http://gucdc.georgetown.edu/cassp.html>

The National Technical Assistance Center for Children's Mental Health is part of the Georgetown University Child Development Center, a division of Georgetown University Medical Center. The Center is supported by a cooperative agreement with the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, Administration on Children, Youth, and Families, U.S. Department of Health and Human Services, and the Maternal and Child Health Bureau.

Since 1984, the Technical Assistance Center has been serving as a national resource center for policy and technical assistance to improve service delivery and outcomes for children and adolescents with, or at-risk of, serious emotional disturbance and their families. Its mission is to assist states and communities in building systems of care that are child and family centered, culturally competent, coordinated, and community based.

Special areas of emphasis and expertise include system planning, interagency coordination and collaboration across the major child-serving systems, financing, managed care, service development and integration, human resource development, family involvement, cultural competence, early intervention, and service issues for special populations of high-risk children and youth.

Technical assistance activities include conferences, training, materials development and dissemination, consultation, targeted technical assistance, and information brokering.





