



CHILD WELFARE LEAGUE OF AMERICA

Children's VOICE

March/April 2008

Survey Says:
Birth Parents
Are Important

Making the Case for
Infant Mental Health

Extending Support for
Extended Families



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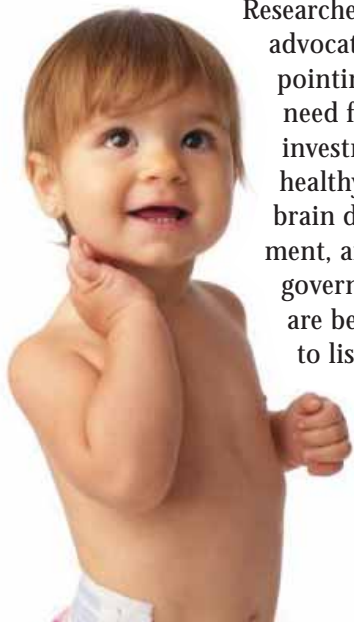
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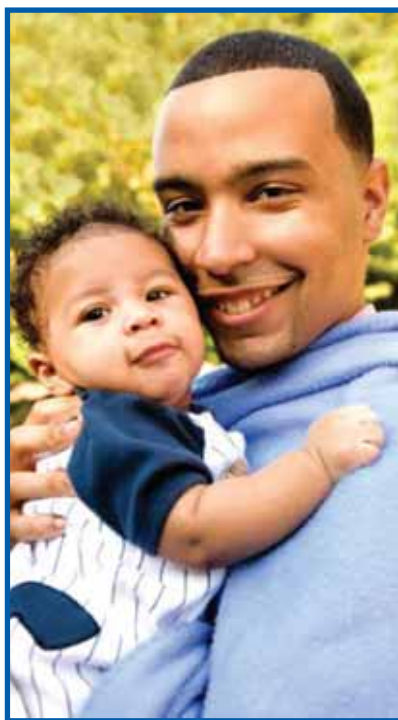
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LeadershipLens

Christine James-Brown



My guess is that most of us have carefully crafted mission statements that in some way challenge us to ensure the safety, permanence, and well-being of children. Our commitment to improving children's lives has become universal, but the specific outcomes we are after are less clear and more complicated. For this reason, CWLA has spent much of the past year engaging our members and funders in finding more clarity around the outcomes we want to achieve as a League and as a child welfare system.

To articulate outcomes, we first need absolute clarity about our mission and about whom we serve. This clarity and a clear

articulation of our desired outcomes for the child welfare system and ultimately for the people served by that system have helped

us develop specific goals and strategic priorities for our work over the next decade.

Our intent is that by the time CWLA celebrates its 100th birthday in 2020, the child welfare system will be even stronger and the lives of many more children will have indeed changed for the better. This vision includes every child and youth having a lifelong familial connection, the child welfare system serving fewer children, and the children they do serve receiving the best and most appropriate care so they leave the system prepared for life.

We will encourage and support a child welfare system that is:

- organized to achieve these outcomes for children and youth through a continuum of care that is responsive to the developmental needs of the child or youth and includes the voice of the child, youth, and their family;
- holistic;
- integrated within and across other child-, youth-, and family-serving systems; and
- sensitive to race, culture, ethnicity, sexual orientation, and disability.

Our highest priority is reflected in unearthing the cause-and-effect relationships between systemic actions and outcomes for children and youth.

In our clarified, reconfirmed mission, CWLA has committed to making children and

youth who have been abused or neglected, or who are at risk of abuse and neglect, a national priority that is translated into improved policy and practice, increased resources, and ultimately better outcomes for children, youth, and families. Although our primary focus will continue to be on the child welfare system, we also recognize we need to play a partnership or advocacy role in challenging other systems to do better for all kids, because other systems are either failing to achieve outcomes for our children, or our children are challenging other systems,

including the education system, mental health system, and juvenile justice system. At the core of our work we are leveraging our history and the power and credibility of an active, engaged membership body.

While CWLA is pledging to take responsibility for being more strategic and focused, part of our leadership role is challenging all of you, our member agencies and other child advocates, to embrace this responsibility as well. Our success is dependent on your active involvement in our work.

Joining together to promote a White House Conference on Children and Families is one easy way to get involved. CWLA launched the initiative last fall as one of our first projects toward achieving solid outcomes for the children within our system. Many of you helped us promote the idea to congressional leaders on Advocacy Day during our National Conference in February. We need to continue urging Congress to authorize and financially support the conference. You can also rally your board of directors and local community leaders to support the initiative and, in the meantime, regularly visit CWLA online at www.cwla.org/advocacy for updates on the conference planning and preparation.

Participating in CWLA's regional and national meetings or on a program advisory committee are other ways to stay actively involved and help the League identify issues to tackle. We will take some of these issues to the White House Conference and use others to help focus our work. Breaking out of our silos and exchanging ideas

Our success is dependent on your active involvement in our work.

and information is critical during this process of developing and implementing our strategic direction.

We are a data- and information-rich field, as is evident in each issue of *Children's Voice*, where we bring the latest news and trends in child welfare to these pages. In this issue, for instance, we share the insightful outcomes of a CWLA member survey on the types of postadoption services they provide birth parents, in the article "Survey Says: Birth Parents Are Important." We also write about some of the intriguing new findings on infant brain development in "Making the Case for Infant Mental Health," and how child advocates are using that information to convince lawmakers early childhood development initiatives are worth funding. Both of these articles

demonstrate how powerful data and information can be to strengthening our work.

In future *Voice* issues, we will continue to share valuable information for the field and, in particular, keep you up-to-date on CWLA's progress toward better serving its public and nonprofit members and the key issues we will be focusing on to improve the child welfare system. We will be aligning these issues with all aspects of our organization, including our publications, public policy, training, and consulting work, so that everyone feels ownership in our goals and confident we are all working toward concrete change for the children we serve. ■

Christine James Brown



Children's Voice

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The Child Welfare League of America is the nation's oldest and largest membership-based child welfare organization. We are committed to engaging people everywhere in promoting the well-being of children, youth, and their families and protecting every child from harm.

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We hope that you will join us for this exciting conference as we focus on "Making IT Work: Achieving Safety, Permanency and Well-being for Youth." This year we want to examine the collection and use of data that influence youth in foster care. This is a unique subgroup of our child welfare population that is in critical need of improved outcomes.

For up-to-the-moment information, please visit our web site at www.nrccwdt.org

Please contact us with questions at nrccwdt@cwla.org.

We look forward to seeing you there!

Camp Connect: A Model to Follow

Directing Camp Connect, a summer camp that reunites siblings in foster care, is always a grounding experience for Judith Schagrin. “It really reminds me why I go to meetings all year and why I do this work,” says the Assistant Director for Children’s Services for the Baltimore County Department of Social Services (DSS). “I believe it’s our obligation as child welfare professionals to make sure our kids have relationships with each other.”

Many children in foster care grow up apart from their brothers and sisters, either because they have different needs, they come into care at different times, or homes just can’t be found that accept large sibling groups. Each year, Baltimore County DSS organizes Camp Connect to bring about 60 siblings, ages 7–18, together again in June for one week of memory making and bonding. During the seven years the

camp has operated, staff have improved on the summer camp model. They offer the following information for other agencies considering developing a similar sibling camp model:

■ **Selecting campers.**

Camp Connect makes an effort to accept campers from every jurisdiction in Maryland. The number is kept to about 60 kids per summer camp session to keep the event personal. The same campers are allowed to return each summer to create a positive camp culture. “The kids come back...each year not only to see their brothers and sisters,” Schagrin says, “but to also see other kids who come to camp each year.”



■ **The camp site.** Camp Connect takes place at a facility in Pennsylvania, just over the Maryland state line, which gives the kids a sense of getting away. The facility has a swimming pool (one of the most popular camp activities), a dining hall large enough to accommodate all campers, a nurse’s station, space for arts and crafts, and separate bunk areas for boys and girls.

■ **Activities.** Staff have discovered what works best for their campers is to keep them moving throughout the day. Two or three sibling groups are clustered together in “family groups” of no more than 10 campers. The family groups spend all day together, including meals. Activities are designed to appeal to both girls and boys and to kids of varying ages, including hiking, biking, horseback riding, and tubing. Arts and crafts have included the siblings decorating pillowcases, tie-dying shirts, or building teddy bears for their



sisters and brothers. Children also receive disposable cameras, and their photos are developed near the end of the week so siblings can make scrapbooks for one another.

- **Staff.** Camp Connect aims to match one counselor to every two campers. Volunteer counselors are recruited from DSS (vacation time is not deducted for volunteering) as well as from other professions or child-serving agencies. Social work students have also volunteered. Schagrin warns counselors

must be prepared for a “physically and emotionally rigorous experience.” DSS pays a nurse a small fee to attend camp and dispense medication.

- **Funding.** The cost to run Camp Connect is not cheap—about \$700 per child—but Schagrin says, “The goal is to take really good care of these kids this week and spoil them.” She believes it’s important for state child welfare systems to take responsibility for funding a sibling camp, rather

than relying on donations. Her department uses Chaffee Independent Living Program funds to cover expenses.

For more information about Camp Connect, including serving as a counselor, contact Schagrin at 410/853-3961 or jschagri@dhr.state.md.us. ■

Residential Program Blends Treatment, Family Time, and School

Providing treatment to children with severe emotional and behavioral difficulties isn’t an easy job. So rather than go it alone, the Hillsborough County Department of Children’s Services in Florida has partnered with the county school system and other county agencies to conduct a five-day-a-week residential treatment program for elementary-age children and their parents or caregivers.

The focus of Hillsborough’s Family Treatment Program—funded by the Hillsborough County Board of Commissioners—is to address the needs of the entire family system to achieve and maintain therapeutic progress. While enrolled in the program, children stay in a dormitory setting on Hillsborough’s 30-acre campus, Monday through Friday, and attend an onsite school operated by Hillsborough County Public Schools. Simultaneously, the children’s families attend therapy once a week, parent support groups once a month, and parent education classes. Meanwhile, each child receives individual and group therapy in the residential treatment milieu.

The children return home on weekends, where they and their parents put new therapeutic understandings to use. Hillsborough staff monitor the progress of these weekend visits.

“The importance of working with the entire family is to not only increase the likelihood of the child making meaningful therapeutic gains, but also to help ensure those gains are enduring,” says Hillsborough Program Manager Barry Drew. “We’re trying to create a viable family system for the future.”

In addition to treatment and schooling, Hillsborough assesses children’s strengths and their individual and family interests, then identifies community resources where the children can more fully explore their interests, including sports, music, art, computer, and scouting. The goal is to build children’s self-esteem and sustain it once they return to their families.

“Through these activities, the children are able to obtain mentors and healthier peer relationships,” Drew says. “Wherever possible, they participate in these activities with their parents and siblings. In doing so, they begin to restore relations with their families through the development of shared interests.”

An important part of treatment is a focus on reading. Through a partnership with the county library system, the children are required to have library cards when starting the Family Treatment

Program; parents are encouraged to visit the library and read with their children. School and treatment staff take the children to the library to research cultural and environmental topics in preparation for field trips to museums, aquariums, cultural fairs, and theater productions.

“Reading topical material in anticipation of these trips adds excitement and relevance to the process of learning to read,” Drew points out. “This is especially important for children with attention and learning problems who have encountered years of academic failure.”

Before arriving at Hillsborough, children usually have been unsuccessful in prior educational and therapeutic settings, but more than 90% of families surveyed after participating in the Family Treatment Program report their children’s behavior improves significantly.

For more information about Hillsborough County’s Family Treatment Program, contact Drew at 813/264-3807, ext. 124, or drewb@hillsboroughcounty.org.

Put the Spotlight on Your Program

Want your agency’s work with children and families highlighted in *Children’s Voice*? E-mail voice@cwla.org.



National **News**wire

Children's Issues in the News

CALIFORNIA

A new child welfare law went into effect January 1 that allows the public to gain access to detailed information about children who are killed in cases of suspected abuse or neglect.

Previously, state privacy laws prevented the release of most details surrounding the deaths of children in foster care or of children who had been investigated by social services, including medical records, risk assessments on families, details on foster parents, and case-work logs. The new law allows the public the right to obtain much of that information without a costly and lengthy court fight.

"We hope and expect it will be a very powerful tool to find out what's going on and to advocate for reforms, if reforms will help save the lives of children," Ed Howard with the Children's Advocacy Institute told the *Contra Costa Times*.

Similar bills languished in the state legislature for years due to opposition from child welfare officials and the union that represents social workers. The bill eventually signed into law by Governor Arnold Schwarzenegger was rewritten to address their concerns, particularly the privacy of siblings, according to the *Contra Costa Times*.

On another front, foster care parents are raising their voices over the issue of inadequate foster care rates and rising costs of living. Last fall, they filed a lawsuit in federal district court demanding the state raise assistance rates to cover the actual cost of caring for children in care, the *Orange County Register* reports.

The suit, filed by the California State Foster Parent Association, Legal Advocates for Permanent Parenting, California State Care Providers, and the Children's Advocacy Institute, claims John Wagner, Director of the state Department of Social Services, and Mary Ault, Deputy Director of the department's Children and Family Services Division, violated the federal Child Welfare Act by failing to pay foster parents adequate reimbursement rates.

According to the *Orange County Register*, the state did not raise rates between 2001 and 2007 to catch up with the rising cost of living, leading to a drop in foster families statewide. The California legislature approved a 5% rate increase that took effect at the beginning of this year, bringing the average payment per foster child to \$530 a month. The suit points to a 2005 study by the California Budget Project that determined the minimum cost of raising a child in the Bay Area is \$709 a month.

HAWAII

The American Civil Liberties Union (ACLU) of Hawaii has filed a lawsuit against the state's Department of Education for violating certain provisions of the federal McKinney-Vento Homeless Assistance Act of 1987, which provides states with federal grants for homeless programs.

The ACLU filed the lawsuit on behalf of three families but seeks class-action status, meaning an estimated 900 homeless children in the state could be affected. The suit claims Hawaii receives about \$200,000



a year in McKinney-Vento Act money but has failed to comply with requirements for tracking and educating homeless children. The suit also contends the Department of Education was made aware of the shortcomings in April 2006 when the U.S. Department of Education released the findings in a report, according to the *Honolulu Star Bulletin*.

Alice Greenwood, one of the suit's plaintiffs, said her adopted 6-year-old son missed 33 days of school in 2006 because of inadequate transportation, which is required by law. "Every child deserves an education," Greenwood said in a statement from the ACLU. "He shouldn't be punished just because he is homeless. It's not his fault."

MASSACHUSETTS

State officials have set up a unique early-warning system to spot preschoolers who may be getting excessive medication for mental illness, and to help doctors make more informed decisions when they prescribe drugs for very young children, the Boston Globe reports.

The new system was established after a 4-year-old Massachusetts girl, Rebecca Riley, died from taking three drugs to treat bipolar disorder and hyperactivity. Riley's death was a "wake-up call," says John Straus, Vice President for Medical Affairs at the Massachusetts Behavioral Health Partnership, one of the organizations managing mental health care for children under MassHealth, the state insurance program for lower-income families.

"If the behavior is extreme enough to require this level of medication, we ought to make sure that the behavior exists," the Globe quotes Straus.

The state Medicaid program is analyzing records for 82,900 children under age 5, looking for children taking at least three psychiatric drugs or a single powerful antipsychotic drug. The early-warning system is designed to ensure a high rate of prescriptions is not an error caused by multiple doctors writing prescriptions, and it will check to make sure the drugs are not potentially harmful when combined.

Reviewers will also examine the child's history for signs of abuse, emotional problems, and other issues aside from mental illness. Officials say if the tracking system works, it could be expanded to many of the 300,000 Massachusetts children under age 5 who are not in the MassHealth program.

The Boston Globe notes that Texas officials adopted a similar early-warning system in 2006 for mental health care of children in state foster care, and they saw an immediate drop in prescriptions of psychiatric drugs for children under age 18 after doctors were contacted who prescribed large doses of psychiatric medications.

NEW JERSEY

New Jersey's Supreme Court ruled in September to uphold two appeals court opinions mandating the State Health Benefits Commission pay for speech, occupational, and behavioral



therapies for a 5-year-old boy with autism. The boy's father, a deputy attorney general for the state, waged a two-year fight on behalf of his son, according to the Star-Ledger.

"It's too early to tell what the ramifications will be, but we think it's precedent-setting, ground-breaking," the Star-Ledger quotes Art Ball, Governmental Affairs Director for the New Jersey Center for Outreach and Services for the Autism Community. "We'd like to figure a way to expand this so everybody can benefit, but it's not going to be easy."

The boy's parents, Joseph and Elizabeth Micheletti, estimate their son's care costs them about \$35,000 a year.

NEW YORK



Michael Bloomberg

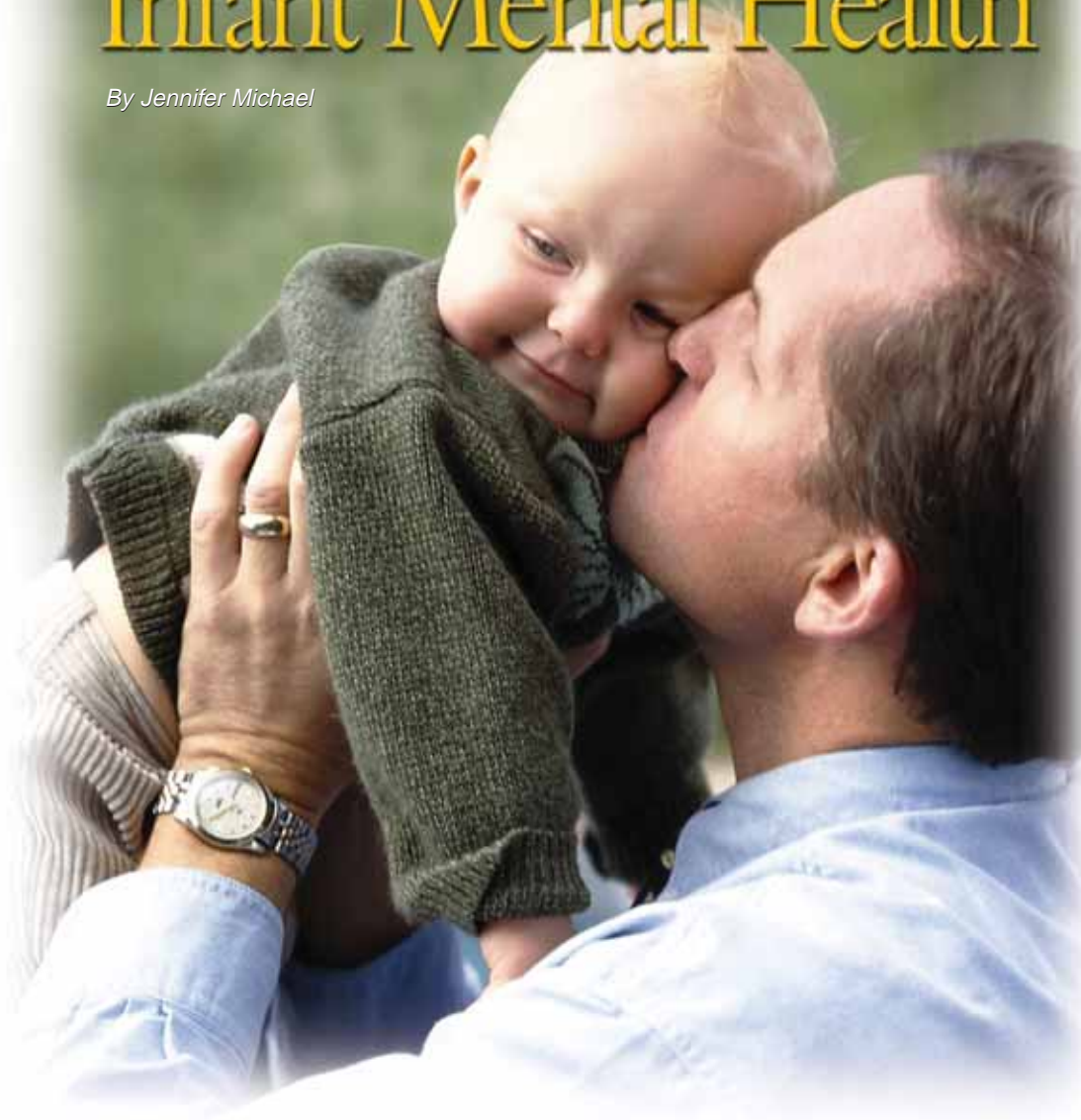
Mayor Michael Bloomberg has embarked in a bold experiment to get parents in low-income neighborhoods more involved in their children's education and overall health. The newly launched Opportunity NYC program is paying families a modest amount for small tasks, such as \$50 for getting a library card or \$100 to take a child to the dentist, an article in Newsweek explains.

Bloomberg raised more than \$40 million in private funds to pay for the program, modeled on a 10-year-old Mexican program called *Oportunidades*, which has successfully reduced poverty in rural areas and been adopted by more than 20 countries. Opportunity NYC is the first of its kind in the United States, according to Newsweek. The idea behind the program is called conditional cash transfer, and to find out if it works, the city is enlisting 5,000 families to take part. Half will receive the incentive money, and the other half, functioning as a control group, will not.

Both liberals and conservatives have criticized the program. "At first blush, this offends every sensibility I have," Newsweek quotes James Oddo, the Republican minority leader of the New York City Council. "But then the fiscal conservative in me takes over, and I think maybe it will cost me less as a taxpayer to pay a little on the front end." ■

Making the Case for Infant Mental Health

By Jennifer Michael



Amy Swanson is used to talking to legislators. One of her primary tasks as Executive Director of Voices for Ohio's Children is to lobby local and state legislators to advance her organization's agendas.

So when Voices took the lead on an advocacy effort launched in 2004 to raise awareness of infant mental health issues in Cuyahoga County (Cleveland), as well as statewide, she put on her lobbying hat and headed to local and state legislators' offices. And she went with evidence of a widespread problem—parents and day care providers had begun complaining in growing numbers about serious emotional and behavioral issues among children birth to age 3.

Swanson soon discovered the issue was a tough one to sell. "When I said 'infant,' it was such a roadblock; you couldn't

get to the next part of the conversation to even talk about what [infant mental health] was," she recalls. "You couldn't get it out of their head that babies couldn't have mental health issues."

Swanson isn't the only one fighting to make the case for how important early mental health intervention is for very young children. Many people outside the fields of child health and advocacy find it hard to believe that a child still learning to walk and talk would need a therapist. Funding for adult mental health treatment is hard enough to come by, let alone funding for babies' mental health, the argument often goes.

The good news is that a growing body of scientific evidence has emerged over the past decade that points to the need for more investment in healthy infant brain development—neuro-brain imaging chief among them. This new technology is revealing detailed pictures of the brain that show just how early babies' brains are wiring up to survive in the world after birth. Seventy-five percent of the brain's wiring occurs by age 1, and 90% by age 5, according to New Directions Institute for Infant Brain Development in Phoenix, Arizona.

Knowing more about how early brains wire and how malleable the brain is from birth to age 3 is not only helping researchers develop evidence-based, positive behavior support programs for very young children, it's also driving new community collaborations, like the one led by Voices for Ohio's Children, to figure out how best to strengthen infant mental health services for children who need it.

As a message to local legislators and the community at-large, Voices, along with the Ohio Department of Mental Health, issued a report last year containing evaluations of services available in the state for young children with behavioral and emotional challenges. The report found services were unequal across counties—some had a complete range of services and many different providers, while others had "at best, very new, and at worst, extremely limited" services.

In addition to the report, Voices has organized parents and caregivers to lobby before local legislators on the issue. The organization also spearheaded a series of forums across the state that provided free information about and networking around infant mental health—or “early childhood mental health,” as they now term the subject. Educators, day care providers, therapists, and social workers want to know how to improve services, Swanson says, and they are hungry for any information they can find on early brain development.

The advocacy work, she notes, “strengthened existing collaboration and partnerships and has allowed us to really present a cohesive strategy and case for funding early childhood mental health services for children [in Ohio], both consultation and treatment.”

Child welfare has been slow to embrace the advances in early brain development and infant mental health, but interest appears to be growing. CWLA conducted an informal survey of its membership last year that revealed infant mental health was a top concern among public and private child welfare agencies. And it’s no wonder, considering moderate to severe mental health and behavioral problems affect 50%–80% of children in foster care, many of whom are younger than 5.

Understanding Infant Brain Biology

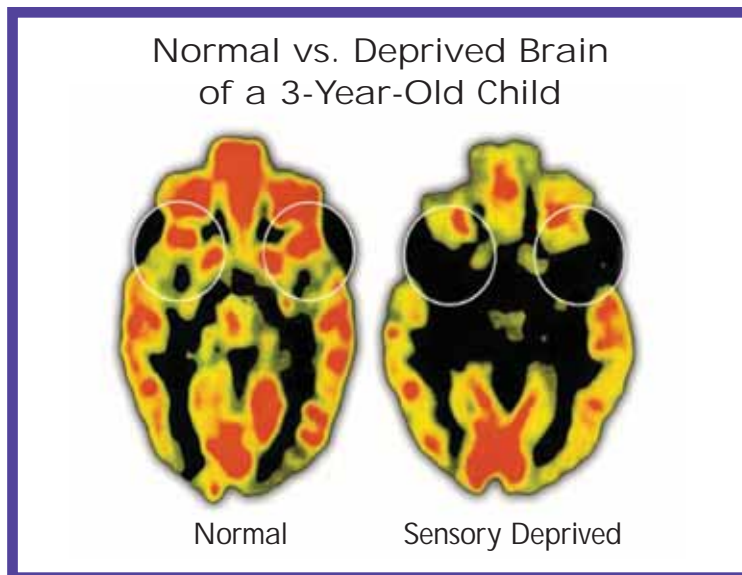
If anybody is aware of the mental health needs of children in foster care, it is Deborah Williams. For five years, she has provided therapeutic foster care to young children through For Children’s Sake, a private child welfare agency in Dumfries, Virginia.

The children she has cared for have exhibited a range of behavioral problems resulting from severe abuse and neglect. Earlier this year, she took in a 1-year-old boy who experienced extreme neglect while living in a homeless shelter with his mother. Shortly after taking him into her home, Williams began noticing his odd behavior. The toddler would constantly bite and hit himself, both at home with Williams and in day care.

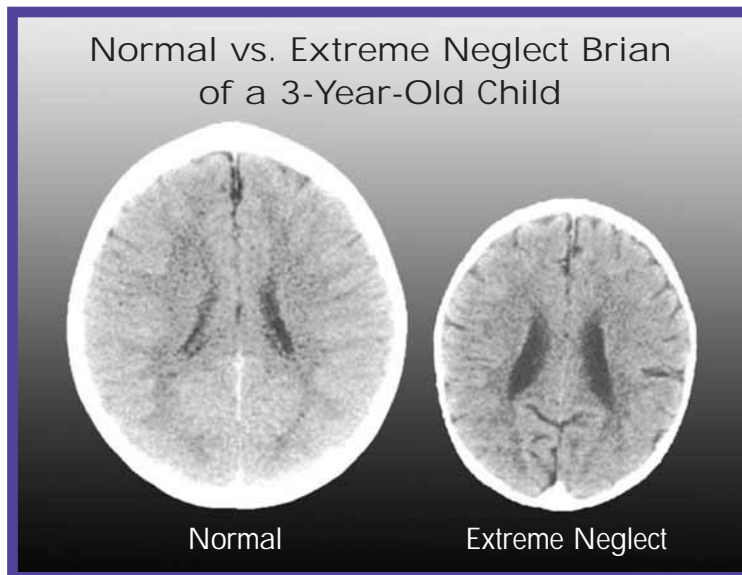
“I’ve never seen this type of behavior,” Williams says. “I know how good or how frustrating his day has been by looking at his hand to see how many bite marks and how deep the bite marks are in his hand.”

Williams knows his behavior is the result of the inattention he received during his first year of life. But early last summer, after having cared for the boy for three months, she began noticing he was hurting himself less and less, and she was hopeful that by working with him closely, she could turn his behavior around.

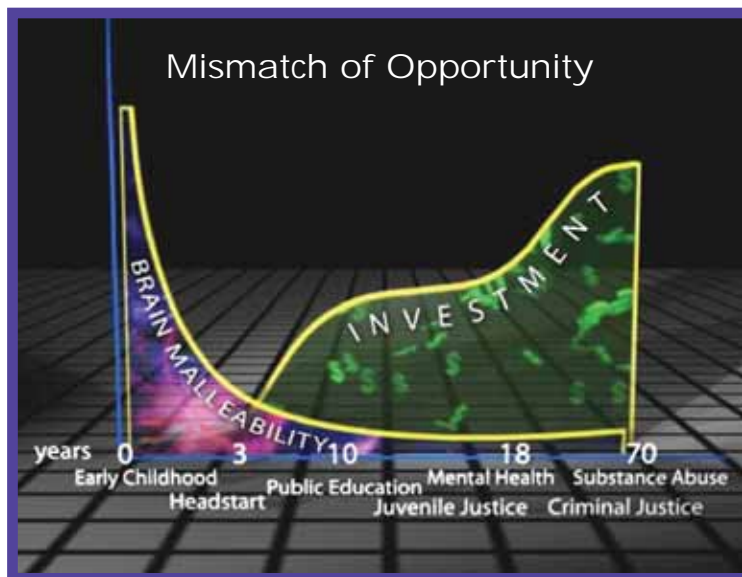
According to Jill Stamm, Executive Director of New Directions Institute for Infant Brain Development,



Source: Dr. H.T. Chugani



Source: Bruce D. Perry, M.D., Ph.D.



Williams should be able to have an effect on the child's behavior, particularly considering his young age and the fact his brain is still undergoing rapid development.

Stamm cofounded New Directions Institute in 1998 to take all of the new information neuroscientists are discovering and make it understandable to parents, caregivers, educators, and therapists. The institute focuses on children birth to age 5, with an emphasis on birth to 3 because of how vulnerable and malleable the brain is during that period.

Stamm and her staff are beginning to look closer at research on the effects of abuse and neglect on the developing brain. When she gives talks about healthy infant brain development, Stamm likes to use a slide that shows the neuroimage of a normal 3-year-old child's brain versus the image of a 3-year-old child whose brain has been sensory deprived. The normal child's brain scan is swimming with yellow and orange color representing normal levels of activation and brain activity, while the sensory-deprived child's brain shows up on the image as largely black, with far fewer yellow and orange areas. In other words, neuroimaging has revealed that maltreatment actually damages the brain and results in structural differences as the brain is developing.

The brain, therefore, is not a moral organ that decides, "This is good for me," or "This is not good for me," Stamm explains. "The brain is just an adaptation organ that helps a person survive a situation the best [he or she] can, and wires up in response to what is happening. So a lot of the behaviors we see in young children that are maladaptive...may actually be very adaptive to the world they are living in."

Stamm uses the example of a very young child living in a home where domestic violence is prevalent. The child is eventually removed from the home and placed into foster care. Even though she now lives in a loving setting, she exhibits severe behavioral problems, including throwing punches at other children at school, because, as Stamm explains, "when [her] brain was learning how to survive, the environment was very different." When her parents were throwing things at each other at home, she had to react very quickly to avoid being hurt herself.

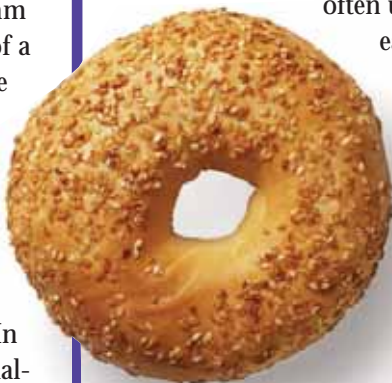
In the case of Williams's foster son, who was severely neglected and now hurts himself when he becomes frustrated and angry, Stamm explains, "When you're not getting any contact or stimulation from other people, those sort of self-stimulating things, like biting yourself, are a way to connect with the fact you are alive." Again, as the boy was developing

as an infant, his brain was wiring up to think in such a manner. But the boy's behavior is not a lost cause, Stamm points out, because neural plasticity, which gives a person the ability to change, is greater in young children.

Because so many children enter the child welfare system at very young ages, Stamm sees the advantage the child welfare system can have on early brain development. "It's a

A Bagel for a Brain

A pencil, a bagel, and six layers of tissue paper—these are the props trainers at the New Directions Institute for Infant Brain Development often use to show how important it is to intervene early in a child's brain development.



The pencil represents the brain stem. It extends up through the bagel, which represents the limbic system. Crumpled around the top of the bagel are the six layers of tissue paper, representing the neocortex—taken all together, the pencil, bagel, and tissue paper are the basic elements that compose one's brain.

For a newborn, the pencil, or brain stem, develops mostly in utero and begins to regulate in the earliest months of life. It's what determines basic body functions, such as heart rate and body temperature. The bagel, or limbic system, forms between birth and age 5 and is where personality, emotional regulation, and other behavioral characteristics are determined. The tissue paper, or neocortex, represents all of the things one learns in one's conscious life, such as reading, writing, math, and language skills. The neocortex continues to develop and learn into adulthood.

"A lot of us say we are going to make change in our lives, like quitting smoking, and we really mean it in our 'tissue paper,' but if you don't get to the core, down to the bagel to make the changes, it's really very hard to change behavior permanently" explains New Directions Executive Director Jill Stamm. "That's why the younger you get to an intervention stage with a child who has been neglected or abused, the greater the likelihood is that you are going to have permanent behavior change."

system that already has money in it to be able to do these prevention strategies." As part of an effort to better integrate its work within the field, New Directions Institute recently became a member of the Arizona's Children Association. The association does more downstream, intervention work for kids and families already in crisis, Stamm explains, and New Directions focuses more on upstream, prevention work. Together, they hope to meet families somewhere in the middle.

Promoting Positive Behavior

In addition to helping make the case for infant mental health prevention and treatment, new scientific information on how babies' brains work is helping researchers develop positive behavior support programs for caregivers to use with children at very young ages, while their brains are still hard wiring.

The Center for Evidence-Based Practice: Young Children with Challenging Behavior, at the University of South Florida, has focused quite a bit of study on understanding and resolving problem behavior in children. Recently, a team took a model of individualized positive behavior support used for children and adults age 3 and older and brought it down to a younger population—ages 18 months to 3 years—to study its effectiveness. Partnering with the toddlers' families, the researchers gave the parents strategies on responding to their children's significant challenging behavior.

"For the kids we worked with, there were wonderful outcomes," says Lise Fox, a professor at the University of South Florida who worked on the project. "We had parents all of a sudden feel like, 'Oh, I can handle this now.' Children's problem behavior was reduced, and typically then there were more positive interactions between the parent and the child as a consequence."

Fox adds, "My hope is that we can integrate this [model] into the various programs that will provide support to very young children. Right now, we're working with child care centers in our community and using that model as a piece of what we have them do."

New Directions also offers various training programs that give caregivers an introduction to infant brain development and how they can play a role in stimulating that development. In addition, it sells a series of "brain boxes" for parents and caregivers to use with children birth to age 5. Each box contains toys and other materials that encourage healthy brain development. Accompanying activity cards tell caregivers how to use the materials to stimulate brain development and school readiness.

For researchers, the need for more financial investment in these kinds of programs on the local and national levels is indisputable. "These are the years we can make a difference for these children," Fox says. "When we talk about waiting until it really becomes a problem, typically then it's intractable; typically, then all we are doing is managing the symptoms."

Although many legislators still need convincing, child advocates are beginning to see pay-offs nationwide:

- In Washington State, a new law went into effect last July to improve delivery of children's mental health services. It's the state's first legislation to contain language pertaining to infant-toddler mental health.
- Pennsylvania Governor Edward Rendell has created an Office of Child Development and Early Learning, bringing together in one office several programs involved with early

learning and child development previously located in the departments of Education and Public Welfare.

- The District of Columbia's Task Force on Strategic Planning for Infant and Toddler Development gave Mayor Adrian Fenty recommendations for improving supports and services for infants and toddlers.
- Connecticut policymakers and stakeholders are building a comprehensive early childhood system under the Connecticut's Early Childhood Partners, a coalition of various state agencies, community organizations, and direct service providers.
- California's First 5 Commissions—funded through a tobacco tax initiative—advocate for infants and toddlers by developing a more in-depth understanding of the local, state, and national framework and using that knowledge to build capacity for early childhood mental health. The California Department of Education and WestEd also recently created the *Infant/Toddler Learning and Development Program Guidelines*.
- Illinois's legislature has dedicated millions of dollars in additional funding for mental health services for children birth to 18.
- Ohio Governor Ted Strickland fulfilled a campaign promise by establishing a new Early Childhood Cabinet that will bring together key state agencies working with children, birth to age 6.

Of Ohio's efforts, Swanson says, "All of that community advocacy...has created a sense of urgency around the issue of early childhood mental health. It helped demystify it. That has been one of the greatest outcomes of all the work that we've done." ■

Jennifer Michael is former Editor-in-Chief of Children's Voice.

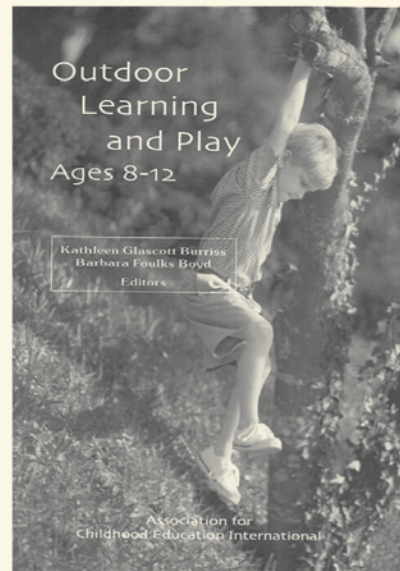
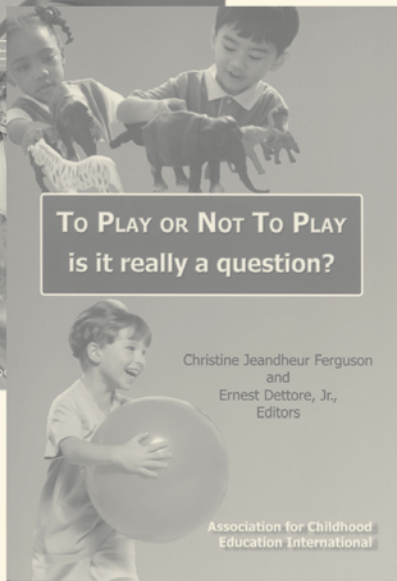
Where You Can Learn More

Information Online

- The Center for Evidence-Based Practice: Young Children with Challenging Behavior; www.challengingbehavior.org
- New Directions Institute for Infant Brain Development; www.newdirectionsinstitute.org
- Zero to Three; www.zerotothree.org

Recently released

- *Bright From the Start: The Simple, Science-Backed Way to Nurture Your Child's Mind from Birth to Age 3*, by Jill Stamm, 2007, Gotham Books.
- *Child Welfare Special Issue on Mental Health*, September/October 2007. Available from CWLA at www.cwla.org/pubs.

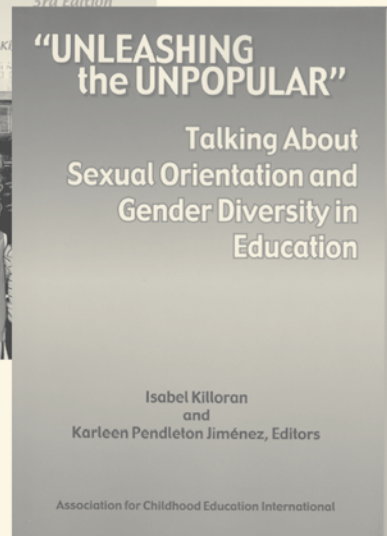
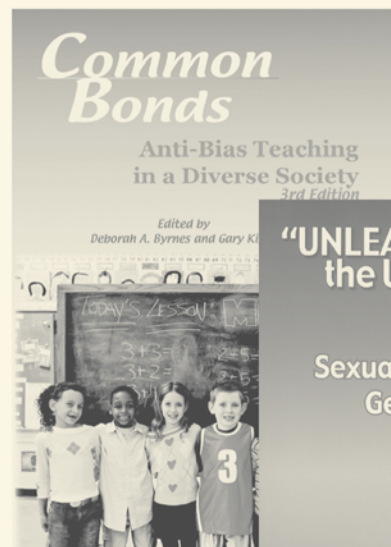


“Play needs to be cherished and encouraged, for in their free play children reveal their future minds.”

~ Friedrich Froebel (1887)

“Anti-bias educators play a crucial role in the formation of nonprejudicial attitudes and in supporting respectful behaviors among school children.” J. Barta and C. Mount Pleasant-Jetté, 2005.

—*Common Bonds: Anti-Bias Teaching in a Diverse Society, 3rd Edition*



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Extended Support for Extended Families

“Front-end” subsidized guardianship programs are supporting relative caregiver arrangements for children before they enter foster care.

By Jennifer Miller, Mary Bissell, and Susan Robison

Carolyn Jackson’s granddaughter Dalonna was just 2 years old when Jackson received a call every grandparent dreads—her daughter was being incarcerated and Jackson needed to pick up Dalonna right away.

As a parent coordinator for the New Haven, Connecticut, schools for 16 years, Jackson was well aware of the increasing number of grandparents raising grandchildren. She had even started a support group called Grandparents on the Move that was designed to help these caregivers. But Jackson never dreamed she would herself become a grandparent raising a grandchild. On that day, she joined the 2.5 million grandparents nationwide who have become primary caregivers for children.

Jackson has struggled with the financial impact of raising her grandchild.

“Six months after I got Dalonna, I qualified for Care for Kids assistance, but another year I lost it,” she explains. “I got a cost-of-living wage raise that amounted to \$5 [per month], and then lost the \$200 per month payment for Head Start.”

Because of her work with other grandparents involved in the child welfare system, Jackson knows she’s not alone. “I don’t get it,” she laments. “The child welfare system often removes children from their parents because of poverty, and then their grandparents go into poverty trying to take care of them.”

Grandparents like Jackson, as well as countless aunts, uncles, and other relatives, have long provided a safe harbor for vulnerable children who cannot safely live with their parents. Recognizing that children fare better when they are placed with relatives who know and love them, child welfare agencies are seeking out and supporting relatives willing to care for children while efforts are made to return them to their parents.

To support these children and their relatives as effectively as possible, the field is exploring “preventive” or “front-end” subsidized guardianship programs. The programs provide financial assistance to kinship caregivers who have or are seeking permanent legal guardianship of children *before* the children are placed outside the home—the children served by the programs are not required to enter foster care to be eligible.

The financial subsidy is the primary benefit of front-end guardianship programs, but a few offer additional services such as medical care, child care, legal assistance for obtaining permanent guardianship, and financial aid to cover a portion of the start-up costs associated with providing a permanent home. The hope is the guardianship arrangements can prevent unnecessary placement in foster care, achieve better outcomes for children, and decrease strains on already overwhelmed and underfinanced child welfare systems.

Six states—Kansas, Kentucky, Louisiana, Nevada, New Jersey, and Ohio—and the District of Columbia have developed such programs over the last decade. The Louisiana Kinship Care Subsidy Program, which started in 1999, is the most established. The newest—the Kansas Grandparents as Caregivers Program—started last year.

Kentucky, Louisiana, Nevada, New Jersey, and Ohio fund their programs through Temporary Assistance for Needy Families (TANF). Kansas uses state funds, and DC uses general funds. The programs represent efforts to use federal TANF funds and state appropriations to bridge gaps created by limitations on the use of federal child welfare funds for children living with relatives.

Without such programs, few options exist for family members to obtain financial assistance for raising a child. Typically, states use TANF to provide basic financial support for child-only cases—where no parent is present or included in the

“assistance unit”—but these funds are limited in the amount of assistance available. Champions of front-end guardianship programs report the programs’ subsidy levels are not only slightly higher than TANF child-only payments (and are available on a per-child basis, rather than incremental amounts for each additional child), but they also provide an incentive for relatives to obtain permanent legal guardianship so they can make important decisions on behalf of the child, particularly regarding health care and education.

Program Goals

Subsidized guardianship programs aimed at preventing the need for out-of-home care can share many of the goals of other child welfare policies to improve child welfare outcomes:

Avoiding the human and financial costs of foster care.

Front-end subsidized guardianship programs can prevent the need for foster care and avoid the human and financial costs associated with the child welfare system. Allowing children to live with relatives who can safely care for them and make important decisions on their behalf is not only good for families, it avoids costly child protection investigations, court hearings, foster care licensing, caseworker visits, administrative expenses, and other costs. Although some programs restrict assistance to children with child protection cases, many do not require involvement in the child welfare system.

Helping relative guardians meet the basic needs of children in their care. Front-end guardianship programs can ensure basic needs are met for children living with relative caregivers. More than 20% of relative-headed households in the United States live in poverty. Grandparents and other caregivers may be retired and living on fixed incomes. Others within this group are working at low paying jobs. The expenses of raising a child are beyond the means of many who are otherwise willing and able to accept the responsibility.

Reducing the disproportionate representation of minority children in foster care. Children of color enter foster care at higher rates, even when they and their families have characteristics comparable to white children and families.

And they remain in foster care for longer periods: The median stay for African American children is 17 months, compared with 9 months for white children.

By helping relative guardians care for children of color before they enter foster care, agencies strengthen the ability of extended families to care for vulnerable children in more culturally appropriate ways. In turn, cultural identity and sense of family belonging enhance child development and long-term well-being.

Making permanent family connections for older youth.

Almost one-third of the estimated 296,000 children who entered foster care in FY 2003 were between the ages of 13 and 18. Once older children are placed in foster care, permanency and positive life outcomes are especially difficult to achieve. Research suggests that adolescents who leave foster care at age 18 are more likely than other young adults to experience educational deficits, mental health problems, economic insecurity, early child-bearing, victimization, and involvement with the criminal justice system.

Subsidized guardianship can provide permanent homes for older youth as they exit foster care. Guardianship options for youth *before* they enter care can stem the flow of young people into care in the first place. Even more importantly, they provide youth with connections to caring, loving adults who can help them navigate the transition to adulthood.

Guardianship Programs for Children Exiting Care

Although front-end subsidized guardianship programs provide assistance for relatives before kids enter foster care, subsidized guardianship programs are also available in 38 states and the District of Columbia for children exiting the foster care system. These programs are increasingly seen as viable options when children cannot return home or be adopted.

Supported guardianship has become a viable permanency option for tens of thousands of children for whom adoption is not an option, allowing relatives and other caring adults to take custody of children and make important decisions on their behalf, without having to terminate parental rights.

Learn more at Generations United (www.gu.org) or ChildFocus (www.childfocus.com).



Program Characteristics

Although each of the seven programs differs significantly in eligibility, funding, services, and other areas, some common themes are beginning to emerge:

- **Financial assistance.** Subsidy rates differ but are generally higher than what is available through the state’s income assistance program. In a few cases, the subsidy is close to or equal to what foster parents receive.
- **Legal assistance.** Some of the programs provide funds to relatives to defray the costs of obtaining legal custody of the children.

On the Legislative Front

The Kinship Caregiver Support Act, reintroduced in both houses of Congress last year, seeks to strengthen the federal role in supporting children living with grandparents, particularly those in foster care. Although the bill picked up additional sponsors last fall, neither the House nor the Senate had moved on the legislation at press time.

The bill would support:

- **subsidized guardianship**, allowing states to use Title IV-E to support relatives who assume guardianship of children in foster care;
- **grandparent notification**, requiring written notice to grandparents when children enter custody;
- **kinship navigator programs**, providing funding for central sources of information for grandparents and other relatives;
- **licensing requirements**, allowing states to have separate licensing standards for kin and nonkin foster parents as long as both standards protect children and include criminal record checks.
- **Chafee eligibility**, expanding eligibility for financial assistance for higher education to youth aging out of foster care. New language would make foster youth who exit the system into legal guardianship eligible recipients.

Grandparent Notification Holds Promise for Families

Pat Owens knows first-hand the devastation a grandparent can experience when a child becomes involved in and, in her case, lost to the child welfare system.

Owens was caring for an older grandson while her own daughter battled a drug addiction. Little did she know that her daughter had also given birth to another boy in a nearby hospital, only to have him removed by child protective services at birth.

“I didn’t even know he had been born,” she recalls. “His mother and I were estranged, but social services never even tried to contact me. He went to a foster home and I never even knew it.”

Owens’s daughter never was able to regain custody of her grandson, and his foster parents adopted him. To this day, neither Owens, nor his brother, has met him. Hoping to prevent other grandparents from experiencing the same kind of loss, Owens now advocates for stronger grandparent notification laws so relatives are notified when children are removed from their homes. Notification laws have passed in her home state of Maryland, as well as Connecticut and New York.

- **Medical assistance.** Caregivers in most programs receive help applying for Medicaid or ensuring that eligibility continues for children already enrolled.
- **Flexible funds.** Some programs offer assistance to meet the needs of the child, including clothing, child care, and one-time purchases such as furniture.
- **Support services.** For caregivers, this includes transportation, respite care, and support groups.
- **Resource and referral.** This includes referral to services available for children and caregivers, and might include toll-free hotlines through navigator programs—one-stop shops for relatives seeking accurate, up-to-date information about the benefits, services, supports, and programs available.

Emerging Issues

Every social policy has unintended consequences and tradeoffs. In the case of the supported guardianship programs designed to keep children out of foster care, some emerging questions include:

Are children safe? Inevitably, the effectiveness of this program is best judged by whether children are safe and able to enjoy the stability that is critical to their development. Programs intended to keep children out of foster care must also ensure safety through criminal and child abuse background checks of all household members, as well as thorough home studies to assess caregivers’ commitment. Although background checks are routine, home studies for these types of programs are the exception, not the rule. In general, agencies rely on the courts to determine whether legal custody should be granted.

Program requirements could be strengthened to include a child welfare assessment of the home before awarding legal custody, as well as more consistent monitoring of children’s well-being by child welfare systems or the courts. For older children, assessments should include discussions with youth about their wishes.

Do parents receive a fair chance at reunification? Although foster care is not a place for a child to grow up, foster care placement does trigger a process intended to give parents and their children an opportunity to live together again. When relatives obtain legal custody of children before they enter foster care, however, it leaves parents in limbo, often without access to services or supports necessary to parent again. Negotiating the relationship between the parent and the child also becomes the responsibility of the caregiver, which in some cases can be difficult to manage. Agencies must balance the importance of keeping children connected to family

and out of foster care with the need to help parents and their children stay connected and safe.

Do children reenter foster care? In general, these programs do not fall into any data set that allows agencies to assess their effectiveness. Some agencies have expressed concern that they do not really know what happens to these children and they lack the data to know whether children are reentering care. To ensure the programs are achieving their intended effects, more monitoring, data collection, and evaluation is sorely needed.

Do family members understand their choices? Time and again, caregivers testify to the lack of clear information to guide their decision making about legal options for caring for children. Clear, concise information about the legal and financial implications of all options is necessary, including preventing foster care, becoming a kinship foster parent, or offering a permanent home to children leaving the foster care system through adoption or guardianship.

Child welfare or economic assistance? Financial assistance for these programs is often provided through the TANF block grant, but administration can either be by the child welfare or TANF agency. Although the goals are child welfare goals, one could argue that implementation through TANF also has the goal of creating economic self-

sufficiency for families. Because these programs cut across both agencies, confusion can arise among workers and caregivers about whether they are child welfare or economic assistance programs.

Child welfare is a balancing act between keeping children safe and preserving families. Kinship care can potentially bridge both goals by honoring family ties while offering children safety and stability with people who are familiar to them. Programs aimed at supporting relative caregivers *before* children enter foster care are a significant step toward honoring the ability of families to take care of their own. Through thoughtful implementation that ensures the safety of every child and provides relative caregivers the support they need to care for children, these programs have the potential to contribute significantly to core child welfare outcomes: safety, permanency, and well-being.

Mary Bissell and Jennifer Miller are partners in, and Susan Robison a consultant to, ChildFocus, a child welfare policy consulting, research, and strategic planning group. This article was adapted from the 2006 report, "Preventive" Subsidized Guardianship Programs: An Emerging Option for Permanent Kinship Care, prepared by ChildFocus for Cornerstone Consulting Group. Available at www.childfocuspartners.com, the report highlights how front-end subsidized guardianship programs vary across states, including child and caregiver eligibility requirements, subsidy amounts, and numbers of participants.

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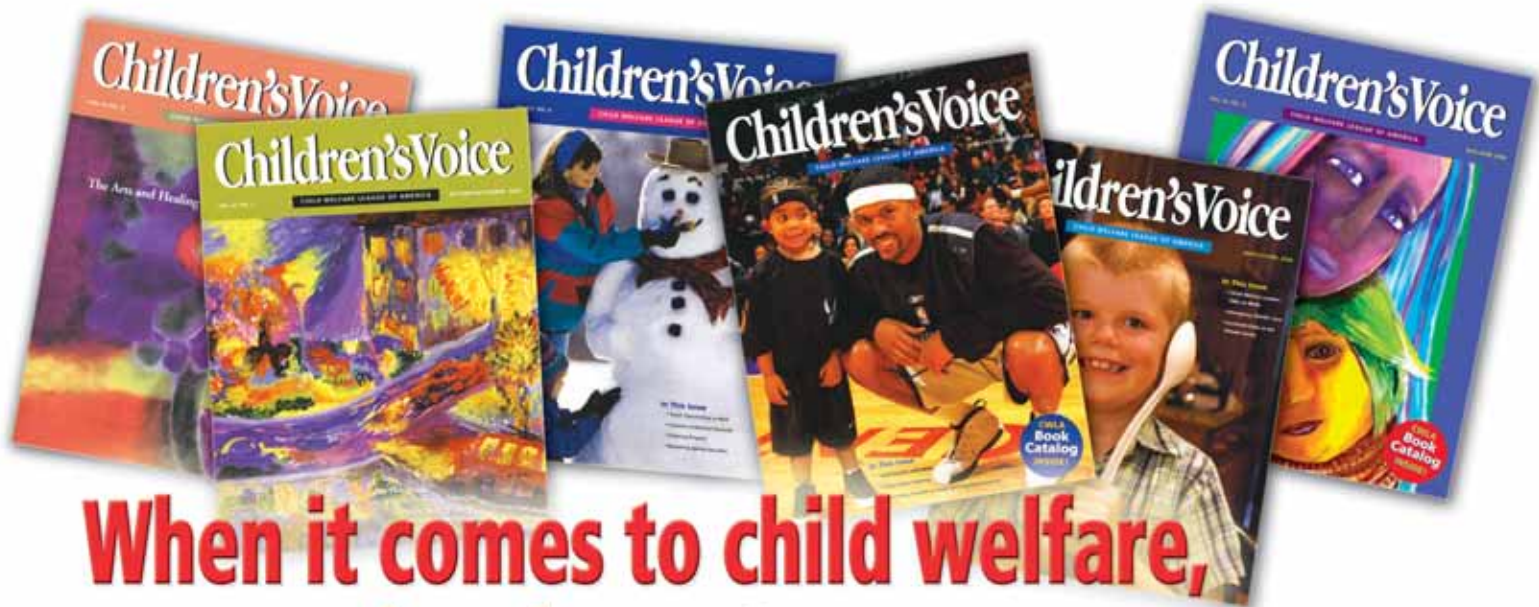
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August 15, 2007

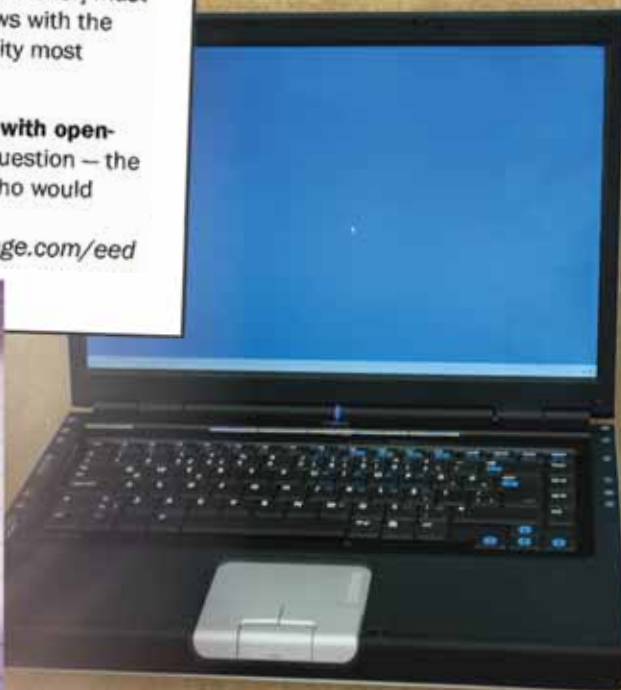
In the article "Teachers of Young Children Need Basic Inner Qualities," Professor Gross comments that most writings on early childhood address "how children learn and what we should teach them." While universities create extensive teacher preparation courses of study, "the heart of the matter – the inner qualities needed for working effectively with young children – has been strangely overlooked."

The five "inner qualities" Professor Gross describes are:

- 1. There is enjoyment in learning.** "... If we wish our children to love learning we must provide them with teachers who love learning." There is the ability to distinguish between personal and others' needs. "[The teacher] will be less likely to interpret children's and parent's behavior as either personal tribute or personal threat...."
- 2. There is knowledge about how young children learn.** "[The teacher] must be able to constantly adapt and invent curriculum so that it flows with the tide of the children's learning." Gross notes that this is the quality most focused on by educators and trainers.
- 3. The teacher must have a personality which is comfortable with open-endedness.** "... The basic inclination towards the unanswered question – the journey rather than the arrival – is a necessary quality in one who would work with young children."

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Sheldon Horowitz

Learning Styles Versus Learning Disabilities

Truth be told, learning disabilities (LD) are not easily explained. Individuals with LD can have significant challenges in more than one area of skill development and performance, and because learning doesn't take place in a vacuum, social-emotional and behavioral issues often mask or exacerbate the effects of LD.



As individuals are exposed to new information and experiences and build strategies to work around their areas of struggle, the effects of their learning disabilities can change, for better or worse. Add a person's overall personality, motivation, and opportunities to the mix, and it is clear LD cannot be easily captured in a simple explanation. LD affects everyone differently. Hence, the appeal of talking about learning styles in the same breath.

Not Everyone with a Preferred Style of Learning Has LD

Look at the children and adults with whom you have regular contact. Think about how they appear to organize themselves for learning and whether they accomplish tasks with ease or difficulty.

- Linda is a phone person. She is terrific at remembering people's names and has a knack for keeping calendar dates, appointments, and callback numbers in her head.
- Sam dislikes talking on the phone and struggles to retrieve people's names, but he never forgets a face and

writes everything down, typically remembering details without referring to notes.

- Erin is annoyed by long explanations, has little interest in reading, and is a hands-on person, preferring to ask for information as needed and getting the job done without sharing thoughts, pausing for reflection, or asking for feedback.

Do any of these individuals have LD? Maybe.

Determining whether a person has a learning disability involves formal assessment and careful documentation, including investigating prior school experience, responses to instruction, skill mastery, information processing strengths and weaknesses, motivation, and more. Information about learning styles can, however, be very helpful in orchestrating opportunities for success in school, at work, and in the community.

Learning Styles Explained

Too many theories about unique learning styles exist to summarize here, but they almost always share the same core principle: Individuals respond to and use different types of information and approaches when engaged in learning. The most common terms that describe these language styles, along with their underlying assumptions and characteristics, are:

- Auditory (linguistic). Spoken language is a preferred way of absorbing and responding to information.
- Visual (spatial). The individual needs visual information, such as printed words, maps, charts, and environmental cues, for ease of learning.
- Kinesthetic. Engaging in hands-on activity and getting feedback from physical sensations are important and helpful in facilitating learning and demonstrating skills mastery.

Review the National Center for Learning Disabilities' fact sheets on auditory processing, visual processing, executive function, and information processing disorders (available free at www.LD.org or www.nclld.org) for information about how features of these learning styles map onto specific learning disabilities.

Self-Knowledge of Learning Styles Can Lead to Success

Knowing how an individual learns best, in different subject areas and given different performance demands, can be helpful.

- Students can (and should!) speak with teachers about the features of instruction that work best for them, and request classroom practices be adjusted to enable their success.
- Parents can support school efforts and provide types of practice, structure, and support at home that reflect preferred learning styles and lead to greater independence and school success. Discuss learning style preferences during teacher conferences and IEP meetings.
- Educators can tailor and modify instruction to ensure the needs of students with highly stylized learning preferences are met, in addition to providing services and supports that address the challenges posed by specific learning disabilities.

Sheldon Horowitz EdD is Director of Professional Services at the National Center for Learning Disabilities (www.LD.org), New York, New York. NCLD provides essential information to parents, professionals, and individuals with LD; promotes research and programs to foster effective learning; and advocates for policies that protect and strengthen education rights and opportunities. This article was adapted from a Research Roundup column in LD News, September 2007, available online at www.nclد.org/content/view/1285/480. Visit www.LD.org for more information about LD and resources for families, educators, and more. For permission to reproduce this article, or to contact Dr. Horowitz, e-mail help@nclد.org. © 2004, 2005, 2007 National Center for Learning Disabilities. All rights reserved. Used with permission.

Recommended Readings & Resources

- **LD Pride**
(www.ldpride.net/learningstyles.MI.htm#Learning%20Styles%20Explained)
Offers information about learning styles and multiple intelligence (MI). Links to an online interactive assessment of learning style, and lists practical tips to make your learning style work for you.
- **Index of Learning Styles**
(www4.ncsu.edu/unity/lockers/users/f/felder/public/Learning_Styles.html)
Offers a free online self-scoring questionnaire.
- **Approaches and Study Skills Inventory for Students (ASSIST)**
(www.tla.ed.ac.uk/etl/questionnaires/ASSIST.pdf)
Includes a questionnaire asking students to describe, in a systematic way, how they learn and study.
- **Multiple Intelligences**
(www.bgfl.org/bgfl/custom/resources_ftp/client_ftp/ks1/ict/multiple_int/index.htm)
Offers to a simple test for young people, tapping learning style preferences in different learning domains: kinesthetic, logic, intrapersonal, visual/spatial, linguistic, interpersonal, musical, and naturalistic intelligences.
- **Should We Be Using Learning Styles? What Research Has to Say to Practice**
(https://www.lsneducation.org.uk/user/order.aspx?code=041540&cookie_test=true)
This useful, although somewhat technical, overview of different learning style approaches analyzes 13 models.

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Down To Earth Dad

Patrick Mitchell



The Balancing Act: Getting It Right for Children's Sake

“I have never had a kid tell me, ‘I spend too much time with my parents,’” says Arthur Schneider, University of Missouri Extension Human Development and Family Studies Specialist. Dads, he says, are torn between work and family—things they see as vitally important—and unless they can find a balance, they’re in for a stressful existence. That stress can, of course, trickle down to children.

Schneider goes on to explain, “For men, work tends to interfere with family. If there’s an opportunity to make more money by working overtime, men are usually eager to take advantage of that. Men are largely measured by society by how much of a breadwinner they are. So, men will sacrifice family time for work.”

Many moms do the same thing, of course. Approximately 2 million stay-at-home dads in the United States have spouses who are the primary family breadwinner, thus allowing the men to stay home with the kids. More generally, moms know all about the stress of balancing work and family. They’ve been doing it just about forever and deserve more accolades for that balancing act than this space can provide. Is it possible, however, that we overlook or downplay the work-home stress tightrope dads walk, and in so doing overlook potential stressors on our children?

One Day at a Time

Ty Jackson, a Dorchester, Massachusetts, father of two—a preschooler and a 4-year-old who attend Head Start—says balancing work and family is indeed stressful. “Time is a challenge,” he says, “but I do my best to just take one day at a time and not beat myself up over it.

“It’s really hard balancing work with family. Since I do construction, my work hours vary a lot. A lot of days, I come home completely exhausted and ready to sleep. And my daughter has all the energy in the world, so I do my best to gather up some of that same energy and devote it to her when I come in. I try not to disappoint my daughters too much.”

Jackson adds that sometimes he works overtime to be a better breadwinner, and the stress of doing so—missing dinner with his family in particular—accumulates over time.

Strategies for the Future

Schneider sees the future global economy being driven by people working harder and longer to produce more: “I think there’s going to be greater challenges [for dads] in the future. I think the [work] pressures are going to be more intense.”

He shares two strategies he has used to help dads clarify and reduce their work-home stress, thereby reducing trickle-down stress on their children. I recommend child- and family-serving programs, educators, and practitioners who operate father involvement programs give these strategies a try.

Schneider says, “Part of stress is that you have competing demands on limited time. Work has value, children have value, and time with one’s spouse has value. Dads need to ask themselves, ‘How important is it to work overtime today?’ and if I do it, is that going to be remembered in 10 years? Or if I spend that time with my kids instead, how will that impact my children?” I often ask fathers, ‘If your child were to write a one-page article about you, what would they say?’ Fathers really think about their answer to that question. They think, ‘Yeah, what would my child say?’”

Schneider provides the following additional activity suggestion: “Dads should make two lists, side by side—an ‘I Should Do This’ list and an ‘I Do This’ list. I ask the dads, ‘Do your lists of what you feel you should be doing [for your children] match up with what you are actually doing?’”

These are important questions, the answers to which have ramifications for our children, and I believe we need to help dads answer them. ■

A regular contributor to *Children’s Voice*, Patrick Mitchell publishes a monthly newsletter, *The Down to Earth Dad*, from Coeur d’Alene, Idaho, and facilitates the *Dads Matter!*™ Project for early childhood programs, schools, and child- and family-serving organizations. He conducts keynote addresses, workshops, and inservice and preservice trainings. To reserve Patrick Mitchell for speaking engagements, or to implement the *Dads Matter!*™ Project for your families and community partners, call him toll-free at 877/282-DADS, or e-mail him at patrick@downtoearthdad.org. Website: www.DownToEarthDad.org.

Friday, April 25 Is National Children's Memorial Flag Day.

Show your support
with a flag, pin, bumper sticker, or magnet.

All proceeds from the sale of these items support CWLA's efforts to make children a national priority. Help make every day a healthy day for America's children.



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Available in two sizes
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The CWLA Children's Memorial Flag Initiative

The centerpiece is simple. A red flag depicting blue, paper-doll-like figures of children holding hands. In the center, the white chalk outline of a missing child symbolizes the children lost to violence. Created by a 16-year-old student in Alameda County, California, and flown on the fourth Friday in April, the Children's Memorial Flag honors each lost child and raises public awareness about the continuing problem of violence against children.

Join the nearly 300 organizations, 101 cities, and participants in all 50 states that support Children's Memorial Flag Day. Fly your flag on April 25—or all month long—and support CWLA's efforts to protect every child from harm.

Survey Says: Birth Parents Are Important

Seventy-six percent of member agencies that participated in a recent CWLA survey say they provide postadoption services for birth parents.

By Ada White

The adoption world is thinking more and more about biological parents these days—a good sign considering their needs are just as important as those of adoptees and adoptive parents during the adoption process. Nevertheless, before the practice of open adoption became common, adoption and child welfare agencies traditionally overlooked the men and women we call birth parents.

Several recent publications have contributed to the growing focus on birth parents. The white paper, *Safeguarding the Rights and Well-Being of Birth Parents in the Adoption Process*, by Susan Livingston Smith with the Evan B. Donaldson Adoption Institute, takes a thorough look at better understanding birth parents. Another is a book written by Ann Fessler, *The Girls Who Went Away: The Hidden History of Women Who Surrendered Children for Adoption in the Decades Before Roe v. Wade*.

Fessler, an adoptee herself who eventually reunited with her birth mother, collected more than 100 oral histories from birth mothers in researching and writing the book. Last year, I had the privilege to attend a talk by Fessler in which she played recordings of some of these oral histories. To hear the voices and accents of women who were interviewed from all over the country but who all experienced the same postadoption emotions was incredibly powerful.

To contribute to the growing body of research and information about birth parents, in July 2007 CWLA conducted an Internet survey of its private and public agency members about the postadoption services they do or don't provide for birth parents. The results were



encouraging. Most agencies are now offering some type of postadoption service for birth parents, and they are doing so in innovative ways.

As part of the survey, CWLA also took the opportunity to interview a small group of birth parents, not only to get their feedback on the survey's questions and answers, but also to ask them what they would like adoption agencies and policymakers nationwide to know. Their answers were telling.

Two birth mothers who had gone through closed adoptions responded that no birth parent wishes to remain unknown to his or her child; it should be the birth parents' right to receive support for the emotional hurdles they experience during and after relinquishment. When these two mothers' children were adopted, they received neither their children's birth records, nor any information on how to contact them.

"There needs to be more birth parent services available, even now. It's in the best interest of the family's mental, emotional, and physical well-being," said Linda Woods, who was eventually reunited with her child. "Most importantly, no state should be closed—meaning adoptees cannot access their birth records—because every child deserves to know who they are and [where they came from]."

The birth parents interviewed said they felt they had no choice at the time of their children's relinquishment due to a lack of either

financial or emotional support. All reported extreme grief after the finalization of their birth children's adoptions, with no way to release their feelings.

Reunited birth mother Linda Pendergast reported losing her husband recently and said, "At least when my husband passed, I was allowed to grieve."

A birth father reported similar bouts with grief; his grief, however, was caused not only by the loss of his child, but also the disconnection he experienced with the adoption process. He reported feeling overlooked by both the agency and the birth mother and her family in his grieving process. And even though his child's adoption was open and had taken place more than 20 years earlier, he still had grief issues.

Survey Results

CWLA collected 54 responses from agencies nationwide. The survey comprised 18 questions, some for demographic purposes. Many member agencies declined to participate, possibly because they do not provide postadoption services to birth parents.

Of the responding agencies, 72.1% were private licensed adoption agencies, and 27.9% were state or county agencies; 76.2% provided postadoption services to birth parents, with the following breakdown—77.1% to birth mothers, 71.4% to birth fathers, and 54.3% to birth grandparents.

Additionally, 65.7% said they provide postadoption services to other relatives, including siblings and kinship adoptions. A few agencies reported working with individuals with a significant tie to the child; one agency indicated it also works with foster parents after adoption.

The most common services included resource information (68.6%); referrals (62.9%); intermediary-postadoption contacts, such as letters and pictures (62.9%); and birth parent search (60%). Other services included—in the order of use—individual counseling, crisis intervention, lending libraries, and support groups. One agency said it uses "family meetings."

Although some agencies provide postadoption services for birth parents because they are required by their states, others do so because they believe it is best practice. Respondents said they provide postadoption services to birth parents at two major times: early during the first two years of placement, mainly for grief counseling, crisis intervention, and mediation in open adoption arrangements and other support, especially with setting up a picture, letter, or present exchange or to update their records; then, years later, for help with search or reunion efforts.

Many respondents indicated they often first hear from a birth parent when their children turn 18. Birth parents also typically contact agencies around the children's birthdays, the anniversaries of the relinquishment, and during transition times in the birth parent's life, such as pregnancy, marriage, or health issues.

Asked if the number of counseling sessions provided was limited, agencies indicated a range of one to three sessions, to no time limit at all. Comments to this question included:

- "Services are time-limited based on need."
- "Each is an individual case."
- "We offer free counseling up to six months post-birth."
- "[Services are] available at any point."
- "We do not provide counseling for birth mothers."

Seventy-five percent of respondents provide counseling services for up to six months, while 25% make counseling available for one year. No agency reported services lasting more than two years. Postadoption services often are needed more than once, however, usually early in the process for grief and loss counseling, then later, when the adopted youth nears or becomes 18 years old, for search and reunion services.

Mediation between birth parents and adoptive families also was mentioned frequently as a postadoption service due to open adoption placements. Most agencies reported having 50% or more of their adoptions open. A good many actually indicated all or nearly all of their placements are open adoptions.

Getting Creative: Exchanging Academic Credit for Postadoption Services

The process of searching for an adult adoptee's birth parents is sometimes so challenging it takes the skills of a detective agency. Spaulding for Children, a small private agency in Houston, would love to hire one, if it had the money. Instead, the agency has come up with what it considers to be a viable alternative—graduate social work students.

Through a partnership with the University of Houston Graduate School of Social Work, Spaulding typically hosts three social work students in its office every semester. The students receive academic credit in exchange for working closely with Spaulding staff on foster care, adoption, and postadoption services. Spaulding is one of two agencies in the Houston area that has a contract with the state to provide postadoption services.

"We have really found students to be an indispensable part of our services," says Spaulding Postadoptions Program Manager Marilyn Barnes.

Although the interns are exposed to all aspects of Spaulding's postadoption services work, Barnes says, the search and reunion process is what students seem to enjoy the most. Many have come of age during the Internet era, so conducting intricate online searches for birth parents doesn't intimidate them. The interns also have the time to devote to complicated searches. One intern recently helped an adult adoptee find a family member on MySpace after the adoptee had been looking for his birth family for years.

Once the students track down birth parents or other family members, they work to get the appropriate releases and write letters—under Barnes's close supervision—in preparation for a reunion.

"They bring fresh, wonderful new ideas and skills, and I feel that it really enriches our program," Barnes says of her interns. "I just always learn a lot from them, plus they are right there at the university, learning all the latest information."

The survey asked who provides postadoption services to birth parents. In most cases (90.9%), agency staff provides these services, with 2.9% contracted out to private therapists. Interestingly, one agency uses master's level social work students, a seemingly unique, win-win situation, not only for the agency and the university, but also for the student.

Free Help for Finding Kin

The International Soundex Reunion Registry (ISRR) is a nonprofit mutual consent reunion registry for persons desiring a reunion with next of kin, regardless of the cause of separation, including adoption, divorce, foster care, institutional care, and abandonment. Services are funded through donations, and no fee is charged.

Thousands have been reunited by this agency. Registration is only by mail, due to the sensitivity of services provided. To obtain forms, call 775/882-7755 or 888/886-ISRR, or write ISRR, PO Box 371179, Las Vegas NV 89137. More information is available online at www.ISRR.net.



Many agencies reported being under-funded for postadoption services. Their funding comes from many different sources, such as state and local government, individual and corporate donations, city tax levies, the United Way, foundation funds, contracts with probate courts, Medicaid, fees for services, and adoptive parents.

One agency charges a \$2,000 birth parent counseling fee to every family using their services; another uses the adoptive parents' placement fees, small fees specifically for birth parent searches, and in-kind donations. Other agencies said they are totally unfunded for birth parent postadoption services. Despite the lack of available funding, 84% of respondents do not charge for their counseling services.

Relinquishment and Reunions

Some birth parents don't receive a copy of their relinquishment paperwork. Instead, it goes to the birth parents' own parents, or to the attorney representing them. Frequently after the adoption, they are unable to get a copy of the paperwork. Or in the case of a disaster such as Hurricane Katrina, or accidental loss, they may need a replacement.

The survey addressed the issue, asking whether agencies routinely give birth parents a copy of the child's original birth certificate. Sixty-four percent of agencies said they provide or will replace a copy of the relinquishment/surrender or termination of parental rights to the birth parent. Only 33.3% provide a copy of the child's original birth certificate to the birth parents before the adoptive placement.

The survey also asked about reunions. If the agency uses an active or mutual match system (meaning they can match the adoptee and birth parent if either party approaches them), we asked if the agency contacts the other party to let them know the birth parent or adoptee would like contact, or whether the birth parent would have to use a state-sponsored voluntary reunion registry.

Answers indicated 25.8% of agencies are able to make the match with only the birth parent or adopted adult requesting it. We received quite a few comments on this question, which we interpreted as a need for more in-depth discussion on the registry match process. Of interest is the issue of notifying the birth parent if the child is placed out of state so the birth parent would know which state registry to approach.

We also asked if public or private adoption agencies mailed or handed out information regarding the International Soundex Reunion Registry; 79.3% do not. More than half said they were not familiar with this resource and requested information about it. (See Free Help for Finding Kin.)

More Advocacy Is Needed

During the analysis of this survey, the need to continue advocating for birth parent postadoption services became increasingly clear, not only in the current venue of open records and open adoption placements, but also to provide funding for the grief and loss counseling that birth parents need almost universally.

I also believe birth parents have a right to a copy of their relinquishment, even if they have misplaced their original, and to have a copy of their child's birth certificate. Birth mother Linda Pendergast brought this to our attention when she explained that although she had a reunion with her son, she still wanted to have a copy of his original birth certificate to prove she had given birth to him. ■

Ada White is CWLA's former Director of Adoption Services. Former CWLA intern Stephanie Taylor helped conduct the survey and contributed to this article.

Recently Published

- *Safeguarding the Rights and Well-Being of Birthparents in the Adoption Process*, by Susan Livingston Smith. Published 2006 by the Evan B. Donaldson Adoption Institute; revised with forward in 2007. Available at www.adoptioninstitute.org.
- *The Girls Who Went Away: The Hidden History of Women Who Surrendered Children for Adoption in the Decades Before Roe v. Wade*, by Ann Fessler. Published 2006 by The Penguin Press.

BEHIND EVERY NUMBER IS A CHILD!

Looking for Child Welfare Data?

The National Data Analysis System (NDAS) is the most comprehensive, interactive public child welfare site. NDAS puts child welfare statistics at the fingertips of Internet users, giving them the ability to create customized tables and graphs, and providing other information and Internet links as a context for understanding the data.

Check it out!
<http://ndas.cwla.org>

Making Children a National Priority



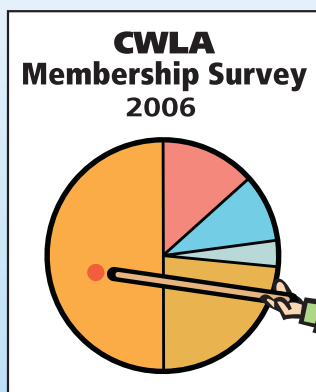
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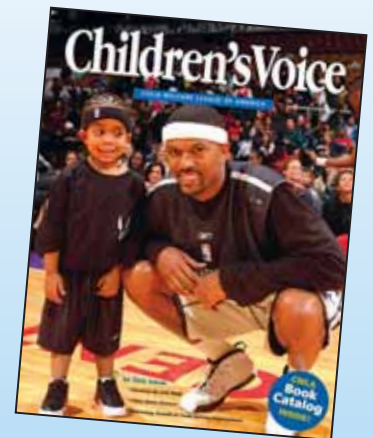
Our Mission

Welcome to the New

In a recent survey, CWLA members rated the bimonthly magazine *Children's Voice* as one of the top benefits of membership in the League. *Now, CWLA is making this member benefit even better!*



Simply log onto CWLA's members-only website—www.cwla.org/membersonly. Member agencies can sign up to receive as many copies of *Children's Voice* as they wish. And copies can be mailed directly to your staff, senior management, board, volunteers, or others who work directly with your agency.



Your member number and password are necessary to log onto the members-only site. Links on the log-in screen allow members to request that information be e-mailed to them. Once logged in, scroll down to "Administrative" and click on "Children's Voice Address." You can add as many names and addresses as you like.

Not a CWLA member? See the ad on page 20 for a special offer on paid subscriptions.

Proving You Make a Difference

Donors want accountability with their investment, but how do you measure improving an abused child's life?

By Vern Rickert and Jim Grote

A measure of society's justice and decency is how that society treats its weakest members. Without a doubt, the weakest members in our society are children. One in five live below the federal poverty line; the rate for young children is even higher.

Our experience working with abused children tells us that when it comes to funding, children in general, and abused children in particular, are not a major priority in our society. Government funding is always scarce, and private funding for abused and neglected children is a low priority within the philanthropic community. Private philanthropists and government agencies alike understandably want to get the most bang for their buck in making a difference in their communities via measurable outcomes. The buzzword for this approach is *venture philanthropy*, which takes the corporate world as its model of doing business.

Unfortunately, abused and neglected children don't fit well inside this model. The return on investing in a struggling

Harvard student is obviously more spectacular than the return on investing in a child who grew up with an alcoholic father and a schizophrenic mother. We contend, however, that this corporate outcome mentality reabuses abused children by discounting the smaller successes they do achieve through social service agencies and provides a rationale for giving less to social services agencies than to other philanthropic causes like private schools, universities, and churches.

Abused children can be dismissed easily with the attitude, "They are pretty much lost causes anyway. Let's put our money where it can make a real difference." This attitude has a long history, going back to Andrew Carnegie's *Gospel of*

Wealth, in which he argued that private philanthropy should concentrate on causes that help the rich and poor alike—projects like libraries, universities, parks, recreation facilities, and art museums. Obviously, these projects make a visible community impact, but they don't address the pressing needs of our communities' weakest members.

Making Children a Priority

One would think the richest country in the world would be doing more to take care of its children, especially the poor and abused, but it isn't. Why?

One explanation is the strength of lobbyists. In 2005, AARP spent \$36 million lobbying for the rights of the elderly. The Humane Society of the United States—just one of 250 animal rights groups—spent \$1.8 million lobbying for animal rights. The same year, CWLA's lobbying budget was \$400,000. Thus, while powerful lobbyists advocate for animal rights and elderly Americans, the lobby for protecting children is relatively weak.

The effect is obvious. CWLA's 2006 report, *Ten Years of Leaving Foster Children Behind: The Long Decline in Federal Support*, found federal support for children in foster care has declined 18% in the past several years. State funding tends to follow the same trend.

How do agencies serving children compensate for the funding shortfall? They look to the private sector for donations, but more than 90% of all private philanthropic dollars go to institutions primarily serving nonimpoverished citizens. To make matters worse, 2005 studies reported in the *New York Times* and *USA Today* show private giving to organizations directly serving the poor has hit a record low. Fewer than 10% of all private charitable contributions go to these human service organizations.

Studies demonstrate increasing growth in private charitable dollars going to institutions such as churches, private schools, universities, and non-profit hospitals:

- Over the last few decades, charitable giving to health groups and educational institutions rose faster than similar giving to human services groups.
- The American Hospital Association calculated that spending on uncompensated care (charity) by nonprofit hospitals was 4.4% of their costs in 2002, compared with 4.5% by commercial hospitals.
- The 1998 National Congregations Study of church spending showed less than 3% of the average congregation's total budget was spent on social services.
- Many of the biggest foundations fighting poverty, such as the Bill and Melinda Gates Foundation, have turned their focus overseas.

Criticism of this trend in private giving has included a bipartisan investigation by Congress on whether tax exemptions are justified for certain types of institutions, particularly those with multibillion-dollar endowments.

Measuring Success: Balancing Expectations and Reality

This brings us to the young people we serve at Father Maloney's Boys' Haven. Boys' Haven started in 1948 as a residential treatment center in Louisville, Kentucky. As the needs of our young people became more complex, we expanded our services to include an on-campus school, foster care, in-home counseling, case management, permanent housing, transitional living, life skills training, employment training, and a new equine program. In the last five years, the number of youth served has grown tenfold, as has our need to fund services.

Well-meaning people have told us that although they give something to social services, they hesitate to give large resources because the impact and success rate are more dubious than donating to a university or church. How can Boys' Haven and other social service agencies prove donor dollars make a difference? Can we measure and demonstrate

success in our programs and the lives of our clients? Can we meet the current challenge and trend of capturing success in terms of measurable outcomes? The task is not easy.

First, we must demonstrate that comparing the abused children we serve to your average churchgoer or university student is like comparing apples to oranges. Second, we must show that outcomes for our clients can be measured,



but they must be measured according to expectations that fit our clients.

At Boys' Haven, our clients often are youth who have been bounced from foster home to foster home until no one wants them anymore. The level of abuse we learn about every day is difficult to imagine, like the boy whose uncle hid eyeballs of stray dogs and cats in his mashed potatoes just to terrorize him, or the boy whose father locked him in a horse stall for days at a time when he was bad, or the girl who said she became addicted to cocaine at age 11 because

her mother's boyfriends thought it was fun to get high with a little kid.

Our Director of Nursing, Beverly Schaefer, can describe the plight of our children better than we can. According to her experience, recounted in the regional health care paper, *Medical News*, "A history of physical, sexual, and emotional abuse is the biggest issue I encounter here at Boys' Haven. Just about every young person admitted here has this history. I've seen kids who have been beaten with belts, lead pipes, baseball bats, you name it."

She continues, "Many of our kids are too distraught and anxious to eat, so we have to work with them closely to develop a healthy diet. Sleep disorders are rampant. Many kids have nightmares and flashbacks in their dreams, so they fight to stay awake because they are literally afraid to go to sleep. And obviously they all have huge issues with trust and interacting with others. Many of the kids who come to Boys' Haven are starting life all over again with no basic social skills. They have to learn everything from scratch. This takes a lot of patience on the part of our staff and a lot of perseverance on the part of the kids."

Determining successful outcomes among this population of children is difficult, yet donors have every right to demand accountability from the charities they fund. By one measure of success—physical safety—Boys' Haven is 100% successful in protecting the youth in our care. But by another measure—how many of our kids attend graduate school—we are less successful. Would a statistic on how many of our children go to graduate school even be a fair measure of our success?

As Schaefer told *Medical News*, "We have incredible success stories at Boys' Haven, but most people never see them because they involve such simple things as learning how to cook a meal or to wake up for school on time each morning. For kids who have grown up with nothing but abuse and neglect, these aren't even successes, they're miracles."

As we write this piece, one of our kids is on a scholarship to study in Hong Kong, another is graduating from Navy boot camp and enrolling in the SEALS program, and another is attending graduate school in chiropractics. We are proud of them, but we cannot expect such success from all our clients.

The Boys' Haven Pyramid of Success

Can any human being, especially a young person, ever be considered a lost cause? Our answer is a resounding, "No!" There are no lost causes, only different degrees of success.

We have found one method of measuring success in an adaptation of Abraham Maslow's famous hierarchy of needs, which moves from basic needs, like hunger and safety, to higher needs like esteem and self-actualization. Likewise, our Pyramid of Success describes the fundamental challenges our clients must master before reaching true independence.

The Boys' Haven Pyramid of Success model has helped us communicate to our constituents the degree of dysfunction our children suffer as a result of abuse. We also use the pyramid to inform our federal and state representatives about our programs and how they fit into existing government goals.

The bottom levels of the pyramid are so basic we often forget these accomplishments entail major successes for our young people. Growing up in an abusive household is like growing up in a war zone: Nothing can be taken for granted. If outcome measures don't account for this, the measures become another, more sophisticated, type of abuse.

Our Pyramid of Success shows that



success is not an absolute phenomenon, but one relative to the starting point of the person whose success is being measured. The bottom level of the pyramid is physical safety. Our abused clients have never experienced physical safety. They expect mistreatment and think it is normal. Hence, they are always on guard. The first step toward trusting others and themselves must be established before they can move on to

more challenges. Physical safety is a prerequisite to later feelings of emotional safety and security.

The next level of the pyramid includes daily-living activities. Many clients have virtually no experience in simple activities we take for granted—sleeping through the night (without nightmares), bathing and hygiene, shopping for food, eating at regular times, preparing meals, keeping an orderly environment, and getting exercise. Once again, trying to fast-track these early steps guarantees failure at higher steps.

Next, young people who have grown up in abusive situations must learn simple social skills like verbalizing their feelings, asking questions, making eye contact, and shaking hands. Other social skills we teach include anger management, etiquette in public, and conversational skills.

Finally, after these first three stages are mastered, Boys' Haven helps clients obtain their high school diploma, GED, vocational certificate, or college degree. We also help with interview skills, developing a work ethic, and obtaining entry-level jobs. Many funding sources might think we begin our work at this level and forget that at least 60% of our work comes before this.

At the top of the pyramid is independence. Independence entails much more than our clients living in their own apartments. Primarily, it refers to their ability to meet their own needs, including knowing when to ask for help and how to access community resources.

When people ask us what our success rate is, we have to stop and think. Do they mean physical safety, activities of daily living, social skills, education and employment, or independence? At the first level we're 100% successful. At the next two levels, we are 90% successful. At the fourth level, at least 75% of our clients complete educational goals and land first jobs, and more than 50% achieve some independence.

Success Through Taxpayer Savings

Another area where we have had substantial success is saving taxpayer dollars, both by reducing future government expenditures and increasing tax revenue through employment programs. The enormous social cost of child abuse is obvious: Society either pays less now or more later. Society can choose to invest adequate dollars now to give these children the care they need; or we can pay later by supplying the welfare benefits, mental health services, prisons, substance abuse treatment, and emergency room treatment the children will most likely need as they become adults.

Have you ever wondered, for example, what happens to children in foster care when they turn 18? Most suddenly are on their own, and few are prepared. (Luckily, in Kentucky foster youth can recommit to state care for a few years if they stay in school.) Most are truly at risk of becoming homeless. We catch them before this happens. We offer them their own place to live, supervision, support in their efforts to work or go to school, and training to enable them to live responsibly on their own—to be independent. By investing in these youth, we prevent a tremendous future drain on social services. (See *Failing to Invest Early Means Paying the Price Later.*)

Failing to Invest Early Means Paying the Price Later

SOCIAL SERVICE

ANNUAL SPENDING IN KENTUCKY

Welfare benefits	\$186 million in 2005
Corrections (prisons and jails)	\$470 million in 2005
Mental health/mental retardation	\$376 million in 2005
Community mental health/ substance abuse	\$98 million in 2005
Unemployment benefits	\$467 million in 2005
Hospital visits by uninsured	\$357 million in 2004

Sources: *National Association of State Budget Officers, 2005 State Expenditures Report*; *Kentucky Office of State Budget Director, Budget of the Commonwealth, 2006–2008.*

Doesn't it make more sense to invest a little in young people now rather than spend a lot more later on treatment and rehabilitation? Consider the 19-year old schizophrenic man who came to us from a public mental hospital. He had already begun a life of what we call "institutional roulette," or moving from one service to another. His future looked bleak, and we could see him using all of the above services over a lifetime. With help from a Boys' Haven nurse and case manager, he now lives in a supervised apartment setting, is stabilized on the proper medication, and working a full-time job for the first time. Now he requires only a modicum of supervision. The cost of caring for this young man has been reduced drastically.

At Boys' Haven, our goal is to turn a "throw away" kid into a contributing member of society for a fraction of the cost it would take to provide for that individual as an adult. More important than saving tax dollars, we save lives and help abused and neglected kids find a meaningful niche in the community. ■

Vern Rickert LCSW, LMFT is Executive Director, and Jim Grote CFP is Director of Development, for Father Maloney's Boys' Haven in Louisville, Kentucky.



Honor Children, Raise Your Flag

April is National Child Abuse Prevention Month, and April 25 is Children's Memorial

Flag Day—an initiative CWLA started in 1998 to focus attention to the tragedy of violent child deaths. Visit www.cwla.org/advocacy/memorialflag.htm and learn how you can join hundreds of organizations and communities nationwide in supporting the Flag Day initiative. ■

Worth a Round of Applause

CWLA recognized several individuals during the December 2007 Adoption and Foster Care Training Conference in New Orleans for the significant contributions they have made to the field of adoption over many decades. Barbara Tremitiere and O. Delmar Weathers were named CWLA's 2007 Adoption Pioneers. Joseph Crumbley was recognized for Best Practice in Kinship Care.

Tremitiere worked for 34 years at Tressler Lutheran Services in York, Pennsylvania, as a consultant, caseworker, supervisor, adoption director, and clinician. She has also served on the

adjunct faculty at five colleges, and as the Executive Director of One Another Adoption Program. She is the author of *Kids in Batches*, the "Magic" of Adoption Success, and *The Large Adoptive Family: A Special Kind of "Normal."* As if that weren't enough, Tremitiere is also the mother of 15 grown children, 12 of whom were special-needs adoptions.



Weathers has advocated for and provided services to children and families for 33 years. She spent the first half of her career as a clinical social worker. Later, she became the Chief of the Adoption Opportunities program at the U.S. Children's Bureau. Through her vision and leadership, new programs evolved that increased the number of adoption placements of children with special needs. Currently she is a board member of the Black Administrators in Child Welfare.

Crumbley has provided consultation and training nationally and internationally in the area of kinship care, from Los Angeles to Philadelphia, and from New Zealand to Canada. He is the coauthor of *Relatives Raising Children: An Overview of Kinship Care* and *Transracial Adoption and Foster Care*. ■

SEPTEMBER
15-17

UPCOMING
CONFERENCES

2008 Western Region Training Conference

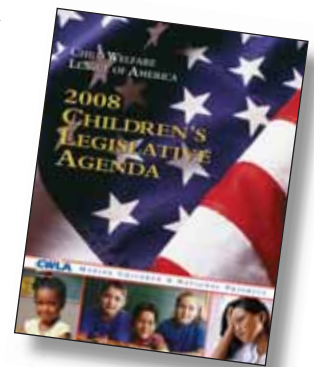
It Takes Courage and Compassion to Serve Children and Families: Tools for Competence and Confidence

Hilton Hotel, Portland, Oregon

Dates and locations subject to change. For more information on the CWLA calendar, including conference registration, hotels, programs, and contacts, visit CWLA's website at www.cwla.org/conferences, or contact CWLA's conference registrar at register@cwla.org or 703/412-2439. ■

What's on the Agenda?

CWLA's 2008 Legislative Agenda and 2008 Hot Topics are hot off the presses. If you didn't pick up copies at the CWLA National Conference in Washington, DC, read them online at www.cwla.org/advocacy/2008legagenda.htm. The Legislative Agenda is a 16-chapter booklet on topics ranging from adoption to youth services. This year's Hot Topics booklet outlines CWLA's goals for a 2010 White House Conference and its stand on kinship care. ■



Data Crunching

In 2005, an estimated 109 million children had no available caregivers in Asia (62 million), Africa (39 million), and Latin America and the Caribbean (8 million). This figure does not include children needing caregivers in Europe.

Between 1989 and 2004, the number of international adoptions increased 183%. During that period, 211,648 children were adopted into the United States from other nations. In 2004 alone, there were 22,911 intercountry adoptions in the United States, while 51,993 children were adopted from the public child welfare system.

Source: National Data Analysis System (NDAS) Issue Brief International Adoption: Trends and Issues. Find this and other related information at <http://ndas.cwla.org>. NDAS is a free online service started in 1999 by CWLA and sponsoring states.

NEWS FROM THE HILL

Confronting Potentially Harmful Federal Regs

CWLA's Government Affairs staff took immediate action last summer when the Centers for Medicare and Medicaid Services (CMS) published a proposed regulation in the *Federal Register* that would affect significantly the contours and reimbursement of Medicaid rehabilitative services.

Among CWLA's concerns with the proposed regulation is the possibility of federal Medicaid dollars being taken away from services deemed "intrinsic" to other programs, including child welfare and foster care, and specifically therapeutic foster care. The rule also proposes excluding federal Medicaid dollars from services to residents of institutions for mental disease who are younger than 65, including residents of community residential treatment facilities with more than 16 beds—a move that could potentially drive up costs for child-serving agencies and force children into more restrictive environments.

CWLA posted an online summary and analysis of the proposed rule and solicited comments from CWLA members and other organizations about how the regulation might negatively affect their services to children and families. CWLA also cosponsored a congressional briefing in October that discussed the importance of Medicaid rehabilitative services for children and adults with physical and mental disabilities and how the proposed regulation would decrease access to vital services for these populations.

The briefing featured Twila Costigan, Adoption and Family Support Program Manager at Inter-mountain Children's Home and Services in Montana, as well as

Jeffrey Crowley, a senior research scholar at Georgetown University; Ron Brand, Executive Director with the Minnesota Association of Community Mental Health Program; and Bonnie-Jean Brooks, President and CEO of Opportunity Housing in Maine. The briefing helped prompt a congressional hearing in November by the House Oversight and Government Reform Committee that examined proposed regulatory changes. Costigan returned to Washington to testify about the potential impact of the changes.

She explained during both the briefing and the hearing how rehabilitative services allow program staff into therapeutic foster homes to model and teach effective interventions to parents and children. Being able to use flexible Medicaid rehabilitative funding also allows her agency's therapeutic providers to conduct "innovative programs" for seriously emotionally disturbed (SED) children. One such program is a successful summer program that serves SED children ages 3–17 with structured therapeutic interventions.

"The loss of the Medicaid rehabilitative services has the likely consequence of eliminating therapeutic foster and group home care for SED children in Montana," Costigan said during the October briefing. "For Montana children who cannot be maintained safely in regular foster care, the next level of care will inevitably be the more restrictive and more expensive residential treatment center option."



CWLA Member Twila Costigan testifies at a Capitol Hill Medicaid hearing.

After such arduous, collaborative education and work by CWLA, its members, and similarly affected organizations to minimize the regulation's impact, a six-month moratorium, halting the rehabilitative services regulation until June 30, 2008, was signed into law on December 29, 2007. CWLA will continue to work with CMS and Congress to preserve access to rehabilitative services and ensure best policies are in place for children who rely on them.

Watch Costigan's testimony on YouTube at <http://youtube.com/watch?v=8-XB1xX14MA>. ■

EndNotes


The National Institute of Child Health and Human Development announced last fall it was adding 22 new study centers to the largest-ever U.S. children's health study. The new centers join seven existing centers in the planned National Children's Study, which will examine the effects of environmental influences on the health and development of more than 100,000 children across the United States, tracking them from before birth until age 21. The study's goal is to improve the health and well-being of children.



HealthBeat

The \$3.2 billion project is the result of the Children's Health Act of 2000, in which Congress directed federal agencies to undertake a national, long-term study of children's health and development specifically related to environmental exposures. The first results of the national study are expected as early as 2009 or 2010. Learn more at www.nationalchildrensstudy.gov. ■

Did You Know?



"In 2006, the number of uninsured children age 18 and under grew by 710,000 to reach 9.4 million. The likelihood of a child being uninsured also increased significantly to 12.1% in 2006, up from 11.2% in 2005." ■

Source: What Happened to Health Insurance Coverage of Children and Adults in 2006, by John Holahan and Allison Cook, Published by the Urban Institute (2007); online at www.urban.org/url.cfm?ID=1001101

In response to the devastating impact that methamphetamine addiction has had on families, schools, and communities, Congress has put \$10 million toward a public education campaign, **Life After Meth**. Television and radio advertising for the campaign is running in seven states, and print advertising is debuting in six additional states through March. Coordinated through the **National Office of Drug Control**



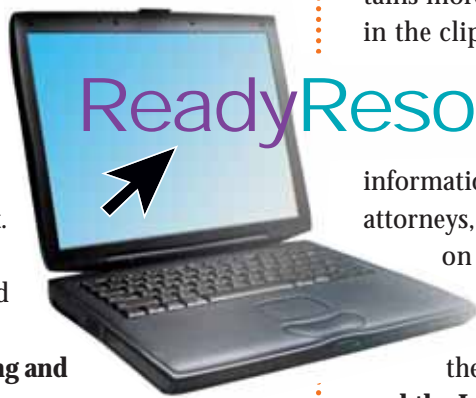
Policy's National Youth Anti-

Drug Campaign, the advertising focuses on young adults, ages 18–34, encouraging them to seek treatment. The campaign's public service announcements are free to download at www.methresources.gov.

The National Center for Missing and Exploited Children (NCMEC) has come up with a new tool for finding kids. **The Missing Kid Saver** is a screensaver that displays images of missing children from the region in which the computer user lives. The images and

information are pulled from NCMEC's database and displayed in real time. **The Missing Kid Saver** is an opt-in service and can be downloaded free at www.missingkidsaver.com.

The nonprofit advocacy groups **Autism Speaks** and **First Signs** are sponsoring a new online video "glossary" of the red flags that may indicate a child has autism. The site aims to promote early diagnosis and treatment, increasing the chances young children with autism will lead normal lives. The site at www.autismspeaks.org contains more than 100 free video clips. All of the children in the clips have been diagnosed with autism.



The Legal Center for Foster Care and Education

is a national resource and information clearinghouse for child welfare professionals, attorneys, judges, legislators, policymakers, and journalists on legal issues related to the educational needs of youth in foster care. The initiative is a collaboration between **Casey Family Programs** and the **American Bar Association Center on Children and the Law**. The site at www.abanet.org/child/education has three main components: a resource clearinghouse, a national foster care/education listserv, and information about regularly scheduled conference calls. ■



UNICEF recently reported the number of children dying worldwide has dropped below 10 million a year for the first time, and presented data suggesting life-saving measures like vitamin A supplements, insect nets, and vaccines could be the reason for the good news, according to the Associated Press.

Global child deaths dropped to 9.7 million in 2005, down from nearly 13 million in 1990. In Morocco, Vietnam, and the Dominican Republic, specifically, child death rates dropped by more than a third, and in Africa, increased vaccination coverage reduced measles deaths by 75%, according to UNICEF's data, which is based on government-conducted surveys in more than 50 countries in 2005–2006.

"We are very encouraged by this progress," the Associated Press quoted Anne Veneman, UNICEF's Executive Director. "If we can maintain the sense of urgency, then real progress can be made."

At least one paper, published last fall in the medical journal *The Lancet*, questioned the data collection methods used by UNICEF and the World Health Organization.

"Considering all the tools we have for child survival, we are not doing better at reducing child mortality now than we were three decades ago," lead author Christopher Murray, Director of the Institute for Health Metrics and Evaluation at the University of Washington, told the Associated Press. "The difference between our paper and UNICEF's announcement may be a matter of interpretation." ■



Research Report

During the 1980s, when the United States entered an era of criminal justice reform intended to "get tough on crime," the number of incarcerated people—many of them parents—grew exponentially. In response, the child welfare community scrambled to learn more about how children of the incarcerated were coping.

In the 1990s, CWLA held the National Institute on Children of Incarcerated Parents and in 1998 published a special issue of *Child Welfare* journal in focusing on the topic of children with parents in prison.* Many gaps in the knowledge about these children existed at the time. Among the questions, for example, were how many children involved in the child welfare system had parents in prison, what were their specific needs and were those needs different than for other children in the child welfare system?

Ten years later, a pair of researchers at the University of Illinois at Chicago have written a research brief addressing many of the shortfalls in knowledge that were raised in that issue of *Child Welfare*, and examining new data from the National Survey of Child and Adolescent Well-Being (NSCAW), funded by the U.S. Administration for Children and Families.

Authors Susan Phillips and James Gleeson note that NSCAW is not a study specifically of children of incarcerated parents in the child welfare system, but it is "the most

detailed and reliable national data currently available on the safety, permanency, and well-being of children that child welfare agencies come into contact with, and it contains seminal data about the criminal justice system's involvement in these families."

The NSCAW data, for example, suggests far more families involved with the child welfare system are also involved with the criminal justice system than was originally thought in 1998—as many as 1 in 8 children who are reported victims of maltreatment have parents who were recently arrested.

Download the research brief at www.uic.edu/jaddams/college/research/What%20we%20know%20now.pdf. ■



*From 2001 to 2006, CWLA also housed the Federal Resource Center of Children of Prisoners (now the National Resource Center on Children and Families of the Incarcerated at the Family Corrections Network at www.fcnetwork.org), and in 2004 published a special issue of *Children's Voice* magazine on children of prisoners (online at www.cwla.org/articles/default.htm#0409).



OneOnOne

Questions and Answers with CWLA Staff

Julie Collins, CWLA Director, Mental Health

In “Making the Case for Infant Mental Health,” in this issue of *Children’s Voice*, we learn the importance of paying attention to this subject. How has CWLA addressed infant mental health?

A number of key activities have taken place. CWLA’s Mental Health Advisory Board and Child Care and Development Advisory Committee, cohosted sessions during the 2006 and 2007 CWLA National Conferences on the issue of early childhood mental health that provided information on research and highlighted some of the emerging best practices being tested with caregivers, including foster parents.

The two advisory groups have continued to work together to get information to the field. A group of members from the Mental Health Advisory Board helped select and edit articles for the recent special issue of *Child Welfare* journal on children’s mental health [September/October 2007]. One of the sessions at CWLA’s 2008 National Conference featured the authors of a journal article on mental health assessments of infants in foster care.

Additionally, I have linked with other national organizations around this issue, including Zero to Three and the Center for Evidence-Based Practices for Young Children with Challenging Behaviors. We are looking at ways to join with other organizations such as the Annie E. Casey Foundation and Casey Family Programs, which are focusing efforts around this group of young children to get information and tools to the field.

Greater collaboration creates the opportunity for cross-pollination of information among the groups and CWLA members dealing with young

children. When you are better informed, you can pay attention in different ways. Knowing more about the importance of early intervention and prevention, we can improve success rates and outcomes for children and ultimately feel more successful about our work.

How does the special issue of *Child Welfare* journal address infant mental health?

Entitled “Effectively Addressing Mental Health Issues in Child Welfare Practice,” it highlights successful model programs for delivering mental health services to children and families involved in the child welfare system. One area where we sought articles was prevention and early childhood mental health.

Several articles focus on assessment—one of which is on the assessment of infant and toddlers by Judith Silver and Cheryl Dicker, based on their work with the American Academy of Child and Adolescent Psychiatry and the CWLA Initiative for Effectively Addressing the Mental Health and Substance Abuse Needs of Children in Foster Care. They also discuss the legal requirements and unique issues practitioners must consider for these children.

What other important research has emerged around infant mental health?

Although research such as the Adverse Childhood Experiences Study by the Centers for Disease Control and Prevention and Kaiser Permanente was not around infants or early childhood, it pointed

out so significantly the correlation between adverse experiences in childhood and the higher incidents of significant medical issues later in life. It also highlighted that if you address these issues early enough, you can potentially impact the individual and society in a different way and with significant cost benefit.

Brain research has provided a significant amount of information and continues to do so. The challenge, of course, is taking that research and making it practical. We have people, including Dr. Jill Stamm, who are taking the research findings and translating them into tools for caregivers that are practical. The brain research has played a significant role in changes to legislation. More and more, states are using that information to inform their legislatures and obtain funding for more programs and services for very young children up to age 5.

Additionally, efforts such as the Strengthening Families initiative, spearheaded by the Center for the Study of Social Policy, have played a significant role in highlighting the key elements for early childhood programs to incorporate and ensure better out-

comes for these young children. Public child welfare agencies have started incorporating the principles and approaches of the initiative to further enhance their work with this young population.

My hope is that this work and the work we are doing will increasingly help the field become better informed about the importance of effectively addressing mental health issues for infants and toddlers. ■

Knowing more about the importance of early intervention and prevention, we can improve success rates and outcomes for children...

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Children's Voice



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