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# Best Practice *Next Practice*

## Family-Centered Child Welfare

### Community Collaborations: A Growing Promise in Child Welfare

Many communities and states across the country are experimenting with a very different approach to child protection and family well-being. The approach is as promising as it is painstaking. At its heart is a partial shift in accountability for the safety and protection of children from the Child Protective Services agency to the neighborhood or community. By shifting sole accountability for child safety from a single public agency, the goal is to create a broadened framework of commitment and responsibility for the safety, family stability, and successful development of children and families.

Often, as a part of this approach, child welfare staff move from an isolated office to the neighborhoods they serve. They then become a part of a network of professionals, paraprofessionals, and concerned citizens that represent a community-based system of care able to provide services more effectively and efficiently. These *community partnerships* or *community collaboratives*, as they are called, create child welfare practice that is proactive, integrated, partnership-oriented, and empowering. Community



partnerships hold great promise by helping make child welfare services accessible for families.

This promise of change addresses not just vulnerable children and families, but community service systems as well by building new relationships with partners who have the commitment to keep children safe and strengthen families.

The defining features of community partnerships are familiar. Community partnerships are:

- ♦ *Community-based.* Decision making and service design moves to the community and the neighborhood. The community partnership connects families to formal and informal community resources.

This issue of *Best Practice/Next Practice*, focusing on family-centered service innovation in community collaboratives, sets the stage for our next issue. Our spring issue will focus on ways in which public systems are creating the capacity to individualize their response to each families' needs.

## The Need for Community Collaboratives

Community collaboratives in child welfare have developed to respond to families by providing:

- ◆ Supports to **prevent** child maltreatment or its reoccurrence
- ◆ A range of informal and formal services that work together to **share responsibility**
- ◆ **Individualized responses** to families' strengths and needs

### Prevention

Prevention is the soul of permanency. The current child welfare system emphasizes identifying child maltreatment and holding parents and other caregivers responsible. But what families also need is a focus on prevention, including supports and services that help prevent maltreatment or its reoccurrence. Children need services that will help prevent them from growing up to be abusers themselves.

### Shared Responsibility

No one sector or agency can respond to the multiple needs of families in the child welfare system. Instead, every sector of society plays an important role and has the responsibility to prevent child maltreatment and/or to deal with the consequences when abuse has occurred. The shared responsibility

can be expressed through collaborative partnerships to respond to families' strengths and needs.

### Individualized Responses

Families may enter the child welfare system for a wide range of reasons—from children going to school with inadequate clothing to life-threatening neglect and long-term sexual abuse. In addition, families that enter the system may be confronting a variety of other challenges such as unemployment, substance abuse, and mental illness. Each one of these families needs an individualized plan that responds to their needs. For example:

- ◆ Services for children and families are coordinated around each family's situation
- ◆ Supports and services supplement the family's strengths to protect the safety of children
- ◆ Out-of-home placements preserve important relationships while protecting the safety of children

It is within this context that community collaboration for child protection and family well-being is evolving.

- ◆ *Family-centered.* Services build families' strength and resilience by working with the family and community.
- ◆ *Results-oriented.* The system is held accountable at many levels for achieving results that are reflected in measurable improvements in child, family, and community-capital (resources for strength and resilience).
- ◆ *Participatory.* Stakeholders include broad-based community constituencies, both individuals and organizations. Agencies value diversity and encourage those being served to become involved and make decisions for themselves.
- ◆ *Responsive.* Agencies provide services to address the range of family needs in a coordinated way. Agencies and organizations change the way they respond to children, youth, and families, including in their internal operations and cross-system collaborations.

## The Complexities of Community Partnerships

Collaborative efforts are complex and time consuming. But the rewards are equal to the commitment that comes from working through, and sometimes around, a variety of issues. Some of the challenges agencies may face include:

- ◆ Separately managed funds and inflexible programs and eligibility requirements. Community

partnerships are interested in “strengths” but services are only targeted at problems.

- ◆ Differences among professional cultures—including the definitions of the “client” or of “success.” Harmonizing the approaches of frontline workers in multi-disciplinary teams is challenging.
- ◆ The simple sounding, deceptively difficult process of “blending formal and informal services.”
- ◆ Territorial issues, especially when “good-cop/bad-cop” strategies have become a successful means of connecting with families.

## The Potential of Community Partnerships to Implement ASFA

The field of public child welfare is now dominated by the concerns of the Adoption and Safe Families Act (ASFA). At times, many people in child welfare worry that the ASFA mandates will encourage a retreat from prevention services and family-centered practice. This is not necessarily the case.

The goals of community collaboration in child welfare are complementary to ASFA guidelines. That needs to be recognized. Safety, permanency, and well-being are concepts that are important to communities as well as families. Productivity and quality of life in communities depends on

the *safety* of residents both inside and outside of their homes. The stability of family relationships and community institutions is critical to seeing young people successfully grow into adulthood. This stability is *permanency*. Furthermore, the domains of family and social development, from education and health care to recreation opportunities, help define *well-being*. Viewed from this angle, the community partnership agenda and ASFA can share center stage.

Building community partnerships is one area of technical assistance that is available through the National Child Welfare Resource Center for Family-Centered Practice. This issue of *Best Practice/Next Practice* focuses on community collaboratives in child welfare because this approach holds the greatest promise in recent years for improving child and family outcomes. The articles that follow explore some of the critical elements in community collaboration and examine several communities that are “finding the way forward” and creating family-centered services in a collaborative context.

- ◆ **Jacksonville, Florida Community Partnership for Child Protection:** The Edna McConnell Clark Foundation is a leader in developing the community partnership model and has four pilot sites.

We focus on the Jacksonville, Florida, partnership. With three full-time staff, the Jacksonville Partnership has built new relationships between local service providers and has transformed a disconnected array of programs into a supportive web of services for residents.

- ◆ **The Massachusetts Patch Approach:** This approach focuses on: 1) creating change in communities by renegotiating relationships between public child welfare agencies and the people they serve; and 2) improving practice to keep children safe by strengthening the everyday capacities of families and neighborhoods to care for their children. This approach can initiate a powerful process of renewal with far-reaching consequences.
- ◆ **Rock Island, Illinois:** This pilot, undertaken with the Illinois Department of Children and Family Services and a two-county community, is achieving remarkable outcomes. Also, it has the distinction of applying managed-care technologies to secure additional funds to develop community-based services.

## Strengthening Communities: A Family-Centered Strategy in Jacksonville, Florida

By Andrew White

*Variations of the Community Partnership for Protecting Children are being implemented in four cities—Jacksonville, Florida; Louisville, Kentucky; St. Louis, Missouri; and Cedar Rapids, Iowa—and are funded by the Edna McConnell Clark Foundation. In each pilot site, state and local governments have spent the last few years collaborating with local nonprofit service providers, faith-based institutions, charities, neighborhood associations, and community leaders to establish networks of protection and prevention. The partnerships seek to raise neighborhood awareness of child safety issues and empower neighborhood residents to become more involved with families at risk of abusing or neglecting their children. And each partnership project is pursuing structural reform within the local and state child welfare agencies where they are based, instilling a commitment to strength-based, family-centered solutions to individual family problems.*

Florida's child welfare agency has been through a turbulent time. In 1998, press coverage of a child's death in another part of Florida prompted a near doubling of abuse and neglect reports to the state hotline. Reform demands inspired strict new rules for child protection investigators and an overhaul of the state Department of Children and Families (DCF). Many of the longtime case investigators in the department's Jacksonville district have since departed.

Among those who remain, some child protection investigators in Jacksonville say they are currently struggling with as many as 90 open cases (in Florida, investigators are also responsible for connecting families with services). Often, they say, families are left without needed assistance for months at a time, and some may never receive any help at all—even after workers have committed themselves to making referrals. Investigators say many of those who don't get services simply end up in trouble again.

Yet amid all of the tumult, Jacksonville's DCF district office is also home to one of the nation's more innovative experiments in family-centered, community-focused child welfare policy. The Community Partnership for Protecting Children, housed in the District 4 office building alongside case investigators and supervisors, is a small but ambitious child-safety project that has been targeting five housing developments in the northwest quarter of the city since 1997. And it offers some hope for alternative strategies that may one day help take some of the pressure off frontline workers.

### The Neighborhood and Child Welfare

With three full-time staff members, the Jacksonville Partnership has built new relationships between local service providers and transformed a disconnected array of programs into a web of support for residents.

This article has been adapted from "Citizen Power for Stronger Families: Community Partnerships for Protecting Children, Jacksonville," a booklet available, free, from the Edna McConnell Clark Foundation, 250 Park Avenue, New York, NY 10177; 212.551.9100.

Director Al Walker is a career child welfare professional who spent 10 years as a child protective investigator. He has enlisted many of the district's child welfare case managers in efforts to include family members and community representatives in planning individualized, case-by-case support services for parents and children who need help.

Organizing the neighborhood residents lies at the core of the group's strategy. The tenants of the housing developments are mostly single mothers on welfare, many of them teenagers shouldering heavy child rearing responsibilities. Among them, too, are a large number of elderly women whose children have grown up and moved on.

Fannie Green, a DCF program administrator who helped the Partnership get off the ground, suggested that Al Walker was the right man for the job. "I asked him to walk the neighborhood, get to know the people," she recalls. "He took that on with a zeal. He identified leaders and got them involved. To have a man caring for them was something new for many of them," she adds. "They fell in love with him."

When residents first saw Walker strolling around their housing projects in his bright Community Partnership T-shirt, chatting respectfully with people, many kept their distance. "The Partnership had been having these meetings not far from my home," recalls Ernestine Shannon, a mother of three grown children who lives in the Moncrief Village development. "Al kept telling me to come on in, but I felt like I already did a lot for my church, so I wasn't going to talk about doing more." But then Walker sent a woman from another complex over with a car to drive Miss Shannon to a community meeting, and she felt she

couldn't say no. Why did she go along? "A lot of times when you live in a complex like this, people look at you differently. People say, 'I wouldn't live there.' But Al looked at me with respect," she says. "The Partnership treated me like a person." And that's what it took to get her in the door.

"The people have seen government and organizations come and go," explains Green. "But we've been there two years

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**The Jacksonville Partnership has built new relationships between local service providers and transformed a disconnected array of programs into a web of support for residents.**

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now. And not just for monthly case meetings. We're there Saturdays, Sundays. They've bought in."

Indeed, Ernestine Shannon has since become an influential force in the community, spending her afternoons with a growing group of young boys and girls and looking out for their emotional and physical well-being.

## **Community Engagement**

For Walker, engaging the community is an almost round-the-clock enterprise. Monday evening at 8 p.m. he's rallying 13 teenagers and five adults in a community room at Cleveland Arms with pizza and soda, prodding them to decide how to help their community, what kinds of youth programs they'd like to have in their community center, and where they would like to go on weekend field trips.

First thing next morning, Walker chairs a meeting of residents and social ser-

vice executives at the Washington Heights community center. The small group listens to a presentation from a women's health clinic. Then they talk about ideas for preventing truancy at school. They learn about a local man who is intent on setting up a mentoring program for boys, and about the gentleman from St. Paul's Baptist Church who helps students with their homework. "Keep the ideas flowing," Walker says in closing. "We are the keepers of our neighborhoods, and we will ask for help when it's needed. Not help to have children removed. But help to keep our children safe."

Back at his office at midday, he's on the phone with directors of service agencies, department officials, and resident leaders from the housing developments, coaxing them to show up for a recruitment and planning session he's hosting the following evening. Over the course of the day he consults with Paula Johnson, who oversees 44 open cases of families for whom the Partnership coordinates services and support. Walker and Johnson must also craft a schedule to address nearly 17 new cases recently referred their way. Meanwhile, the District 4 administrator is circulating a proposal to apply the Community Partnership strategy statewide, and Walker has to review the documents.



Walker and his staff face new demands and details that emerge in a relentless stream. And yet, to their credit, they and their colleagues at their partner organizations seem to rarely lose track of the basic tasks of leadership development and partnership building.

The institutional reach of the Partnership is far larger than its three staff members. Indeed, the group's Neighborhood Network includes dozens of service agencies, government offices, churches, grassroots associations, and civic groups such as the Urban League and the Boy Scouts. Representatives of each have attended meetings, set up collaborations and, in many cases, devoted resources to the community. This is the art of networking: each new connection leads to many more.

But the real measure of success is the community-level engagement of residents. The Partnership's reputation has been gained by sparking meaningful improvements in people's lives.

## Mothers Supporting Mothers

When the landlord targeted one young mother for eviction because she failed to keep her apartment clean, a neighbor called the manager's office. The two were not friends, but the neighbor said she hated to see a family thrown out on the street. "She made an appointment with the manager," recalls Sandra Durham, the social services director of the housing development. "She sat down without fussing and cussing and told them, 'I will be responsible for making sure she cleans up her house.'" Later, the neighbor and her son helped the young mother clean. "The manager was amazed,"

says Durham. “To me, that’s partnership. That’s community. The presence of people helping one another is catching.”

Other residents have been drawn to the project through its innovative community casework. The guiding concept is called the “Individualized Course of Action” (ICA), and it involves case meetings for families in need—not only with professional counselors and social workers, but also with relatives and community people who can commit themselves to offering support. The purpose of these meetings is to help parents or young people focus on their strengths, dreams, and goals—and then help them find some of the support they need to achieve those goals. For some, the objective is winning their children back from foster care. For others, it’s to get a job. For most, there are many small hurdles that have to be overcome along the way.

Maebell Cherry, disabled by severe asthma, is raising a boy and a girl, 10 and 11 years old, at the Washington Heights development. She has trouble walking and barely scratches by on her federal disability income and food stamps. For a time she couldn’t clean house, and had no beds for the children, raising the possibility that she could be evicted and lose her rent support. When a social worker referred Cherry for an ICA meeting, Durham immediately hooked her up with a neighbor who was also struggling financially, and paid her a small stipend to clean Cherry’s apartment for a month. A new supportive relationship was built. The neighbor now has outside work, but she and another friend stop by periodically to help Miss Cherry.

A typical ICA session seeks to encourage the person at its center to express what

she or he believes should be done—rather than laying out a traditional service plan devised by professionals, bureaucrats, or the courts. The ICA process strives to strengthen the assets of individuals who might otherwise simply be seen as troubled

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“We are the keepers of our neighborhoods, and we will ask for help when it’s needed. Not help to have children removed. But help to keep our children safe.”—Al Walker

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clients in need of repair. The technique can be used for families who need help caring for their children, or for families whose children are already in foster care.

This focus on the families and their unique strengths and needs is only as effective as the support that can be put in place. The Partnership’s extensive relationships with other agencies and organizations allows the ICA process to include workers who can provide the most appropriate services or who can make rapid referrals and ensure timely follow-up.

With District 4 case investigators finding themselves loaded with too many cases, the ICA strategy has proven valuable. Several of Jacksonville’s child protective investigators say they have referred their most difficult cases to the Partnership—and those families have not returned to the system, unlike similar cases that go the more traditional route.

“These are families trying to get their children back,” explains investigator Tammy Gajewski. “They can come up with their own solution to the problem. When they come up with it themselves,

they are more likely to do it. And the hostility is diminished.” She says the technique has worked well. One mother had her children back in two weeks and avoided the court system altogether; another had her children back in one month; and a third mother had hers back in three months. In the traditional system, reunification typically takes half a year or more.

Walker describes the ICA process as the true focus of the entire Partnership project. If individuals can regain self-esteem and be attentive, supportive parents to their children—and if family members and community people can help—then the goals of the Partnership will have been accomplished. More children will be safe. Several community residents have trained to be note-takers and assistants to the professional facilitators at ICA case planning meetings. A few dozen have committed themselves to work with specific individuals—sometimes in ways as simple as just watching the kids for a few hours.

## Respect

“The community does not recognize the ICA process as the heart of the situation, though I believe it is,” Walker says. “They don’t recognize it because I haven’t played it that way. I just tell them that agencies have finally learned how to work with people and show people the respect they deserve. They no longer have to be afraid that the total issue is someone coming to take the children away. They see that they can be a helper, a support to their neighbor.”

In mobilizing nonprofit agencies, the project also seeks to reshape the way staff think about the people they work with. As far as Walker is concerned, too many social service agencies are afflicted with either a lack

of commitment or a raw laziness that keeps staff in their offices and not out in the field, meeting people where they live. It’s not a great model for building trust. “To learn anything, you must leave that office and come to the community,” says Walker.

“Families need to be heard and listened to rather than evaluated,” Walker tells his colleagues. “Learn to respect the people you serve.” Residents can now connect a growing number of social service organizations with familiar faces who show up in the community now and then, and are not simply bodies behind a desk awaiting a crisis.

Today, some state DCF investigators and supervisors can operate differently as well, relying on people they know to obtain information. “Two years ago I was leery of going to these places,” says Eddie Gibson, a child protective investigator since 1990. “Now there’s a wave, a friendly face. I used to be treated like ‘The Man,’ like the police, and I could not get any information. The attitude has really changed.”

“A year ago people would have called the hotline,” Gibson adds. “Now they call the Partnership.”

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## The Patch Approach: Blending Prevention and Protection in the ASFA Era

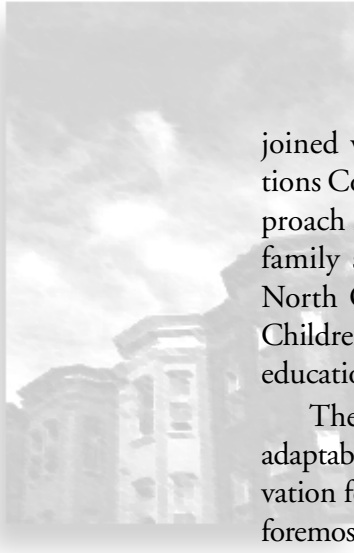
*One of the best indications that a Patch Approach is taking root is that barriers begin to fall. A mother walks into a Patch office with a question. Her worker is off on a home visit, but she doesn't leave, or spend hours waiting for her worker to return. Instead, another member of the Patch team sits down with her and resolves a problem about an upcoming court appearance. A mother who had her children removed when she was a young and inexperienced parent stands up at a statewide meeting and says that she is willing to try to trust DSS (Department of Social Services) case-workers again and welcomes them into her community. A family, and a DSS "family worker" (a new name chosen by the team to signal their new way of working with families) attend a community barbecue as a part of a family reunification plan. A father suggests holding a visitation in the common room of the Patch office. A family worker smooths a placement, making it local, with a known family and with much less trauma to the child. A school system withdraws its objection to "more foster kids" as a result of involvement on the Patch Council and closer relationships with the Patch team. Patch council members start a dialog, involving local pediatricians, in the discussion of sensitive issues of abuse and neglect in the community to improve professional involvement and working relationships with the child welfare agency.*

Traced to its origins in Great Britain, "Patch" means neighborhood. While there remain connections to these roots, Patch

has taken on a new meaning. In Massachusetts, Patch is a problem-solving approach focused on creating constructive child welfare reform in community settings by renegotiating roles and relationships between public child welfare agencies and the people that they serve. This approach, a way of "seeing with new eyes" the strengths and challenges faced by families and communities, initiates a powerful process of renewal with potentially far-reaching consequences.

Patch was first introduced in Massachusetts as a DSS "systems integration" strategy. This starting point can be traced to the federal Family Preservation and Support Services Program (FPSSP). Having developed a strong system of family-based services in child welfare throughout the 1980s, Massachusetts invested the federal IV-B subpart 2 funds in the development of family support services through the Community Connections Coalitions. A strength of this approach was to increase capacity in an underdeveloped service area; a challenge was to defer strategies for linking family support to child welfare. In some cases the Community Connections Coalitions worked with only loose ties to public child welfare providers.

In this context, Patch became a strategy to link the protection work of public child welfare with the prevention work of family support in a neighborhood-based setting. Within the framework of an evolving partnership, two DSS area offices, one in Boston and one in Greenfield,



joined with two Community Connections Coalitions to initiate the Patch Approach in two sites: Dorchester Cares (a family services collaborative), and the North Quabbin coalition Valuing Our Children (a family support and parenting education organization).

The Patch Approach persists as an adaptable and resilient child welfare innovation for a number of reasons. First and foremost, Patch works with the best trends in child welfare, rather than offering itself as a reform competing for limited time, attention, and resources. Patch works within a reform agenda that depends on the need for greater community control over services and supports for families, greater responsibility and control for families over their participation in service systems, and the need for practice focused on results for families and communities rather than on compliance with bureaucratic procedure. Patch brings to social services reform a workable means of implementing reform trends that are sweeping across our entire national landscape.

Patch adapts well to a changing service context because it is a community-based problem-solving approach rather than a model. This is extremely important in a rapidly changing child welfare reform environment. Now, as the FPSSP has itself changed into Promoting Safe and Stable Families (PSSF) within the Adoption and Safe Families Act (ASFA), Patch is proving itself to be a resilient frontline strategy for promoting safety, permanency, and well-being in the neighborhoods it reaches. Patch also underscores the role of prevention services and family support in achieving the goals set forth under ASFA.

## Principles Are the Foundation of Accountability

Because Patch is an approach responsive to local conditions, principles that are negotiated and endorsed by key constituencies become critical to successful implementation. In the two Massachusetts sites, principles like the ones that follow helped to provide a framework to guide the work of Patch development.

### *Public social services must be accessible.*

Services must be reasonably available at times when families can use them. Especially in an era of welfare reform, families cannot spend half their time accessing the services and supports they require to achieve stability and self sufficiency.

### *“Us-them” boundaries between families and the service system, and between public and private human service organizations, perpetuate problems and limit solutions.*

Boundaries born of miscommunication and mistrust affect relationships between families and child welfare agencies in communities. Boundaries also exist between service agencies themselves. At times, these boundaries help maintain a status quo that meets certain interests. “Good-cop/bad-cop” strategies can be a short cut to a new beginning with families. But eliminating those boundaries creates challenges for everyone involved.

### *Prevent problems in neighborhoods and communities by creating opportunities for individuals and families to grow in healthy and constructive ways.*

Multiple domains of family development from education and health care, to good after-school programming, recreation and celebration must be addressed if families

are to achieve long-term outcomes related to genuine well-being.

***Strengthen local resources and the everyday ways people care successfully for each other.***

To be effective, formal services must be a small part of the way people in communities care for each other. Local resources needed for the successful practice of everyday life need to be identified and carefully tended.

***Use teamwork to model a way of working and problem solving with the community.***

The work of problem solving in communities is too extensive for individuals or one-on-one relationships. People must share the work of the community to be successful. Child welfare service providers need to be able to model this in their relationships with each other and community residents.

***Encourage participation of residents of Patch in the initiative.***

Participation is essential to “widening the circle of accountability” in communities to achieve the goals of safety, permanency, and well-being.

***Respect the diversity of individuals, families, and neighborhoods.***

Culture affects what people see, what they believe, and what they do. It is a part of individuals, families, neighborhoods, and the organizations that work in them. Respect is the necessary starting point for understanding and action.

## The Different Levels of the Patch Approach

Strategies complementary to these principles emerged from negotiations with

key people and constituencies. This created the Massachusetts Patch initiative. To work on the complex agenda described by the principles, Patch has to operate on a number of levels simultaneously: the neighborhood team, the Patch community council, and the administrative team.

### Neighborhood Teams

Neighborhood teams are deployed in the two pilot sites. These teams are made up of DSS case workers and supervisors, other state agency representatives such as Department of Youth Services and domestic violence specialists, staff from community-based family support agencies, a Patch team coordinator, and others. There is no set definition for the makeup of the team: it is a group of people with a mix of skills working to get the work done. Final makeup of the team is determined by local opportunity and neighborhood need.

These teams are assigned a geographically defined caseload, and they work from offices located in the communities they serve. The offices are comfortable, welcoming places. Families and residents come in with any and all kinds of questions and concerns related to DSS services or other matters. The office becomes a setting that is equally appropriate to holding a family visitation or an open house and potluck supper to introduce Patch team members to local families. The office can become whatever the team and the residents want it to be. It becomes a center in a network of open communication and equal exchange within which the work of DSS becomes embedded in the life of the community. This is demanding, and it raises challenges of all sorts, but it offers an

opportunity to promote the safety and well-being of its children and families.

The team's growing effectiveness is tied to being allowed to evolve their own local practice approach while working within the mandates of DSS. There are many dimensions to team practice.

Although it takes time, effort, and ongoing outreach, strengthening relationships with families and cultivating greater familiarity and understanding of neighborhoods works to improve all outcomes. Having a respectful relationship with a family makes necessary removals more constructive. This avoids certain kinds of trauma that generate problem behaviors in children. Such problems can, over time, become indistinguishable from those contributing to certain removals in the first place, complicating assessment and service planning ahead. Knowing families and

children better makes placements more successful and closer to home. It also facilitates the possibility of timely reunification or makes the identification of best permanency options a process focused on maintaining as many successful relationships for a child as possible.

Teamwork refocuses good intentions within a fuller context. We seldom see beyond the confines of our intentions. If our intentions for families are good, how can we go wrong? The truth, up close, is different. Well-intended interventions, even good ones, do not necessarily produce positive effects for a family. What counts is not the specific integrity of an individual intervention, but the entire context within which the intervention rests. For example, an excellent substance abuse program that requires a mother to separate from her responsibilities to her children and family to enroll, may undermine the necessary conditions of success for her. Interrupting those primary relationships can affect her motivation to finish the treatment program, and it may ignore the patterns of daily life that are key to long-term success. Patch team practice is based on understanding the networks of social relationships within which families are embedded as a way of knowing how best to help them help themselves. This “decenters” professional knowledge and intentions and “recenters” the strengthening of families’ networks as the overriding purpose of our efforts. This focus on the successful practice of everyday life for families can turn attention to “family strengths” from rhetoric into reality.



Further, working in neighborhood settings in a team allows greater knowledge and familiarity with families' circumstances. One participant in the process describes how conventional practice is like "looking at a family through a pinhole." You just can't know them well enough to have a constructive relationship. And you end up relying on secondhand information that predefines family problems: the layers of negative language that describes their history with the system. Up close, the team can sort through problems differently. In a conventional setting, a family that is "resistant" and "non-compliant" can cause workers to shift the focus of their efforts to the family's attitude toward caseworkers. Up close, however, the family may be independent and resourceful. Reframed, the problem becomes a quality to work with.

Families involved in the child welfare system lead complex lives with multiple system involvements. This releases a range of "system effects." For example, a family may have "problems with the school." However, through working closely with families in the community, it may become clear that the problem may be about misunderstood expectations and competing agendas between agencies with the family caught in the middle. System effects can sometimes become family problems. Often solving a problem is not something a family can do without changing relationships in the involved systems. Professional treatment orientations, expectations professionals have of one another, past relationships between agencies, the adversarial nature of court processes, or a family's history at school, all can produce system ef-

fects that need to be addressed in ways other than direct family work.

Patch team members develop a variety of practice skills as a result of this wide variety of work. Family workers on the Patch team:

- ◆ Work directly with families to understand the patterns that maintain problems;
- ◆ Link families with concrete supports or specialized services;
- ◆ Intervene to sort out and minimize unintended system effects;
- ◆ Build community resources; and
- ◆ Advocate within their own agencies for changes in official policy or procedure to get a better job done.

The core skill of team members is "change mapping." Change mapping is rooted in working with a family to identify and define the social networks within which their daily life takes place. It is in this network, this fabric of relationships, that problems crop up and resources for their solutions can often be found. "Patch change mapping" draws on the tradition of solution-focused techniques, as well as familiar family-centered techniques such

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**The successful practice of everyday life for families can turn attention to "family strengths" from rhetoric into reality.**

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as the genogram and the ecomap. However, rather than having a diagnostic slant, change mapping emphasizes attention to often-unrecognized resources in a family's network, resources that have the poten-

tial to encourage, facilitate, and sustain the changes needed to help a family meet its goals.

### **The Patch Council**

The widening of the circle of accountability extends to the Patch council. Patch councils in Dorchester and North Quabbin are diverse bodies. They are composed of community leaders, elders or “guardian angels.” They include service users and service providers, residents who want to play a role, and concerned professionals who want to give something back to their communities. That is the key. The councils must be made up of people who want to make a contribution to their communities. Sustainable partnerships are based not in what participants gain, but in what they contribute.

### **The Administrative Team**

The “Admin Team” is composed of area office directors, area program managers, family support specialists (community connections technical assistance providers), Dorchester Cares director (in the Boston site) and Valuing Our Children director (in the North Quabbin site). The Admin Team addresses problems at a policy level. For example, can caseloads be weighted in some way to allow the

Patch teams to balance the work of prevention and protection necessary to remain accountable to the shared principles of the initiative? As you can imagine, there are no easy solutions here. But these are the kinds of questions the Admin Teams wrestle with, and it is in wrestling with the right issues that Patch generates long-term reform.

### **Patch Can Bring Solutions to Long-Standing Problems**

The Patch Approach is a vision of change and a problem-solving approach. As the cycles of reform turn, we are becoming seasoned beyond the kind of “policy optimism” that has us looking to the “next big thing” as the solution to the woes of child welfare (whether that is a new program model, or a management solution). It is increasingly clear that there are no final solutions to the problems we face in child welfare. There are, however, viable, long-lived reforms rooted in humanistic practice and a sound working knowledge of ways to promote and manage change successfully. There may be many paths to improvement, but as we get to a viable social service system we will recognize it. Whatever we call it, it will look and act like the Patch Approach.

## **Clarification**

*In our Summer 2000 issue, page 1, the title of the National Indian Child Welfare Association (NICWA) was incomplete. We regret any confusion this may have caused our readers.*

## Creating a Family-Centered Child Welfare Community Collaborative: The Rock Island Story

*Building a child welfare community collaborative requires hard work and thoughtful strategy. The counties of Rock Island and Mercer in Illinois have married the best in community-based child welfare reform with the best in managed-care technologies. The community consciously used managed-care technologies to produce real community-based, reformed child welfare services. As a result, it is a unique model—different from any other child welfare managed-care initiative in the United States. It involves every community stakeholder group—the entire community comes to own child safety, permanency, and well-being. More importantly, the results, as illustrated in the story that follows, show promise ...*

Between August 1998 and August 1999, Katie Wilbur (29) and her family of six children (Gina aged 10, Willie 8, Marcus 7, Maria 4, Suzie 3, and Patricia 1) were reported six times to the Illinois Department of Children and Family Services (DCFS). Six substantiated reports of child neglect included unsanitary hygiene conditions, headlice on the children and a lice-infested home, the children's lack of appropriate coats for winter weather, children left alone at home, and children left in inappropriate care (with a friend whose children were removed by the state and whose live-in boyfriend was a registered sex offender). Some of the neglect reports originated from the children's school. The agency's policy at

that time regarding substantiated neglect required workers to return families to the previous minimal standard and close the case. Following policy, in each instance the social worker remedied the situation (for example, fumigating the house), closed the case, and waited ... for the next report. Because the agency did not have connections with many community-based services, no referrals were made for additional help.

By September of 1999, when the seventh substantiated report was received, the agency had developed a new resource for Ms. Wilbur. Rock Island and Mercer counties (located on the Illinois side of the Quad Cities area along the Mississippi) had worked hard for two years to create a child welfare community collaborative in partnership with DCFS. The agency created an integrated services network of all traditional and nontraditional community-based services and supports based on technical assistance from the staff of the National Child Welfare Resource Center for Family-Centered Practice and of the National Association for Family-Based Services. The collaborative started a new program, QUEST, through a contract with DCFS. In 1999, DCFS began referring families, like Ms. Wilbur's, with substantiated reports of abuse and neglect whose children still lived in the home to QUEST.

In September, Ms. Wilbur was referred to QUEST and she voluntarily agreed to participate in the program. Re-

ferred cases are assigned to one of QUEST's Family Advocates who provides case management services; works with the family to create a Child and Family Team consisting of family members, extended members, friends, and others (for example, church members); and community-based workers who will provide services. The team develops an action plan, and the Family Advocate makes sure all services are coordinated and integrated.

How was QUEST going to help Ms. Wilbur? This young woman was on TANF and had never been employed. Three different men were the fathers of her children, but she was not currently involved with any of them. While the house in which she lived was owned by her grandmother, she had severe conflicts with her extended family. She also had hostile relationships with her neighbors. She was not involved in a church or any social organizations in her community. Most importantly, the three older children, Gina, Willie, and Marcus, were having significant difficulties in school, and Ms. Wilbur thought the school personnel treated her with little respect.

Ms. Wilbur and the QUEST Family Advocate began constructing the Child and Family Team. They decided that the Team should consist of Ms. Wilbur and her children, the Family Advocate, representatives from the children's school, some extended family members, the worker from the community-based agency that would be providing family preservation and support services, and Ms. Wilbur's TANF worker. The first Team meeting revealed some surprises for everyone. The school sent seven people to the meeting, including the principal and the janitor and each of the

children's teachers. The school personnel were heavily invested in the children. They knew that the school would be involved with the Wilbur family for a long time because the children were all so young and there were so many of them. The school personnel were eager to identify the strengths of each of child and were willing to build on those strengths. During the first meeting, the Team identified five goals:

- ◆ To help the children do better in school and for Ms. Wilbur and the school personnel to develop a better relationship. Ms. Wilbur would be in weekly contact with the school.
- ◆ To help Ms. Wilbur develop job skills.
- ◆ To help Ms. Wilbur learn better who were appropriate child care providers.
- ◆ To increase Ms. Wilbur's support from her extended family for things such as child care, respite care, and finances, particularly if she was going to seek and retain employment.
- ◆ To help Ms. Wilbur develop a supportive social network in her neighborhood and elsewhere.

The community providers who attended the Team meeting did not think that another meeting would be necessary for three months. The Family Advocate insisted that they meet every two weeks, at least in the beginning.

Now, a year later, many things have changed for the Wilbur family:

- ◆ Ms. Wilbur completed hair stylist school, and in September took her first job. She and her TANF worker devel-



oped a trusting relationship, and Ms. Wilbur sought her advice and assistance in going to school, developing job retention skills, and seeking employment.

- ◆ The children's school performance improved, and Ms. Wilbur developed a better relationship with the school personnel. Through testing, two of the children were determined to be learning disabled. With medication and some special education instruction, their school performance has significantly improved. The children now have excellent school attendance, are punctual, clean, and have appropriate clothes. Over the course of the year, Ms. Wilbur has become increasingly involved in the school. This began with the weekly contact. Now, Ms. Wilbur picks up her children at school each day and uses the opportunity to talk to the teachers to learn how the day went and what homework has been assigned.
- ◆ Ms. Wilbur's relationship with her extended family improved. Her family supported her while she was in school, providing child care and financial assistance when needed. She's developed an especially close relationship with her grandmother.
- ◆ Ms. Wilbur, isolated socially a year ago, is developing friendships and a support network for herself. She has a few good friends now in the neighborhood, and she made two solid friends in training school and sees them socially as well.
- ◆ After another substantiated neglect report in April, again leaving her children with the woman with the sex of-

fender boyfriend, she has a better understanding of who are appropriate child care supports.

Ms. Wilbur, her Family Advocate, and the Team have decided that she and her family are ready now to leave QUEST. But "closing the case" is different in QUEST than in some other programs. QUEST will continue to provide support in a different way. At the final Team meeting, QUEST's Family-Centered Service worker participated, and together they planned how Ms. Wilbur can call on this worker when she needs help that she can not get elsewhere. Family-Centered Services can provide access to a family resource center, which includes after-school activities for her children, linkages to services in the community, and parenting training.

### Seeing Results

The Wilbur family is not the only one in the Rock Island community that has benefited by QUEST. Between May 1, 1999 and September 30, 2000, QUEST served more than 107 families. When QUEST began, DCFS provided a case rate for each referred child; if there were any savings, the community kept the funds and reinvested them to create needed new community-based services. QUEST could spend the case rate money flexibly to get families whatever services they needed, provided they achieved three outcomes. They have been very successful (see chart on following page).

DCFS is so pleased with QUEST's outcomes they are now referring more families to the program. The agency and QUEST are negotiating how to extend QUEST's services to other kinds of families.

### Agreed-upon Outcomes

- ◆ 90 percent of the QUEST families do not have an incident occurring within six months of referral that leads to a new indicated report of abuse or neglect.
- ◆ 90 percent of the QUEST families do not have a child placed in DCFS substitute care within six months of referral.
- ◆ 90 percent of QUEST families are able to articulate the safety issue that precipitated DCFS involvement, are able to demonstrate through daily behaviors the remedy of the issue, and are able to articulate a reasonable and accessible immediate action plan if future risk occurs.

### Performance

90 percent

96 percent

92 percent

### Building a Family-Centered Community Collaborative

How did this community come to the point that it could be so successful? Two years of intense planning and work were required to create the child welfare community collaborative and the integrated services network. What are some of the unique characteristics of this initiative?

- ◆ This initiative came about through a state-community partnership in which both parties have been fully committed to the success of the initiative. It uses state-community negotiation instead of the traditional Request for Proposals (RFP) method.

- ◆ Illinois DCFS divided the state into 62 geographic regions and formed a council of providers in each of those regions called Local Area Networks or LANs. Rock Island and Mercer counties were designated LAN 29. This initiative expanded LAN 29 to include all community stakeholders, not just providers. Anyone can become a voting LAN member, including families, providers, neighborhood organizations, citizens, educators, and members of the business, labor, and faith communities. It is truly a community collaborative. The collaborative is governed by an eleven-member board; only two members may be providers, the others are elected from other community stakeholder groups.
- ◆ It is a pilot/experiment that marries the best in community-based child welfare reform with the best in managed-care technologies. The community consciously uses managed-care technologies as a strategy to produce real community-based, reformed child welfare services. As a result, it is a unique model—different from any other child welfare-managed care initiative in the United States.
- ◆ During the planning process, a community empowerment model was used. This model is organic, dynamic, evolutionary, and somewhat unpredictable. It is different from a top-down, imposed plan.
- ◆ It used a participatory design process, involving every community stakeholder group, so that the entire community came to own child safety, permanency,

and well-being, rather than a “central of-  
 fice design” imposed on a community.

## A Community of Providers

LAN 29 continues its efforts to promote the involvement of all community stakeholders in its organization and activities. This community of providers customizes their services to the needs of QUEST families. Agency-based organizations have expanded to home-based services and a broad array of evening and weekend opportunities for families is offered. The Rock Island DCFS Office Manager and many DCFS staff continue to play significant roles in the community collaborative. While DCFS is known in the community as the monitor of the welfare of Illinois children, in the Rock Island community they are seen more as a partner for services for families and a welcomed collaborator for positive change. The avoidance and lack of trust sometimes associated with DCFS because of their safety monitoring mandate is diminishing in the community. They sit side-by-side with other community stakeholders in work groups, sharing a common goal with some of the same families they served in the past.

LAN 29 and QUEST are among the most creative and ambitious undertakings in Illinois’ child welfare and human services reform. The LAN 29 community is proud of its collaboration. It is excited about the results it sees from its service delivery model, the help it is bringing to families and the community, and the close partnership it has developed with the Rock Island DCFS staff and management. LAN 29 is confident it will continue to impact the community system of care for all families in a positive manner.

## Building a Vision

Perhaps the best demonstration of LAN 29’s spirit is its Mission and Vision statement:

All children and families are unique and possess their own set of strengths and capacities. LAN 29 exists so that families in our community have what they need to develop and thrive. Therefore, we work together—families, providers, neighborhood organizations, citizens, educators, and members of the business, labor, and faith communities—to ensure that our services support and enhance family development and are respectful of families’ rights, needs, and diversity. Our service philosophy is:

- ◆ To build on families’ strengths.
- ◆ To use community resources and natural support networks in a coordinated and integrated way to meet families’ needs.
- ◆ To partner with individuals and families in developing solutions to life’s challenges.
- ◆ To respond as early as possible to prevent family crises.

For Rock Island and Mercer counties, LAN 29 envisions a system of services and supports so that each child is safe and thriving in a permanent home, families are supported by their neighborhoods, and the community itself takes responsibility for ensuring that this vision becomes a reality.

## A Tribute to Gerald Smale

September 19, 1944–July 12, 2000

By John Zalenski

Gerry Smale was the Director of Development at the National Institute for Social Work in London, England. He authored or coauthored several books and many other publications over the past 30 years including *Prophesy, Behaviour, and Change: An Examination of Self-Fulfilling Prophecies in Helping Relationships* (1977, ISBN 07 1008 4706), *Community Social Work: A Paradigm for Change* (1988, ISBN 0902 7895 1), *Negotiating Care in the Community* (1994, ISBN 011 321 6661), and *Managing Change Through Innovations* (1998, ISBN 01 1702 0443). His most recent title, *Social Work and Social Problems* (2000, ISBN 0-33-62564-1) was reviewed in *Best Practice/Next Practice*, Summer 2000.

For the many people who knew him in this country and abroad, Gerry Smale's sudden death came as a shock. Although Gerry's life and career may have been cut short, he made a significant and lasting contribution to community and family-centered social services and child welfare reform. It is a contribution that colleagues and friends are determined to carry forward.

Gerry's career was varied, including an early stint in management at the Ford Motor Company, work as a juvenile probation officer, and service as Director of Development at London's National Institute of Social Work. Gerry's great contribution, however, came in the area of community-based practice.

This focus on community started with "community social work" and the "Patch Approach," work which he began with a cadre of activists and practitioners across Great Britain in the 1970s and 80s. Community social work focused on issues recognizable from our current reform agenda: team work, locally based practice, an emphasis on informal knowledge of neighborhoods and communities and their often hidden resources and strengths. Just as importantly, community social work required renewed relationships with the children and families who used the social services system. It reflected the belief that service users are not "clients" or dependents of the system. Instead they are assets to their communities, and their need for supplemental support represents only one aspect of their lives. All of Gerry's work reflected this ethical standard: the social service system must uphold the dignity and

respect of everyone associated with it. Quality, integrity, and fairness in our helping relationships uphold this standard and determine the success of our practice.

Community Social Work evolved into the Practice and Development Exchange (PADE), based at London's National Institute for Social Work. This project was a forerunner of the innovative approaches to improving practice and promoting change in child welfare and social services today: integrated staff development strategies, "peer-to-peer" technical assistance exchanges, and systems change interventions at multiple levels of the system.

In many ways, PADE was preparatory to Gerry's most important achievement: managing change through innovation. In the course of their work, the practitioners and consultants working on PADE discovered that most of their efforts at implementing reform went into issues generic to any change process. Seizing on this, Gerry led the development of a brilliant synthesis that drew on the traditions of family therapy, the founding work of systems theory, research on communications, the literature on the diffusion of innovations, and the growing body of management studies addressing the dynamics of change in organizations.

The result of this was *Managing Change Through Innovation* (MCTI). This program offered an original, effective, and sustainable way to build on the promise of social services and child welfare reform. In partnership with colleagues in the United States, Gerry conducted trainings and consultations in MCTI in

cities across the country. When he died, Gerry's work was continuing in the area of "community regeneration," and he was considering returning to Sussex University as a faculty member.

Gerry Smale possessed a great vision—an exceedingly humane vision of people supported to care for themselves in their own communities. It is a vision that includes a strong role for public support in maintaining fairness and upholding social justice for families. It is a vision of social progress without technological servitude. Like all great visions, it reaches far. It describes the place our reforms will take us if we hold true to their real promise. Friends and colleagues salute a great friend and wonderful man and promise

to pay him the greatest tribute of all: to keep his work alive.


The real substance of memory, however, is personal. Gerry was brilliant, completely unpretentious, an intense listener, tireless in conversation, and a great storyteller. He was a generous friend and a devoted family man. He will be missed in a thousand ways.

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*John Zalenski is the Associate Director of Technical Assistance for the National Child Welfare Resource Center for Family-Centered Practice. He worked throughout the 1990s in partnership with Gerry to promote and develop MCTI in this country. Gerry was both a colleague and friend.*

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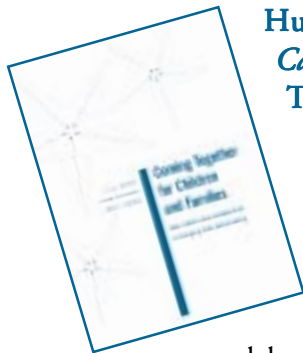
## Resources—Building a Five-Foot Bookshelf

*Best Practice/Next Practice* hopes to help readers sort through the many new resources that are related to family-centered practice. As a part of this process, we will be building a "five-foot bookshelf" of important resources, old and new, by reviewing new books, videos, and other resources, and recommending older, "classics." Look for the  symbol on the following pages to indicate "highly recommended—add it to your list."



We welcome your suggestions for titles to include on this five-foot bookshelf. Contact the Editor, *Best Practice/Next Practice*, at [info@cwresource.org](mailto:info@cwresource.org) with your recommendations along with a 200-word rationale for your choice.

By providing reviews in the following pages, we hope to help you select the resources you need. In this issue of *Best Practice/Next Practice*, you will find reviews of publications by John Hutchins and William Madsen.



Hutchins, John. *Coming Together for Children and Families: How Cabinet-Level Collaboration Is Changing State Policy*. Washington, DC: The Family Impact Seminar, November 1998. 98 pp.

We have learned an important lesson about community collaboratives over the past ten years: it is difficult to create a successful community col-

laborative without a parallel collaborative (or collaboration) at the state level. How can a community bring together key stakeholders—in this case, public human services agencies—and ask them to collaborate if there is no real collaboration taking place among the state agencies? State-level collaborations are just as complex, difficult, and challenging as those at the community level, if not more so. Such collaboration is central, however, to making change in communities.

Hutchins writes, “A new model of government is helping states deliver services to families and children in ways that better reflect the complex reality of their lives. ‘Collaborative Councils’ enable cabinet-level policy officials to work together across traditional agency lines. The changes in policymaking that result could also help states implement welfare reform and face other new challenges in an era of federal-to-state devolution.” Hutchins’ report on the structure, goals, and accomplishments of Collaborative Councils reflects all this, and more, in a well-written, concise, and accessible report.

*Coming Together for Children and Families*, based on a study of nearly 30 state governing bodies created to improve child and family services and programs, examines what makes these Collaborative Councils different from and more successful than earlier cooperative efforts: First, the state’s highest level decisionmakers are

involved, and second, they address a wider range of issues than in the past. This combination empowers the councils to make and implement decisions and programs that are broader, more visible, and more creative. The benefits to collaboratives are many as Hutchins details—setting new standards for interagency cooperation, bringing in new perspectives, building public support, and highlighting important issues—but most are formed because they need to make real change in the government system. What makes Collaborative Councils different from one another? While each state collaborative is unique, Hutchins identifies and discusses the dynamics of four kinds of state-level collaboratives, their makeup, and their roles. Understanding the type of council is important in determining what types of projects a council can undertake and see success.

In addition to the four in-depth case studies that give valuable insights to readers who want to develop such councils, Hutchins gives concrete, realistic steps for creating successful Collaborative Councils. These include determining a mission and goals, building support (“Be ruthlessly bipartisan” involve state workers, and don’t alienate “local power brokers”), and creating a capacity (“Hire a strong staff director”).

Anyone working in state- and community-level collaborations in child welfare or other human services, or anyone interested in learning about this approach, will find *Coming Together for Children and Families* to be a practical, readable guide.

*Coming Together for Children and Families* is available from the Policy Institute for Family Impact Seminars for \$20 (including postage). Send order with check payable to University of Wisconsin—PINFIS, to PINFIS, Attn. Meg, University of Wisconsin—Madison, 1300 Linden Drive, Room 120, Madison, WI 53706-1524.

A limited number of copies of the Executive Summary are available at no charge.

For information call Meg Wall-Wild at 608.263.2353 or send an e-mail to [wallwild@facstaff.wisc.edu](mailto:wallwild@facstaff.wisc.edu).

**Madsen, William C. *Collaborative Therapy with Multi-Stressed Families: From Old Problems to New Futures*. New York: Guilford, 1999. 210 pp. ISBN 1-572-3049-01**



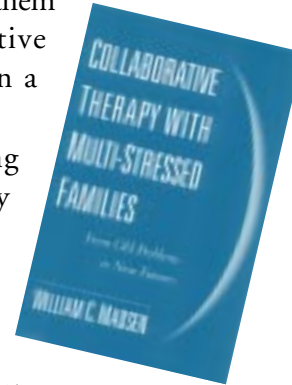
Madsen supports fresh thinking in family-centered services. His work is complementary to family-systems work and solution-focused approaches, but he is making a new departure. It begins with a new “relational stance” to families. This phrase describes the way we relate to families, our most basic way of “being with” families. This way of “being with” families must be respectful, empathetic; it must acknowledge the full humanity of people that we encounter, even under trying circumstances. This “relational stance” is primary, affecting everything we do.

In the family assessment phase two points become critical. One is that “what we see is what we get.” Our diagnostic categories determine the kind of information that counts within them. Our assessments too often are about how we define professional disciplines and not about helping families discover ways to live satisfying and self-sufficient lives. The second point is that assessment *is* intervention. When we encourage families to recount their difficulties, we are asking them to interpret their lives through our professional categories. If their story becomes a litany of troubles describing “problem-saturated lives,” then the assessment has forced the family to a bleak and negative starting point, even if it starts formally with a list of strengths. The assessment has become a negative intervention. If we allow families to objectify their problems as something that happened to interesting and resource-

ful people, we invite them to find a constructive point of departure on a path of change.

In Madsen’s long experience, successfully facilitating change does not happen as a result of addressing “identified problems”—even from a strengths perspective. Constructive change results from shifting attention away from “old problems” to “new futures.” Any focus on existing problems mires everyone involved in the very conditions that produced those problems. By contrast, focusing on “new futures” leads to dialogue about a new family story that can be built around attainable goals that do not include the possibility of the old problems. This changes the therapeutic relationship however. Rather than family systems expert and client, or even problem solving consultant and customer, Madsen gives us the therapist as “appreciative ally.” The appreciative ally assists as a fellow traveler helping to establish and sustain a new, more successful story.

If you think this sounds too “soft,” spend time with this book. Madsen draws on the toughest case examples to make his point. What you are more likely to find in the end is a personal challenge to find the courage to change ourselves and our professional identities.





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