CHILD WELFARE AND FAMILY SUPPORT

For years there has been a wall dividing the human services community. On one side has been DSS child welfare: an official presence in every community, legally mandated to protect children and given immense authority in the lives of families.

On the other have been family support agencies: present in some communities, providing voluntary services in pursuit of their own equally impressive mission—supporting families and building communities.

To many, the irony of this division has been obvious. Both child welfare and family support agencies frequently work with and care about the same families and children. Both have the same basic goal: ensuring children have safe, permanent, nurturing families.

Recently the wall dividing these camps has begun to come down. The family support and child welfare communities are coming together at joint conferences, working together on the local level, and joining forces for a statewide initiative, Families for Kids 2.

From the perspective of child welfare, there is much to gain from this change. If our goal is to ensure every child is safe, we must enhance our communities’ ability to head off family crises, to prevent abuse and neglect before they happen. Collaborating with the family support community may be the most effective way to do just that. 

WHAT IS THE FAMILY SUPPORT MOVEMENT?

When you hear the words “family support program” or “family support movement,” you may think of the family preservation services offered by your county DSS or of a family resource center in your community. Or perhaps you think of the Smart Start initiative or Families for Kids. The family support movement in North Carolina is all these things, and more.

ORIGINS AND EVOLUTION OF FAMILY SUPPORT

In order to understand family support as it pertains to child welfare practice in North Carolina, it is important to look at both how this movement...
got its start and how it has evolved recently in North Carolina.

Family support emerged in the mid-1970s to fill gaps families were experiencing in their support. Combining knowledge about child development, family systems, and the impact of communities on families, this grassroots movement focused on preventing family crises and promoting healthy family functioning.

Most of these programs called themselves “family resource programs” to indicate their role as resources to be used as needed, on families’ terms. They provided basic information about child development, activities for children and parents, and links to other family services in the community.

They fostered a welcoming environment so that parents could feel that in at least one place in the community, someone understood and valued the work they were doing with their kids (Best Practices Project, 1996). These programs emphasized family-to-family support rather than dependence on professional support systems, and their services were—and still are—entirely voluntary.

Family support programs are not just for at-risk families. They are founded on the belief that every family needs and deserves help, support, and access to resources. From a family support perspective, seeking help in parenting is a sign of strength. Such parents are seen as involved, concerned directors of their families’ lives and children’s growth.

Yet the idea of what constitutes family support has changed recently in North Carolina. We still have “traditional” community-based family support centers (family resource centers), which are usually run by and for parents themselves. At the same time, family support concepts and family-centered approaches have become more a part of DSS practice.

As a result, what constitutes family support to human services professionals in North Carolina has broadened to include family preservation (FPS) and intensive family preservation services (IFPS). Once seen as “after the fact” interventions, since to be eligible for these services a family must already be in crisis to some extent, FPS and IFPS are now viewed by many as part of a continuum of services designed to support and strengthen families.

**FAMILY SUPPORT MOVEMENT**

**from page 1**

**FAMILY SUPPORT BELIEFS AND TRAINING**

The philosophy of family support is based on nine principles for practice (see sidebar). These principles, which describe good family support practice, closely parallel the family-centered principles that form the basis of best practice in child welfare in North Carolina.

To Laura Weber, director of the N.C. Family Resource Coalition, an agency that conducts family support training across the state, the principles underlying family support practice are the family support movement. As she puts it, “Family support is not about a particular kind of program, job, or agency. It is not discipline-specific. No matter what job you do, you can implement the family support principles.”

Accordingly, the N.C. Family Resource Coalition’s family support training is highly interdisciplinary. Its classes are attended by professionals involved in mental health, substance abuse counseling, transportation, public health, DSS, and especially family members. If we are serious about promoting partnerships with family members, Weber says, then family members must be in...
FAMILY SUPPORT SERVICE MODELS AT WORK IN NC

Smart Start: A comprehensive public-private initiative to help all North Carolina’s children enter school healthy and ready to succeed. Smart Start programs and services provide children under age six access to high-quality and affordable child care, health care, and other critical family services (The North Carolina Partnership for Children, 1999).

Intensive Family Preservation: Provides in-home crisis intervention services designed to help families at imminent risk of having a child removed from the home. Helps to maintain children safely in their homes (whenever possible) and prevent unnecessary separation of families. Characterized by very small caseloads for workers, short duration of services, 24-hour availability of staff, the provision of services primarily in the child’s home, and intensive and time-limited services (NCDCS-DHHS, 1998).

Family Resource Centers: A one-stop centralized source for family services that may be provided through information, referral, and on-site or home-based strategies. Services target families and children from birth through grade-school age. Examples of family support service models often incorporated in FRCs include parent education, leadership development, and information and referral services, as well as other services unique to the community (NCDCS-DHHS, 1998).

Families for Kids (FFK): FFK began as an effort to reform child welfare. This year, in an effort to improve outcomes in this area, it begins a new phase in which reform efforts focus more on family support and linking DSS’s work to preventive efforts in the community.

Restoring Families Program: Works to prepare substance-abusing parents for reunification with children in DSS custody. Work with families is intensive, with a caseload of four families or a total of eight children (as opposed to the regular case management load of about 12 cases, with 18 children total). Emphasis is on using family strengths and other agencies in preparing plans. Even if a child is not removed from the home, families still need support (Bell, 1999).

volved at all levels of the system—especially in training.

FAMILY SUPPORT IN NORTH CAROLINA

Since they first took root in North Carolina in the mid to late 1980s, family support programs have taken many forms. They were founded wherever people familiar with family support saw a need and were able to marshal the resources necessary to provide services.

In 1994 a big change came to North Carolina’s family support community. At that time, the N.C. Department of Health and Human Services selected family support/family preservation programs in 55 counties and the Eastern Band of Cherokee Indians to receive state and federal funds to serve their communities (NCDCS-DHHS, 1998). These programs use a variety of service models, including some of those outlined at left. For a look at some of the services provided by North Carolina’s family support agencies, refer to the table above.

Another expansion of the family support community began in 1999, when, at the request of Governor Hunt, the state legislature provided funding to bring family preservation services to all of North Carolina’s 100 counties.

RELATIONSHIP WITH CHILD WELFARE

To some, differences between the child welfare and family support communities are an obstacle. Viewed from the perspective of “traditional” child welfare, the sometimes time-intensive, family-centered approach and voluntary services offered by family support programs seem like unaffordable luxuries. And, because they want so badly to help families build themselves up, some involved in family support see child welfare workers as “the bad guys” or “baby snatchers” when they must exercise their authority to protect children.

Yet others see these differences as complementary rather than divisive. In the view of Becky Kessel, Families for Kids Coordinator for Buncombe County DSS, “We can’t effectively do our jobs without family support programs.” Kessel sees family support programs as an essential part of the array of services to families.

This perception of a “win-win” partnership with family support is % of Respondents Providing this Program

<table>
<thead>
<tr>
<th>Program Area</th>
<th>% of Respondents Providing this Program</th>
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<tr>
<td>Child care or child care support</td>
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<td>Respite services</td>
<td>37.4</td>
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<td>Community economic development</td>
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<td>Domestic violence programs</td>
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<td>TANF (welfare to work)</td>
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<td>Programs for fathers</td>
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<tr>
<td>Leadership training</td>
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<td>Parenting classes</td>
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<td>School-linked services</td>
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<td>Youth/adolescent development</td>
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<td>Child safety</td>
<td>56.4</td>
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<tr>
<td>Substance abuse prevention/ intervention</td>
<td>28.2</td>
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*Overall response rate = 87/286 = 30.4%

Data from: “The Family Support Programs: Survey of Intergenerational Activities” by the Center for Aging Research and Educational Services (CARES) at the UNC-CH School of Social Work

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SERVING THE SAME FAMILIES: FRUITFUL RELATIONSHIPS BETWEEN DSS AND FAMILY RESOURCE CENTERS

When she hears people talking about whether family support programs and child welfare services will work together, Berta Hammerstein can’t help but smile. Although she doesn’t say it in so many words, Hammerstein, a family support specialist for the Division of Social Services, thinks they’re missing the boat.

“I have found that, while family support and child welfare theorists discuss collaboration, local family support programs and their child protective service counterparts are simply doing it,” Hammerstein says. “Particularly in the last two to three years, they’ve recognized their common goals and have found a variety of effective ways to pursue those goals together.”

Hammerstein says that of the 55 family resource centers (FRCs) in North Carolina supported by state and federal funds, at least 20 are actively and systematically engaged with their local DSS child welfare services. “There is no question of how to get DSS and these programs together—most have had DSS reps on their boards since the beginning,” she says.

By way of example, Hammerstein points to Transylvania County, where the county DSS and others collaborated to establish the Family Center of Transylvania County. One of the core components of this FRC is the Transylvania Parent Cooperative.

TRANSYLVANIA PARENT COOPERATIVE
From the very beginning, one of the primary objectives of the Family Center of Transylvania County has been to reduce the instances of child abuse and neglect in its community. Involving the director of Transylvania County DSS, Carson Griffin, and a Guardian ad Litem on its board of directors, this FRC set its sights on building community and supports for parents in a rural county where, for some at least, social isolation and poor social support had been chronic problems—and possibly root problems behind child abuse and neglect.

To address this problem, the FRC established a parent cooperative. The cooperative is a joint child care arrangement—if you wish to have free child care for three hours, you must first watch others’ children for three hours. Parents must attend preservice and quarterly training if they want to participate, however. Ann Limbaugh, director of the FRC, explains that this instruction teaches parents “about child development, age-appropriate forms of discipline, and accepting and appreciating their child’s temperament and the temperament of other children.”

The cooperative has been a success. Not only is it teaching parents skills they may not have learned from their parents, it is providing them with a point of contact with other families.

BLADEN COUNTY: WELFARE TO WORK
In Bladen County, the Welfare to Work program has been a key point of collaboration between the county’s family support agency, Bladen Family Support Initiative (BFSI), and DSS.

Bladen County DSS, BFSI, and Bladen Community College formed a partnership to serve welfare recipients. In this arrangement, DSS supplies the referrals, BFSI provides family assessment and support, and the community college provides training to get the people participating in the program ready for work.

The agencies meet once a month to share files and come up with solutions for the families they all serve. DSS hosts the meetings; topics of concern are decided on before the meetings based on input from all agencies. Quessie Peterson, director of BFSI, notes that since they began collaborating, communication between DSS and BFSI has been significantly enhanced.

Peterson initially anticipated an increase in referrals from DSS with Welfare to Work implementation. She suspected that neglect cases might increase when mothers entering the workforce could not find adequate child care. Yet this increase never materialized. Peterson hypothesizes that the Smart Start program (another family support program) in her county addresses this potential problem with child care.

JACKSON COUNTY: PARENTING CLASSES
Some FRCs and county DSS’s are also working together to fill service gaps. For example, when staff from Jackson County DSS and their local FRC realized there was a need...
for parenting training for at-risk families in their community, they combined forces. The FRC provided the facility, funding, and other resources. DSS workers volunteered their time to prepare and teach this nine-week course. Other support was provided by the FRC coordinator, a VISTA volunteer, local departments of health and mental health, and the local cooperative extension.

Developed, marketed, and taught by DSS, the class was not mandated. “We were determined to make it successful,” says Rhoda Ammons, a family preservation worker at Jackson County DSS. “Therefore we decided that clients could be encouraged to come [to the class], but participation was not allowed to be mandated.”

DSS social workers prepared meals for the participants before the class and arranged to have transportation and child care provided. Some activities included children in order to show that having fun with your children is a good parenting skill. Ammons notes that “it was nice [for the DSS workers] to offer something not mandated” and in a different atmosphere.

Ammons believes the class helped DSS workers think in a more family-centered way and that clients’ perceptions about workers changed for the better. The class is time-intensive for social workers putting in volunteer hours plus their regular work responsibilities, but overall it appears to be positive experience both for families and workers.

FAIRGROVE FAMILY RESOURCE CENTER

Even when they don’t have formal arrangements, FRCs and DSS’s across the state are finding that families benefit when they work together. Connie Sizemore, director of Davidson County's Fairgrove FRC, recalls one example of this. A family had its children removed by DSS. As part of their treatment plan, these parents were required to attend a 13-week “Life Learning” class offered at Fairgrove FRC.

At the beginning of the class, the father would barely speak, and there was obvious tension between the husband and wife over their family situation. But over the course of the class they learned a great deal about communicating and building relationships with spouses, parents, and the community. The class also focused on topics that were relevant to the needs of the parents attending the class, such as anger management.

The parents in this particular case became very involved in the class; they were also extraordinarily committed to substance abuse counseling. In a surprisingly short period of time, they managed to turn their lives around. They got their kids back, they are more connected to their community, and they are still in touch with the FRC. As a result, the mother in the family was able to say, “What happened to us is the best thing that could have happened. It wasn’t easy, but it was for the best.”

HOW YOU CAN SUPPORT FAMILIES

Connie Sizemore, director of Davidson County’s Fairgrove FRC, encourages social workers to remember that everyone has a powerful need to contribute to his or her family, community, and the world. Yet many families we work with often feel they have nothing to offer.

“If you’re working with a family,” she advises, “let them know you’re learning from them.” Even if it’s a difficult CPS case, she says, “If you’re really paying attention, you’re learning things that will be of use to you in your future work with other families. Let them know they are contributing.”

FOSTERING COLLABORATION WITH FAMILY SUPPORT AGENCIES IN YOUR COMMUNITY

The first step you should take is to get to know what’s going on in your community. Find out what is already going on in terms of cooperation between agencies. If there is not much collaboration with family support agencies, then you might consider:

- Educating yourself about family support. Learn not only the family support principles, but about what they look like in practice. Learn, too, about the different types of agencies that fall into the family support category.
- Opening a dialog. Opening communication between agencies is the first step.
- Organizing monthly meetings. Have planned agendas with input from both sides, and allow time for problem solving.
- Making site visits. Include site visits to family support/resource agencies for new DSS workers during their training. Invite family support and family resource agency staff to visit DSS.
- Engaging in cross-training. Use each other’s areas of expertise in special issues (e.g., adult mental health, children with special needs).
- Organizing conferences/workshops together.
- Making your clients’ needs known. Communicate with agencies regarding how their services are meeting client needs and how new or revised programs might address other needs.
- Advocating for each other. Support each other’s efforts to increase funding, resources, or community contacts.
- Having family council representation.
FAMILIES FOR KIDS: THE SECOND GENERATION

In August 1999, North Carolina was awarded a $1.5 million, three-year grant from the Duke Endowment to take its Families for Kids initiative to the next level.

This initiative, which in its first five years tripled adoption rates and brought the phrase “one year to permanence” to the forefront of child welfare practice, will still be guided by the belief that every child deserves a safe, nurturing, loving family. In this new phase of the initiative, however, there will be more emphasis on building the capacity of communities to support families so that abuse and neglect never occur in the first place.

THE NATIONAL ALLIANCE FOR FAMILIES

While tangible successes have resulted from Families for Kids (FFK), several organizations have noticed that the results of this initiative have begun to level off. Determined to improve outcomes for even more children and families, the N.C. Division of Social Services, the Duke Endowment, the Child Welfare League of America, the Family Resource Coalition of America, the N.C. Association of County Directors of Social Services, the N.C. Family Resource Coalition, and the Jordan Institute for Families at the UNC-Chapel Hill School of Social Work formed a partnership. Calling themselves the National Alliance for Families, these partners submitted a proposal to the Duke Endowment asking for support to enable them to launch a second wave of the initiative, taking FFK to the next level.

The Duke Endowment accepted their proposal—the first time the Endowment has funded a public child welfare program. They were drawn to the National Alliance proposal because it focused on involving and empowering communities to take ownership of their role in the public child welfare system and to become part of the solution. The Endowment also bought into the plan because it understood that to increase the gains FFK had already made it would be necessary to carry the initiative beyond the scope of DSS control, into other systems and parts of the community.

FAMILIES FOR KIDS GOALS

1. Community-based support for families, to emphasize keeping families together.
2. One coordinated assessment process for each family, to eliminate multiple assessments and red tape.
3. One case worker or case work team for each family, to provide continuity and streamline the placement process.
4. One single, stable foster care placement for each foster child within the child’s own community, to reduce the trauma caused by multiple placements.
5. A permanent home for every child within one year, to eliminate years spent waiting for a place to call home.

FAMILIES FOR KIDS: THE SECOND GENERATION

When it began in 1995, FFK had five goals (see below). While these continue to be the goals for child welfare practice in North Carolina, the emphasis of this new phase of the initiative, Families for Kids 2 (FFK2), will be on the first goal: community-based support for families. As stated in the proposal to the Duke Endowment, the National Alliance partners believe “that child welfare reform cannot be successful until the child welfare system truly works in partnership with the community and focuses on preventive measures that keep families and children from coming into the system.”

WHAT COMES NEXT

FFK2 is still in the earliest stages of implementation. The plan, however, is to follow the model used in the first wave of the initiative: to pilot innovation in a few lead counties and then share the lessons learned with the rest of North Carolina. For FFK2 the lead counties will be the same—Buncombe, Catawba, Cleveland, Edgecombe, Guilford, Iredell, Richmond, and Wayne—with the addition of a ninth county, Forsyth.

As a first step, each of these counties must identify members of their family support community and the community at large to become members of a Community Collaborative. As the decision-making bodies for FFK2 in the lead counties, these community collaboratives will consist of people with “fire in the belly,” people interested in becoming part of the solution to the challenges facing local families.

Once the community collaboratives have been formed, they must choose the path they will take to improve community-based support for families. During the planning for this initiative, National Alliance representatives
social workers, family members, and professionals from North Carolina's family support community identified seven issues a preventive/supportive reform effort might tackle (see sidebar). The collaboratives’ decisions about which of these themes to choose to guide the reform efforts will be based in part on input gathered during forums involving the entire community.

Each FFK2 county will have help implementing the initiative. Through funding from the UNC-CH School of Social Work, each of the nine communities will be able to hire a Community Education Specialist. The people in these positions will focus on bringing together and educating the child welfare and family support communities. Based on the system reform issue they have chosen to focus on and the needs of their community, the community collaboratives will decide what needs they have, and the education specialists will bring together resources to help them.

Community collaboratives and the education specialists who serve them will have additional sources of support. At the state level counties will be able to turn to the FFK2 Program Coordinator and the FFK2 Community Liaison. Employed by the UNC-CH School of Social Work, the individuals in these positions will provide the lead counties with technical assistance, training, and support, and will connect them with local and national resources.

If counties run into a serious stumbling block, they will be able to turn to the FFK2 Management Team, which will be composed of National Alliance members and representatives of the Duke Endowment.

FFK2 counties will also receive special training and technical assistance from the National Alliance partners. Once they have conducted an assessment and identified needs in the counties, the nine education specialists and the community liaison will contact the Family Resource Coalition of America, the Child Welfare League of America, the N.C. Family Resource Coalition, and the UNC-CH School of Social Work to arrange for in-service training or other assistance.

**WHAT THE FUTURE HOLDS**

At this point in time, it is hard to say what forms the FFK2 initiative will take. This is in part because, as in the first phase of the initiative, each county must address the problems it faces, in an order that is right for it. But if this second phase of the initiative is anything like the first, it seems possible to make a few predictions.

Certainly, the county DSS's engaged in FFK2 will go through some painful changes as they strive to take on an even more collaborative and preventive approach in their work with families. To get beyond these growing pains, it is likely they will embrace family-centered and family support principles in a deeper way than ever before.

Finally, if the FFK2 counties can improve outcomes for even more families and children—as the Duke Endowment believes they can—we will see their lessons learned and their success spread across North Carolina.
in part a result of changes in North Carolina's approach to child welfare. In recent years training for child welfare workers has placed a greater emphasis on the importance of strengths-based thinking and a family-centered approach to working with families.

Initiatives such as Families for Kids and the Challenge for Children have also had an influence. In an effort to obtain positive outcomes for children and families, DSS's have begun to “open up” to their communities, embracing new approaches, such as family group conferencing, that are more inclusive of families and providers from other agencies.

In Laura Weber’s opinion, this trend must continue. “Families hold the key to human services reform,” she says. “We, the professionals, developed the system. We know the system is not perfect. But we will never be able to get the system to where it needs to be without the input of the people who use the system. Families are the missing piece.”

**References**


N.C. Partnership for Children. Smart Start home page. Online: http://www.smartstart-nc.org/ [1999, October 20],

**TAKING THE NEXT STEP**

Interested in learning about or connecting with family support resources in your community but don’t know where to start?

Contact the N.C. Division of Social Services’ Sonya Toman (t: 919/733-2279; e: sonya.toman@ncmail.net).