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ABSTRACT

This policy history describes how, during the 20-year period of 1974 to 1994, Arkansas child welfare authorities struggled between removing children from their parents' custody and helping preserve families so children could remain with parents, without compromising their safety or well-being. The report notes that as the state has adapted its child welfare practices, family preservation has been a challenge. Following a brief introduction, the report discusses the gaps in the continuum of services to at-risk families. The second section discusses Arkansas' efforts to deal with child welfare. The third section provides an evaluation of policy reform including assessment and evaluation of children, of families, of communities, and of programs. The fourth section discusses planning for preventive social services. The report's final section provides conclusions and argues that the need to effectively assess and evaluate troubled children and families has been the fundamental problem for Arkansas' child welfare system. Contains 169 references. (SD)

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Child Protective Services in Arkansas, 1974-1994: Struggling to Meet the Needs¹

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July 15, 1998

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Child Protective Services in Arkansas, 1974-1994:
Struggling to Meet the Needs

Foreword

This policy history describes how, during a twenty-year period, 1974 to 1994, Arkansas struggled between removing children from their parents' custody and helping preserve families so children could remain with parents, without compromising their safety or well-being. As the state has adapted its child welfare practices, family preservation has been a mighty challenge.

Although we refer to some states' progress in the area of child welfare, we do not intend for this to represent the best practices nor to allege that the respective state had exclusive domain over the described initiative or practice. The comparisons of states simply help provide context for what Arkansas did in relation to child welfare practice. We have not attempted to explore every effort pursued by each of the states.

Resources also would not permit us to explore every area of Arkansas's child welfare system in detail. Nor could we cover all issues that were pertinent to policyframers and practitioners during this time. While we would still like to find available resources to provide a detailed chronology of all significant events that led to numerous policy and legislative changes during the twenty-year period, we believe that Ms. Shores has provided a useful historical perspective. She has a rich understanding of child development yet is an unbiased reporter on Arkansas' child welfare system, as she has not practiced or participated in any of the state's numerous reform efforts. Her perspective is fresh and candid, as the reader will find reflected in many ways throughout the text.

This should be a valuable resource for practitioners in Arkansas who should strive to avoid past mistakes while benefitting from those lessons learned to continue to move child welfare practice forward in Arkansas. The job is far from complete but enormous strides have been made that will give our readers solace as well as challenging them to better things in the future. Certainly, Arkansas' most vulnerable citizens, her children, should expect no less.

Amy L. Rossi, Executive Director

Arkansas Advocates for Children and Families

Introduction

The Pulaski County Division of Family and Children Services handled just 20 cases of confirmed child abuse over 18 months in 1970 and 1971. After placing the children in foster homes, social workers typically counseled the abusive or negligent families for about a year to help them mend their ways, so that their children could return to them. A consultant to the division explained to a newspaper feature writer in 1972 that child abuse occurred among middle-class and wealthy families as well as poor families and that there were three common causes: the parents themselves were victims of abuse, the children were difficult to manage, or a crisis or series of crises in the family led to abuse. Meanwhile, a social worker for the county called upon the Arkansas General Assembly to appropriate more money to pay social workers [Jordan 1972]. At the time, federal subsidies supplemented the state's spending on foster care but there was no federal support for prevention of abuse and neglect or for intervention in intact families [Yoshikami et al. 1983].

Changes in federal and state policies concerning abused and neglected children have reflected society's deep ambivalence about the sanctity of the family, on one hand, and the rights of children

to live free from want and fear, on the other. Recognition of battered child syndrome in the 1960s, at the same time as mounting movements to claim the rights of oppressed groups, particularly African-Americans and women, led to a great expansion of private and public efforts to save children from bad families and from negligent social service agencies, and a backlash against foster care that promoted reform and preservation of dysfunctional families [Hawes 1991].

The size of the child abuse problem grew dramatically with mandatory reporting requirements passed by the states and the Congress in the 1970s. The U.S. Congress enacted the Child Abuse Prevention and Treatment Act in 1974, establishing the National Center on Child Abuse and Neglect to support state legislation defining child abuse and neglect and specifying reporting requirements [Hawes 1991]. Responding to the Congressional mandate, Arkansas's legislature enacted a comprehensive child abuse reporting law in 1975 [Yoshikami et al. 1983]. The state's new law that certain professionals were obligated to report suspicions of abuse and neglect, as well as heightened public awareness of the problem of child abuse, prompted a rapid increase in the number of reports that the state received. Adjusting to those requirements, along with a federal requirement of 1980 for "reasonable efforts" to *prevent* foster care placement and reunite natural families, the state of Arkansas struggled to assess, evaluate, and document families' needs at the same time that family service workers tried to meet those needs. Describing the initial efforts of a legislative subcommittee on children and youth, its chairman, Sen. Max Howell, commented in 1980, "Government is nearly always in the posture of reacting to changes in other institutions of the culture and is in a state of cultural lag What we have attempted . . . is to identify the voids and gaps in [services to children and families], where duplication occurs, and what state government can do to establish a more efficient and better service delivery system" [Howell 1980].

Howell's characterization of Arkansas's services to children and families as being in "a state of cultural lag" captured both the fundamental economic disadvantage of many of Arkansas's people

and the perennial process of catch-up of the three branches of government that were under federal pressure to rescue abused and neglected children from foster care drift. Poverty was common among Arkansas's families. In 1979, for example, 60,466 families with children younger than 18 years lived below the poverty line, or 19 percent of all families with children in that age range. Fifteen percent of Arkansas's families with children younger than 18 years lived in poverty a decade later. An absent father was a strong indicator of poverty for Arkansas's children; 52 percent of families with single mothers lived in poverty in 1989 [<http://www.aiea.ualr.edu>]. Between 1969 and 1989, the proportion of families in which a single mother struggled to raise her children on an income below the poverty level grew slightly in Arkansas:

Table 1

Number of Families, With Female Heads of Household and Children Younger Than 18 Years, Living Below the Poverty Line in Arkansas, and Percentage of Total Families With Children Younger Than 18 Years

Year	Number of Families	Percentage of Total Families
1969	18,971	7.2
1979	25,487	8.1
1989	34,370	10.3

Note. From reports of the Bureau of the Census.

The proportion of Arkansas's children living in single-parent homes was around one-fourth in the 1980s: 25 percent in 1980, 23 percent in 1985, and 26 percent in 1991. The percentages almost mirrored the proportion of the state's children living in poverty: 29 percent in 1985, 25 percent in

1991, and 26 percent in 1993 [Casey Foundation 1994; Starzec 1993; Children's Defense Fund 1998].

As reports of suspected abuse and neglect soared in Arkansas in the latter 1970s, social workers and child welfare² administrators tried to investigate the reports, monitor and assist families with substantiated abuse or neglect, and shelter the most endangered children in foster care. With federal pressure mounting to preserve troubled families and to place foster children in adoptive homes when their biological families could not function, the state struggled to keep up with the expanding range of demands, even though the actual number of foster children was small - approximately 2,847 children in 1990, for example [Casey Foundation 1994]. The number of foster children in the state dropped dramatically during the 1980s but then began rising. These events culminated in Arkansas in 1991 with a class action suit against the state, *Angela R. v. Clinton*. The successful lawsuit, made more dramatic by the candidacy of the defendant, Gov. Bill Clinton, for the United States presidency, led to a sharper delineation of the state's responsibilities to abused and neglected children - but how to prevent abuse and neglect, and how to reform and preserve troubled families, remained unanswered questions.

Finding the Gaps in the Continuum of Services to At-risk Families

Reports of suspected abuse and neglect of children in Arkansas increased by 189 percent between 1975 and 1976 [DCFS 1989]. At the end of the decade, Caren Masem, a researcher for the Human Services Providers Association of Arkansas, found a shortage of preventive services in Arkansas. Foster care placements were increasing in part because of the new child abuse and neglect

² Efforts to prevent abuse and neglect of children, to protect children at risk of abuse or neglect, to support and preserve troubled families, to give foster care to endangered children, and to place children in adoptive homes are known as "child welfare" services.

reporting requirements, but a lack of intensive family preservation services also was to blame.

“Services to the families in crisis have not been made available, or have not been adequate in many cases. This must be considered as a companion issue when the foster care system is reevaluated”

[Masem 1979: 23]. She also observed that:

- Caseloads averaging 50 children made it difficult for the state to reunite foster children with their biological families. Foster care placements far from the natural families’ homes added to the difficulty since many parents lacked transportation to visit their children.
- The average length of stay in foster care was 3.76 years, but some children lingered in foster care much longer, and many “drifted” from one foster home to another. Significantly more black children than white children drifted in foster care: Twenty-two percent of black foster children had been in foster care for longer than 10 years, compared to two percent of white children.
- Permanency planning, or a systematic effort to find adoptive parents as quickly as possible for children when family reunification was impossible, was necessary. The state had begun a pilot project involving 133 children in eight counties. This project required development of a permanent plan, with both staff and families involved, for each child in out-of-home care and an administrative review of each plan at least every six months.

After reviewing Masem’s preliminary findings, the Human Services Providers Association recommended formation of a coalition of advocates to lobby for child welfare services; a study of the feasibility of a separate Child Welfare Division in the Arkansas Department of Human Services (DHS); and a legislative subcommittee to deal with child welfare [Masem 1979]. All of those recommendations came to pass within six years. In fact, a group including Hillary Rodham, the future wife of Gov. and then President Bill Clinton, had already organized Arkansas Advocates for Children and Families (AACF) in 1977. One of AACF’s original goals was to ensure a permanent

placement for every foster child within 18 months [Shores et al. 1994]. The legislature established its own subcommittee on children and youth in 1979; its first attempt to reform the child welfare system was legislation two years later that established children's right to counsel in certain situations [Yoshikami et al. 1983].

However, the state was still struggling to simply respond to the escalating number of reports of possible abuse and neglect, and to provide foster care for the children in imminent danger, when the U.S. Congress complicated the mission of child welfare agencies with new legislation in 1980. Reflecting a new understanding in the child welfare field that foster care often did not work as intended, the Adoption Assistance and Child Welfare Act shifted the focus of federal financial support from foster care to preserving troubled families and to more quickly placing foster children in permanent adoptive homes when their biological families could not be rehabilitated [Combs-Orme, T., personal communication, June 19, 1998; Pelton 1989]. P.L. 96-272 required:

- a statewide inventory of children in foster care for six months or more;
- a statewide information system;
- a case review system for each child in foster care, including an administrative or court review at least every six months and an 18-month dispositional hearing;
- a service program designed to reunify families or achieve other permanent placements;
- and
- a program of preplacement preventive services [Yoshikami et al. 1983].

The American Bar Association interpreted the new law to mean that states could not “legally claim federal matching funds for a child’s foster care without a judicial determination that a state had made reasonable efforts to preserve the child’s family” [Hardin 1983].

Preserving and reuniting troubled families was a difficult new goal. The American Public Welfare Association identified the following services as important in preventing placement in foster care:

Social work and counseling services; psychological services; economic assistance, including emergency short-term funds; employment preparation, job training and education services; housing and transportation services; homemaker services; medical services, including outpatient psychiatric care; day care; parenting education and parent support groups; respite care [an] emergency services system should include emergency intake services, 24 hours a day, seven days a week; emergency caretaker services for children left without parental supervision; emergency homemaker services available on a 24-hour basis; emergency foster family homes, group homes, residential treatment facilities, or shelters for children who cannot be maintained in their own home (sic); emergency family shelter for such catastrophies (sic) as fire or eviction; outreach and follow-through services to maintain contact with families after the emergency has passed.

A 1981 assessment of Arkansas’s foster family services noted that “not all of these services to prevent placement are available, or available statewide” [Foster Family Services Assessment Project 1981].

The legislature's first response to P.L. 96-272, in 1981, was to set a limit on the proportion of children in foster care for longer than two years to 55 percent of the total foster care population [Yoshikami et al. 1983]. DHS achieved provisional compliance with P.L. 96-272 that year by establishment of support services, to prevent foster care placement and to reunite foster children with their natural families, and a pilot program of comprehensive emergency services in three counties [Glaze 1986; Yoshikami et al. 1983: 20]. In reviewing the Arkansas agency's compliance in 1982, however, the federal Department of Health and Human Services (HHS) found that only 66 percent of a sample of child welfare cases were acceptable and that DHS was failing to document and monitor the status of foster children and families receiving support services. Juvenile judges were partially responsible; they did not understand their responsibility to require DHS to make "reasonable efforts" for prevention and reunification, so they were not demanding clear documentation of family preservation efforts. Arkansas had not provided six-month administrative or court reviews, as required by P.L. 96-272, or provided dispositional hearings within 18 months of children's placement in foster care. HHS ruled that DHS did not comply with P.L. 96-272 during fiscal year 1982 and required the state to repay \$890,000, the amount of that year's federal subsidy for foster care in Arkansas [Sullivan 1982; Glaze 1986].

During the same period, DHS mandated investigations of abuse complaints within 72 hours and assessment of families' needs for homemaker and mental health services, child care, emergency shelter, family planning, health care, and transportation. In at least 10 percent of the cases of substantiated abuse and neglect, the state offered the following services to help families in crisis avoid foster care: mental health counseling for parents, casework services, informal support, homemaker services, transportation, financial assistance, housing, and health care for the children. When it removed children from their homes and placed them in foster care because abuse or neglect was severe, DHS provided the following services in at least 10 percent of cases: mental health

evaluations for child, parent, or both; mental health counseling for child, parent, or both; special education for the child; parent skills training; family counseling; casework services; homemaker services; transportation, and health care for the children. Arkansas used an unusually high percentage of homemaker, transportation, and financial services, perhaps because of the basic needs of the high proportion of AFDC recipients in the state. However, the evidence of the agency's efforts to preserve families still was not clear because caseworkers did not prepare thorough written plans for many families. DHS prepared written case plans for preplacement prevention services in only 60 percent of cases, compared with 88 percent in Florida, 86 percent in New York, and 56 percent in Minnesota. Only seven percent of written plans in reunification cases specified consequences for parents of completing or not completing the steps in the plans [Yoshikami et al. 1983].

By 1984, Ray Scott, director of DHS, saw that fragmentation of services was a barrier to strengthening families and preventing foster care placement, and thus to full compliance with the family focus of P.L. 96-272. He identified the following problems:

- lack of coordination between agencies serving children and families
- categorical services and funding
- lack of a central case management system
- funding policies that favored out-of-home care
- lack of staff and community resources
- problems in the juvenile code
- lack of uniform juvenile court procedures
- lack of training for juvenile judges

With the encouragement of child welfare advocates and the legislative subcommittee on children, Scott proposed combining social services, youth services, developmental disabilities, and mental health services for children and families while shifting income maintenance programs to a division of economic and medical services. He also said services were “grossly underfunded” and proposed greater funding for child protective services and foster care so that caseloads could be reduced [Arkansas Department of Human Services 1984; Reece 1984]. Fulfilling the Human Services Providers Association’s recommendation of 1979, the 75th General Assembly in 1985 endorsed this proposal and reorganized DHS, consolidating services into the Division of Children and Family Services (DCFS) and establishing a DHS field office in each county. The director called the new division “a sweeping change” and said that, with “better trained, better supervised employee[s] on the front line,” DCFS would “develop a more comprehensive component to look at kids in terms of family services” [Henson 1985; Nichols 1986; Reece 1985].

At the same time, the legislature clarified the judiciary’s responsibilities for determining reasonable efforts. The Arkansas Court of Appeals received a federal grant for a study of the juvenile courts’ responsibilities and appointed the Arkansas Permanency Planning Task Force, which developed recommendations for legislation. Following those recommendations, the legislature in 1985 established the obligations of juvenile and probate judges to review foster cases and determine whether DCFS made reasonable efforts to preserve or reunify natural families before seeking court approval for foster care placement or adoption. Unlike legislatures in some states, however, the Arkansas General Assembly did not require judges to determine that DCFS *had* made reasonable efforts before allowing the agency to take children from their parents, so that DCFS and judges could continue to intervene in emergencies. However, the new statute did require some specificity

concerning reasonable efforts in orders for removal. The legislature stipulated that court orders should specifically address whether removal was necessary for the child's protection, what efforts DCFS had made to preserve the family, and why the efforts did not succeed [National Conference of State Legislatures undated]. The chairman of the task force warned judges not to tolerate perfunctory reports by family service workers, or the state would be "left with another set of laws that signify lip-service only toward the goal of helping our foster care children" [Glaze 1986: 34].

During the same period, advocates for children challenged the state's historic system of juvenile courts within county governments. AACF assisted Central Arkansas Legal Services in the lawsuit and the Arkansas Supreme Court ruled in January, 1987, that juvenile justice administration by county judges was unconstitutional. Gov. Clinton appointed a commission to devise a new system and two years later the legislature created the new juvenile courts as divisions of chancery courts [Duffy 1989; Crary and Dicker 1990].

By mid-1988, the percentage of Arkansas children in foster care was 39 percent lower than in 1982. Of the surrounding states, only Texas reported a decrease, and that by only two percent, while Mississippi reported a 43 percent increase and Tennessee a 30 percent increase. Of 42 states reporting foster care populations for those years, 29 had increases. A few states reported decreases comparable to Arkansas's: Maryland (-29.52%), South Dakota (-47.37%), Virginia (25.3%), Vermont (-22.47%), and Oregon (-25.75%):

Table 2

Foster Care Populations in 1982 and 1987-88, Per 1,000 Children

State	1982	1987-88	Percentage Change in Rate
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AR	2.73	1.66	-39.10
TX	1.11	1.09	-1.81
OK	2.3	2.48	7.77
MO	4.56	5.27	15.75
TN	3.13	4.06	29.52
MS	2.4	3.42	42.57
LA	4.4	4.64	5.44
AL	3.78	3.95	4.73

Note. From Fender, L.; Shaw, D. (1990). *The state of the states' children*. National Governors' Association, p. 51. [Primary sources: U.S. Bureau of the Census and the American Public Welfare Association.]

Investigation of suspected abuse and neglect remained a staggering task in some parts of Arkansas. During the latter 1980s, DCFS administrators repeatedly spoke of insufficient funds to investigate approximately 16,000 reports of suspected abuse and neglect per year; to monitor and support troubled families; to train, monitor, and support foster families; and to find adoptive homes for children [Nichols & Thompson 1986].

In 1987, to stimulate family preservation in the state, the Edna McConnell Clark Foundation sponsored development of an action plan to implement family preservation services in Arkansas. A national foundation which was aggressively promoting preservation of at-risk families, the Clark Foundation had led the child welfare field in defining family preservation as “short-term, face-to-face support and therapy services provided in the homes of families who are at immediate risk of separation” to eliminate the need for removal [Clark Foundation 1985; Nelson 1988: 4-5]. AACF prepared the plan and published it in the report, “Problems of Progress,” identifying obstacles to family preservation in Arkansas and making 78 specific recommendations for improving the child welfare system. DHS accepted the recommendations; implementation was to begin in January 1988 and most recommendations were to be completed that year [Clark Foundation 1988; Rossi 1989].

But the director of DCFS, Sharon Moone-Jochums, complained of a “critical staffing shortage,” particularly of the family service workers responsible for assessing families’ needs and arranging for services [Moone-Jochums 1988]. Although reunification with their natural parents was the stated goal for more than half of the children whom the state placed in foster homes by 1989, an important problem persisted: family service workers frequently did not create written case plans to show parents the specific steps they should take to regain their children [Administrative Review Unit 1990]. Further, necessary services were not available in all communities. In 1989, reviewers found

non-availability of needed resources . . . such as parenting skills training adapted to lower functioning as well as average and above average functioning clients, mental health services [for] both parent and child, housing assistance, respite care, protective day care, transportation, adequate foster home recruiting to facilitate sibling groups remaining intact in close proximity to parents, lesser restrictive therapeutic settings, and substance abuse treatment for parents and children [Administrative Review Unit 1989].

AACF criticized DHS in July, 1989, for completing few of the action steps in the plan for family preservation. “These behaviors are indicative of the low priority that these recommendations received from DHS,” the advocacy group observed [AACF 1989: 2]. Administrators of the child welfare system consistently responded by saying they needed more funds to handle the increasing reports of suspected abuse and neglect and to serve families with substantiated abuse or neglect. In October, 1989, Moone-Jochums complained that her budget was \$1 million less than the previous year and warned that DCFS would have to cut contracts, staff, or both before February. She resigned in December, 1989. Three

months later, the interim director reiterated that DCFS had inadequate staff, saying that while reports of suspected abuse and neglect had gone up 87 percent since 1980, staff to investigate and provide services had increased 15 percent [Oman 1989; *Arkansas Democrat* 1989; Oswald 1990]. The newest director of DCFS, Richard L. Dietz, said in August, 1990, that the division had a \$800,000 deficit and urgently needed to develop more services for emotionally disturbed youth and to hire 30 more family service workers [*Arkansas Democrat* 1990]. A projection of expenditures by DHS for child welfare services at the time showed that the department spent \$8.3 million on prevention/support and protection, serving 37,000 children; \$7 million on foster care maintenance payments and \$4 million on reunification services for 1,900 foster care children; and \$1.5 million on adoption services for 350 children [DCFS 1990b]. Administrators told the legislature that the division's caseload was growing and asked for \$29 million for the next fiscal year for 160 new caseworkers, 40 of whom were authorized but not funded by the legislature in 1989. DHS also requested a 112.8 percent increase in the appropriation for Suspected Child Abuse and Neglect, an agency that contracted with DCFS to provide caseworkers in 10 counties. But Gov. Bill Clinton did not support adding 160 family service workers to DCFS in 1990, saying he did not oppose hiring more than 40 new workers but wanted to be sure hiring more "has a reasonable prospect of getting a real result" [Oman 1990a].

Meanwhile, prevention of foster care placement and reunification of foster children with their natural families was not occurring. In September 1991, 17.5 percent of a sample of foster children had been in foster care longer than 24 months, even though dispositional hearings had occurred within 18 months in 97.5 percent of the cases, and the stated goal for 70 percent was reunification with their biological families. Forty-one percent of the foster children in the sample had received unsuccessful family preservation services before their

placement in foster care. Concerning reunification services, judges ordered parenting classes in 62 of the cases in the sample; DCFS arranged parenting classes for 128 of the cases in the sample, and reported an additional 55 cases that needed parenting classes but did not receive them [Administrative Review Unit 1992]. Disturbed by the stagnation of reform, one legislator proposed relieving caseworkers of investigatory responsibility, suggesting that the Arkansas State Police investigate some reports and that DHS designate new investigators with arrest powers, so that family service workers could concentrate on managing cases. Some child advocates opposed the idea of a DHS unit with arrest powers, fearing that keeping families together would no longer be the top priority of the department, and DHS rejected this idea [Morris 1990; Oman 1990b; Oman 1991a; Oswald & Morris 1991]. The number of children dying from physical abuse or neglect in Arkansas varied little between 1985 and 1991, from nine children in 1985 to a high of 14 children in 1989 and down to seven children in 1991 - numbers similar to those in neighboring Mississippi, a state with comparable population [Schmittroth 1994]. However, the highly-publicized severe abuse of one child, Daniel Toric, and the death of another, Stephen Earl Walters, while DCFS was monitoring them, dramatized the plight of abused and neglected children in Arkansas [Arbanus 1990; Uytterbrouck 1990].

Finally, in 1991, advocates for abused and neglected children and their families threatened to sue the state if DHS did not immediately improve many areas of the child welfare system. The National Center for Youth Law (NCYL) and Central Arkansas Legal Services contended that DCFS was too slow to investigate suspected abuse and neglect, was ineffective at monitoring children in foster care, and bounced children from one foster home to another. DHS administrators again responded that the division did not have enough money to handle expanding caseloads and asked the legislature in February, 1991, for \$2.6 million

for new staff to help prevent such a lawsuit - warning the legislature that the state would probably lose such a suit in court. The department's director, Terry Yamauchi, pointed out to the *Arkansas Gazette* that "while reports of abuse and neglect soared, state spending on investigations of suspected abuse and neglect had barely risen and spending on foster care had declined. 'No one likes to admit we have a problem with abused children,' he said. 'I don't want to say it's been swept under the table or anything like that, but it has not had high priority. It has never been funded to the extent we thought it should be.'" In response, the legislature enacted Act 1025, the Arkansas Family Preservation Act, requiring that DHS expand its capacity in order to provide intensive family services to 40 percent of families with substantiated abuse or neglect by 1995. As a stopgap measure, DHS contracted with the Institute for Human Services Management Co. of Bethesda, MD, to analyze how DHS might obtain more federal funds [Uytterbrouck 1991; Oswald 1991; Morris 1991a; Freer 1997; Oman 1991d].

But Governor Clinton balked at yielding to the threat of a lawsuit and at spending the \$11 million it was estimated the NCYL recommendations would cost. He hinted that he did not believe simply expanding the existing system would ever solve the problem of child abuse and neglect. Instead, the governor appointed a team of experts in June, 1991, to evaluate the state's system and promised to shift approximately \$4 million in additional funding to DCFS for changes the panel would recommend. The panel included Elizabeth Cole of Washington, DC, a child welfare worker, teacher, and consultant; Patricia Schene of Littleton, CO, director of the American Humane Association; Beverly Jones, assistant director of child welfare services for Anne Arundel County Social Services Department in Annapolis, MD; and Charles Bruner, an Iowa legislator, executive director of Iowa Child and Family Policy

Center and a researcher and writer [Oswald 1991; Associated Press 1991; Oman 1991b; Oman 1991c; *Arkansas Gazette* 1991].

These new efforts to reform Arkansas's child welfare system were too little and too late to deter a lawsuit. NCYL, in cooperation with local legal services and other child advocates in Arkansas, sued the state in July, 1991, on behalf of 17,350 children, including 1,350 in foster care and 16,000 children reported as abused or neglected. The named plaintiffs in *Angela R. v. Clinton* had each experienced numerous different foster care placements and suffered from untreated health problems while in the state's custody. NCYL blamed "understaffing and poor training of caseworkers, insufficient numbers of foster homes and other placement resources, inadequate training, oversight, and support services for foster parents, inadequate services to prevent foster placement and to reunite families, and poor medical, dental, and mental health care for foster children." The *Arkansas Gazette* summarized the NCYL's criticisms: "frequent and widespread failures to investigate child abuse and neglect," "unqualified field workers" and inadequate training, caseloads twice the acceptable size, placements in unlicensed foster homes, lack of supervision of foster homes, inadequate recertification of foster homes, inadequate medical care for foster children, separation of siblings, and foster care drift. "One child named in the lawsuit had been in more than 40 homes during her four years in the system." Child advocates had sued numerous other states (21 by 1996) on similar grounds [Matthews 1992: 1; National Center for Youth Law 1995; Morris 1991b; Associated Press 1996].

Reacting to the lawsuit, officials of various agencies and branches of government blamed each other. Governor Clinton again said that DCFS needed restructuring before receiving more funding. However, Yamauchi, the director of DHS, announced that he would hire 44

more family service workers to investigate child abuse and monitor foster homes [Morris 1991c; Stumpe 1991e; O'Neal 1991a]. Yamauchi blamed the legislature, complaining that it expected DHS to reduce its reliance on contracts with private agencies for various direct services. Foster parents blamed low funding and the DCFS field workers. Governor Clinton's panel of experts heard testimony from foster children and foster parents about lack of case management and financial assistance. Foster parents said a shortage of foster parents was the result of their low compensation. (Typical payments were \$6.50 per day per foster child.) But a DCFS official replied that the agency could not increase payments. Some juvenile judges blamed family service workers. In a survey done by DHS at Governor Clinton's request, one-third of the state's juvenile judges criticized DCFS field workers for poor performance. AACF blamed DHS and field workers: the advocacy group's director, Amy Rossi, told the expert panel that DHS wasn't advising foster parents of children's medical needs and gave the death of an eight-year-old child to asthma while in foster care as an example. A representative of Central Arkansas Legal Services agreed, saying DHS had to do a better job of evaluating children's medical needs before placing them in foster care. DHS promptly developed a new medical history form that would accompany children placed in temporary protective services as well as children in foster care. Meanwhile, Sen. Mike Beebe (D-Searcy) blamed DHS. A member of the Joint Children and Youth Committee, Sen. Beebe said the past reorganization of DHS had caused problems. He also said voters would not support higher taxes for expanded services. Money was still tight. Revenue shortfalls forced DHS to cut \$8.2 million from its budget, including \$2.4 million from DCFS - the same amount that DCFS received in an extra appropriation earlier in the year [Stumpe 1991b; Stumpe 1991c; Stumpe 1991d; Freking 1991; Lemons 1991; Hill 1991; Morris 1991d; Morris 1991e].

The governor's expert panel pointed to three critical needs in DCFS: more caseworkers, including supervisory staff; more foster homes; and new and improved services for neglected children. Echoing many of the recommendations of AACF and the Clark Foundation, the panel also suggested improving the continuum of family support services and restructuring the emergency cash assistance fund, therapeutic day care, and day treatment services. The panel emphasized better investigations and monitoring of families with suspected abuse or neglect, better services to support families, including "more diagnostic tools and service options to meet families' needs, especially to reduce out-of-home placements [as well as intensive, short-term family preservation services]" and better foster care [O'Neal 1991b; Satter 1991]. The panel estimated that the child welfare system needed \$14 million in additional funding over the next two years to make immediate improvements, including greater training for caseworkers, mental health services for children and their families, more cash assistance to needy families, and higher reimbursement rates for foster parents [O'Neal 1991d]. During the latter half of 1991, DHS administrators hired more family service workers, nurses, and other health care workers and planned a reorganization of DCFS [Stumpe 1991e; O'Neal 1991c; O'Neal 1992a; Satter 1992].

Soon after the governor's panel issued its final recommendations, negotiators for NCYL and the state agreed on terms of a settlement of *Angela R. v. Clinton*. The legislature subsequently met in a special session, called by the governor, that was unprecedented for its exclusive focus on children. During the February, 1992, special session, the legislature appropriated approximately \$15 million to implement the settlement, including funds to hire 126 more field workers, and created the Child Welfare Compliance and Oversight Committee to assess and evaluate DHS's implementation of the 245 mandates in the agreement. Expected to cost \$65 million over the next several years, the settlement covered almost every

aspect of the state's child welfare system, including caseloads and training for family service workers, better support of foster families, and better health care for foster children [National Center for Youth Law 1995: 5]. Among the provisions of the agreement, which became known as the Reform Document, the following seem to have pertained specifically to the goals of family preservation and reunification, toward which the 1980 federal law required states to make "reasonable efforts":

45. Develop county-by-county needs assessment of family preservation (prevention and reunification) services.

46. Identify currently available substance abuse treatment resources, establish referral process.

47. Foster children provided weekly parent/child visits.

48. Visitation schedule established within three days of initial placement, visits to begin with five days.

49. Visits to take place in parent's home or most home-like setting.

50. Foster children to have reasonable opportunity to communicate in writing or phone with parents.

51. Sibling visits arranged every two weeks, unless otherwise indicated, in most home-like setting.

52. Sibling visits to take place in parent home/family-like setting or appropriate educational or recreational setting.

55. Develop uniform family needs assessment for use in developing case plans.

147. Families [are] eligible for family preservation services [in cases of] substantiated abuse.

148. Services to be available to family on basis of individual needs, without regard to point of entry.

149. Family preservation or reunification services to be available when abuse or neglect reveals needs for services.

184. Family-centered standards: Cash assistance, parent aide/homemakers, transportation, protective services.

186. Family-centered standards: reunification services.

187. Enhancements in adoption and guardianship services; family -centered standards.

191. DCFS to assess available substance abuse treatment resources.

194. Services to be provided at time and place accessible to families

203. Develop, begin implementation plan to coordinates integrated continuum of services for children/families.

204. DCFS to make available basic prevention services. (See mandate 205 along with the attached.)

205. DCFS to make available reunification services. (All services listed are available through either direct or purchase services providers.)

208. Prevention services to be available within reasonable time period re: family needs and goal of prevention out-of-home placement [DCFS undated].

The U.S. District Court approved the settlement as “fair, reasonable, and adequate to protect the interests of the plaintiff class” [Matthews 1992: 5; Rhodes 1992a; Rhodes 1992b]. Even as the judge considered the settlement, however, the state sought to reduce its responsibilities in the case. Following a Supreme Court ruling in the case *Suter v. Artist M.*, which excluded children who were possible or confirmed victims of abuse or neglect, but *not in foster care*, from court jurisdiction, Arkansas asked the court to revise the settlement to only cover children in foster care. The NCYL estimated that such a revision would have pared the Reform Document from 50 pages to about 20. The district court refused in April, 1992, and the state appealed to the Eighth Circuit Court of Appeals [Johnson 1992; Ault 1992].

In the state’s most significant effort so far to assess and evaluate its own child welfare practices, the legislature appointed the five-member Arkansas Child Welfare Compliance and Oversight Committee (ACWCOC) to monitor implementation of the settlement. The committee included Don Crary, director of New Futures for Little Rock Youth, an initiative funded by the Annie Casey Foundation; Terri Combs-Orme of the school of social work at Johns Hopkins University; and Samuel Magdovitz, assistant director of a legal services agency in Philadelphia (both chosen by NCYL); Beverly Jones, who previously served on Gov. Clinton’s expert panel, and Amy Rossi, director of AACF. (Rep. John Lipton, the Speaker of the House of Representatives, and Senate President Pro Tempore Jerry Bookout, chose Rossi.) The committee was to report each quarter on DHS’s implementation of the agreed-upon reforms. The new overseers quickly conveyed their view that real reform would be difficult and expensive. Jones commented that the legislative appropriation of \$15 million was “a sound investment” but more would be needed to thoroughly reform the system.

Combs-Orme noted that although foster care was originally considered a temporary measure, some modern families had enormous, long-term problems [Walker 1992a; Walker 1992b].

Beginning work in August, 1992, the Compliance and Oversight Committee surveyed new family service workers regarding their in-service training as one of its first tasks. The committee also surveyed other family service workers about: in-service training and about provision of cash assistance to clients; placement of children within 50 miles of their birth families, in the same school district, and in foster homes with siblings; whether foster children had biweekly visits with parents and siblings, and locations of visits with families. The committee's questionnaires did not address services to the troubled birth families. The survey of supervisors included questions about ease of providing cash assistance to families, presumably birth families. The committee reported in January, 1993, that DCFS administrators were working hard to meet the mandates of *Angela R.*, but progress in many areas was slow because of difficulty collaborating with health care providers, cumbersome decision-making procedures, or inaccurate information. The committee acknowledged "the extraordinary number of mandates placed upon a Division which remains only 50 percent staffed" [ACWCOC 1992a; ACWCOC 1993a: 2].

By April, however, the committee was less tolerant of delays in reform. It criticized the agency for not establishing how it would guarantee that all foster children received comprehensive medical examinations within 30 days of placement, as required in the agreement. It also began to criticize DCFS for not investigating the availability of "concrete" services such as financial and housing assistance in the assessments of available services to at-risk families in each county. The issue of how much DCFS addressed "concrete" needs

became persistent in the committee's reviews of child welfare reform [ACWCOC 1992a; ACWCOC 1993b].

As the time of the next regular session of the legislature approached, legislators contemplated the additional appropriations they would have to make to fully reform the child welfare system. The director of DCFS, Judith Faust, said that the state needed to spend \$60 million by 1995. Her budget request would pay for 177 new family service workers in fiscal year 1994 and 117 more in fiscal year 1995, plus caseworker training and increased payments to foster families. Faust also said that oversight of the state's reforms by the Compliance and Oversight Committee could end as early as December 1994 if the legislature provided adequate funds for implementation of the reforms. Some legislators objected to this budget request, but Rep. Carolyn Pollan told the Legislative Council's Joint Budget Committee, "We [have] put no new money in many of those programs since 1986 The money may not be in the settlement, but the positions are and that's what we must pay for." The legislature appropriated an additional \$13.4 million in FY 1993, \$28 million in fiscal year 1994, and \$34.5 million in fiscal year 1995 [Walker 1993; O'Neal 1992b; Rhodes 1992c; Caldwell 1994].

With many states besides Arkansas struggling to provide alternatives to foster care for children in troubled families, Congress followed the lead of foundations such as the Edna McConnell Clark Foundation and the Annie E. Casey Foundation, passing the Family Preservation and Support in 1993 to give states more assistance in planning family support services and authorizing \$930 million over five years for new and expanded services. The objective was to stimulate greater efforts by the states to preserve and reunite troubled families by helping them solve the problems that led to abuse or neglect. Arkansas was the

first state to receive a Family Preservation Planning Grant, of \$577,000 [ACWCOC 1994c]. With this new funding, DCFS held a series of conferences beginning in 1994, even inviting parents and children in families with substantiated abuse and neglect, to introduce the concepts of family support (for families in need of limited assistance) and family preservation (for families in crisis and at imminent risk of losing children to foster care). DCFS also gradually expanded a program of intensive family services, including lengthy contact with caseworkers and therapeutic and concrete services for families at imminent risk of losing children to foster care placement, but only implemented the program in 14 counties by 1997 [U.S. GAO 1997; Banks 1997; Lewis 1997].

Meanwhile, the task of complying with the settlement of *Angela R.* was enormous. The Compliance and Oversight Committee expressed concern in May, 1993, about delays in contracts for foster parent recruitment and training; lack of coordination of DCFS training; a large majority of foster homes overdue for reevaluations by more than 120 days; lack of specificity in 60-65 percent of case plans reviewed in 1992 by DHS's Administrative Review Unit; recommendations by an internal Health Services Advisory Committee that conflicted with the Reform Document; inadequate attention to concrete services in the original family preservation needs assessment; inadequate telephone lines and staff for intake; the DCFS practice of allowing foster parents to "share training hours"; and other problems. Trying to reduce the size of its work, the committee decided in June 1993 to monitor items with mandated deadlines, items emphasized in the Reform Document, items critical to the protection of children, and items that involve changes in casework activity [ACWCOC 1993c].

The pressure to comply with the federal court was great. An administrator of DCFS noted in a July 1, 1993 response to the Compliance and Oversight Committee that “attaining substantial compliance with the [Reform] Document is the second largest guiding factor in the Division’s day-to-day work, and is second only to meeting the needs of our real and present clients” [DCFS 1993b: 4]. Tom Dalton, director of DHS, said in a memo to Beverly Jones, chairwoman of the Compliance and Oversight Committee, on June 30, 1993, that “how DCFS carries out the mandates of child welfare reform; how the new Division of Youth Services implements juvenile justice reform; and how the needs of emotionally disturbed children, behavior-disordered and special needs children relate to a larger agency collaborative effort[,] is [sic] going to be the highest program priority for me in the coming years” [Dalton 1993]. DCFS reported greater monitoring of staff performance and the firing of 27 employees for violating conduct standards, as opposed to firing eight the previous year. However, organizational change was difficult for the agency. “We struggle with realizing our commitment to family preservation. We’ve gone back again and again to our training curricula, our policies, and our decisions about contracts and service expansion to ensure the steady presence of family-centered principles. We’re not where we want to be, but we do know where we’re going and how we’re going to get there,” an anonymous administrator wrote in 1994 [DCFS 1994b: 3].

When the Arkansas Child Welfare Compliance and Oversight Committee released its first annual report on the state’s compliance with the *Angela R.* settlement, it focused on the state’s failure to provide prompt medical screenings and comprehensive medical examinations of foster children, along with DCFS’s disbursement of funds, its centralized bureaucracy, its failure to involve families in assessing their own needs, and its failure to place siblings together in foster homes or provide for biweekly visits between siblings placed

apart. The committee repeated its criticism of DCFS for not thoroughly assessing the needs for concrete services in individual counties and alluded to an apparent aversion within DCFS to the “Homebuilders” model of family preservation, which involves intervention at the time of a crisis in a family and prolonged support to the family by a social worker with a very light caseload.³ The oversight committee repeatedly encouraged the state to incorporate Homebuilders-type services into its continuum of services. Once again, a DCFS administrator responded by saying that inadequate staffing was to blame [ACWCOC 1993d; ACWCOC 1994a; ACWCOC 1994b; Associated Press 1993]. In the same month, reflecting the profound influence of foundations and advocacy groups on child welfare services, the director of DHS appointed Jones, chairwoman of the oversight committee and assistant director of the Social Work Community Outreach Service in Baltimore, MD, as the new director of DCFS. Jones was previously a senior associate at the Center for the Study of Social Policy in Washington, involved in the Annie E. Casey Foundation Child Welfare Reform Initiative, and a field consultant for the Child Welfare League of America [O’Neal 1993; Caldwell 1993].

Despite the movement of its first chairperson to DCFS, the Compliance and Oversight Committee continued to criticize the agency. The committee’s members visited locations in nine counties between September and December 1993 and found that caseworkers were not

³ Wexler [1997] identifies the following features of the Homebuilders model: the intervention takes place when the family is in crisis . . . because a crisis may be the event most likely to motivate people to change; the intervention is immediate and the worker is on call 24 hours a day, seven days a week; the worker goes to the family, instead of the other way around; the intervention is short term - no more than six weeks - but very, very intense. Workers may spend several hours a day with a family, so after six weeks the time may equal a year of conventional ‘counseling’; to allow for such intensity, each worker has a maximum caseload of only two families; at the end of the intervention the family is not left alone. Rather, they are linked to less intensive, ongoing services; workers are trained in several different approaches to family therapy. That way, they don’t become hostile to families if the first approach they try doesn’t work; counseling is combined with ‘hard’ services that ameliorate the worst effects of poverty. (Wexler, Richard. (1997). A foundation of success helps IFPS meet new challenges. *Front Line Views* (Summer), 1, 3-5. [The newsletter of the National Family Preservation Network, formerly known as the Intensive Family Preservation Services National Network.]

adopting the philosophy of family-centered practice. The committee expected that the central office of DCFS in Little Rock could lead local caseworkers to change their philosophy. “The Committee encourages the Division to review policy, forms, and other directives to the field . . . to ensure that these documents require family-centered, rather than individually oriented, case work” [ACWCOC 1993e: 4]. The committee praised DCFS, however, for planning a pilot of a Homebuilders-type service and for belated development an instrument for assessing individual families’ needs [ACWCOC 1994d].

The committee increased the pressure in 1994, shifting its focus to direct services to children and charging that DCFS was seriously slow in completing investigations of reported abuse and neglect. Jones responded that state law allowed 30 days to complete investigations and said uncooperative parents and low staffing in some county DHS offices delayed some investigations. “It is always easier to identify the issue and suggest the changes. The more difficult task is implementing the changes. I think we have made significant progress, but we have a long way to go,” she said [O’Neal 1994]. The Compliance and Oversight Committee urged the immediate implementation of family preservation, noting a decline in the proportion of family visits (between foster children and birth parents) occurring in the birth parents’ homes and an increase in the proportion of visits occurring in DCFS offices. “[W]e believe that intensive, crisis-oriented family preservation programs must be started in the immediate future. Instituting such a Homebuilders-like model cannot wait until family-centered practice has taken hold on a statewide basis. We know of the Division Director’s deep commitment to inclusion of that service model to the family preservation service continuum and trust that a pilot or pilots will begin very soon” [ACWCOC 1994c: 2, 11].

Meanwhile, the U.S. District Court approved a new settlement incorporating substantially the same protections as the original consent decree contained. The plaintiffs insisted on retaining most of the substantive protections in the original agreement but were flexible on how implementation would be monitored. Thus the original order was vacated. The new consent decree contained only the standards and outcomes to be achieved by the agency and provided for a yearly direct evaluation by an independent organization [Matthews 1994: 13-14]. The Compliance and Oversight Committee ended its operation as scheduled in December 1994 and a new Standards Committee assumed an advisory role to assist the state in further implementation of the *Angela R.* settlement. The 1991 lawsuit, *Angela R. v. Clinton*, had led to more funding and expanded staff for the Division of Children and Family Services. The qualifications of caseworkers also improved; the agency began requiring a bachelor's degree in social work or a related field for caseworkers, whereas previously a bachelor's degree in any field was acceptable, and DCFS collaborated with universities in the state to infuse family systems theory into social work curricula.

Discussion

By 1997, four times as many DCFS caseworkers held master's degrees as in 1991 [Deeter-Evans 1997]. Caseloads for individual family service workers gradually declined and the time between judicial reviews of individual cases shortened. The number of foster homes almost doubled between 1991 and 1997, so that the number of foster children in each home was reduced, and compensation and support for foster parents improved [Ward 1997]. DCFS identified 12 components of good casework for child welfare workers, including interviews

of every child in a family, outside the presence of the alleged offender, during maltreatment assessment; completion of assessments within 30 days; better maintenance of case plans; and better communication with foster parents. Most significantly, perhaps, DHS began developing a new information management system to record and collect data about individual cases, including outcomes for children and their families [Division of Children and Family Services 1997; Wilkerson 1997b].

However, a consistent focus on crisis management, both in families' lives and in bureaucratic management, rather than prevention of family break-down, hampered Arkansas's efforts, as they did those of many states, during the period 1974-1994. The state struggled to provide the minimum in social services - timely investigations of suspected abuse and neglect, biannual reviews of foster children's cases, and regulation of foster homes. The local news media's extensive coverage of child welfare practices, and particularly the deaths of two children in the state's custody, raised public awareness about the needs of abused and neglected children and their families, but also contributed to the crisis atmosphere within child welfare agencies.

Arkansas's efforts to shore up shaky families before foster care placement became necessary, and to reunite children and families after temporary foster care placement, suffered frequent setbacks. The number of children in foster care did not drop. Worst of all, no one knew whether children who were victims of substantiated abuse or neglect, and their families, received effective intervention - or entered the system again and again. In this atmosphere, a system-wide commitment to family preservation was hard to sustain, and a focus on prevention of abuse and neglect even harder.

Instead of basing policy and practice on strategic plans for strengthening communities and individual families, Arkansas's policymakers typically reacted to crises. For example, in

the aftermath of the death of a child in 1990, DCFS adopted new guidelines for family service workers, designating child protection, rather than family preservation, their “main responsibility” and limiting them from handling other tasks such as determining eligibility for financial assistance [Uytterbrouck 1990]. When the child welfare system was the topic, both administrators and child advocates dwelled on expanding and reorganizing the state’s existing system of social services. Important organizational issues, such as the intrinsic dualism of DCFS’s responsibilities to “preserve” families while also placing children in foster care and adoptive homes; the heavy caseloads and rapid turnover of family service workers; the relative benefits of intensive, short-term intervention versus protracted support services; and the frequent changes in leadership at DHS (typical for child welfare agencies), could distract administrators and legislators from predicting future needs or planning preventive services [Trimble 1993; Lowry 1986]. As the Families and Work Institute observed in summarizing years of reports on social services to children and families, “Help is primarily available in moments of crisis but little attention is given to preventive measures” [Dombro et al. 1996: 5].

More effective parenting education was one clear prevention strategy. Despite the widespread assumption that poverty and violence between husbands and wives were the greatest causes of child abuse [Schmittroth 1994], roughly a third of substantiated cases of abuse and neglect in Arkansas during 1987-1994 involved inappropriate discipline by parents, suggesting a lack of knowledge about effective behavior guidance among troubled families:

Table 3
Percentage of Substantiated Cases of Child Abuse and Neglect Involving Inappropriate Behavior Guidance, in Arkansas

Year	Loss of Control During Discipline	Lack of Tolerance of Child's Disobedience	Normal Authoritarian Method of Discipline	Lack of Parenting Skills	Total Percentage
1987	7	6	3	13	29
1988	7	6	3	14	30
1989	7	6	3	15	31
1990	7	5	3	15	30
1991-92	7	6.9	3.7	19	36.6
1992-93	7	5.8	3.7	18.8	35.3
1993-94	6.9	6.1	3.7	19	35.7

Note. From DCFS annual statistical reports.

However, DCFS had difficulty providing effective parenting training to reduce the problem.

As required by HHS, the agency reviewed samples of foster care cases each quarter, finding in 1989 that numerous specific resources, including “parenting skills training adapted to lower functioning as well as average and above average functioning clients,” were not widely available [Administrative Review Unit 1989; Administrative Review Unit 1990].

Concerned with this problem, AACF found in 1996 that about 98 organizations provided approximately 400 various parenting programs in the state, including 59 programs that included both home visits and center-based classes. But little was known about the effectiveness of those services. AACF observed that “parenting programs in Arkansas, like those in other states, typically lack rigorous outcome measures to monitor program success . . . [M]ost use simplistic measures of program operations, such as the number of clients served, as evidence of program success” [Huddleston & Rossi 1996: 18]. The advocacy group summarized the status of parenting programs in Arkansas by saying that few met recognized criteria for positive child outcomes, including frequent home visits during the prenatal period

and the first two years of the child's life, responsiveness to parent needs along with useful information on parenting and child development, and attention to the range of psychological and economic obstacles to effective parenting [Weiss 1994].

Data from DCFS indicate that the available parenting programs were not always appropriate for the parents. During the fourth quarter of 1989, the DHS review unit again reported "non-accessibility of much needed community based services such as . . . parenting skills training adapted to midrange to lower range functioning clients" [Administrative Review Unit 1990]. In a sample of cases in the first quarter of 1991, DCFS arranged parenting classes as a reunification service for 107 cases but said another 49 cases needed parenting classes that were unavailable. In a list of "case management/service delivery issues," the unit commented, "appropriate parent education programs not available" [Administrative Review Unit 1991a]. During the second quarter of 1991, the review unit found that reunification was the goal for 81 percent of the foster children in a sample of 425 cases and that parenting classes were provided for 79 cases, including 50 cases in which parenting classes were ordered. With parenting education emerging as a new prevention strategy, parenting classes apparently were widely available, but not necessarily in appropriate formats for the parents in need. The review unit did not note any cases in which parenting classes were necessary but unavailable, but the effectiveness of the available parenting classes may not have been high, since parents' progress toward case plan objectives was found to be poor to very poor in 53 percent of cases, fair in 27 percent of cases, and excellent in only 20 percent of cases. "Successful reunification in a timely manner, (sic) appears to be hampered most often due to size of worker caseloads and lack of resources to address the individualized special needs of one or more of the parents. As a result, casework

services are far too frequently limited to referral and monitoring services,” the review unit found [Administrative Review Unit 1991b].

The Arkansas Child Welfare Compliance and Oversight Committee, which monitored the state’s efforts to comply with the settlement of *Angela R.* during 1992-1994, remarked on the fundamental importance of appropriate behavior guidance for successful families in its 1993 annual report [ACWCOC 1993d]:

The fundamental purpose of a child protective service is the safety and protection of children through empowering parents to better fulfill their parenting role[s]. The goal is to maintain and support the integrity of the family, when appropriate, through the provision of services aimed at the amelioration of the precipitating factors that led to the child maltreatment. The guiding principle is the recognition that most parents want to be successful and through the provision of services can be assisted in several ways, including: the development and utilization of appropriate, *non-punitive methods of discipline*, learning conflict resolution skills, *better understanding of children’s developmental needs* [italics added], and effective negotiation with other social support systems such as education and health care. [p. 104]

Thus, a need for better parenting education seems to have been clear to both the state and the oversight committee.

The importance of ameliorating poverty seems to have been less obvious to Arkansas’s child welfare system, with an apparent incongruity between the rate of simple neglect in substantiated cases and the state’s infrequent recognition that poverty was a factor in

families' problems. Nationwide, a connection between poverty and child maltreatment is established: physical abuse is 3.5 times more common among poor children than among children from higher income groups; sexual abuse is five times more common; emotional abuse is 4.5 times more common, and neglect is eight times more common [Hutchison 1993: 58-59]. However, DHS did not report the incomes of families with substantiated abuse or neglect during the period 1974-1994. More surprisingly, its statistical reports during the years 1988-1994 suggested that poverty was a minor factor, with family service workers selecting "insufficient income/misuse of adequate income" as a factor in an average of only 7.9 percent of cases [DCFS 1989-1994a]. On the other hand, DCFS reported during the period 1990-1996 that 62.4 percent of substantiated cases of maltreatment in Arkansas consisted of simple neglect, or "a failure to provide, by those legally responsible for the care and maintenance of the child, the proper or necessary support; education, as required by law; or medical, surgical, or any other care necessary for his well-being; or any maltreatment of the child" [DCFS 1991: 1]:

Table 4
Percentage of Substantiated Cases of Child Abuse or Neglect Involving Simple Neglect, in Arkansas

Year	Cases of Simple Neglect	Total Substantiated Cases of Abuse and/or Neglect
1990	41%	5,682
1990-91	43.9%	7,637
1991-92	61.6%	5,236
1992-93	69.9%	4,630
1993-94	72.9%	4,462
1994-95	72.2%	5,364
1995-96	75.9%	5,615

Note. From DCFS annual statistical reports.

Similarly, a national survey of abuse and neglect reports between 1976 and 1982 found that 64 percent involved deprivation while only 25 percent involved physical abuse [Hawes 1991]. The state's recognition, or lack of recognition, of at-risk families' financial needs became a point of contention during implementation of the *Angela R.* settlement.

Hillary Rodham Clinton commented after NCYL sued DHS that “We have to fix the system so we put more money into prevention instead of waiting until things fall apart in a family. But nobody has yet figured out, in any state that I’m aware of, how to structure a system to do that” [Morris 1991c]. Child advocates, including AACF, the private organization which Hillary Rodham Clinton helped found soon after moving to the state, and out-of-state foundations and nonprofit groups, intervened frequently during the period 1974-1994, contributing detailed analyses of organizational problems in DHS and in the judiciary as well as voluminous sets of recommendations for reform. Most of the analysis focused on the responsibilities of different parties, particularly case workers and judges. Amy Rossi, the director of AACF, observed in an interview in 1998 that no comprehensive model for prevention, family support, family preservation, foster care, and adoption placement existed, so that reform efforts usually focused on a part of the problem, rather than the whole. The challenges of adequately serving families with serious problems, and of protecting children from abuse and neglect, overshadowed the need for systematic assessment and planning [Hornby 1993]. As McCroskey and Meezan commented, “evaluations that focus too narrowly on the preoccupations of only one system or profession will miss the total picture of how families and children function in their communities” [McCroskey and Meezan 1997: 308].

Evaluation of Reform

Like many states, Arkansas had difficulty measuring its success in meeting various reform objectives, and more difficulty determining the real effects of those reforms. For example, DCFS noted in 1991 in its annual statistical summary that if a single child was the victim of repeated, substantiated instances of abuse or neglect, each instance was part of the reported total number of substantiated cases of abuse and neglect [DCFS 1991: 9]. Thus, if Stephanie's mother's three boyfriends each beat and raped her once that year, Stephanie would be counted three times. This kind of reporting could distort the scope of the abuse problem while concealing the agency's failure to prevent repeated abuse.

The Compliance and Oversight Committee that monitored the state's implementation of the *Angela R.* settlement continuously criticized DCFS's failure to adequately assess or evaluate protective and child welfare services, or to plan such services. The committee criticized DCFS for poor assessment at four levels: (1) the individual child, (2) the child's family, (3) the local community, and (4) social and health services.

Assessment and Evaluation of Children

As the Compliance and Oversight Committee observed, assessment of, and thorough documentation of, findings is a continuous process in good social work with at-risk children and families. "[D]ocumentation is not distinct from good casework practice, but is a vital and fundamental part of it" [ACWCOC 1992a: 68]. Yet many caseworkers were unprepared to make clear notes, write narratives, or update records. Just as in child care and education, documentation lagged behind hands-on care in child welfare practice. Concerning assessment

and evaluation of individual children, the committee found many shortcomings in DCFS's operation. For example, DCFS's own review, done in mid-1992, of investigations of suspected abuse or neglect in 30 counties showed that investigators did not create or update case plans and did not document children's needs for particular services. The committee focused on the agency's failure to provide prompt medical screenings or comprehensive medical examinations, one of the imperatives of the *Angela R.* settlement. Not only should those medical assessments occur quickly after children's placement in foster care, but it was essential for DCFS to thoroughly document the findings of the examinations and convey that information to parents and foster parents [ACWCOC 1992a]. Yet in January 1993 DCFS was not yet insuring that foster children received comprehensive examinations within a month of placement - and the agency used a form for documenting children's medical appointments that indicated only the dates of appointments and nothing about the nature of diagnoses, treatments, or follow-up care [ACWCOC 1993a].

The committee also faulted the division for tardy, poor evaluations of children on a waiting list for therapeutic foster care, despite a requirement in the Reform Document that DCFS conduct new, multi-disciplinary evaluations of each child on the list to determine whether therapeutic foster care was really necessary. A checklist which the division created was so broad that "virtually any adolescent" would meet the criteria for therapeutic foster care, the committee found [ACWCOC 1992a: 13].

Nor was the agency able to transmit even basic information about individual children to the very foster parents charged with their care. The committee reported in October, 1992, that in a random sample of 32 cases, the agency did not inform foster parents of the following information concerning children placed with their families: age, probable length of placement, health of the child, special needs of the child, major reason for the child's

placement, visitation plan, and placements of any siblings. Nor were family service workers adequately documenting their visits with foster children as of October, 1992 [ACWCOC 1992a].

Assessment and Evaluation of Families

The Compliance and Oversight Committee found “no evidence of a family-centered approach in the Division’s work with families.” It reported in August, 1993, that DCFS was more than a year behind schedule in adopting a uniform family needs assessment instrument. Family assessments, case planning with families, and holistic treatment plans were “conspicuously absent” from a sample of cases it reviewed [ACWCOC 1993d]. Again in October, the committee called the agency’s failure to understand or implement family-centered practice “troubling” and said that meaningful assessment of families’ strengths and needs would be “one of the most substantial changes the Division can accomplish” [ACWCOC 1993e: 5]. Involving families in planning the steps they would take to eliminate abuse and neglect in their homes, or to regain custody of their children, was another mandate, but the committee found that DCFS failed to involve families in meaningful ways. “Mere attendance by the parent and child [at meetings] is insufficient,” the committee noted in October, 1993 [ACWCOC 1993e: 12]. AACF noted in 1996 that adequately surveying birth parents and children was a widespread problem in assessments of child welfare systems [Huddleston & Rossi 1996].

Assessment and Evaluation of Communities

The federal court required DCFS to assess the needs for additional family preservation services in each county. This requirement became the source of ongoing conflict between the Compliance and Oversight Committee and DCFS, as the committee found that the agency was not adequately assessing at-risk families' needs for "hard" services such as housing and transportation. In January 1993, the committee strongly questioned DCFS's conclusion that a need for financial assistance, substance abuse treatment, child care, and emergency respite care had "no bearing" on half or more of substantiated cases of abuse or neglect. The committee argued that a better assessment instrument for determining needs in communities would have different results [ACWCOC 1992a; ACWCOC 1993a]. In August of that year, the committee faulted the agency for delays in completing a statewide inventory of existing family preservation and reunification services as well as the county-level assessments of unmet needs for such services [ACWCOC 1993d].

The committee also raised serious concerns about the division's ability to assess and project needs for foster care. Despite the mandates of *Angela R.* to reduce the overall number of foster care placements, the division had recommended an increase of 50 percent in the number of foster care slots, on the basis of a telephone survey of 26 county DCFS offices, [ACWCOC 1992a].

Regarding another mandate for program assessment, the committee criticized DCFS for only identifying existing substance abuse treatment programs in Little Rock and not assessing services, or lack of services, in the rest of the state [ACWCOC 1993d].

Assessment and Evaluation of Programs

The Compliance and Oversight Committee sounded frustrated in its initial report, complaining that it was unable to determine whether DCFS was complying with many of the Court's mandates because the agency's records and reports to the committee were so inadequate [ACWCOC 1992a]. This concern became a refrain in the committee's quarterly and annual reports. Concerning the vital importance of prompt, thorough medical assessments of foster children, the committee found that case records, the files on individual children, did not reveal whether caseworkers were gathering medical histories of children and relaying them to parents and foster parents. Because the case records were incomplete, evaluation of the agency's compliance with that requirement was impossible. "[T]here is currently no way of verifying whether workers are in compliance with these mandates," the committee warned in October 1992. Again in August 1993, the committee wrote that no child had received a comprehensive examination and that "[a]lthough children *may* be receiving adequate treatment and follow-up for health problems that are identified in the initial screening, this cannot be verified at this time. Moreover, we have no evidence that action has been taken to begin reviewing cases of children, who were already in foster care when these reforms began, in order to assure that they will receive the same services and protection as children newly entering care" [ACWCOC 1992a: 27; ACWCOC 1993d: 47, 64]. Nor did the case records in the sample indicate whether children were able to visit with siblings every two weeks as required by the Court [ACWCOC 1992a]. A year later, the committee reported that it could not determine from case files why caseworkers decided to provide intensive family services to particular children [ACWCOC 1993e].

The court ordered the state to assess existing family preservation and reunification services across Arkansas by May 1992. DCFS attempted to comply by distributing a six-page questionnaire to its county-level supervisors and to certain contracting agencies - a strategy

that could establish the supervisors' and contractors' knowledge of existing services but not necessarily the full extent of existing services in individual counties. However, the Compliance and Oversight Committee reported in October that only 60 percent of supervisors and 75 percent of contractors had returned the questionnaires [ACWCOC 1992a]. The committee also criticized DCFS for not evaluating foster homes regularly, for unsound evaluation of its own training program for foster parents, and for ambiguity in its reports of the training status of foster parents [ACWCOC 1993a]. "[P]eriodic and regular review is crucial to ensure quality services to all children and their families. It is the means by which the agency, as a whole, and staff members . . . are . . . accountable," the committee wrote in August 1993 [ACWCOC 1993d: 111-112].

Planning for Prevention: The Missing Step

Without useful information about the resources and needs of at-risk families or communities, and without clear evidence of the results of different services, the state remained unable to plan how to fill the gaps in child welfare services that Senator Howell recognized in 1980.

Arkansas was not alone in the struggle to meaningfully assess and evaluate individual families' needs or the effectiveness of various child welfare services. Studying the outcomes of various preventive and intervening services was much harder than simply recording numbers of individuals served [Beinecke et al. 1997: 381-382; Cross and McDonald 1995]. The Center for Study of Social Policy put the question this way in 1988: "Present and developing family preservation efforts need to be subjected to evaluations which are sufficiently rigorous to establish the true costs of intensive services, the actual probability of

placement without intervention for families served, the precise outcomes achieved for these families, and responsible estimates of avoided costs” [Nelson 1988: 13].

Pelton reported on child welfare nationwide in 1989:

There has been a lack of standards and guidelines to aid [caseworkers] in making . . . decisions [about foster care placement]. This situation has contributed to great variability and arbitrariness in decision making . . . Often no clear accounting of services actually offered or received have appeared in the case record . . . Greater specificity is still needed in many areas: identifying actual harm to the child; determining what conditions in a particular case place the child at risk of harm; identifying the causes of the harm in the given case; selecting services to be offered that ‘fit the conditions and problems identified’; determining the need to seek placement and the conditions that have to be satisfied for return; and justifying the need for all significant actions taken. [Pelton 1989: 76]

Continuing this theme, the Harvard Family Research Project warned in 1994 that meaningful analysis of outcomes would be essential for effective family support and family preservation services [Weiss 1994]. Writing for the Child Welfare League of America, McCroskey and Meezan [1997] recommended that states evaluate family support and preservation services according to their effectiveness for clients and their cost-efficiency:

Both questions - Does it work? and At what cost? - are important. Though family-based services are not the answer to everything that ails troubled families, they can help *some* parents improve their lives and the prospects for their children. We must

know more about how family-based services help, whom they help, and the extent to which they help before we can accurately judge their worth The public policy debate about whether such improvements are worth the expenditure will be much more meaningful when we know fully what the benefits to communities, families, and children really are. [p. 305]

They recommended comprehensive assessments of family functioning and formal assessments of the effects of various family-based services on communities, particularly “how the most successful elements of family-based services can be incorporated in long-term multifaceted community-building strategies.” They urged agencies to strike a balance between reporting “input” data and “outcome” data [McCroskey and Meezan 1997: 307-8].

Child welfare was not the only area in Arkansas where meaningful information was hard to obtain and informed decisions consequently hard to make. Monitors for the U.S. District Court complained in December 1997, that reports from the Arkansas Department of Education concerning racial desegregation in Pulaski County were useless compilations of data with no analysis of outcomes [Howell 1997]. Moreover, administrators of state-level public welfare agencies worried in 1998 about ambiguous federal guidelines for collecting and reporting the status of welfare recipients [Vobejda & Havemann 1998]. Yet the settlement of *Angela R.* may have perpetuated an emphasis on “inputs” instead of “outcomes” of Arkansas’s child welfare system. The Compliance and Oversight Committee commented in April 1994, that DCFS’s internal review unit tended to track administrative process rather than measure outcomes of various interventions [ACWCOC 1994b: 11].

The dominance of the Reform Document over child protection and family preservation services in Arkansas was not unusual by the mid-1990s. In the three decades since the Great

Society programs of the Johnson Administration, federal courts have been increasingly important in the development of public policies affecting protected classes, including foster children. Lawyers, judges, government administrators, advocates for children and other protected classes, and legislators interacted to set and implement policies in what Graham has called “open-ended negotiations of numbing complexity” [Lowry 1986; Graham 1993: 26]. Part of this trend toward supervision of education and social services in the states by the federal judiciary, child welfare systems in 21 states were under federal court supervision by 1996 [Associated Press 1996]. Marcia Lowry, director of the Children’s Rights Project of the American Civil Liberties Union and the plaintiffs’ attorney in many lawsuits against child welfare systems, expressed optimism in 1986 that child welfare impact litigation would eventually improve policy and even practice, although she acknowledged that too little was known about how family support and preservation could succeed [Lowry 1986]. Despite its air of a radical solution to a deeply-rooted problem, federal court supervision has sometimes strengthened the institutional status quo by focusing reform energy on expending more funds for the same kinds of activities [O’Leary and Wise 1991]. Thus, *Angela R.* may have cemented existing arrangements rather than stimulating new approaches to helping fragile families. For example, in response to the *Angela R.* mandate for an assessment of the actual needs for foster care placements, DCFS proposed in 1992 and 1993 to increase foster care placements by 50 percent (a proposal the Compliance and Oversight Committee sharply criticized as having no apparent justification) [ACWCOC 1993a]. When the plaintiffs sued the state in *Angela R.*, Governor Clinton insinuated that the child welfare system needed redesign, not just more funds. He criticized NCYL for not making constructive suggestions: “‘They refused to acknowledge that any system in America had done it right,’ he said. ‘Essentially, when it came to money, they were advocating that we spend money on the same

organizational set-up.’ Representative Pollan agreed with the governor: ‘I think we are in a crisis mode . . . I personally do not want to put a ton of money into the system we have’” [Oswald and Morris 1991].

The tremendous detail of the Reform Document was itself a burden on DCFS and the Compliance and Oversight Committee. Some items in the *Angela R.* settlement were repetitive; others were narrow; others were sweeping, such as #203: “develop, begin implementation plan to coordinate integrated continuum of services for children/families” [DCFS undated]. The Compliance and Oversight Committee was itself sometimes overwhelmed by the magnitude and detail of the document [ACWCOC 1992a].

The lack of reliable information about families’ needs and about gaps in services, although typical for state-level child welfare agencies [Lowry 1986], was an obstacle to effective planning. DCFS employees collaborated on a five-year plan for the division in 1990. The plan was to guide activities toward the following goals:

- 1.1. Developing a family centered client assessment process to screen clients for appropriate services or referral
- 1.2. Establishing a family focused, decentralized service delivery system with standards and measurable outcomes
- 1.3. Expanding prevention programs that reduce the need for additional division intervention
- 1.4. Improving the quality, availability and diversity of out-of-home care for children and families
- 1.5. Implementing needs assessment and evaluation processes that are consistent with the overall DHS process

- 2.2. Establishing a flexible and integrated resource base that fully supports the DCFS service delivery system
- 2.3. Enhanced support for and perception of DCFS
- 2.4. Establishing specialized training programs that promotes (sic) quality services and/or employee career advancement
- 2.5. Developing an effective partnership between DCFS and providers [DCFS 1990b].

But by 1997, there was no record of whether DCFS had successfully implemented the plan [Hopkins 1997]. And as the reports of the Arkansas Child Welfare Compliance and Oversight Committee indicate, the division was making little or no progress toward many of those goals during the period 1992-1994. Legislators and at least one DHS director, Terry Yamauchi, acknowledged the lack of long-term or strategic planning in the child welfare system. Rep. James Dietz commented in 1991, “the problem is that for so long we have tried to do so many things for so many people. We have not been able to prioritize” [Stumpe 1991a; Stumpe 1991b].

To understand why abuse and neglect remain serious problems in the state, and to plan effective preventive and interventionist services that will enable more Arkansas families to succeed, social service agencies will have to incorporate viable research and evaluation into all services. The following research questions, among others, need answers:

- Are individual families with substantiated abuse or neglect gaining new skills and functioning better? In what proportion of new cases do families make significant

progress within 12 months? (The answer to the latter question could help determine whether 12 months is an adequate period for successful family preservation, or whether a 12-month limit to services actually encourages family failure.)

- What mix(es) of services does DCFS provide in cases that prove successful within 12 months?
- If the success rate varies among counties or regions, can the successful mix(es) of services be replicated in other locations?
- In successful cases, how do family service workers address parents' needs for better behavior guidance skills? How do they distinguish between situations in which parents simply need better skills and those in which children have genuine behavior disorders?
- Do the unsuccessful cases, in which DCFS resorts to foster care placement, have common features, either in family profiles or the mix(es) of services? Can DCFS devise experiments with different combinations of services in those unsuccessful cases, in order to identify the services that can succeed?
- What is the income level of families receiving family support, family preservation, foster care, and adoption placement services? How many of these families receive cash assistance from the state? Will the state's new limitations on the duration of cash assistance, implemented beginning in 1997, affect those families? (Research in this area could help answer the policy question, Should families in the child welfare system be

exempt from new limits on cash assistance? An important related question is whether Arkansas's levels of cash assistance are adequate to sustain families.)

- Can earlier intervention in the lives of families with risk factors reduce the rate of abuse and neglect reports?⁴
- Are there model early intervention programs for young children in Arkansas, or elsewhere, that can be replicated in Arkansas communities for the purpose of long-term evaluation?
- As Arkansas communities begin to identify at-risk families at the birth of their first children and provide intensive, ongoing services using mentors and home visits, how can those services be evaluated?
- Do recent findings on the influence of the maternal-infant bond on infant brain development [Shore 1997] have implications for preventive services to at-risk families; residential services to mothers with substance abuse problems, and their children; or policies concerning foster care placement?

⁴ The American Medical Association reported in 1997 that a 15-year study of women receiving home visits during the first two years of their first babies' lives found less substantiated abuse and neglect, fewer subsequent births, less welfare dependence, less abuse of alcohol or other drugs, and fewer arrests. (Olds, David L., Eckenrode, John, Henderson, Jr., Charles R., Kitzman, Harriet, et al. (1997). Long-term Effects of Home Visitation on Maternal Life Course and Child Abuse and Neglect. *Journal of the American Medical Association*, 278: 637-643.)

- What proportion of families with substantiated abuse or neglect live in severely stressed neighborhoods, as defined by the Annie E. Casey Foundation?⁵ How can DCFS evaluate whether a particular combination of services is most effective with those families?⁶
- How can state agencies effectively evaluate the family resource centers which the state is slowly supporting in a few counties?

Conclusions

Providing even a limited array of preventive social services was difficult in the poorest sections of Arkansas during the years 1974-1994. Although rarely expressed so clearly, an underlying question dogged the state: What was *reasonable effort* in situations where poor, addicted, disturbed, or disabled parents could not care for their own children without extensive assistance? Federal pressure for reform, principally the Adoption Assistance and Child Welfare Act of 1980, encouraged some transfer of resources from foster care to helping biological families function better. But P.L. 96-272's ambiguous requirement for "reasonable efforts," and the micro-managing of the Reform Document in the settlement of *Angela R. v. Clinton*, avoided the hard question of how much intervention and support is enough. In other

⁵ The Annie E. Casey Foundation defines severely stressed neighborhoods as having four of the following five characteristics: (1) poverty rate above 27.5%, (2) more than 39.6% families headed by women, (3) high school drop-out rate above 23.3%, (4) more than 46.5% men unemployed, and (5) more than 17% of families receiving public assistance income [Casey Foundation 1994].

⁶ The Center for the Study of Social Policy and the Annie E. Casey Foundation and the Edna McConnell Clark Foundation sponsored discussions of neighborhood- and community-based networks of early intervention services to troubled families in 1996 and 1997. See: Center for the Study of Social Policy (1996). *Systems change at the neighborhood level: Creating better futures for children, youth, and families*. Washington, DC: Author and Farrow, Frank with the Executive Session on Child Protection. (1997). *Child protection: Building community partnerships; Getting from here to there*. Cambridge, MA: John F. Kennedy School of Government, Harvard University.

words, how long and how much should society help parents who are ill-prepared to raise their children, before removing the children to homes that are presumably safer?

For two decades, despite major changes in federal and state policy, including:

- requirements that physicians, teachers, and many others in society report suspicions of child abuse or neglect (the Child Abuse Prevention and Treatment Act of 1974);
- a new federal law that favored family preservation over foster care placement (the Adoption Assistance and Child Welfare Act of 1980);
- a major reorganization of the Arkansas Department of Human Services in 1985;
- a detailed plan for improving child welfare services in order to preserve troubled families, sponsored by the Annie E. Casey Foundation and developed by Arkansas Advocates for Children and Families in 1987;
- creation of a new juvenile court system in 1989 after a decade of advocacy and litigation [Crary and Dicker 1990];
- a settlement agreement in *Angela R. v. Clinton* that contained 245 separate mandates for agency objectives and emphasized intensive intervention in troubled families as an alternative to foster care placement (the Family Preservation and Support Act of 1993);
- ongoing compilation of data by DCFS and review of that data by the Child Welfare Compliance and Oversight Committee; and
- intensive coverage of child welfare issues in the state by the news media during a ferocious local newspaper war,

the annual number of substantiated incidents of child abuse and neglect in Arkansas rose, from 2,981 in 1981 to 5,615 in 1996. The number of foster care placements rose, from 1,914

in 1980 to 4,763 in 1996 [Wilkerson 1997a]. Moreover, the average length of time in foster care before adoption increased from 21 months in 1994 to 26 months in 1997 [Ward 1997]. A newspaper reporter's characterization in 1991 of foster care as "the core of the child welfare system" [Satter 1991: 32A] captured the prevailing policy. DCFS family service workers in some communities still juggled too many troubled families. Average caseloads for family service workers ranged from 10 to 50 in 1995, even though the *Angela R.* agreement limited caseloads to 15 [Arkansas Bureau of Legislative Research 1996].

As suspicion of child abuse and neglect became rampant in American culture, the pendulum of child welfare policy in Arkansas swung between rapid placement in foster care, thanks to federal subsidies for foster care placements, and the seemingly contrary goal of family preservation. Federal leadership alternated between a lack of regulatory clarity in the "reasonable efforts" requirement of the 1980 Adoption Assistance and Child Welfare Act and the detail-laden oversight of *Angela R.* Arkansas struggled to fill the gaps in the continuum of social services to troubled families, but with woefully inadequate information to help many of those families effectively. The need to effectively assess and evaluate troubled children and families was perhaps the fundamental problem for Arkansas's child welfare system. Without understanding these families' needs, the state could hardly plan relevant preventive services.

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Arkansas Advocates for Children and Families. Correspondence and memoranda cited in this report also may be found there.

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