Art as an Answer
By Dr. Janice DeFrances

Many of our youth in foster care have had some very significant traumas in their lives. Their stories vary but without question these lives hold much potential with the right support and guidance as well as opportunity. The “arts” provide a vital and essential component to enhancing success in their lives. We have seen repeatedly how youth engaged in the arts have found an outlet to express themselves as well as receive recognition for their talents. We have seen how the arts have allowed many of the youth who had been previously adjudicated make connections with the artists and fostered relationships that truly built their social capital. We can not “race to the top” in our educational world without considering the wellness and holistic approach to an individual’s learning. The arts have transformed many of our youth because they have provided them with a skill set that is recognized and appreciated. For some of our youth, it is the first time that they have experienced success and acknowledgement. The arts have allowed them to be engaged, to experience, to produce and to express their individual potential. For many, the art experience has also provided a therapeutic outlet that allowed them to heal and move forward with confidence and courage.

About AS220
AS220 is an art organization located in Rhode Island founded in 1985 on the principle that freedom of expression is crucial for the development of strong communities and individual spirits. In 1998, Dr. Arlene Chorney, the former principal of the Rhode Island Training School (RITS), the state’s juvenile detention facility saw the potential of artistic performances and poetry for parents, faculty, staff and many conversations, the RITS saw what AS220 already knew, providing arts education inside a juvenile detention facility rendered a more positive outcome... was the title of a brief report presented at the July briefing report presented at the Harvard Frontiers of Innovation effort, “giving away the next convenings…hoping that, like the social networking world we live in, other people and agencies would step up and carry it forward.” And, it’s working!

CT focuses on the First 1000 Days
By Janice M. Gruendel, Ph.D., M.Ed.

Houston, we’ve got a problem...” was the title of a briefing report presented at the launch of Connecticut’s First 1000 Days initiative in June 2012. The report presented data on challenges facing the state’s youngest children in their first 1000 days, birth to about three years. The June convening focused on the intersection of early brain development, trauma-informed practice and a shift to a “strengthening families” framework in child welfare agency culture. It was also anchored in substantive early childhood systems development work underway in the philanthropic and not-for-profit sector in Connecticut, called Right from the Start.

Matthew Melmed, CEO of Zero to Three, keynoted The First 1000 Days: Getting it Right from the Start, and state agency commissioners and judges spoke earnestly, and honestly. The convening was held at the state Legislative Office Building with similar morning and afternoon sessions. More than 40 organizations co-sponsored; nearly 400 individuals attended the two sessions. The CT Network broadcast the convening live and rebroadcast throughout the state. The idea for the public-private effort came from the Connecticut Department of Children and Families. The timing for the multi-year effort was perfect for Connecticut as it was working on implementing Public Act 11-181 that called for the establishment of a comprehensive early childhood system. Deputy Commissioner Janice Gruendel, a member of the
Promoting school success for CT’s most deserving children

By Dr. Stephen Tracy

Education must enjoy a central role in the work of any child welfare organization for the simple reason that learning and school success are central to the long term well-being of every child. And when it comes to the development of children who carry the burdens of deprivation, trauma and family disruption, the need for a high quality education is even more urgent. I joined the Department of Children and Families (DCF) a few months ago because it was clear to me that the Department’s leadership fully understands this reality. In fact, the words “learning” and “school” are literally in the middle of DCF’s mission statement:

All children and youth served by the Department will grow up healthy, safe and learning, and will experience success in and out of school. The Department will advance the special talents of the children it serves and will make opportunities for them to give back to the community.

In addition to the obvious personal benefit that education provides to each and every child, school success also contributes directly to the Department’s goal of family health and stability. When children are doing well in school, family life improves and the likelihood of family disruption diminishes. Beyond that, educational success for our children promises tangible benefits for the civic and economic life of our state. By improving educational outcomes for students who too often find themselves on the underside of the achievement gap, we contribute to the talented workforce and responsible citizenship that are crucial to Connecticut’s competitive future.

The challenge

National statistics on the educational experiences of children who are in foster care or who are engaged with the juvenile justice system make clear the extent of our challenge—and the urgency of our cause. Foster children are less likely to be engaged with the juvenile justice system than other children, yet the results of their experiences are overlooked—critical for children whose early years may have led them to conclude that their lives are little more than a series of unhappy events over which they have no control.

Victor Frankl was an Austrian psychiatrist when he was caught up in the horror of the Holocaust in the 1930’s. Miraculously, he survived. In his widely acclaimed 1946 book, Man’s Search for Meaning, he recounts the daily terror of life in the concentration camps during his younger years. Once in school, he was assigned to special education programs during his younger years. Once in school, he was assigned to special education programs for better outcomes for the children and young people in our care.

Hiding in plain sight

In my view, the most valuable—and the most overlooked—resource available to us in our quest for better outcomes for the children and young people in our care is the spirit and talent of the students themselves. As any teacher will tell you, learning is a profoundly personal experience. It does not happen at high levels without the daily commitment and involvement of the learners themselves. But the sad truth is that too few students are fully engaged in their schools, working hard to achieve their best. Therefore, our first priority as educators must be to persuade students to see schooling and learning as important aspects of their lives, worthy of the effort and study that leads to success. If we can accomplish this objective, the amount of intellectual energy that our schools devote to the task of learning will be multiplied several fold at relatively little cost. But how do we do it?

The first and indispensable step is to convince students that they are, to a considerable extent, the leaders of their own learning. That through the choices they make and the interests that they embrace, they can attain the success and happiness that all of us aspire to in life. This is important for all students—but it is particularly crit-
Grant aims to improve educational stability & outcomes for VT youth in foster care
By Jon Reidel

Research indicates that every time a child changes schools they lose approximately six months of educational progress, resulting in a lack of basic academic skills and major disadvantages when transitioning to adulthood. A new grant won by the University of Vermont College of Education and Social Services (CESS) aims to improve the educational stability and outcomes of middle and high school youth in foster care in Vermont and serve as a national model.

The two-year, $500,000 grant from the U.S. Department of Health & Human Services Administration for Children & Families will fund VT-FUTRES (Fostering Understanding To Realize Educational Stability), a collaborative project among CESS and the Vermont Department of Education, Justice for Children’s Task Force of the Vermont Family Court, Vermont Department of Children and Families (DCF), and children and families involved with DCF.

The grant builds on the success of evidence-informed intervention strategies implemented in the 2006 Casey Breakthrough Series Collaborative grant known as Rock the GRADES. That effort, spearheaded by Joan Rock, a resource coordinator with the State of Vermont, increased educational stability for youth in foster care in a region in central Vermont. The core of the new grant is based on a toolkit developed from the Rock the GRADES grant.

“We predict seeing similar gains across the state,” says Jessica Strolin-Goltzman, assistant professor of social work, who served as co-principal investigator on the grant with Jesse Suter, research assistant professor in the Center on Disability and Community Inclusion. “Hopefully we will be able to spread the success in Vermont to national partners.”

Key aspects of the grant will be implemented by child welfare resource coordinators and their local multi-disciplinary support networks, enabling them to generate a diverse network of professionals in child welfare, education, court systems and partnering agencies; recruit foster families in school districts with high rates of foster care placements; ask foster parents for transportation support to increase attendance; collect and disseminate data across disciplines to identify needs and track progress; educate local communities on the importance of educational stability; and support screening youth in foster care for educational stability and well-being.

“Ultimately, this collaboration will benefit the children in foster care across Vermont by improving their ability to remain in a continuous educational setting where relationships with peers and caring adults can remain stable even if their home environment does not,” said Suter, whose research focuses wraparound services, a team-based planning process for meeting the needs of students with emotional and behavioral disabilities in their homes, schools and communities.

VT-FUTRES will offer discrete trainings and outreach during the duration of the two-year grant, which utilizes social media and Smart-phone applications to spread successful practices, to lay the foundation for sustainable workforce development infrastructure. These plans include the implementation of the revised Rock the GRADES toolkit statewide; and the creation of a VT-FUTRES interactive website providing educational stability information, data, and strategies for child welfare, educators, members of the legal community, youth, foster parents and other community members.

Action items of the grant also include showing the Casey Family Programs’ “Endless Dreams” video and curriculum at two statewide education conferences and establishing local trainers to deliver the Endless Dreams curriculum; disseminating regular updates on educational stability and outcomes data to multi-disciplinary audiences; and assisting Vermont’s Court Improvement Program initiative disseminating judicial bench cards encouraging judges to ask about educational stability and outcomes for youth in foster care.

“This grant is extremely exciting to us because it is congruent with our career paths and also with the mission of CESS to ‘provide leadership in addressing the educational and human service needs of Vermont,’ said Strolin-Goltzman, who conducts research on trans-disciplinary evaluation and treatment interventions in child welfare, substance abuse and school-based services.

Jon Reidel is a senior communications specialist at the University of Vermont where he writes about the College of Education and Social Services and the School of Business Administration. He can be reached at (802) 656-8206 or jon.reidel@uvm.edu. For more information about the project you may also visit http://vtfutres.org

CALL FOR PRESENTATIONS
21st Annual
A View from All Sides Conference
November 4 & 5, 2013 • Best Western Royal Plaza Hotel, Marlboro, MA

Are you interested in presenting at the 2013 View Conference? The Children’s Trust Funds invites professionals to submit advanced level presentations related to the field of child abuse prevention and family support.

Topics include:

- Parenting Education Curricula
- Parenting Topics
- Program Development
- Program Evaluation
- Parents and/or Children with Special Needs
- Health and Wellness
- Trauma informed practice
- Child Abuse and Neglect Prevention
- Strengthening Families
- Complex Family Situations
- Cultural Competency for organizations
- Working with Diverse Families

The View from All Sides Conference is the premier training conference for family support professionals in New England. The View will bring together professionals for an in-depth examination of cutting-edge theories and promising practices in family support and parenting education. Accepting proposals between April 3–May 31, 2013!

To find out more or to submit your presentation visit http://mctf.cvent.com/Surveys/Welcome.aspx?r=3e512045-3a31-4f65-91c3-0130203bc55b
Fatherhood Engagement and Domestic Violence in Child Welfare:
Changing Perceptions and Outcomes with Understanding and Collaboration

By Fernando Mederos and Tammy Mello

In recent years, many child welfare agencies have made more consistent and focused efforts to engage and work with fathers of children at risk. Research clearly demonstrates that consistent and healthy father involvement results in better outcomes for children. Men who batter, however, are often seen solely as a source of danger by both child welfare (CW) workers and domestic violence (DV) advocates working in community-based organizations. Efforts made by Child welfare workers to keep children from being exposed to DV have historically focused exclusively on mothers. This practice not only increases risk to women and children by failing to hold fathers and father-figures responsible for their behaviors and parenting, but fails to acknowledge and support the human potential that men have to change their behavior and make healthier choices for themselves, their children and their families. Use of common definitions and language is fundamental to moving forward together.

Domestic violence: A pattern of coercive control that one person exercises over another in an intimate relationship. Domestic violence is not defined by an incident of violence. Responsible fatherhood: is the process of a male parent, biological or non-biological, consciously guiding and supporting one or more children into mature adulthood.

DV and responsible fatherhood advocates working within the Massachusetts Department of Children and Families (DCF) have partnered over many years to develop safe approaches that both hold men responsible for abusive behavior and support those who want to change to adopt healthier ways of behaving and interacting with their children and the children's mothers. At the core of this approach is the idea that it is essential to work with men who batter in order to both assess their strengths and risks and to promote change and responsibility. Between December 2010 and March 2012, DCF, in partnership with Casey Family Programs, convened four facilitated dialogues among thought leaders in Massachusetts in the domestic violence and child welfare communities. Efforts made by Child welfare workers to keep children from being exposed to DV have historically focused exclusively on mothers. This practice not only increases risk to women and children by failing to hold fathers and father-figures responsible for their behaviors and parenting, but fails to acknowledge and support the human potential that men have to change their behavior and make healthier choices for themselves, their children and their families.

Underlying incentives for these Dialogues were questions about the emerging fatherhood engagement initiative:

1. Would the drive to engage fathers result in staff overlooking risks that some men can pose to both the children’s mothers and to the children? Specifically, how would fatherhood engagement “work” with a father who had a history of domestic violence?
2. Conversely, there was concern in the fatherhood community about how to address fathers and domestic violence. Would there be an underlying assumption that all fathers are violent or abusive? Would a history of domestic violence be used as an excuse to avoid working with fathers and to prevent contact with children?

In addition, CW staff was concerned about being caught between domestic violence and responsible fatherhood advocates. There was a need for clarity that could enhance, rather than complicate, supporting children’s wellbeing and safety in practice. We expected a challenging dialogue. More than 30 leaders representing DCF staff and management, community-based domestic violence advocates, responsible fatherhood groups, families, and other public and private agencies participated in the dialogues and committed to continue their work together and within their respective organizations and communities.

Fatherhood engagement and domestic violence in child welfare: core concepts

One outcome of the Dialogues was the development of a draft set of Concepts to help guide DCF child welfare practice as well as DV and Fatherhood advocates. These Concepts were designed to 1) inform development of policy and services to support safe and effective work with families; 2) establish suggested standards for child welfare efforts so families in which domestic violence is occurring (or has occurred) understand what they have a right to expect; and 3) help bridge gaps among agencies and practitioners by providing a foundation for on-going dialogue and action among stakeholders at the state and local level.

In our work with children, families, mothers, and fathers, when there is or has been a history of domestic violence, we have a responsibility to:

1. Create an environment in which people can talk about their fears and anxieties in working with men who batter.
2. Hold fathers and mothers responsible for safety, protection and nurturing of children, and build on past and current efforts to keep children safe.
3. Include the perspective of fathers, mothers and children in decision-making that affects their lives.
4. Recognize the influence culture, race, class, gender and history plays in our understanding of domestic violence and our work with individuals and families.
5. Practice in ways that promote safety and well-being of children and their non-offending parent, and honor, whenever possible, their right to self-determination.
6. Support and address the unique physical and social/emotional needs of children exposed to domestic violence.
7. Work to understand the context and impact of violence/abuse on parenting and support/promote healthier parenting behaviors.
8. Provide parents, regardless of race or ethnicity, gender, or class, with an earnest and respectful process to promote safe and healthy parenting of or involvement with their children by building on what they have done well in the past.
9. Provide fathers, mothers and other caregivers, in a respectful and non-judgmental manner, with information and education about child development and the impact of exposure to domestic violence on children.
10. Ensure that fathers who have used violence/abuse have opportunities for relationships with respectful child welfare professionals and service providers.
11. Support fathers to have a relationship with their children commensurate with their strengths, risk factors and impact of their violence/abuse on the children/family.
12. Provide fathers who have used violence/abuse the resources, interventions and services that promote healthy functioning, well-being and healthy parenting behaviors; and support their participation in them.
13. Draw upon and enhance a family's own resources and informal/natural networks of support that can support safety and sustain children into adulthood.
Project Connect: Keeping children safe and families together

By Valentina Laprade, LICSW

Without a doubt, substance abuse affects a parent’s ability to care for his or her children and places children at significantly higher risk for physical and emotional neglect and childhood trauma. The effects are manifested as the substance affected child develops into an adult and then into a parent themselves, often exposing another generation to the effects of parental substance abuse and trauma.

The Project Connect, 488 families. Families also began to recognize the importance of attending their appointments, which was essential for their children’s safety. Continued on page 19

In cases where parents were even slightly involved in the program, more than half the children showed gains in their physical and mental health.

with at least one parent who used alcohol or an illicit drug during the past year. Of the 8.3 million, 27.5 percent were aged five years and younger. Drug and alcohol abuse also led to prenatal exposure, resulting in low birth weights, and medical problems for between 550,000 and 750,000 children who are born each year after exposure to these substances.

According to a report from the U.S. Department of Health and Human Services (HHS) released in 2009, Rhode Island has some of the highest rates for binge drinking and illicit drug use in the country, and the consequences are devastating for families when parents are substance affected. Strong bonds between children and their caretakers, ideally their parents, are essential for healthy child development. Many instances of parental substance abuse lead to children being removed from their homes which can significantly impact the parent child bond as multiple systems work to stabilize the parents and their circumstances in order to return children safely to their care. Even in instances where families are able to remain intact, children can have difficulty creating healthy attachments due to the complicated effects for parents in recovering from substance abuse.

Children who do not have the opportunity to form strong and consistent bonds with their caretakers are at high risk of developing an array of issues including having difficulty identifying and regulating their emotions. They may be distrustful of adults, develop social anxiety, and have difficulty developing empathy. The 2007 National Survey on Drug Use and Health also reported that children without strong parental bonds demonstrate impaired social cognition.

Families who participate in Project Connect represent diverse backgrounds, but they share several key characteristics. In many of these cases, parents are either under the continuing threat of their children being removed from their care by the child welfare system or are working towards reunification with their children. Most of the families are headed by single parents who are living so far below the poverty line that they often struggle with meeting their children’s basic physical needs, which can hinder their efforts towards recovery and reunification with their children.

Engagement—a key programmatic component

“The tell and I forget, teach me and I may remember, involve me and I learn.” Benjamin Franklin penned these words about parenting during the founding of our nation. In 20 years of providing Project Connect services, the program has found that family engagement is the fundamental foundation for successful outcomes for children and their families. Between October 1, 2007 and September 30, 2012, Project Connect worked with 488 families. Families remained in the program for an average of 12 months. A five year cumulative, independent evaluation revealed only 65 out of 415 cases closed over the five years were due to families disengaging from services. The program used a dosage specific design to measure levels of engagement based on family participation in services.

As a result of program participation, children made significant gains in their mental health and behavioral issues. In cases where parents were even slightly involved in the program, more than half the children showed gains in their physical and mental health. Most parents demonstrated statistically significant improvements in their relationship with their children across multiple measures such as safety, developmentally appropriate expectations, and nurturing. Additionally, nearly all (91 percent) pregnant women with a subsequent birth during Project Connect involvement delivered a substance free baby.

Among the children who were removed from their parents after initial contact with Project Connect, 77 percent were able to return to their parents’ care and 72 percent of the children living at home when services began were able to remain there. Keeping children healthy, safe and at home with their families has societal benefits including maintaining and supporting the parent/child bond as well as cost savings for the foster care system.

The program was successful in helping parents achieve their goals and improve their lives. Nearly all of the parents highly involved in services showed progress on goals relating to substance abuse such as developing a lifestyle of recovery to ensure children are safely cared for. “I have stayed out of the hospital,” one program participant said. Another reported that “I am drug free and my children are doing well.” Highly involved parents showed improvements in their education and employment goals. Most notably, Project Connect has had a lasting impact on families. Over the five years of the project,
Certificate Programs in Adoption Therapy

How they can enhance the education of professionals in mental health and other areas that touch the lives of those in adoption.

By Dr. Joyce Maguire Pavao

In 2005, Dr. Gary Mallon and I developed a Certificate Program in Adoption Therapy to respond to what we saw as the tremendous need to help professionals to better serve the underserved in post adoption. The program was delivered as a post-graduate course at Hunter College School of Social Work and was funded by the federal government and by New York state for about four years. Participants met two days a month for eight months.

The program provided non-credit bearing advanced education and training for mental health professionals in specialized theories and practices for working with all members of the adoptive triad. This triad includes birth mothers and fathers and family; adoptive mothers and fathers and families; and adopted persons of all ages through adulthood and into the next generation. The continuum of care from foster care (or orphanage) to kinship, guardianship or adoption is an important foundation of the understanding necessary to be competent in working with families and children in the wide world of adoption. All of these family constructions are discussed in this program.

This certificate program was designed to help therapists develop the clinical sensitivity, and more important, the competency needed to treat the mental health needs of children who come from a background of abuse and neglect who are being raised in a family other than the birth family and also to treat their parents by birth and adoption who may also have mental health issues. The course emphasizes the development of a framework of understanding about the complexity of being a child or adult in a family by adoption and the therapeutic skills that will enable practitioners to work at the individual, couples, group, and family levels of clinical practice. Lectures, videos, classroom discussions, panel presentations, and guest presentations from adoption professionals, including representatives of each of the adoption triads when feasible, were used to deliver course content. Woven throughout is the impact that trauma, trust, separation and loss as well as multiple moves can have on children’s development and wellbeing.

Background

Adoption is an event that has a life-long effect on everyone involved. It brings unique rewards and often difficulties with issues of loss, attachment, grief, and identity formation as well as adjustment and attachment difficulties. These unique developmental needs frequently place additional stress on the family system, especially when they are manifested as challenging behaviors and or clinical disorders.

Adoptive parents often report that counselors, therapists and other professionals lack the basic understanding and skills necessary to address issues particular to members of the adoption triad—which includes: birth parents, adopted parents, and the adopted person. Professionals can also lack skills to deal with foster families, kinship families, children by alternative reproductive technologies, and families designated as guardians for children—emotional adoptions. A therapist working with this population must have some familiarity and experience with, not only, foster care, kinship, guardianship and adoption both pre and post, but also with trauma, learning disabilities, development psychology, and an array of mental health issues that may be part of the child’s challenge or part of the parents’ challenge. Therapeutic support service providers need to consider not only the adopted person but everyone affected by adoption, as well as supports needed to be ongoing since adoption is a lifelong process. These issues can be recurrent, increasing the demand for ongoing and adoption competent therapists.

Finding the right adoption competent therapist can be a daunting task, especially when parents may feel overwhelmed or are in crisis. The course aims to train, certify and create a pool of practitioners who are knowledgeable about adoption and who are experienced working with members of the adoption triad and the extended family that is created in adoption. It focused not only on legal adoption but also the emotional adoptions found in kinship care placements, longer term fostering situations and families by guardianship.

In essence, our aim was to certify clinicians who understood post permanency issues and who could speak “adoption”.

In essence, our aim was to certify clinicians who understood post permanency issues and who could speak “adoption”.

Objectives of the certificate program

Each session covers a specific subject relevant to the emotional and behavioral needs of adopted children, youth and affected families. The major objectives of this certificate program were to:

• Increase accessible, affordable, adoption-competent mental health support for adopted children, youth, and all of their families, particularly in the public sector and those adopted internationally, and to reduce the risk of adoptive family dissolution.

• Focus on acknowledging the “life-long” clinical issues related to adoption and those affected by adoption.

• Develop knowledge and skills to guide therapeutic interventions and assessments and to be inclusive of strengths-based, family centered culturally competent approaches that support members of the adoption triad and their extended families by birth, foster care, and other means.

• Apply advanced clinical knowledge about the system and reality of adoption in the lives of members of the adoption triad and to deepen students’ knowledge of child welfare policies and services by applying it to this specific population affected by the service delivery system.

• Develop the analytic skills; scientific knowledge, historical background, theoretical frameworks, and awareness of the adoption world needed to understand, assess, and address particular issues and needs of populations whose lives are affected by adoption.

• Apply the understanding of value dilemmas, ethical issues, and social needs to adoption service delivery and practice in child welfare.

• Explore one’s own attitudes, values, social stereotypes and biases, and to learn to apply specific knowledge and skills in adoption to more generalized issues.

Achieving our goals

While the funding has ended, the work continues and many have begun to do Certificate programs. This course was replicated in Louisiana, upstate New York, and Cambridge, MA by us and by our trainees. It was also replicated and/or acknowledged using the materials developed for this postgraduate course in other places throughout the country, by trainers not...
Northeast Kinship Coalition

By Joan Vance and Maryann Guernsey

On September 26, 2012, Joan Vance, Foster and Kinship Care specialist with the University of Vermont’s Cooperative Extension, welcomed 30 attendees from Washington D.C., Australia, New Hampshire, Maine, Massachusetts, New York, and Vermont to the first meeting of the Northeast Kinship Coalition. The gathering, which was held in Burlington, Vermont and sponsored with one-time funding from the University of Vermont Extension, is the first known regional meeting for those connected to kinship care in the Northeast. During the morning, participants spoke about the policies affecting kinship care in the United States and the state of policy, as well as education and debate, in Australia.

A brief overview of Kincare in the US

The US national overview was given by Beth Davis Pratt, senior policy analyst in child welfare with CLASP, a Washington, D.C.-based organization which advocates for improving the lives of low income people. She noted that according to 2010 US Census data more than 2.6 million children live in homes where grandparents are the householders and are responsible for them. The 2000 US Census showed that more than 2.5 million children were being raised by grandparents and other relatives with no parent present. Davis Pratt also noted that just over 100,000 children live with relatives in foster care. She also described the following policies as having an impact on kinship care:

- Foster Connections to Success and Increasing Adoption of Kinship Care were the most significant federal reform for abused and neglected children in more than a decade and the most significant federal law relating to kinship care on record;
- Other policies affecting kinship include: National Family Caregiver Support Program (through US DHHS, funding to state Area Agencies on Aging); TANF, both child-only (trend of 2008-2009 is away from its original intent of income re child-only grant) and family grants;
- Kinship care policies are left to states; state variations are key in kinship care arena;
- Most federal policies and laws relate to foster care, not kinship care;
- The federal government assists only if children have been in foster care for 6 months (with relative).

An overview of Kincare in Australia

An Australian national overview was given by Anne McLeish, director of Grandparents Australia (GA). McLeish noted that in Australia, policy makers and professionals are just waking up to the scope of Kincare where 80% of the care is provided by grandparents, many of whom are quite elderly and living on pensions. Advocates are now trying to shift the debate toward solutions. Grandparents Australia is floating the idea of “training up an army of advocates to work for others, get beyond their own stories to the big picture, to solutions” as GA believes that this army of one will really make a difference. While Australian governments are trying to shrink services, two areas that need most work related to Australian Kincare are legal aid and education.

Programs and services:
- Australia has broadened its definition of neglect to include if person witnesses it.
- A recent major policy initiative had eight priority areas, with Kincare as one of them. Among the programs identified for Kincare support were play groups, support groups, research, national website, and a hotline.

Legal and policy front:
- Rerouting of the Family Law Act placed the Grandparent and close relatives; and other relatives; and GA is using morning teas, afternoon teas, play groups, support groups to try to reach out to grandfamilies.
- The Australian Children’s Round Table has 14 members, one of which is McLeish, two government ministers attend each meeting which, so far, has included frank discussion of how policies are impacting families.
- Centrelink—through the Department of Human Services is part of an ambitious and far-reaching plan for future services and research.

Research/training:
- Very little exists; Australia is very much operating without research-based evidence.
- GA is using morning teas, afternoon teas, play programs, support groups to try to reach out to grandfamilies.

Brief updates were also provided by state attendees as follows:

- **Maine:** Bette Hoxie, Executive Director, Adoptive and Foster Families of Maine: Ten years ago, 3% of Maine children were being placed with relative caregivers, now the number is between 40 and 50%. The largest part of kinship care in the state is in the informal system.
- **New Hampshire:** Dalea DaCosta, MA Commission on Grandparents Raising Grandchildren: In 2008, Gov. Patrick appointed an 11-person commission relating to issues including Kincare with four identified areas on which to work. Information and referral were found to be inconsistent, but there is now a website (www.massgrg.com) with a resource guide, as well as one-pagers such as, “Grandparents Are Not Alone.” Support groups are beginning in fall 2012 in several areas of the state to supplement those that existed.
- **Vermont:** Cindy Walcott, Deputy Commissioner Vermont Department for Children and Families: In Vermont, 4,000 children live with relatives 21% are in DCF custody with licensed kinship foster parents as the state requires kin to be licensed. In 2009, Vermont revised the Juvenile Proceedings Act, with hierarchy of placement:
  - Parent;
  - Non-custodial parent;
  - Grandparent and close relatives;
  - Other relatives; and
  - Department for Children and Families.

Currently there is no kin navigator program in Vermont, but a group is working to find funding. DCF has found that it takes more resources to pull off Kincare than in the former, “traditional” way.

Further discussions

After hearing the information presented about national, state and Australian kinship care, participants split into three groups for further discussions over lunch. They explored topics relating to programs and services; research, training and curriculum and legal and policy issues. In the afternoon these groups shared the following issues in their respective content areas.

Programs and Services:
- Priorities identified:
  - Kin mentor—one to one (peer) training and help;
  - Support groups with childcare provided;
- Child Welfare League 1½ years ago has been delayed but is in production.
- Massachusetts—Kerry Bickford and Manuela DaCosta, MA Commission on Grandparents Raising Grandchildren: In 2008, Gov. Patrick appointed an 11-person commission relating to issues including Kincare with four identified areas on which to work. Information and referral were found to be inconsistent, but there is now a website (www.massgrg.com) with a resource guide, as well as one-pagers such as, “Grandparents Are Not Alone.” Support groups are beginning in fall 2012 in several areas of the state to supplement those that existed.
- Vermont—Cindy Walcott, Deputy Commissioner Vermont Department for Children and Families: In Vermont, 4,000 children live with relatives 21% are in DCF custody with licensed kinship foster parents as the state requires kin to be licensed. In 2009, Vermont revised the Juvenile Proceedings Act, with hierarchy of placement:
  - Parent;
  - Non-custodial parent;
  - Grandparent and close relatives;
  - Other relatives; and
  - Department for Children and Families.

Currently there is no kin navigator program in Vermont, but a group is working to find funding. DCF has found that it takes more resources to pull off Kincare than in the former, “traditional” way.

Further discussions

After hearing the information presented about national, state and Australian kinship care, participants split into three groups for further discussions over lunch. They explored topics relating to programs and services; research, training and curriculum and legal and policy issues. In the afternoon these groups shared the following issues in their respective content areas.

Programs and Services:
- Priorities identified:
  - Kin mentor—one to one (peer) training and help;
  - Support groups with childcare provided;
- Child Welfare League 1½ years ago has been delayed but is in production.
14. Support fathers, mothers and children in their decision to repair, heal and strengthen parent/child and other family relationships that have been damaged by domestic violence.

15. Ground our work, with each other and with families, in the belief that change is possible.

16. Invite partners to adopt and help us to translate these aspirations into daily practice with families.

Building on past innovations

The work done through these Dialogues and the resulting Core Concepts build on a strong history at DCF of recognizing the essential work of integrating best practice in domestic violence with our work to better engage fathers in their children’s lives:

- The DCF Domestic Violence Unit (DVU), formed in the early 1990s, provides consultation to DCF staff in situations where mothers and children are at risk of violence and abuse in the same family. An early and consistent focus of the DVU’s work has been on articulating and considering the impact of exposure to DV on children, and on holding men, not their partners, accountable for the impact of their violence abuse on the family.

- In the mid-1990s Fernando Mederos, then a consultant for Batterer Intervention (BI), was hired by DCF to develop child protection practice approaches to working with men who batter, and to work with the DVU to enhance its consultations to DCF staff. Several years of developing practice with the DVU resulted in a publication: Accountability and Connection with Abusive Men: a New Child Protection Response to Increasing Family Safety (Family Violence Abusive Men: a New Child Protection Response to Increasing Family Safety (Family Violence Prevention Fund, now Futures Without Violence), 2004, available from http://www.thegreenbook.info/documents/Accountability.pdf).

- In 2006, DCF created the Fatherhood Engagement position and made a major commitment to working with fathers whenever a family became involved with CW. This has involved creating services for fathers at local DCF Offices and developing practices that call for engaging fathers in different ways, depending upon their strengths and risks.

- DCF is in the midst of an ongoing transformation in our approach to child welfare practice. Through our approach, DCF is committed to understanding a family’s perspectives and their strengths, and to looking as deeply and rigorously for behaviors that have kept children safe as for behaviors that have caused harm.

- As a core component of child welfare practice, fatherhood engagement is a work in progress. Fathers are a complicated population, no less than mothers. Half to two-thirds of them do not live with the mothers and children—usually the result of broken relationships. Many of the fathers we are working with are low income, and many have complicated histories with systems—the criminal and civil courts, corrections, the child support enforcement system, and substance abuse and mental health treatment. Prior involvement in any of these systems can result in “labels” and/or assumptions for these men. The risk is that we allow these assumptions to obscure the reality that many of these men have intense and positive visions of fatherhood that can be a building block and motivation for change.

The opportunity in our ongoing transformation and in this dialogue is that we will continue to support the vital work with fathers, including those who have a history of domestic violence, while also attending fully to the safety and wellbeing of mothers and children.

To do that, we will continue to explore these questions:

- How can we incorporate language about safety in this work while not alienating or labeling fathers?
- How do we talk about domestic violence with men in open and supportive ways?
- How is the topic of domestic violence added to father’s nurturing groups (what are the specific exercises/dialogues to be had)?
- How do we utilize the expertise in both nurturing fathers’ groups and batterer’s intervention programs for the development of best approaches?
- How do we identify training needs and support to fathering group facilitators, child protection workers and community providers that promotes safe practice responses when domestic violence is identified, while not assuming all fathers are abusive?
- How do we advocate for this work while keeping in mind the oppression of poor men and men of color, and not compound that oppression with the additional topic of domestic violence?

Fernando Mederos is the director of Fatherhood Engagement at MA DCF. He may be reached at Fernando.mederos@state.ma.us. Tammy Mello is the Director of the Domestic Violence Unit at MA DCF. She may be reached at tammy.mello@state.ma.us.

Gendered pronouns are used to reflect the reality that most victims of domestic violence are female, and most domestic violence offenders are male. However, domestic violence can and does occur in gay and lesbian relationships, and may, in a small percentage of cases, involve a woman battering a male partner.
National statistics on the educational experiences of children who are in foster care or who are engaged with the juvenile justice system make clear the extent of our challenge—and the urgency of our cause.

Promoting School Success

continued from page 2

hard to realize their plans in life. Choice Theory is built on the simple but profound belief that all human behavior is chosen. Dr. Glasser teaches that we choose our behaviors in an effort to satisfy a universal set of basic needs: safety, love and belonging, power, freedom and fun. At the Department of Children and Families, we know that translating these beliefs into daily practice for our staff and students is the first step toward high levels of learning for all of the children and young people for whom we are responsible.

For the schools that we operate directly, serving children with significant mental health needs or young men in juvenile detention, we need to make sure that our lessons are planned and delivered in a manner consistent with Choice Theory, and that interactions among staff members and students are guided by the same beliefs. This means that the principles of Choice Theory must be reflected in the way that we hire, train, support and evaluate the members of our staff.

There are also things that we can do to promote engagement and academic success for children in foster care who attend local public schools or other educational institutions around the state.

This includes providing direct training in Choice Theory for students and their parents, and offering related workshops to local school leaders.

Our school improvement strategy

Beyond assuring that the children under our care are motivated to work hard in school, our priorities for our USD2 schools center on literacy, measured progress toward the goals set forth in the Common Core Standards and post-secondary planning. We need to place particular emphasis on personalizing the learning experience to reflect the diversity of interests and performance levels represented in our classrooms.

This will mean a greater reliance on technology and online learning, and a shift in the teacher’s role from that of purveyor of information to that of guide, counselor and learning coach.

Because most youngsters in foster care in Connecticut are educated in the public schools in their home communities, a positive relationship between DCF and school district officials is essential. That includes assuring that school officials receive adequate notice and information about children who are placed in their communities, and working together to minimize the need to change schools when foster placements change. It also means encouraging the children in our care to attend school every day, to be good citizens, and to take full advantage of the educational opportunities being afforded them. As advocates for our children, we need to make sure that our children are being provided with the learning opportunities that they need in order to succeed, including access to special education services. And we need to make sure that any disciplinary procedures in which our children may be involved are administered in a fair and consistent manner.

The critical role of early education

Many of the challenges that children in foster care encounter in school stem from the fact that many of them did not benefit from quality early education programs in their younger years. For that reason, DCF is working with a variety of other state agencies and private providers to expand access to pre-school programming for children in foster care. We need to make sure that every foster child with qualifying special needs is engaged in a Birth to Three special education program. And we need to make sure that every child in foster care is enrolled in a quality early education program. This will require a substantial expansion of early education slots beyond those currently available in Connecticut.

Reaching out to out-of-school youth

Finally, we must not forget our obligation to students who have left high school without a diploma. For a variety of reasons, young people who have been part of the child welfare or juvenile justice systems are far less likely to graduate from high school than are their typical peers. For them, the traditional high school experience is often unfulfilling, even painful. But that does not mean that they are incapable of learning and succeeding by other means.

DCF must partner with local school districts, other state agencies, employers and community-based organizations to create alternative learning opportunities for this out-of-school youth population. Such settings should emphasize success counseling, literacy assistance and quality online instruction. Graduation credits should be awarded on the basis of demonstrated knowledge and competence, as opposed to seat time. Relationships with post-secondary institutions and area employers will enable participating young people to appreciate the connection between education and personal advancement.

All of this adds up to one tall order, particularly at a time of significant financial constraint at every level of government. But the connection between a quality education and the happiness and wellbeing of the children in our care could not be clearer. We owe it to them, and to the long-term health of the wider community, to deliver.

Dr. Stephen Tracy is the Superintendent of Schools for the CT Department of Children and Families Unified School District #2. He may be reached via email at Stephen.Tracy@ct.gov.

For those seeking ways to promote a climate for learning that inspires students to take charge of their own learning, he suggests the following resources:


• The William Glasser Institute: www.wglasser.com

May is National Foster Care Month

Hang a blue ribbon and help increase awareness of foster care!

Whether you live in a city or town, suburb or the country, you can help the National Foster Parent Association increase awareness of foster care by hanging blue ribbons on your front door, your mailbox, the tree in your front yard or the post on your front porch, WHEREVER it can be SEEN. Ask your friends and relations to do the same.

Other Ideas

• Request a proclamation from your governor or mayor

• Ask your state legislators for a resolution

• Make a National Foster Care Month event and use blue ribbons as decorations

Visit www.NFPAfostercare.org for more ideas
Regional Investment in our Youth
Current and Future Projects of NEYC

By Grace Hilliard-Koshinsky

In January 2013, the New England Youth Coalition (NEYC) convened in person in Deven’s MA for its winter meeting. Among the many items that NEYC members were focusing on at this meeting were strategies for regional youth development, determining measures of success for the implementation of the Sibling Bill of Rights and planning future projects.

The New England Youth Coalition was created following a Breakthrough Series Collaborative on Adolescent Permanence held in Massachusetts and it has been meeting since 2008. Members of NEYC are current and former foster youth as well as adult supporters from child welfare agencies in the six New England states. NEYC works to better the quality of life for youth involved with the foster care system through education, advocacy and improvement of policy and practice.

NEYC youth members are 16+ and are interested in making a positive change in the child welfare system. Youth members of NEYC actively participate in leadership roles within their state such as: local and state youth boards, panel discussions and other opportunities for self-advocacy. Youth and adult supporter members meet in person 2-3 times a year and hold monthly conference calls in between to move the work forward.

NEYC continues the process of building infrastructure to promote long term success, and it is currently working with partners including the National Resource Center for Youth Development to plan a regional youth conference for summer 2013. The focus of this conference will be on leadership development and building opportunities for youth to become involved with NEYC as well as building relationships between youth and adult supporters on a regional level. In order to plan for the long term, the group has also been evaluating current and ongoing projects.

Measuring success

As of August 2012, NEYC is proud to say that the Sibling Bill of Rights has been signed by the leaders of New England public child welfare agencies. The Bill illuminates the importance of sibling relationships and outlines ten basic rights for foster children beginning with the notion that each foster child should ideally be placed with their siblings. But is having the Bill signed the measure of success?

During their winter convening, NEYC sought to answer: “What does it mean to ‘complete’ the mission with the Sibling Bill of Rights project?” NEYC members recognize that implementation takes time, will vary from state to state and requires multiple simultaneous efforts. They have been spreading the word about the Bill to foster parents, care providers and youth in care and working in a parallel capacity to raise awareness with policy makers. In some NE states NEYC members are working with agency staff to encourage dissemination of the policy to children in care, foster parents, agency staff and providers. They also are helping to design or deliver training on the Bill. After all the buy-in built, support garnered and PR generated around the importance of sibling connections, NEYC is assessed the impact for this project.

Among the markers of success for the Siblings Bill are questions received from states outside of New England inquiring how they might create or adopt a Sibling Bill. The Bill has also been included in a Siblings Toolkit recently developed for professionals by the National Resource Center for Youth Development. NEYC has concluded that the Sibling Bill of Rights won’t be “finished” until it’s being utilized to its full extent on the ground among care providers and youth in care as well as legislatively to inform policy. In the mean time, NEYC will continue to track the progress of the Bill and support its implementation as states determine how best to incorporate the Sibling Bill of Rights into their policies and practices.

Working priorities for NEYC fall under four areas: Education, Normalcy, Permanency (including siblings) and Health Care. Partnership with existing initiatives has assisted the group in determining their next area(s) of focus. In November 2012, NEYC was honored to discuss its work with Congresswoman Karen Bass, (D-CA) and Congressman Jim Langevin, (D-RI) during the national Foster Youth Listening Tour at its stop in Rhode Island. Members have also been participating in national conversations related to the Affordable Care Act’s proposal to increase Medicaid coverage to former foster youth up to the age of 26. Currently the group is working on recommendations for normalizing life in state care. Efforts include assisting in the dissemination of a normalcy survey largely based on a draft from New Hampshire. NEYC hopes to propose a draft of a definition for ‘Normalcy’ when they meet next with the Commissioners and Directors.

You can read more about NEYC’s past work and current projects on their website www.neyouthcoalition.org as well as contact the group and track their progress through FB.

Grace Hilliard-Koshinsky is the Project Manager of the New England Youth Coalition. She may be reached by email at ghilliard@jbcc.harvard.edu or by calling 617-278-4272.

First 1000 Days: Community of Hope

First 1000 Days continued from page 1

ment in a trauma and family context, the second focuses on building children’s well-being, Judith Meyers, CEO of CHDL opened the convening with a three briefing paper, Off to a Healthy Start, and Professor Neal Halfon came in from California to keynote. Halfon challenged the diverse audience to build a “3.0” collaborative effort anchored in shared systems for agenda setting and communication, outcome measures and data development, collaborative system improvement, and financial and policy alignment.

The second convening used the same practical approach: shared sponsorship; creation of data-based briefing reports; hosting the event at State Capitol with easy access and free parking, thus giving the general public a chance to see its government in action; public broadcast and re-broadcast of the event; solid news coverage; and an increasingly rich web presence making all materials publicly available. It also gave a second meaning to the title of the effort, effectively employing a count-down of 1000 days to focus on very early childhood in Connecticut!

Later in the same month a wonderful New England wide meeting on Communities of Hope sponsored by Casey Family Programs and the New England Association of Child Welfare Commissioners and Directors was held in Massacu- sets. It was keynoted by John Kania, a nationally recognized thought leader on collective impact. The opportunities served as the basis for Connecticut cut 3rd 1000 Days convening. Organized by the William Caspar Graustein Memorial Fund and hosted by several state agencies, nonprofit advocacy organizations and Casey Family Programs, the 3rd convening—First 1000 Days: Communities Make a Difference for Children—was held in January 2013 at the State Capitol, with an overflow crowd and 877 days left for action.

The Memorial fund focused the convening on “collective impact” and brought Kania to Connecticut to keynote. Briefing papers were available, all posted on line and delivered in print, including the recent report “Understanding the Importance of Backbone Organizations in Collective Impact”. Kania’s keynote, “Collective Impact”; is also available to the public online. Several Connecticut communities engaged in the Memorial Fund’s Discovery Initiative powerfully described what early childhood community building and collaborative action looked like in their communities.

Governor Malloy, unable to attend the 3rd convening as he was in transit from the inaugural in Washington, did speak with organizers of the First 1000 Days effort in a small, private luncheon immediately following the convening. Malloy spoke eloquently about how critical the early years are to early school success and to later healthy functioning. He hinted that he would make a bold announcement about early childhood systems building in Connecticut in the near future. And he did!

On Monday, February 4th, the Governor announced that he would seek legislative approval in the coming 2013 session to centralize a significant number of early childhood programs in a single, new Office of Early Childhood reporting directly to him. At the same time, planning for the 4th and 5th First 1000 Days convenings hit high gear. In June 2013, the Connecticut Department of Social Services will sponsor a “first birthday party” with a focus on the development of information sharing and data analytics in early childhood, and in September 2012, the Hartford Foundation for Public Giving in partnership with the Connecticut Department of Developmental Services will host the 5th convening focused on families.

The future looks brighter for young children in Connecticut. And the First 1000 Days continues to function as an amazing organizing and strategic advocacy endeavor.

Janice M. Gruendel, Ph.D., M.Ed., is a Deputy Commissioner at the Connecticut Department of Children and Families. She may be reached at Janice.Gruendel@ct.gov

Grace Hilliard-Koshinsky

New England News

Common Ground, April 2013
A New England Conversation on Building Communities of Hope

By Jen Agosti

On October 23, 2012, roughly 80 participants who came from each of the six New England states came together to 1) highlight the critical connections between children, families, the child welfare system, and communities; 2) raise awareness about how trauma affects children, families, and communities; and 3) inspire participants to think about forming community more broadly and intentionally to support children and families in integrated and holistic ways. Casey Family Programs, in collaboration with the New England Association of Child Welfare Commissioners and Directors, sponsored this Convening that allowed those in attendance to hear from plenary speakers, learn from current programs and initiatives in New England, and talk with one another.

Why this Convening and why now?

Over the last several years, each New England state has shifted its child welfare practices to strengthen and engage families in more intentional and meaningful ways. As such, the need has grown for deeper partnerships between the formal systems and informal networks that support children and families in their communities. These partnerships are essential in order to provide a comprehensive, integrated system that supports children and families in integrated and holistic ways. Casey Family Programs, in collaboration with the New England Association of Child Welfare Commissioners and Directors, sponsored this Convening that allowed those in attendance to hear from plenary speakers, learn from current programs and initiatives in New England, and talk with one another.

Who was in the room?

One exciting feature of the day was the breadth and experience of participants who were included. Rather than focusing solely on child welfare staff, states were invited to include a wide range of representatives; and they did. The day’s participants included public child welfare agency commissioners, directors, leaders and managers; child welfare agency supervisors and line workers; foster parents, birth parents, and youth; system partners, such as education, early childhood education, law enforcement, public health, mental health, and pediatrics; faith-community members; non-profit community organizations; and family resource centers. This mix of participants allowed for a rare blending of experiences and perspectives that further enriched the day’s conversations.

Speakers and topics

The foundation for the day was set by leaders of the two sponsoring organizations: David Sanders, the Executive Vice President of Casey Family Programs and for NEACWCD, Angelo McClain, Commissioner of Massachusetts Department of Children and Families. This was followed by Sally Fogarty, the Director of the Children’s Safety Network’s National Injury and Violence Prevention Resource Center who presented a plenary on using a public health framework for child welfare. And the final context for the day was given by John Kania, Managing Director of the Foundation Strategy Group, who described the hope and potential for “collective impact.”

Participants then heard from a group of five panelists, each representing a unique ‘on the ground’ perspective for community engagement and building communities of hope: a young person who had been in foster care; the parent of a young woman who had been involved with the child welfare/juvenile justice system; a foster parent; a child welfare social worker who had been out-posted in a community agency; and a Head Start family services coordinator. This was intended to help participants think about the concepts shared by the plenary speakers in concrete and meaningful ways.

Following the panel, a series of six workshops were presented, highlighting various aspects of community engagement work currently going on in New England:

- Engaging Neighbors and Communities to Support Families: Community Partnerships for Protecting Children (ME)
- Building Community in Rural Areas: Athol Patch (MA) [Please see session notes for more information]
- Working in Authentic Partnership with Parents: Better Together (NH) [Please see session notes for more information]
- Mobilizing the Faith-Community to Provide Support: Covenant to Care for Children (CT)
- Creating a Community to Support Foster Adoptive Families: Tree House (MA)
- Partnering for Young Children and Ensuring School Readiness: Discovery Initiative (CT)

As the day concluded, participants were provided with an opportunity to talk with one another in a facilitated ‘world café.’ They were challenged to think about the dreams, hopes, and vision for community engagement in their respective states, as well as what they could do to achieve that vision. In the final participants’ evaluations of the day, 96% of respondents felt that they left the day “feeling inspired, empowered, and motivated about how I might form and support community partnerships more broadly and intentionally to support children and families in integrated and holistic ways.”

Materials from this convening including a power point of Fogerty’s presentation and a link to the keynote by John Kania on “collective impact” can be found on the Association’s webpage at www.ibcc.harvard.edu/neaowcd.

Please sign me up for a subscription to the COMMON GROUND

Individual Subscription: $15
Organizational Subscription: $25
All Staff Agency Subscription: $50-$100

Name: __________________________
Address: ________________________
Phone: _________________________

Include comments on how we may better serve you!

Checks payable to Judge Baker Children’s Center and mail to: Common Ground, Subscription Dept., 55 Parker Hill Ave., Boston MA 02120
Organizational change through teaming

By Sarah Ward

In the fall of 2007, after completing their Child & Family Services Review, the Vermont Family Services Division set out on a journey of change, grappling with values and beliefs that they hold around the work that they do with children and families. By January 2008 they finalized a Transformation Plan and this work started to undergo major changes. Teaming, which is one of them, was introduced to Family Services staff when a small group of staff from the Massachusetts Department of Children and Families came to Vermont to share their experience with teaming as a way to change a culture in an office, and a way to support social workers in the field.

It was an intriguing concept to some, exciting to others, and downright scary to a few. How would teaming work? What are the roles and responsibilities of everyone on the team? What about the supervisor, or the director? Many questions were asked and then, the opportunity was there to attempt it as districts were encouraged to try teaming within their offices. The definition of teaming now practiced in the Vermont Model is: “A group of interdependent individuals who have complementary skills and are committed to a shared, meaningful purpose and specific goals. They have a common, collaborative work approach, clear roles and responsibilities, and hold themselves mutually accountable for the team’s performance”.

Several offices began to lay the foundation for this by introducing the concept and benefits of teaming to social workers; asking social workers for input on how a Teaming model could work in Vermont; and conducting group supervision. In the fall of 2008 a team from Vermont participated in a Casey Family Programs, Peer Technical Assistance Match: Implementing Teaming to Increase Safety and Stability. Then in 2009 Vermont held their first Teaming Symposium, inviting teams from around the state to explore, learn and advance their knowledge of developing functional teams.

Aligning initiatives and practice values

In the meantime, Vermont Family Services undertook the task of developing and implementing a practice model. The Vermont practice model states, “learning culture supports staff to continually learn together — where new and expansive patterns of thinking are encouraged and collective aspiration has the potential to be realized. We create and maintain a supportive working and learning environment — with adequate resources and open communication and accountability at all levels. Training is focused on building specific skills for engaging families, building safety, and creating permanence, because children and families deserve trained, skilled staff to engage and assist them. We learn from children, youth, and families to improve our practice”.

Hallberg & Dill Vana Previtt, (2003) provide us with some helpful guidelines for what a learning culture looks like:

Characteristics of a learning organization

• Doing something that matters personally and to the community
• Lifelong learners

• Visions for the direction of the organization emerge from all levels
• Employees are invited to learn what is happening at every level of the organization
• Mutual respect
• Acceptable to take risks in practicing new skills
• Inquiring about each other’s assumptions and biases is encouraged

Barriers to a learning culture:

• Attention focused on programs & program development with little attention to overall improvement
• Equating training with learning and ignoring or missing opportunities for on the job learning/training/reflecting
• Defensive practice, an approach that hides individual practice in an effort to protect from criticism & stops learning
• Looking for blame when faced with errors, mistakes or tragedy. Judging others and finding fault puts people on the defensive
• Tough questions about practice and decision-making are often avoided
• Leadership that discourages inquiry and feedback or does not support and encourage risk taking is also an impediment

An organization with a culture of learning will...

• Value learning
• Examine errors, omissions & mistakes within context: treat them as an opportunity to learn
• Create an environment that supports and encourages the collective discovery, sharing and application of knowledge
• Address professional development needs in all positions
• Provide training that is in line with the mission & strategic directions
• Gather and integrate feedback from stakeholders
• Identify & address internal silos and defensive practices that discourage learning
• Value & support a collaborative approach

Even an organization with a culture of learning must...

• Understand that there are decisions that must be made by leadership to support the vision and direction of the organization, without input from all staff
• Have policies and procedures that staff are expected to follow
• Deal affirmatively with performance and disciplinary matters, with a first goal of improving performance
• Be respectful about what information can be shared, and what cannot, when dealing with difficult cases and personnel issues.

Methods of developing learning culture are:

• Individual: technical, relationship, learning-to-learn, understand your own learning styles
• Individual Learning Plans (ILP) and annual performance evaluations that support and enhance the ILPs
• Team/Group learning: Reflective inquiry, mutual support, creative problem solving & group cohesion

How do I start teaming in my office?

Get buy-in from the leadership in your office to create teams. Get support from other states’ offices that are familiar with teaming. Start with a values discussion. What do you believe? How are your beliefs aligned with the vision and mission? Determine where there are rubs you MUST talk out, and then find common ground. Move from being congenial to collegial. While it is nice to be liked, we must also hold each other accountable to the work that we agreed to do.

In the end, how will we benefit from teaming?

• Become conflict competent.
• Use Teaming discussions to learn new ways to apply new training or policies to your job.
• As a team, reflect on your data, and make decisions about how to improve your outcomes.

Sarah Ward, LICSW is a Training Consultant for the VT Child Welfare Training Partnership. She has been in her current position for fifteen years, and works with multiple teams throughout Vermont Family Services Division. She may be reached at, 208 Colchester Ave, 004 Mann Hall, Burlington, VT 05405 or (802) 656-3345.

Sarah Ward

• Whole Organization: Vision, collaboration, take risk, learn from mistakes, connect people, structure, rewards & recognitions
• Community: sit in on teams, are solicited regularly for feedback, understand the vision & mission of the organization

The path that Vermont Family Services Division has embarked on in creating a learning culture has included many of the methods described above, and as an organization they have placed teaming at the top of the list. Each of the twelve district offices, the youth facility and the central office staff have participated in teaming symposiums, teaming self-assessments, and on-going work with their Child Welfare Training Partner to deepen their knowledge and skills around teaming. This work has included developing meaningful purpose and mission statements, defining roles and responsibilities, and creating operating agreements that support a professional environment of collaboration and respect. The time and commitment that this work takes, to create a culture of learning, is rewarded by positive outcomes for the children and families that they work with and increased satisfaction for employees.

Promoting Organizational and Systems Change

Common Ground, April 2013
Rhode Island: a “SUPERCOMMUNITY”

By John Scott

The Rhode Island Department of Children, Youth, and Families and Family Service of Rhode Island are pleased to announce an innovative and exciting project which will begin this spring. Rhode Island has been chosen by the Chadwick Center at Rady Children’s Hospital in San Diego, a member of the National Child Traumatic Stress Network, to be a “Supercommunity” participant in the Chadwick Trauma-Informed Systems Dissemination and Implementation Project (CTISP-DI).

In October 2012, the Chadwick Center for Children and Families and the Child and Adolescent Services Research Center (CASRC) at Rady Children’s Hospital-San Diego, received funding to create the Chadwick Trauma-Informed Systems Dissemination and Implementation Project (CTISP-DI). Expanding on work completed through the currently funded SAMHSA Chadwick Trauma-Informed Systems Project (CTISP), CTISP-DI will refine and disseminate a specialized service-system-level intervention. This Treatment and Services Adaptation Center within the National Child Traumatic Stress Network (NCTSN) will lead the transformation of public child welfare agencies into trauma-informed systems.

CTISP-DI will translate the Trauma-Informed Child Welfare Conceptual Framework developed by CTISP into a systems-level intervention that includes multiple components such as training, consultation, and ongoing support using the Trauma-Informed Child Welfare Practice Toolkit and the revised version of the Child Welfare Trauma Training Toolkit also developed as part of CTISP, among other tools. The CTISP-DI Trauma-Informed Child Welfare System Intervention will be disseminated to at least six CW systems across the country to help them become “Supercommunities” that fully implement the intervention at a true performance level.

Work in Rhode Island has already begun in the area of trauma-informed services and system transformation. The Rhode Island Department of Children, Youth and Families and Family Service of Rhode Island have identified staff who are being trained as trainers in order to bring the curriculum to Rhode Island. These trainers will be training our public and private child welfare staff in order to further support our efforts toward achieving a trauma focused system of care. Participating as a “Supercommunity” will further solidify this work and move the child welfare system into the forefront of what Bryan Samuels, Commissioner, Administration of Children, Youth, and Families has deemed a priority issue! The Kick-off will take place at the Rhode Island Foundation on April 4th, at 4:00 PM. For more information, please contact Stephanie Terry at 401-528-3543 or Stephanie.terry@dcyf.ri.gov

John Scott is the Community Liaison for RI DCYF and the RI Bureau Chief for Common Ground. John has worked for DCYF for 20 years. He can be contacted at 101 Friendship St, Providence, RI 02903, (401) 528-3754 or john.scott@dcyf.ri.gov

Who we are:
The Chadwick Center for Children and Families is part of Rady Children’s Hospital in San Diego, CA. The Chadwick Center is a child advocacy center, one of the largest of its kind, whose mission is to promote the health and well-being of abused and traumatized children and their families. This mission is accomplished through excellence and leadership in evaluation, treatment, prevention, education, advocacy, and research. The Chadwick Center received a grant through the Substance Abuse and Mental Health Services Administration (SAMHSA) as a member of the National Child Traumatic Stress Network (NCTSN) to fund the following projects:

Chadwick Trauma-Informed Systems Project

In 2010, the Chadwick Trauma-Informed Systems Project (CTISP) was established to provide leadership in identifying effective treatments and developing specialized service delivery models to serve victims of child abuse and children exposed to domestic violence who are involved with the public child welfare system. CTISP leaders assisted in developing the following tools:

Trauma-Informed Child Welfare Practice Toolkit

• Trauma Systems Readiness Tool
• Guidelines for Applying a Trauma Lens to a Child Welfare Practice Model
• Desk Guide on Trauma-Informed Child Mental Health for Child Welfare
• Desk Guide on Trauma-Informed Child Welfare for Mental Health

Child Welfare Trauma Training Toolkit (CWTT), 2nd Edition

• Trainer’s Guide
• Comprehensive Guides
• Participant Manual
• Slides

The CWTT is designed to teach basic knowledge, skills, and values about working with children who are in the child welfare system and who have experienced traumatic events. The toolkit teaches strategies for using trauma-informed child welfare practice to enhance the safety, permanency, and well-being of children and families who are involved in the child welfare system.

In 2012, the Chadwick Trauma-Informed Systems Dissemination and Implementation Project (CTISP-DI) was established to expand upon the work completed through CTISP, by refining and disseminating a specialized service-system-level intervention. The goal of CTISP-DI is to move trauma-informed systems from a concept and set of resources, trainings, and local test sites into day to day practice in real world settings across an entire jurisdiction than can then serve as exemplars for others. CTISP-DI will start with 6 “Supercommunities” across the United States, including the state of Rhode Island!

As a Supercommunity, Rhode Island will...

• Participate in a community assessment, including how change occurs
• Receive support and consultation in the development of an implementation plan
• Receive and access trainings, support, products, technical assistance, and resources focused on trauma-informed systems, screening and assessment, and trauma-informed evidence-based treatment
• Be involved in a peer to peer network with other SC’s across the US

Continued on page 14
Our next issue is sure to be an interesting one as we present ideas for how to manage in the complex and changing environment of child welfare.

Have your message reach thousands of people working with children and families.

Advertising deadline: September 15, 2013
Issue release: October 2013

For rates call (617) 278-4276

CTISP-DI Supercommunity Timeline of Events:

- April 4, 2013 – Community Kick-Off Event
- May – July 2013 – Conduct Community Assessment Process
- August 2013 – Analyze Results from Community Assessment Process
- September 2013 – Create the "Trauma-Informed Implementation Plan"
- October 2013 – September 2016 – Provide Ongoing Training and Technical Assistance

For more information please visit: www.ctisp.org

What does it mean to be a Trauma-Informed System:

A trauma-informed child and family service system in one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with the child, using the best available science, to facilitate and support the recovery and resiliency of the child and family.
Caring Together: Strengthening children and families through community-connected residential treatment

By Robert Wentworth

The Massachusetts Executive Office of Health and Human Services (EOHHS), the Department of Children and Families (DCF), and the Department of Mental Health (DMH) are establishing the foundation for an integrated service delivery system for children and families. The first stage of development will be accomplished as DCF and DMH undertake a joint procurement and transformation of residential levels of service. Until now, both agencies have procured and managed residential treatment services separately, despite significant overlap in the contracted providers and the children and youth served. Going forward, our contracts will have common service specifications, standards and pricing, and we will provide contract and clinical oversight functions as a consolidated management team.

Guiding values

Through this joint procurement, EOHHS, DCF and DMH affirm that families are the center of the design, development and delivery of services and supports they need. These agencies envision a system wherein Massachusetts children and families will have timely access to an integrated network of out of home and in home treatment services and supports that reflect their voice, is responsive to their needs, and strengthens their ability to live successfully at home in their local communities. As the Commonwealth transforms residential levels of service for children, there is recognition that our efforts are establishing an important framework and foundation for ensuring that an integrated Child Welfare and Behavioral Health “System” of Care for strengthening families exists.

The agencies have agreed to the following guiding principles in the development of Caring Together:

- Services are youth guided and family driven, responsive to needs, and utilize evidence informed practices.
- Services are Trauma Informed and employ Positive Behavioral Supports and interventions to assist children with problematic behaviors.
- Families will experience “no wrong doorway” into residential services regardless of agency affiliation.
- Children and families will have access to the right level of service, at the right time, for the right duration.
- Services will be integrated in a manner that provides continuity of treatment and therapeutic relationships between and among community and residential providers.
- Treatment success is measured by the extent to which improvements are sustained following discharge from this level of service.
- Reimbursement methodologies will support innovation and improved outcomes.
- Performance measures are developed through a consensus building process with providers and families.
- Agency processes and structures will maximize administrative efficiencies.

While the current system has demonstrated improvements in reducing reliance on residential care there are opportunities for further improvement in clinical, managerial and systemic practices. Our primary goal in this joint service procurement is to achieve better and more sustainable positive outcomes for children and families who come to the attention of either DCF or DMH. This requires full family engagement during the course of the residential service in all aspects of a child’s care and treatment unless there are safety concerns that require alternative planning. The objective is to prepare families, including foster, kinship or adoptive families, to manage their children successfully at home and promote their capacity to sustain their child’s and the family’s well-being. Our secondary goal is to assist children with problematic behaviors.

The chief complaint of families is that they have to tell their story over and over, and re-educate each service provider about their history and their strengths and needs.

Creating a seamless experience through service integration

Massachusetts is a leader in the development of structures and processes to better coordinate services to create a more seamless service delivery system. Despite this, EOHHS agencies still have to employ service coordination strategies to surmount the institutionalized fragmentation of the system that is a consequence of categorical funding streams, regulatory requirements, and unique state agency mandates. When multiplied by the number of state agencies and services that a family may encounter in their journey toward wellness, it is understandable that they are experiencing the system as fragmented. The chief complaint of families is that they have to tell their story over and over, and re-educate each service provider about their history and their strengths and needs. A more efficient way to achieve system integration (greater continuity of care and consistency in approach for families) is to purchase services that are already integrated.

The agencies are interested in purchasing services that integrate congregate care treatment and home or community based treatment under a single contract. This method of purchasing provides several important benefits. First, it allows providers to serve children and families on a continuous basis regardless of where the child is living. If a child meets the criteria for a residential level of service, it does not preclude providing that level of service in the child’s home. It also allows for eligible programs to be, primarily, a community based model with place-based components that can be integrated and that the children and families experience the service as cohesive and seamless. For some families it will be possible to have the children in the home from day one or after a very brief episode of out of home placement.

Family Partners- creating continuity of significant supports for families

Families have also testified to the benefit of having a Family Partner to help them navigate the systems of care, and that they are a source of unique supports that can only be provided by someone with “lived experience.” First introduced as a systemic and universally available service by the Children’s Behavioral Health Initiative, the Family Partner has been one of the most highly valued benefits available to parents who seek to care for their children with serious emotional disturbance. It has been a service only sporadically available outside of that system of care, and parents often lose their Family Partner when their child enters residential placement. The Agencies sought input from parents and Family Partners on how best to create continuity of this service in such instances and determined that building upon the existing capacity and administrative structures would be the most efficient and effective way to achieve that goal. While embedding a Family Partner position in each residential program had significant benefits, they were outweighed by the need to ensure that the Family Partner could follow the child into whatever service they may require pre or post placement. The Agencies worked with Mass Health to develop an administrative solution that will change Payer rather than change Partner as the family’s situation warrants.

The models that are being procured to create the Caring Together system have been designed in a way that are responsive to the input received from youth and families who have had direct involvement with residential services. They are also informed by nationally recognized system frameworks and clinical practices for families with children whose needs and behaviors have, in the past, led to long term separation from their communi-
CT DCF awarded Federal Grant to serve families with severe housing needs.

By Kim Somaroo-Rodriguez, MSW

The federal Department of Health and Human Services Administration for Children and Families (ACF) has awarded the Connecticut Department of Children and Families (DCF) a $5 million grant to expand and enhance a DCF program designed to reduce the number of children in foster care by providing supportive housing and necessary services to vulnerable and homeless families. ACF issued the grant opportunity announcement in May 2012 seeking applicants that could show “Partnerships to Demonstrate the Effectiveness of Supportive Housing for Families in the Child Welfare System”. Connecticut is one of only five jurisdictions around the country to be awarded the funding.

The grant was awarded to the DCF Supportive Housing for Families (SHF) Program that currently is serving over 500 families in the child welfare system. SHF is committed to preserving families at risk of separation or reunifying families who have been separated by providing case management services along with safe, stable housing. The program is funded by DCF, operated by the nonprofit The Connection, Inc. (TCI) and evaluated by the University of Connecticut. This partnership began in 1998 to help child welfare families recovering from substance abuse. In 2001, the program expanded statewide to meet the multiple needs of families. The case management services provided are tightly linked, based on the unique needs of the family, and increase access to multiple domains such as:

- Economic stability, including financial support, monthly budgeting and employment assistance;
- Social supports, including housing, transportation, family support, parent education, and child care;
- Health, including medical/mental health care for adult and child, relapse prevention, domestic/child substance abuse issues; and
- Educational/vocational training, including obtaining a GED, vocational, and educational programs and supports.

Housing is an essential piece of the program. SHF provides a temporary rental payment that assures a seamless transition of families onto a permanent housing voucher. Along with these bridge funds, SHF attempts to remove all housing barriers to reduce the incidence of families and children moving multiple times. SHF prepares applications to state and local housing authorities on behalf of DCF families seeking Rental Assistance Program (RAP) vouchers, Housing Choice (formally Section 8) or HUD’s Family Unification Program Vouchers (FUP). These vouchers, which pay up to 40% of rental costs, provide permanent housing, as they remain with the family as long as that family continues to meet income and tenant eligibility requirements.

DCF recognizes homelessness has tremendous negative impacts on families and their communities. Under the leadership of Commissioner Joette Katz, the Department has increased it’s commitment to strengthening families and keeping families together. Timely family reunification and preservation services are critical in order to reduce further exposure to trauma, homelessness, and separation. The provision of stable housing through SHF, accelerates the progress already made in reducing the number of children in care. As of December 2012, DCF has achieved a 14.8 percent reduction in the number of children in state care since January 2011.

Expanding to meet greater need

The expansion of the SHF program funded by the new grant will focus on families in eastern Connecticut who have experienced multiple episodes of homelessness and severe child welfare needs. This is an area where DCF has determined that the services available do not meet the existing demand. Norwich, Willimantic and Middletown are the targeted communities. The expansion, called “Intensive Supportive Housing for Families” (ISHF), proposes an integrated, collaborative, cross-system intervention model for the most vulnerable families. ISHF will ensure that families are receiving the highest level of assessment and service provision available, which will include collaboration across systems and priority access to evidence-based trauma and parenting services. The ISHF expansion is being integrated with other initiatives already underway at DCF. Previously, the Department won federal funding to implement Trauma Focused-Cognitive Behavioral Therapy (TF-CBT), which provides screening and assessment to children exposed to trauma. DCF also offers the Child First program that provides behavioral and mental health services for children birth to six and their families. And in the spring of 2013, the Positive Parenting Program or Triple P, an evidenced-based parenting intervention to strengthen skills and prevent dysfunction will begin statewide. All of these services will be included in the ISHF program design and the grant evaluation.

The first year of the grant began October 1, 2012. During this year planning and implementation, including the collaboration of networks, formalization of interdisciplinary, cross-agency teams and comprehensive assessment will take place. The supports will be tailored to families’ strengths and needs and prompt team-based services that engage parents as full members. Additional families will receive services beginning in the grant’s second year. University of Connecticut (UCONN) researchers will provide project evaluation throughout the five year grant, including an assessment of quality, sustainability, and program effectiveness (including cost-effectiveness) of activities.

Partnering with others to succeed

The federal grant will not only allow an increase in the number of families served in the program but also will enhance the program to include employment services designed to help parents obtain meaningful work and increase their income. An employment specialist will work with the families to develop appropriate skills and help them find work. This will be done in conjunction with the state Department of Labor’s Office of Workforce Competitiveness. Additional state agencies will partner with the Department throughout the grant period, including the Department of Social Services (DSS) and Department Mental Health and Addition Services (DMHAS). DSS is committed to providing 50 additional permanent housing vouchers in conjunction with the federal grant.

The Department’s Supportive Housing for Families model has already been recognized as a national model of housing assistance and family support by the Child Welfare League of America, The National Alliance to End Homelessness and the National Center for Social Research. The SHF program has had a clear impact on families and a decade of positive outcomes, including reunification and the prevention of removals. Over 2,200 families have found stable housing and the security to improve their lives and provide safe, nurturing environments for more than 5,000 children since this program began.

Nationally, the Department is proud to be at the forefront of the integration of child welfare and housing. The continued engagement of families, a strengths-based approach, and collaboration with providers will ensure the success of this grant.

Kim Somaroo-Rodriguez, MSW is the Program Manager for Housing and Homeless Services at the CT Department of Children and Families. She may be reached by calling 860-560-7078 (office), or 860-538-2976 (cell) or by emailing her at s.kim.somaroo@ct.gov.
MA DCF Granted IV E Waiver

By Robert Wentworth

Massachusetts is one of nine states that have been granted a Waiver of certain provisions of Title IV-E of the Social Security Act in order to invest federal reimbursements in the new Caring Together residential services system as a Waiver Demonstration Project. Under the Waiver, the Department of Children and Families will continue to receive IV-E reimbursements for the next five years at the rate determined as the average of the prior three years for children who were placed in foster care, even if the utilization of placement services decreases. This will allow Massachusetts to re-invest federal dollars that would otherwise have supported congregate care placement into community services intended to prevent or reduce the length of time children are in placement. The waiver authority extends to the following sections of the Act:

Section 474(a)(1): Expanded Claiming: To allow the State to claim at the Federal medical assistance percentage any allowable expenditures of foster care maintenance payment cost savings.

Section 472 (a): Expanded Eligibility: To allow the State to expend title IV-E funds for children and families who are not normally eligible under Part E of title IV of the Act as described in the Terms and Conditions.

Components of the project

The demonstration project, or Caring Together, will be implemented statewide and will broadly target children of all ages in state custody who are in residential placement and can return to a family setting, are preparing for independence, or who are at risk of a residential placement. Both children and youth in state custody, and those who enter state custody or are at risk of entering state custody, based upon the Child and Adolescent Needs and Strengths (CANS) assessments, will be eligible to receive waiver-funded services. Massachusetts will serve a combined total of approximately 730 children during the first full year of waiver implementation, and approximately 3,400 over the life of the waiver. The project seeks to accomplish the following goals:

• Increase permanency for all infants, children, and youth by reducing the time in foster placements when possible, and promoting a successful transition to adulthood for older youth.

• Increase positive outcomes for infants, children, youth, and families in their homes and communities, including tribal communities, and improve the safety and well-being of infants, children, and youth.

• Prevent child abuse and neglect and the re-entry of infants, children, and youth into foster care.

• Strengthen families by building parental capacity.

• Promote positive youth development.

Through its waiver demonstration, Massachusetts will implement or expand the following four service interventions:

• Follow Along will target children of all ages in state custody who are currently in a congregate care setting and who have a permanency goal of returning to a family or community setting. This program will provide intensive home-based family interventions and supports to children, their families and caregivers, both while the children prepare to return to a family setting from congregate care and after returning to a family setting. The intervention will focus on family and caregiver skill building and improving parents’ and caregivers’ capacity to support their children and utilize existing service systems effectively. Services will be provided by a team consisting of a Master’s-level clinician, outreach workers, an occupational therapist, a psychiatrist, and staff from the agency referring the child and his/her family and caregivers to Continuum Services. The Continuum Services team will be responsible for providing family therapy, case coordination, outreach, and crisis support within the community. The program will serve approximately 150 children during the first year of the waiver demonstration.

• Family Partners will target children of all ages in state custody, or at risk of entering state custody, based upon CANS assessments, who are enrolled in the Follow Along, Stepping Out, or Continuum interventions. Family Partners will have had personal experience with the child welfare and/or child behavioral systems and will support children and families while they are enrolled in the three intervention programs. When requested, they will stay with a family during a youth’s transition home. Family Partner services will be offered to children and their families on a voluntary basis. The Commonwealth estimates that Family Partners will provide a total of 32,000 hours of service during the course of the waiver demonstration.

Massachusetts is honored to have been selected in the first round of new waivers being awarded to states to support innovative and evidence supported programs that will reduce the utilization of out of home care and deliver better and more enduring outcomes for children and families.

Robert Wentworth is the Assistant Commissioner, Planning and Program Development at the MA Department of Children and Families. He may be reached at Robert.Wentworth@state.ma.us.
Improving Educational Outcomes

Art as an Answer
continued from page 1
tive atmosphere but it was not transformative. Umberto Crenca, Artistic Director for AS220 and Dr. Chorney saw that there were no avenues for youth to continue their work in the community after release. Out of this realization the AS220 Youth Program was born!

Now, 15 years later the AS220’s Youth Program continues to work closely with the RITS and William Cauley, its current principal. AS220 Youth is a free arts education program for young people ages 14-21, with a special focus on youth in the care and custody of the Rhode Island Department of Children, Youth and Families (DCYF) connecting youth with professional opportunities in the arts. AS220 helps to organize gallery shows and get youth written works published. Many of their photography students work as assistants on commercial photo shoots. Their visual arts crew is hired to paint murals in public spaces, and ZuKrewe, AS220’s hiphop group performs all over Rhode Island. AS220 continues to work hard to maintain long-term, supportive relationships with youth transitioning out of the RITS and DCYF care offering mentorship, transitional jobs, and financial support to the youth who need it the most.

Efforts being recognized
AS220 provides artists who act as mentors to our youth. Besides the art expertise and technical skills that they teach our youth, they equally instill a responsible work ethic and value to each youth as an individual artist. They focus on the youth’s strengths and really take the “whatever it takes” attitude to helping the youth remain focused, positive, and able to achieve! Listening to many of the youths’ accounts of how AS220 has provided a place of solace and safety to them was just another endorsement of how critical the arts and this exemplary community based program is to their success. AS220’s efforts have not gone unrecognized! On behalf of the DCYF, I would like to congratulate AS220. On November 19, 2012, AS220 Youth was recognized for all of their work and received the National Arts and Humanities Youth Program Award from First Lady Michelle Obama, at the White House.

Dr. Janice DeFrances is the Director of the Rhode Island Department of Children, Youth and Families and holds two masters degrees, one in special education and the other in counseling. Dr. DeFrances has been an adjunct faculty member in the graduate program for Teaching and Learning in Art and Design at the Rhode Island School of Design for twenty-five years. In addition to her duties at the Department of Children, Youth and Families, she continues to work as an educator and researcher, with a focus on the areas of child development, holistic education, and mental health, while applying theory to practice with the goal of developing effective social service programs for children, youth and families. Dr. DeFrances has been a part of the original group of trainees. In Oregon, Connecticut, New Jersey, Massachusetts, Louisiana, Rhode Island, and Virginia programs, both live and on line, help professionals to be more sensitive to adoption-related issues and more competent to meet the needs of people in the world of adoption.

Its success was exemplified in many of the comments offered by participants. Lisa D. Maynard, LMSW, an adoptive parent and the Director of Post Adoption Services at Hillside Family of Services captures this as she notes that “Although I’ve been working in the field of adoption for many years, the post graduate course in Adoption Therapy through Hunter College helped me to have a deeper understanding of the history of child welfare and the impact of adoption on the triad, as well as on society as a whole. Dr. Joyce Maguire Pavao and Dr. Gary Mallon developed a comprehensive program covering specialized theories and practices for working with all members of the adoptive triad, including birthmothers and fathers; adoptive mothers and fathers; and the adopted person. As a result, I have the tools to influence policy and practice at my agency and to be more effective in my private practice.

Dr. Joyce Maguire Pavao can be reached by email at kinnect@gmail.com

Adoption Therapy
continued from page 6

diers, their schools, their friends, and their families. The agencies are committed to engaging in a sustained effort to embed clinical, managerial and systemic practices into the system that holds the best evidence for achieving the goal of safely keeping children in their communities. These models represent our vision for the future of residential services in Massachusetts. It is our intent that over the next several years the agencies will no longer purchase “stand alone” placement services and the children and families will be better served by the Commonwealth.

Robert Wentworth is the Associate Commissioner for Planning and Program Development at the MA Department of Children and Families. He may be reached at Robert.Wentworth@state.ma.us

Caring Together
continued from page 15

Dr. Joyce Maguire Pavao can be reached by email at kinnect@gmail.com

Foster Family-based Treatment Association

Save the Date!

<table>
<thead>
<tr>
<th>M</th>
<th>T</th>
<th>W</th>
<th>T</th>
<th>F</th>
<th>S</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>13</td>
<td>14</td>
<td>15</td>
<td>16</td>
<td>17</td>
<td>18</td>
</tr>
<tr>
<td>19</td>
<td>20</td>
<td>21</td>
<td>22</td>
<td>23</td>
<td>24</td>
</tr>
<tr>
<td>25</td>
<td>26</td>
<td>27</td>
<td>28</td>
<td>29</td>
<td>30</td>
</tr>
<tr>
<td>31</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

JULY 2013

27th Annual Conference on Treatment Foster Care
July 28-31, 2013
Gaylord Opryland® Resort & Convention Center
Nashville, TN

For more information:
Call: (800) 416-3382 x121 • E-mail: fftya@ffta.org • Web: www.ffta.org

Common Ground, April 2013

18
Improving Practice & Policy

Kinship Coalition
continued from page 7

- Needs identified:
  - Information and referral, legal assistance; respite services (critical)
  - Other ideas:
    - Begin with educational series;
    - Monthly newsletter specifically targeting support services;
    - Customized outreach—might be through phone, teleconferencing;
    - Navigator—resources and referrals; “Intensive” Navigator—would include advocacy
  - Possible Advisories and Partnerships:
    - Council on Aging, Family/Probate Court, Family Services (state), Child only grant, Childcare providers, Head Start, Schools, Extension Service, Legal Services, Mental health providers (for children, caregivers and families), Legislators and staff, Business Community, Faith-Based Community, Other caregivers

Research, Training, Curriculum:
- Longitudinal research needed; need to make case of its value to society;
- Know so little about informal system of kincare;
- Resource—work with aging agencies;
- Need diverse modalities for training of kincare givers; need to look at issue of being available for training;
- Important to not separate training from support;
- Coaching, mentoring, individual training;
  - Using caregivers to help in training of social workers, judges, etc.

Legal and Policy Issues:
- Equality in funding, dedicated funding stream;
- Poverty is fear for caretakers;
- Referral—Coordination of funding services and automatic referral to services, such as with Veteran’s Administration;
- Using term “information” vs. “training,” which to some may have negative connotations;
- Services Navigation, Counseling, Childcare, Funding for Respite;
- Court Coordination Rights and Status for kin … acquired with long-term care (e.g. legal services); Diversion, Court Appointed Kincare Navigator in every court, Advocate/ Navigator, Information Kiosks

How to sustain momentum
At the end of the day, the group discussed how to work more closely together to maintain the energy and momentum established. Joan Vance volunteered to send out notes of the proceedings and to maintain a listserv to include information about new programs, policies, funding opportunities for programs and kin caregivers. Regarding partnerships and coalition membership, it was decided that it could be valuable to establish international links. It might be possible to explore a shared research project perhaps with Australia and the U.S. Other potential partners were also discussed. Membership is open to anyone wishing to be on the mailing list. To join please email joan.vance@uvm.edu.

Funding for a future gathering and for ongoing work together was also a topic of conversation. Parent Pat D’Ambrosio suggested a possible way to provide valuable information and raise funds would be to design and host a website geared to grandparents, filled with consumer information, such as about toys, diapers, etc. She also suggested another strategy was to obtain advertising or support through manufacturers of child related products and she will investigate this.

Joan Vance, MSW, who served as the convener of this meeting, is the Foster and Kin Care Specialist with the University of Vermont Extension. She can be reached at (802) 773-3349 X 278. Maryann Guernsey, who was the recorder, is a graduate student in social work at the University of Maine.

Project Connect
continued from page 5

the recurrence of maltreatment rate for families was 2.1% and none of the families who were highly involved had any subsequent reports of maltreatment as compared to the national standard established by the Children’s Bureau which calls for a six-month rate no higher than 5.4%. In 2010, Rhode Island reported a six-month recurrence rate of 9.8%. Additionally, only two of the children who were removed from the home during their families’ involvement with the project (4.5%) re-entered care to care is 8.6%. Recent Rhode Island state data show that in 2010, 23.4% of all children who had been returned home re-entered care within 12 months of their prior removal. Project Connect places a heavy emphasis on families managing the multitude of systems involved in their lives. In order to support families, Project Connect works directly with Rhode Island’s Department of Children, Youth and Families (DCYF) to coordinate and expedite communication and understanding of families working toward a lifestyle of recovery. Project Connect also has partnered with needs of individuals and families on a systematic level. Finally, Project Connect completed in 2010 a year long consultation with Venango County, Pennsylvania child welfare services training them in how to replicate the Project Connect model. They have recently acquired county funding to sustain the program because of the improved outcomes for their substance affected families.

At Children’s Friend, it is our mission to be an innovative leader in improving the well-being and healthy development of Rhode Island’s most vulnerable young children. We are incredibly proud of Project Connect’s successful outcomes as it demonstrates the importance of engaging families in change for the safety, permanency, and well-being of children.

Valentina L.S. Laprade, LICSW has over 21 years of experience in the field of social work, working with children and their families in school, hospital, office, community and home-based settings. For the past 14 years, she has worked at Children’s Friend, a leading provider of child welfare, family support, mental health, and child development services for over 30,000 children and families in Rhode Island. Valentina heads Project Connect, an intensive, home based program serving substance affected families involved in the child welfare system. She additionally oversees the Family Care Community Partnership (FCCP) program as part of the Rhode Island child welfare system of care change.

Valentina graduated from Rhode Island College with her Masters in Social Work in 1991. She carries a specialization in Early Intervention working in this field and received the National Collaboration Leadership award in 2011 through the National Center on Substance Abuse and Child Welfare. She has presented both locally and nationally on topics related to substance affected families, child abuse and neglect, and infant/child mental health needs.

Family fun in the sun at the annual Project Connect Summer Celebration

Rhode Island College’s Institute for Addiction Recovery to ensure it has the highest-level thinking and advocacy in meeting the recovery within 12 months of their return home. One of the two re-entries involved a change in guardianship. Nationally, the standard for re-entry
As more kin become involved with child welfare

Families working with human service agencies

common ground

April 14–17, 2013

Child Welfare League of America presents their annual conference, Making Children and Families a National Priority, Raising the Bar, in Crystal City, VA. For information or to register visit www.cbwa.org/ conference

May 6–7, 2013

The Foster Family-based Treatment Association hosts the 11th Annual Public Policy Institute and Advocacy Day at the Hyatt Arlington, Arlington VA and in Washington DC.

For more info call 800-414-3382 ext 113 or email melodee@ffta.org

June 7–9, 2013

National Association of Public Child Welfare Administrators host the 2013 Policy Forum, Child Welfare’s Path to Wellbeing—Meeting Today’s Challenges in Crystal City, VA. For more information or to register visit www.nacpa.org/conference/calendar.asp

June 10–12, 2013

American Public Human Service Association hosts the 2013 policy forum in Crystal City, VA. For more information or to register visit www.aphas.org/conference/calendar.asp

June 12–14, 2013

The Field Center for Children’s Policy, Practice and Research host One Child, Many Hands 2013, a Multidisciplinary Conference on Child Welfare at the University of Pennsylvania, Philadelphia, PA. For more information or to register visit www.onechildmanyhands.org

July 28–31, 2013

Foster Family Based Treatment Association hosts the 27th Annual Conference on Treatment Foster Care in Nashville, TN. For more information or to register visit www.ffta.org/conference

August 5–9, 2013

National Resource Center for Youth Development hosts the 2013 National Pathways to Adulthood: A Convening on Youth in Transition in Baltimore, MD. For more information visit www.nnycy.org.edu

August 5–10, 2013

North American Council on Adoptable Children hosts their annual conference, Thinking Differently, New Hope for Our Children, in Toronto, Ontario. For more information or to register visit www.nacac.org

Regional Round-Up

Common Clips

From Place to Place

From Place to Place is a feature length documentary that follows the experiences of 6 youth who aged out of the foster care system in Montana. It chronicles their experiences as they work to change the system that they lived in and that they want to improve for those that come after. It was directed by Paige Williams and produced by Matt Anderson. Clips of this powerful film and purchasing information may be found on the website www.fromplacestoplacemovie.com.

Child Welfare Information Gateway

The Information Gateway connects child welfare and related professionals to comprehensive information and resources to connect children and strengthen families. It features the latest on topics from prevention to permanency; including child abuse and neglect, foster care, and adoption. The ease of searching and accessing topics on child welfare, child abuse and neglect, out-of-home care, adoption, and more as a service of the Children’s Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. It provides access to print and electronic publications, websites, databases, and online learning tools for improving child welfare practice, including resources that can be shared with families. To learn more and access resources go to http://www.childwelfare.gov/aboutus/cfn

North American Council on Adoptable Children

Founded in 1974 by adoptive parents, the North American Council on Adoptable Children is committed to meeting the needs of waiting children and the families who adopt them. For more information about NACAC, go to http://www.nacac.org

What Works in Child Welfare

Revised Edition Edited by Patrick A. Curtis & Gina Alexander

Published: 2012. What Works in Child Welfare is the culmination of a body of research covering successfully implemented strategies in the field of child welfare. This time around the authors have framed their work in the context of evidence-based practices (EBP). A wealth of information, this 548-page resource is divided into six sections: prevention, child protective services, out-of-home care, adoption, child welfare and integrated services, and technology—also new to this edition. What Works in Child Welfare is a must-read for every child welfare worker. For purchase information go to the CWLA online bookstore at www.cwl.org

National Child Welfare Work Initiative Traineeships & Leadership Academy

The National Child Welfare Work Initiative holds training programs for middle managers and supervisors including "The Leadership Academy for Supervisors which provides free online training for child welfare supervisors based on a leadership competency model specific to child welfare. All training is delivered online through self-directed, interactive learning using real-life examples. The learning experience combines pre-work, web-based courses, application on the job, and participation in learning networks. To obtain more information on training or curriculum go to www.ncwsi.org.

Dad, Mr and Muhammad Ali: A Father and Son Story

Author Felix Rodriguez presents a heartwarming story for children ages 8–13. To learn more about Felix or this award winning book please visit his website www.dadandme.com.

• How is the expanded field of knowledge in brain development for children of all ages affecting assessment, program design and service delivery in your agency?

• What is your agency doing to promote greater family involvement and to and with working children needs of consumers?

• How has the continued focus on permanency affected practice and outcomes for children and youth in your agency?

• What are agencies doing to develop new talent and leaders? What techniques are working for you in the area of workforce recruitment, development, and retention?

• How are you meeting the needs of a more diverse workforce? What recruitment and retention strategies are being used or considered?

• How are you using data to inform decisions about practice, decision-making and planning in your agency? Is there something to share with others regarding this?

• Families working with human service agencies often present complex issues that require collaborative responses from multiple agencies. Are you working on an innovative model of practice in the area of cross system cooperation and collaboration? Are there models that have demonstrated success?

• How has the practice of greater family engagement been implemented in your agency and what are the effects you have seen from this? How are the voices of parents and youth being heard and used to promote more effective practice and policy?

• As more kin become involved with child welfare agencies how are the roles and responsibilities changing?

• What interventions are being used to ameliorate the affect of stress and secondary trauma that staff in human service agencies may experience?

• Are you using any innovative approaches to recruit, train and support foster and adoptive families? Is the use of social media becoming more commonplace?

• Do you have a strong feeling about these or other issues? Consider writing an opinion piece, a first person account, or a policy or practice critique. Contribute a book or movie review. While we hope these suggestions offer possible areas of interest to readers of COMMON GROUND we know there are many more. Please consider contributing an article on a topic of your choice to the October 2013.

Articles should be submitted to Julie Sweeney Springwater via email at jspringwater@hsc.harvard.edu or by mail to:

Julie Springwater NEACWCD Judge Baker Children’s Center 53 Parker Hill Ave., Boston, MA 02120

For questions or information on Common Ground articles please contact Julie at (617) 278-4276.