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## Save The Date!

### Strengths-Based Family Foster Care: Concepts in Practice

**Date:** Friday, September 27, 2002  
**Time:** 8:00 a.m. – 4:00 p.m.  
**Place:** Earle Brown Conference Center,  
St. Paul Campus,  
University of Minnesota

Child Welfare professionals and foster families strive for better ways to serve children in foster care. Strengths-based concepts and approaches offer a critique of and an alternative to common, familiar problem-centered social work methods and foster care practices.

**Keynote Speaker, Dr. Dennis Saleebey**, Professor, School of Social Welfare, U of Kansas, will discuss this approach and emphasize its value and application to child welfare practice. **Dr. Joe Hudson**, Faculty of Social Work, U of Calvary, will respond to the Kids Capacity Initiative (KCI) project and discuss related contemporary practice and policy issues. Dr. Linda Jones, Associate Professor, School of Social Work, U of Minnesota will present findings from the evaluation of KCI.

A panel of social workers, foster parents and adolescents directly involved with the development and implementation of the KCI will share their successes, struggles and wisdom.



# Child Welfare News

## Center for Advanced Studies in Child Welfare

UNIVERSITY OF MINNESOTA

No. 21 May 2002

205 Peters Hall  
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<http://ssw.che.umn.edu/cascw/>



## Residential Care in Minnesota: How Much, For Whom, & What Type?

Debating the Options for Adolescents at Risk - CASCW Forum

Compared to children in England, children in the U.S. are 14 times more likely to be placed in residential mental health treatment settings, five times more likely to be placed in juvenile corrections facilities and one and a half times more likely to be in a child welfare residential care program. These statistics come from Dr. Michael Little, who researches these issues internationally. In contrast to European countries, where the numbers of children in residential care is decreasing, the U.S. is showing growing interest in placing children in residential care.

Dr. Little, and his colleague Selma Dansokho, were the keynote speakers at a recent CASCW forum entitled "Debating the Options for Adolescents at Risk: Can We Safeguard the Interests of Endangered Adolescents?" held December 5, 2001. Dr. Little and Ms. Dansokho conduct research at Chapin Hall Center for Children at the University of Chicago and Dartington Hall in Devon, England.

At the forum, Dr. Little and Ms. Dansokho presented their most recent data on how children and adolescents' residential settings are organized and utilized in the United States. The discussion was a timely addition to Minnesota's current debate about the usefulness of large residential out-of-home placements for children and youth. Dr. Little challenged Minnesotans to set aside ideological debates and instead concentrate on determining which children need what kind of help, including residential services. Good methods exist to do this.

In Europe and the United States, according to Dr. Little, research shows that for every 200 young people separated from their families, one will need a secure therapeutic setting. The other 199 separated children will need a variety of other types of interventions, including non-secure group care settings. Dr. Little

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# A Letter from the Director

One of the requirements for the family and child welfare policy course I co-teach is for students to bring in relevant news. There is never a shortage of articles. The issues we study and the topics with which social work deals are in the news just about every day.

This spring, proposals to build orphanages for children made headlines. More often than not, the loudest voices on talk shows and in letters to the editor came from those who believe the foster care system fails children, and that orphanages are the only effective response. Despite strong editorial opposition to the idea from one of the state's major papers and introduction of an orphanage moratorium bill in the Legislature, pro-orphanage sentiments have largely prevailed in the public arena.

The orphanage debate is illustrative of the much broader debate regarding children and families, as well as social work and social services. Widely held beliefs about foster care and the social service system are driving the public policy response. Often these beliefs are based on a few isolated incidents.

Practitioners, researchers and other concerned parties are challenged to bring forward the empirical data that will orient the debate toward what is best for children. In this issue of the newsletter, we present a summary of a CASCW presentation by Dr. Michael Little that provides insight into actual experience with large institutions for children. Professor Esther Wattenberg's paper "A Briefing Paper on the Minnesota Child Welfare System: Responding to the Needs of Children Unable to Live at Home," provides data that can inform the orphanage debate. Her paper is available online at <http://ssw.che.umn.edu/cascw>.

Not only are social workers affected by the day-to-day realities of our jobs, but the public perception of what we do also has a major impact on our activities. The orphanage debate is a perfect example of the dual 'tracks' on which most social workers must operate.



Marcie Jefferys

## Residential Care in Minnesota Continued...

states that every effective children's services system has some residential provision. "The question is how much, for whom, and what type?"

According to Dr. Little, a children's service continuum allows communities to focus on the actual needs of the whole child, developmentally and socio-culturally. A developmental perspective allows communities to distinguish between children who will and children who will not benefit from residential services. A socio-cultural perspective ensures that stakeholders account for the actual, self-defined needs of minority and low-income communities. This perspective attends to the historical and political context of these communities, which have often had negative experiences with the child welfare system.

Dr. Little's research indicates that some children can benefit from residential education contexts. For instance, bright children from stable family backgrounds and relatively low social needs seem to be able to prosper in residential settings. However, evidence points towards the counter-productive effects of placing many children with behavior problems in one setting.

Of course, some children must be placed in residential care for their own safety. To be successful, research shows that secure therapeutic contexts for high-needs children and adolescents must provide all of the following: quality education, behavior modification programs, psychotherapeutic interventions in which youth gain insight into their behaviors and situations, family therapy, and comprehensive after-care services to reintegrate the youth into the family and community.

Dr. Little and his colleagues have outlined a process, widely used in England, by which communities can assess the needs of children and adolescents in the child welfare system. This process allows "very disparate perspectives to come together to provide some agreement about what ought to be provided." The key is looking at who is currently in the system and their actual needs, and then building services to meet those needs, rather than creating services that people think someone ought to need.

In his closing comments, Dr. Little urged stakeholders to adopt a stance of humility in recognition of the fact that what is not known far exceeds what is known about effective residential interventions for children and adolescents. Dr. Little observed that the debate over residential settings has occurred before and will surely occur again. He urged Minnesotans to use the current energy raised around the issue of residential care to fund and conduct research relevant to the state's communities. "Don't leave as a legacy an absence of evidence."

A brief bibliography of Dr. Little's published work follows. Many of these items can be obtained through the Dartington Social Research Unit's website, <http://www.dartington.org.uk>. 

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Brown, E., Bullock, R, Hobson, C., & Little, M. (1998). Making residential care work. Brookfield, VT: Ashgate.

Bullock, R., Little, M., Millham, S. (1998). Secure treatment outcomes. Brookfield, VT: Ashgate.

Dartington Social Research Unit (1999). Matching needs and services. Devon, England: Author.

Little, M. (1999). New research on residential care. Children and Society, 13, 61-66.

Little, M. (1999). Prevention and early intervention with children in need: Definitions, principles and examples of good practice. Children and Society, 13, 304-316.

Little, M. (1997). The refocusing of children's services, the contribution of research. In N. Parton (ed.), Child protection and family support: Tensions, contradictions and possibilities (pp. 25-38). Routledge, NY: Routledge.

Proceedings from the Debating the Options for  
Adolescents at Risk forum are  
forthcoming  
Please refer to our web site for updates.

# Focus On School of Social Work Faculty Research:

## "Strengths-Based Family Foster Care"

It's easy to agree with the concepts behind strengths-based social work; it's much harder to carry them out in day-to-day practice. One agency that not only took major steps to conceptualize and implement a strengths-based program, but also wanted to learn whether or not it made a difference, is Family Alternatives, a private treatment foster care organization in Minneapolis. To find out how well their new approach was working, the staff asked Dr. Linda Jones, an associate professor at the School of Social Work, to conduct an evaluation of the three-year Kids Capacity Initiative Pilot Project. Initially, she planned on contributing only during the planning phase by designating an evaluation of the pilot program. However, once she learned more about what the project was attempting to do, Jones became "hooked" and stayed on to direct the full three years of evaluation.

The Kids Capacity Initiative (KCI) Project was launched in September 1998, with the cooperation of Hennepin County, after six months of intensive planning. The professionally facilitated planning group included foster parents, current and former foster children, Family Alternatives' staff, and professionals from other academic and community programs. The project's overall goal was to conceptualize an approach to foster care practice with children and families different from the more typical and traditional problem-focused, pathology-oriented practices prevalent in foster care. As elements of the new program evolved, it became clear that the program was congruent with the philosophies undergirding strengths-based social work practice.

Family Alternatives implemented seven key actions and program components as part of KCI. These included:

§ Language changes, based on the suggestions of current and former foster care children (e.g., social workers became facilitators, foster parents became transition parents);

§ Adoption of the Health Realization Model, delivered by staff from the Glenwood-Lyndale Community Center, for the training and educational support of transition parents and KCI facilitators.

This model focuses on resiliency, the innate capacity for mental health.

§ A more deliberate and child focused parent-child matching process, with support from Hennepin County workers;

§ Development of "Circles of Support" as a way to include in regular meetings those people the foster child sees as most important to support him or her while in placement. Circles of Support replaced Quarterly Review meetings, which had been composed of a treatment team reviewing treatment goals.

§ Involving KCI foster children in service and volunteer activities as a way for them to give back to others and enhance feelings of self-worth;

§ Linking KCI foster children with mentors other than the transition parents; and

§ Providing six months of follow-up contacts to the children when they transition from a KCI home.

The 39 children in KCI homes were assessed quarterly using three standardized instruments. Results were examined over time to evaluate changes in various aspects of each child's well being. Interviews with transition parents, Hennepin county social workers, and KCI program facilitators were also conducted as part of the evaluation.

The results of the evaluation are quite positive. The quarterly child assessments show considerable positive change or consistent desirable scores for the vast majority of the children in KCI foster homes. There are no relationships between children's outcomes and various characteristics such as race/ethnicity, age, gender, legal status, EBD status, and difficulty of care scores, indicating that no particular group of children appears to fare differently than others while at KCI.

One of the most interesting outcomes of the pilot project, according to Jones, is the potential impact of the model



Dr. Linda Jones



# IV-E News

## Child Welfare MSW Scholar Seminars

There were two required seminars for MSW child welfare scholars in academic year 2001-2002. The purpose of the seminars is to expand on the breadth and depth of child welfare content that students get in their graduate coursework and field placements. Professor Susan Wells presented the first seminar in October, "Evaluation in Child Welfare Services: Mindless Requirement or Tool for Empowerment?" She focused on child welfare program evaluation requirements and outcome measures, and the reaction and experience of practitioners in meeting these requirements.

The second seminar in April addressed clinical methods useful in working with adolescents with psychiatric disorders, specifically with the symptoms of conduct disorder or oppositional defiant disorder. The presenter was Chris Kerno, MSW, LICSW, Director of Deer View School in Red Wing, MN.

Several students in the Community Practice Concentration chose to follow a legislative issue/bill and attend a hearing at the state legislature to meet the seminar requirement. Most of these students followed the bill establishing a moratorium on the construction of large, residential facilities introduced by Senator Jane Ranun and Representative Neva Walker in response to the orphanage proposals currently being considered in the state.

## Recruiting Future Child Welfare Scholars

Posters with return postcards with no postage necessary are being sent to county social services agencies, state colleges and universities and community-based social service agencies to inform potential child welfare scholars of the program. If you work in an organization that employs people who might be interested in pursuing advanced training in child welfare and social work, and you would be willing to post the information at your work site, please contact CASCW at (612) 624-4231.

## New Resources Available

Many new items have recently been acquired for the Child Welfare Resource Center, housed in CASCW. The Resource Center is available to anyone, so drop by and have a look. Here are some of the most recent items we have received:

[Child abuse and the legal system](#) (1995).  
Inger J. Sagatun and Leonard P. Edwards.

[The child welfare challenge: Policy, practice, and research](#) (2<sup>nd</sup> Ed.) (2000).  
Peter J. Pecora, James K. Whittaker, Anthony N. Maluccio, and Richard P. Barth, with Robert D. Plotnick.

[Child welfare outcome research in the United States, the United Kingdom, and Australia](#) (2000).  
Anthony N. Maluccio, Frank Ainsworth, and June Thoburn.

[Child Welfare](#) (2002). Vol. LXXXI #2. Special Issue:  
Contemporary Issues in Permanency Planning.

[Outcome initiatives in child welfare](#) (1999).  
Amy L. Gordon.

[What works in child welfare](#) (2000).  
Miriam, P. Kluger, Gina Alexander, and Patrick A. Curtis (Eds.).



## Study Completed

**Esther Wattenberg**, with the assistance of **Constance Fumea** (M.P.P. candidate, HHH), has just completed:

***"A Briefing Paper on the Minnesota Child Welfare System:  
Responding to the Needs of Children Unable to Live at Home."***

It is intended to provide factual data for Minnesota's orphanage controversy. The paper includes both highlights and a full text. It is available on the CASCW Web Site. There are also a limited number of hard copies available.

# Alumni News

Michele Bollenbeck (2001) has recently taken a position with the Department of Human Services in their Children's Services Division, as a Revenue Enhancement Unit Trainer.

In her letter to the Center, Michele remarks on her success with finding a job directly related to her focus in the IV-E Scholars program. "My concentration was Human Services Management, so this job is exactly what I wanted and entirely different from direct services which I had been doing. I am really enjoying working on the state level. I feel that in these constricted budget times it is helpful to be able to impact services for children in a positive way." Michele provides training for the revenue enhancement projects that are developed through the Department of Human Services. Some of these projects are time studies which provide federal funding for services for children. In her position, she provides training and technical assistance on the administrative aspects of these projects. She also manages the Title IV-E contracts with the School of Social Work. Immediately preceding this position she did in-home counseling with families.

Marshall Brown (1996) reflected on the experience of being a distance student in the IV-E Child Welfare program, "I was one of the students that graduated in the first cohort at the Moorhead class site. I continue to be appreciative of this opportunity made available to us through the Center for Advanced Studies in Child Welfare."

Since receiving an MSW degree from the School of Social Work in 1996, he has been employed as the Tribal Human Services Director for the White Earth Reservation Tribal Council. This was a new position developed by the Tribal Council at that time. His job responsibilities include the overall supervision of a number of human service programs including Indian Child Welfare, Employment and Training, Direct Employment, Crime Victim Services, Constituent Services, Vocational Rehabilitation, Child Care, Food Distribution, Adoption, Family Preservation/Child Welfare, and Geriatric Services. His job includes extensive grant writing. Marshall's previous position was Indian Child Welfare Director for 9 years, which he held while attending graduate classes at the U of M - Moorhead distance site. This is now one of the programs he supervises in his present position as Tribal Human Services Director.

Christopher Sorenson (2000) accepted a position as the Director of Human Services with Lincoln, Lyon, and Murray Counties in November of 2001. Christopher has relocated from an urban to a rural setting. He commented to us about some of the differences, "Being from Minneapolis, it is a little different setup than our metro counterparts. Of course in Hennepin and Ramsey and the like, they have divisions and division directors whereas in the rural areas it's all under one roof. One of my major interests in my current position is how as a rural area we are providing services to our communities of color and specifically

We are always pleased to share news from the Alumni of the IV-E Scholars Program and their contributions to child welfare. In this issue we feature three alumni who are working in very different public child welfare positions. Please send news of your current activities to CASCW by phone (612) 624-4231 or by email at: [apreston@che.umn.edu](mailto:apreston@che.umn.edu).

how we are designing the services to meet the needs of new immigrant families to the southwest area. As with many other areas of the state, we have experienced large layoffs in our rural economy which have brought many new folks into the county for a variety of services; this has been and will continue to be a challenge especially in light of our current budget condition."

Christopher's overall responsibilities include program administration, fiscal management and compliance, personnel administration, spokesperson for the agency in the community, and other kinds of executive responsibilities like assisting the Human Services board, strategic planning, assessment of larger stakeholders needs, etc.

This is not the first position following his graduation from the School of Social Work but it is the first position in a public agency. Christopher spent six years with the Harriet Tubman Center doing everything from direct practice with adolescents, teaching, crisis advocacy, training and writing curriculum. Before that he got his start in social work with the Minneapolis Urban League working in ECFE programs.

# Child Abuse Seminar Series:

## Child Maltreatment among Children with Chronic Illnesses and Disabilities

Children with disabilities are at increased risk of experiencing abuse and neglect. Research has found these children experience maltreatment at a rate two to four times greater than children in the general population.

The interaction between abuse and neglect was the topic of a recent Child Abuse Prevention Studies (CAPS) seminar. The presenters, Joan Patterson, Ph.D., and Barb Kratz, MSN, spoke to the need to pay increased attention to the risks faced by children with physical or mental limitations. Because children with disabilities or chronic illnesses rely more heavily on caregivers and professionals for assistance with activities of daily living, they are more vulnerable to abuse and less able to make independent decisions. Maltreatment may also cause disability. Repeated acts of abuse over time, particularly sexual abuse but other types as well, create an increased risk for all types of disabilities.

Risk factors for child abuse and neglect occur within an ecological context. The child experiences his or her disability within a family that may also experience social isolation, marital conflict, substance abuse, depression, etc. These families often experience extra demands on their time, stigma from outsiders, physical and emotional exhaustion, and sometimes withdrawal from family and friends as they strive to cope with their child's chronic condition. The child's community may lack adequate access to health care, poor quality child care and schools, crowding and lack of affordable housing, and may have high rates of unemployment. Service providers may be insensitive or disrespectful or lack information about the child's condition or the family's needs.

The well-being of children with disabilities depends on a variety of factors, including attention to complex societal issues such as discrimination and stigma associated with disability, the current crisis in health care spending, inadequate funding for special education and the increasing strains placed on low income parents struggling to make ends meet. These risk factors have a cumulative impact on the child.

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Some of the most critical elements of successful intervention are:

- ✦ Ensuring that program policies and procedures protect children cared for by others outside of their families.

- ✦ Increasing parents' knowledge of child development so that they have realistic expectations for their child.

- ✦ Educating parents about their child's risk of maltreatment by others; including teaching parents of children with disabilities how to talk with their children about sexuality.

- ✦ Respecting the preferences and priorities of children with disabilities; educating children about their rights and increasing their capacity to make their needs and preferences known; teaching children about sexuality, which is especially important for children with disabilities (e.g., facts, communication skills, their rights, when to say "no" but also when it's okay to say "yes"); and promoting their inclusion in everyday life activities.

✦ Reducing families' isolation; increasing social supports and their access to resources such as respite care, service coordination, etc.

✦ Improving awareness of these issues by training all professionals who work with children with disabilities.

✦ Increasing public awareness of the issue – including discouraging the media to sensationalize or portray a paternalistic attitude towards people with disabilities.

Joan Patterson is an Associate Professor of Maternal and Child Health at the University of Minnesota. Her research focuses on children with chronic health conditions, with an emphasis on programs and policies that support successful child and family adaptation. Barb Kratz is a pediatric nurse practitioner at U Special Kids, a model project that coordinates the care of children with very complex medical needs. This seminar was the sixth in a series designed to provide campus and community members with information about new research and effective methods of practice related to child abuse prevention. **CW**



## Review Panel Notice

The Department of Human Services is publicizing the recent establishment of the Child Maltreatment Review Panel. The panel, authorized by the 2001 Legislature, provides an appeal process for parents, guardians or guardians ad litem who have a child in any publicly licensed facility and are dissatisfied with prior reviews of alleged maltreatment of their child in the facility. Facilities to which the legislation applies include child care, foster care, correctional facilities, schools, group homes, state-operated and regional treatment centers.

The Child Maltreatment Review Panel meets quarterly to review the decision of the relevant investigating agencies, and either affirms the decision or asks the investigating agency to reconsider the determination, providing additional steps for the investigation agency to take in the reconsideration process.

For more information, contact Michelle Basham at the Department of Human Services, Child Maltreatment Review Panel Coordinator, 651-297-3050.

For more information,  
visit the project  
website at:

[www.mincava.umn.edu/caps/bip.asp](http://www.mincava.umn.edu/caps/bip.asp)

or contact the  
Child Abuse Prevention Studies  
office at:

(612) 624-0721.