

Quality Improvement Center
ON EARLY CHILDHOOD



**An Assessment of Services
Partnerships Affecting Younger
Children**

Sid Gardner and Nancy K. Young, Ph.D.
October 2, 2009

An Assessment of Services Partnerships Affecting Younger Children

Sid Gardner and Nancy K. Young, Ph.D.

October 2, 2009

This product was commissioned by the Quality Improvement Center on Early Childhood (QIC-EC) and developed by Sid Gardner and Nancy Young, Ph.D.. The QIC-EC is funded by the U.S. Department of Health and Human Services, Administration for Children, Youth and Families, Office on Child Abuse and Neglect, under Cooperative Agreement 90CA1763. The contents of this publication do not necessarily reflect the views or policies of the funders, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Department of Health and Human Services. This information is in the public domain. Readers are encouraged to copy portions of the text which are not the property of copyright holders and share them, but please credit the authors as developed for the Quality improvement Center on Early Childhood.



Center for the Study of Social Policy
1575 Eye Street NW, Suite 500
Washington, DC 20005
www.qic-ec.org
qic-ec@cssp.org
202-371-1565

Introduction

An important element of efforts to improve services and outcomes for younger children has been the use of services partnerships to ensure that children are provided the full range of services and supports they need. Under terms that are used loosely, such as services integration, collaborative services, array of services, and systems of care, these arrangements of multiple services have existed for decades, dating from the original work on early childhood development that led to Head Start and other coordinative efforts.¹ Theoretically, the concept is more than a century old, stemming from John Dewey’s ideas about “the whole child” and the efforts of settlement houses and other early coordinated services efforts.

It is useful to review these efforts for at least three reasons:

- The evidence continues to expand that many children need services and supports from more than one services system—and from beyond the boundaries of the early childhood and child welfare systems;
- These efforts have historically commanded significant resources and continue to do so; and
- Multiple coordinative efforts continue to be launched without full awareness of either the existence of prior efforts or the lessons that can be extracted from them.

An example of coordinative efforts

An example: an early care provider decides that several of its children seem to be affected by

nutritional deficiencies, or other health problems, or their parents’ substance use disorders, and decides to add some content to their own efforts to address this problem. The early care provider can rely on its own staff—perhaps with new training—to meet this need, or can enter into an agreement with another agency to have their staff provide the help. If the latter is chosen, an interagency agreement is developed to govern the working relationship between the two agencies.

The example includes at least five ingredients of a service partnership:

1. Recognizing a need among the current caseload
2. Determining how that need can be addressed with new services or supports
3. Determining whether the agency has the current capability to provide the service or support
4. Arranging for an outside agency to provide the help if it cannot be done internally
5. Formalize the relationship with an interagency agreement

A second example, focusing on child maltreatment prevention

Home visiting programs of many kinds have been developed and justified in part based on a logic model that sees outside, supportive visitors able to help parents understand positive parenting in ways that will reduce maltreatment. In some models, these programs are operated by a single agency, while in others, a network of agencies that handle home visiting, health issues, domestic violence,

substance abuse, and other family needs are integrated into a coordinated effort to provide prevention and early intervention to families before they enter the formal child protective services system.

The special needs of the most at-risk children

A recurring issue in services partnerships arises from the effort to respond to the needs of the most at-risk population of younger children—those affected by their own and their parents’ poverty, mental health, substance use disorders, family violence, learning disabilities, and other factors that create risk. While these overlapping risk factors establish a need for services partnerships, they also present major barriers to providing those services. These families are at times geographically distant from services, in denial about their need for services, and unable to overcome the chaos of their lives to keep appointments and participate actively in treatment. To the extent that “front-end,” preventive services are voluntary, a significant portion of these families choose not to participate in voluntary services.²

As a result, client engagement and retention must be major features of any effort to use services partnerships with such children and families. And information systems must be strong enough to assess which families are entering services—and which are not, tracking those which are entering the “services funnel” at the top, but may not be completing services at the bottom. Harder-to-serve children and families by definition have

greater needs, but are more likely to fail to benefit from services partnerships, or to not even be able to enter such services. Systems change to serve these families must include being able to detect who actually gets served and with what results. Thus service partnerships that seek to serve more at-risk children and families must include more effective accountability mechanisms to ensure that those families are actually helped.

As discussed below, special education is an arena of services partnerships with stronger mandates for coordination, but definitional boundaries that are at times problematic. The definitions of risk and need in special education are more rigid, using state and federal categories of disability that do not always fit the special needs of these students and younger children. Elaborate services partnerships are used to address the needs of these children and youth, but the walls between special education, mental health, child welfare, and child development programs are sometimes powerful barriers to partnerships, driven by disagreements about whose funding is available based on categorical diagnoses. The handoffs from one of these categories to another are especially important, and not always well-handled or documented. For example, the intent of amendments to the Child Abuse Prevention and Treatment Act (CAPTA) and the Individuals with Disabilities Education Act (IDEA) legislation in 2003 to ensure better linkages has led to some important changes in policy, but few states and localities publish annual reports on the number and outcomes of the children referred from child protective services to the Part C agencies, as required by the changes.

What Have We Learned about Service Partnerships

Assessments of coordinative projects and interagency collaboration extend at least back as far as the community action programs' coordinative efforts of the mid-1960's and the Model Cities efforts and Neighborhood Services Projects that soon followed. In all that work done “on coordination,” the efforts of Eugene Bardach, Robert Agranoff, and Sharon Lynn Kagan are perhaps the most useful. Kagan has looked harder at the early childhood field,³ while Bardach and Agranoff have ranged across the full sweep of economic development⁴ and the Kennedy School innovations projects. Bardach studied 19 cases that were part of the Kennedy School innovations in the early and mid-1990s for his seminal book, *Getting Agencies to Work Together* (Bardach 1998).⁵ He revisited some of these, including some that focused on early childhood issues, for a chapter in a 2008 book on innovation in government.⁶ Kagan refined categories of integrative linkages that Agranoff and Pattakos had initiated, using the categories of client-centered, program-centered, policy-centered, and organizationally-centered as key distinctions.

Kagan also describes a shift from broad-based integrative efforts to those that are more domain-based, with early childhood, mental health, schools, or other service systems serving as the base for these more recent integrative efforts—with the obvious concern that such “categorical integration” is, if not oxymoronic, at least at risk of becoming narrowly defined as a single-system reform.⁷ Clearly, “All you other agencies come coordinate around our system” is no more

persuasive than “let's collaborate using your money for my services for my clients.”

But for all the qualitative sweep of these observations across wide fields, these seminal contributions do not often address the outcomes of collaboration. That literature is much smaller, and the results stemming from efforts targeted on younger children are even smaller.

Where process and outcomes meet: shared outcomes

The reality is this: What gets evaluated best for outcomes are single partnership *projects*, not integrated *policy*. Collaborations and partnerships are inherently difficult to track as outcome-producing efforts because so much of what they do *is* process, rather than outcomes. In some work on collaboratives, the ingredient of *shared outcomes* has become a link between the process and the results, as a way of spotlighting whether the systems that are supposedly working together have ever agreed on how those efforts will be measured for their impact across agencies. The process of negotiating on which outcomes will be used by the partners to assess the results of their collaboration is a key intersection between process and outcomes that needs a brighter spotlight.

As an example, in recent efforts in the Regional Partnership Grants of the Children's Bureau—which seek to affect substance abuse among child welfare parents—the negotiations in the 53 sites

about which indicators will be used to track the partnerships' goals has proven to be a key arena for these discussions about shared outcomes. The difficulty of measuring treatment and recovery outcomes in the child welfare system—which has no such categories in its reporting systems—makes clear the importance and the challenges of negotiating shared outcomes.

Key Lessons

1. On the central question of *whether services partnerships have improved early childhood outcomes*, the answer is a qualified yes. The qualifications come from four challenges:
 - a. The difficulty of integrating services and supports with adequate baseline measures to determine whether the new package makes a difference.
 - b. The difficulty of measuring whether the short-run and medium-range outcomes are sustained over time, and whether dosage is adequate to make sustained impact an appropriate measure of the program's effectiveness
 - c. The difficulty of making “warm handoffs” [the phrase is Ira Chasnoff's] from one set of services and supports to another, and then determining which of the handoffs creates value and which are just involving new players who may not be critical
 - d. The fact that evaluations of “comprehensive programs” have focused much more often on single agency efforts to organize multiple services under a single roof than efforts to secure wider

cooperation among a network of independent agencies.

The positive answer comes from a set of well-researched projects and initiatives that are services partnerships in different senses of the phrase. Single-agency initiatives such as Home Visiting models can be assessed as services partnerships to the extent that a wider array of services is assembled and aimed at children and families who are facing problems in child welfare and other systems. Broader initiatives using family support principles have also been assessed over time, with some positive results. A more detailed answer is included as

Appendix 1.

2. Services partnerships need to operate *both at policy and practice levels* to become effective; they need top-down support as well as bottom-up buy in from frontline workers and the community players—including parents—whose efforts are required to make services partnerships effective. Changes in practice without policy support will become isolated and partial; changes in policy that end with new interagency agreements that do not reflect practice realities will remain paper decrees with little impact on children and families or what frontline staff actually do. Policy-level initiatives include the several children's cabinets established by Governors.⁸
3. For younger children, *the role of parents* must be a vital element of services partnerships in several ways: as the key providers of services to their own children, as the final source of case management in dealing with multiple services system, as a critical source of peer support, and, sometimes, as barriers to

- services when parent enrollment is a problem.
4. The content of services partnerships matters as much as the process. That is, when families with younger children are affected recurrently with an overlapping need for help with family violence, substance use disorders, mental illness and trauma linked to violence and drugs, the services they need must address *these co-occurring problems* as a closely linked set, rather than as isolated categorical pieces. Screening and assessment tools must reflect the co-occurrence of problems, rather than subjecting families to successive waves of separate screening. In too many cases, the harder-to-serve families can be excluded from outreach and enrollment due to the greater difficulty of serving them.⁹
 5. For special needs children with the highest risk factors, the challenges of keeping them and their families engaged in services require that the partnership track carefully who enters services and who completes them, with what results. More partnerships track services outcomes than track who does not get served or who does not complete services—and why. For those at greatest risk, these factors of *engagement and retention* are critical issues.¹⁰
 6. *Integration in time* matters more than integration of services in a single place, especially for younger children. The developmental cycle offers multiple opportunities for identification and early intervention, from prenatal screening through the end of the preschool era and on into kindergarten. These are ideally integrative handoffs from one service, stage, or developmental review to another—with IDEA handoffs from Part C agencies to Part B school programs as a classic example and handoffs from Head Start to school districts as another.
 7. Evaluating service partnerships has focused far more on their processes than their outcomes. What gets evaluated best for outcomes are projects, not policy. Collaborations are inherently difficult to track as outcome-producing efforts because so much of what they do is process, rather than outcomes. In some work on collaboratives, the ingredient of *shared outcomes* has become a link between the process and the results, as a way of spotlighting whether the systems that are supposedly working together have ever agreed on how those efforts will be measured for their impact across agencies.
 8. *Training workers to collaborate* and work as part of a service partnership team is an important intervention. However, training is often treated as a panacea for collaboration problems, without recognition that newly trained workers who return to an unchanged system will revert to the rules of the system unless there are policy or resources changes to reinforce what they learned in training. By itself, training does not change systems—it only equips workers with new skills, which are then put into play in existing systems. If the systems don't change, the workers will find it difficult to use their new skills in their daily practice, and client outcomes are unlikely to improve.
 9. *Costs matter*. In many human services initiatives, the costs of the services

partnerships are not added up carefully enough to answer the questions any potential funder is certain to ask: what will it cost to sustain this innovation, how many more children and families can we serve, and what savings are possible? Early care and education advocates make powerful arguments for higher quality teachers and programs, but not always with the details on what each added element of quality will add to total costs or total numbers that can be served within a given budget. And assembling cost data across agencies where baseline costs are not always available makes cost compilation especially challenging in interagency services partnerships.

10. Finally, because it is difficult does not mean developing effective partnerships is impossible. Nor does it indicate that it is unnecessary. As President Obama said recently (about nuclear proliferation), “fatalism is a deadly adversary.” The military services have worked under an integration mandate since 1947 and still encounter interoperability challenges in coordinating missions and communications.¹¹ But they have continued to work toward closer linkages because the impossibility of single-service success is so obvious. *Persistence is a key ingredient* in effective partnerships, along with leadership that knows how to go beyond quick-win tactics to longer-range strategy.

Service Partnerships and Child Well-being

A critical task in developing service partnerships can be usefully framed as a problem of “organizational therapy,” in which the organization needs to admit that it cannot complete its mandated tasks without the support of other agencies—and the efforts of its clients, as well. That admission does not always come easily, because there are powerful disincentives to an agency stating an inability to carry out its mission. The phrase “who do we need to succeed?” has been used in some facilitative work with partnerships, but the response is often “we need their resources—not their rules.” But again, a collaboration which is about Agency A getting control of Agency B’s resources is not one likely to have a happy ending.

This can be especially difficult for child welfare and early care programs. Fred Wulczyn makes a powerful argument for greater breadth beyond the boundaries of child welfare services:

Historically, child welfare services have been tied to a tradition of limited intrusion into family life. Well-being by definition is expansive, and legal traditions in the U.S. favor a narrow construction of compelling state interest. What role then for the child welfare system? In *Beyond Common Sense* (Wulczyn et al., 2005), my colleagues and I argue for a reconstruction of outcomes as a starting point. With the passage of the Adoption and Safe Families Act (ASFA), well-being was added to permanency and safety as an outcome of child welfare services. Developmental theory suggests, however, that well-being is in fact an overarching

construct consisting of safety, permanency, and a host of other attributes that relate to human and social capital within the child's sphere. Safety and permanency play an integral part in the dynamic complementarity that gives rise to a heightened sense of well-being: children who are not safe do not learn as easily; children in stable living arrangements adapt more easily to the challenges facing them throughout their childhood. In other words, safety and permanency are not separate and apart from well-being; rather, they are component elements. Outcomes for children ought to be enumerated in more vivid language *linked explicitly to education, health, and behavioral health* because well-being as a whole is diminished when one or more of the components are diminished. Safety and permanency are about well-being.

...Clearer language means it is easier to delineate responsibilities across a range of social institutions, with each contributing to a child's well-being in a way that favors its institutional strengths in relation to a holistic view of *well-being over the life course*. *Service integration is the strategy that best fits the notion of distributed responsibility...Policy initiatives that emphasize cross-system collaboration between child welfare and other program areas* are underway. Child Abuse Prevention and Treatment Act (CAPTA) requirements strengthen links to early intervention services; some early Head Start grants target young, maltreated

children; the Maternal and Child Health Program funds services for at-risk mothers. These are hardly fringe programs. Nevertheless, a central question remains: Will child welfare policies that foster well-being over the life course of childhood, *spanning the programmatic domains, take on the challenge of developing a central line of accountability* as holistic as the very notion of child development? This is a formidable challenge.¹² [emphasis added]

The challenge comes when agencies need to work together at all four levels of the Kagan-Agranoff typology set forth above: clients, programs, policies, and organizations.

Categories of Services Partnerships

For younger children, several sets of service partnerships are relevant in this review:

- Early care and education based partnerships, such as the Early Head Start models, the geographically based efforts such as those in Chicago, Allegheny County, and some California counties which sought to provide high-quality early care and education with supplemental health and family support programs
- Partnerships between school districts and early care and education providers, including those that emphasize pre-k to 3rd grade alignment¹³
- School-based health and social services programs that work with children referred from early care providers¹⁴

- Legally mandated coordination between child protective services and Part C agencies that address the needs of children with developmental disabilities
- Family resource centers and other family support programs
- Home visiting models¹⁵
- Prenatal care that links with post-natal pediatric services¹⁶
- Other programs that sought to prevent child maltreatment through positive parenting interventions,¹⁷ enhanced pediatric care and physician education,¹⁸ parent-child interaction therapy, and multisystemic therapy¹⁹

Again, not all of these fit the definition of service partnerships as integrated interagency models that we are using in this paper. Some are single-system initiatives with enhanced services, while others are networks of multiple agencies providing a more elaborate array of services.

Home visiting models merit special attention because of the recent announcement of legislative and administration action at the national level to expand such programs. The extensive literature on home visiting programs—some of which have not shown any significant results—underscores the importance of clarity about goals and benchmarks for assessing partnerships’ impact. As noted above, the reluctance to enroll some harder-to-serve clients is a cautionary note about some of these programs’ potential effectiveness with families that need the most help.

Whether these partnerships reached the youngest children appeared to depend on at least three variables: the original targeting (in which eligibility sometimes excluded younger children, as in Head

Start), the degree to which partnerships were designed to be fully family-centered—serving both parents and children in deliberately two-generation programs, rather than focusing solely on parents, and the composition of the team, in which maternal and child health and some child development personnel saw the need for early identification and early intervention in ways that child welfare and school personnel did not always recognize. The makeup of the teams staffing services partnerships, as well as the makeup of the policy oversight bodies, often determine which clients receive emphasis.²⁰

The downside of service partnerships

Collaboration is not always worth the added time and effort it takes, and integration is not the remedy to fragmentation in all cases. This is for at least four reasons:

1. As many observers have noted, integrating ineffective services does not make them any more effective;
2. A corollary of the first principle is that integrating underfunded services does not always result in their being better resourced; it *can* have this result, if resources are on the table in serious negotiations among parties to a services partnership. But it does not automatically follow, and the added resources required by many partnerships must be justified by a good chance of achieving better results;
3. A services partnership that is preoccupied with operating a pilot project can be diverted away from systems change; there is a literature

that suggests integrated services projects are what agencies sometimes do to insulate themselves from serious changes in the larger system;²¹

4. As noted, some service partnerships are limited in their ability and willingness to include key players in the mix at both policy and practice levels. If a needed services

system is left out of the team, devoting energy to a team with missing players may be less effective than working directly with that missing set of agencies and staff in another venue.

The Final Lesson: Two Wings for the Airplane

In explaining collaboration dynamics to dozens of states and localities across the nation, Children and Family Futures developed an approach based on Eugene Bardach's observation in *Getting Agencies to Work Together* that

Interagency collaborative capacity has an objective and a subjective component: formal agreements, budgets, personnel, accountability, but also expectations, legitimacy, and trust.

In collaborative work with services partnerships, there tend to be two different approaches: one emphasizes a logic of accountability, and the other emphasizes the results that come from building trust. The accountability perspective includes

- Data and information systems that document client needs and whether they are being met by collaborative efforts
- An agenda of shared outcomes—important goals the partners agree they cannot meet separately—measured by an annual report card or dashboard of some kind
- Clarity about resources
 - An inventory of available funding and other resources

The trust/relationships perspective includes

- Strong personal relationships that build up trust among partners over time
- Understanding personalities and making it work with people; working with the blockers and the champions based on the common values of the partners
- Focusing on the mission of the collaborative to keep the group moving forward

In combining these approaches to service partnerships, it is clear that both approaches work—and each brings unique strengths to the process:

- It takes data-driven accountability to bring partners to the table and prove to them that it is worthwhile to stay there
- And it takes strong relationships and trust built over time to keep the informal glue of the partnership working and to get past turf, barriers, and personal and institutional narrowness

Collaboratives have responded to the metaphor that (most) airplanes have two wings, and need both to perform to their maximum capabilities. Data-driven accountability and trust-based relationships are the two wings that keep partnerships balanced and functioning well.²²

Appendix 1: The Results of Services Partnerships

In an era of evidence-based programs and effectiveness research, it would seem that there are many options for compiling the positive outcomes of early childhood programs structured as services partnerships. Developmental outcomes—measures of pre and post-levels of child performance of standardized assessments—are one such set of outcomes that have been used in evaluating early childhood programs.

There are some solid findings from such research. But it is also important to recognize that outcomes can be explored in arenas beyond early childhood systems. Outcomes can be sought in

- Measures of school readiness, including the effects on children with special needs
- Recurrence of child maltreatment
- Parenting supports and practices: parents' knowledge of, access to, and enrollment in services, followed by self-reports on changed parenting behavior
- Parents' mental health and substance use disorders
- Community partnerships for child protection²³

Resources

There are several websites and other sources that have compiled information on the effectiveness of services partnerships, collaborative models, and model projects. Some are organized by target group, outcome area, or categorical program arena.

<http://www.promisingpractices.net/sd2a.asp>

The National Center on Services Integration <http://www.cfpciowa.org/page.php?id=7>

The SAMHSA data base of model programs is at

http://modelprograms.samhsa.gov/template_cf.cfm?page=model_list

The Data and Best Practices website of the Iowa Child and Family Policy Center

<http://www.cfpciowa.org/page.php?id=34>

References

¹ Definitional challenges could occupy an entire paper in themselves. Narrow definitions focus on access to services through “single doors,” while excessively broad ones consider almost any kind of joint effort to be collaborative. Some distinguish between services integration as meaning delivery strategies, while collaboration and partnerships are reserved for interagency strategies—which obviously overlap greatly with some kinds of service delivery. Here, we are using service partnerships to mean interagency efforts that go beyond one agency trying to be more comprehensive and that include both program and policy dimensions, i.e. they are more than a single project—they seek some kind of change in the system as well as the operation of a direct services project.

² D. Daro, K. McCurdy, and C. Nelson, (2005) *Engagement and Retention in Voluntary New Parent Support Programs*. Chapin Hall, University of Chicago.

³ Kagan, S. L., & Cohen, N. E. (1997). *Not by chance: Creating an early care and education system*. New Haven: Yale University Bush Center in Child Development and Social Policy. Kagan, S. L., Goffin, S. G., Golub, S. A., & Pritchard, E. (1995). *Toward systemic reform: Service integration for young children and their families*. Falls Church, VA: National Center for Service Integration. Kagan, S. L., & Kauerz, K. (2007). *Reaching for the whole: Integration and alignment in early education policy*. In R. C. Pianta, M. J. Cox, & K. Snow (Eds.), *School readiness and the transition to kindergarten in the era of accountability* (pp. 11- 30). Baltimore, MD: Paul H. Brookes.

Kagan, S. L., & Neuman, M. J. (2003). *Back to basics: Building an early care and education system*. In F. Jacobs, D. Wertlieb, & R. M. Lerner (Eds.), *Handbook of applied developmental science: Vol. 2. Enhancing the life chances of youth and families. Contributions of programs, policies, and service systems* (pp. 329-345). Thousand Oaks, CA: Sage. S.L. Kagan and E. Pritchard, (1996) *Linking Services for Children and Families: Past Legacy, Future Possibilities*, in *Children, Families, and Government*, edited by E. Zigler, S.L. Kagan, and N. Hall. Cambridge University Press.

⁴ Agranoff, Robert. (2007). *Managing Within Networks: Adding Value to Public Organizations*. Washington

DC: Georgetown University Press. Agranoff, Robert, and Michael McGuire. 2003. *Collaborative Public Management: New Strategies for Local Governments*. Washington DC: Georgetown University Press.

⁵ E. Bardach (1998) *Getting Agencies to Work Together: The Practice and Theory of Managerial Craftsmanship*, Washington DC: Brookings Institution.

⁶ E. Bardach, (2008) “Developmental Processes: A Conceptual Exploration” in *Innovations in Government: Research, Replication, and Recognition*, edited by Sanford Borins, The Brookings Institution. E. Bardach, (2001) *Developmental Dynamics: Interagency Collaboration as an Emergent Phenomenon*, *Journal of Public Administration Research and Theory*, vol. 11, no 2. April 2001, pp. 149-164. E. Bardach, (2006) “Smart Practice” and the Problems of Interagency Collaboration,” *Comparative Trends in Public Management: Smart Practices Toward Blending Policy and Administration*, Ottawa, Canada: Canada School of Public Service, pp. 28-47.

⁷ S.L. Kagan and E. Pritchard, (1996) *Linking Services for Children and Families: Past Legacy, Future Possibilities*, in *Children, Families, and Government*, edited by E. Zigler, S.L. Kagan, and N. Hall. Cambridge University Press. 383.

⁸ *A Governor’s Guide to Children’s Cabinets*, (2004). Washington: National Governors Association. <http://www.nga.org/Files/pdf/0409GOVGUIDECHILD.pdf>

⁹ It should be noted, however, that some home visiting models and other services partnerships are explicit about areas of child and family need that they do *not* address, and should not be expected to provide a full array of services in those areas. The SafeCare model of home visiting in California, for example, was recently assessed relative to substance abuse:

...substance abuse specific interventions have not been developed for use within this model. Indeed, when substance abuse is identified to occur, the individual is referred to a substance abuse provider in the community, or is denied from enrolling in Project SafeCare if the substance abuser is not enrolled in a substance abuse program. Therefore, although the intervention components of Project SafeCare appear promising, the investigators do not recommend its use for substance abuse issues.”

R. Gershater-Molko, J. Lutzker, and D. Wesch, *Project SafeCare: Improving Health, Safety, and Parenting Skills in Families Reported for and At risk for Child Maltreatment*. *Journal of Family Violence*, Vol. 18, No. 6, December 2003.

The broader experience of the child welfare field in under-reporting substance use disorders is well-documented, in the CFSR process as well as in reports through the AFCARS system on the presence of parental substance abuse in

foster care cases. See Young, N. K., Nakashian, M., Yeh, S., & Amatetti, S. *Screening and Assessment for Family Engagement, Retention, and Recovery (SAFERR)*. DHHS Pub. No. 07-4261. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2006.

At the same time, however, the strong body of experience of programs such as Strengthening Families (Kumpfer/Utah version) with substance abuse and other family problems makes clear that family support programs can address these critical issues in depth and with effectiveness. The work of the family drug courts is further evidence of the effectiveness of client-centered service partnerships, in which three systems that are unavoidably “in business with each other”—child welfare, the treatment system, and family courts—have shown they can achieve improved child welfare outcomes by intensive and well-staffed collaborative efforts.

¹⁰ Daro, op.cit.

¹¹ Diane K. Morales and Steve Geary, “Speed Kills: Supply Train Lessons from the War in Iraq.” *Harvard Business Review*. November 2003. 1

¹² Wulczyn, F. H. (2008) *Child Well-Being as Human Capital*. Chicago: Chapin Hall Center for Children at the University of Chicago.

¹³ FirstSchool has developed a [website](#) that contains research and other resources that help schools achieve this vision, and three other websites include material on pre-k to 3 alignment and provide examples of states' efforts to do so: the Education Commission of the States and the W.K. Kellogg Foundation, the [Leadership to Integrate the Learning Curriculum](#) (PDF), and the [National Association of State Boards of Education](#).

¹⁴ <http://www.nassembly.org/fspc/resources/ConnectingFamiliesSchoolsandCommunities.htm>

¹⁵ The National Coalition for Evidence-based Policy recently prepared a summary of findings from rigorous evaluations of several widely-implemented U.S. home visitation program models: Hawaii Healthy Start, Healthy Families New York, Home Instruction Program for Preschool Youngsters (HIPPPY), Nurse-Family Partnership, Parents As Teachers, and Parent-Child Home Program at www.excelgov.org/evidence.

¹⁶ R. McGourty and I. Chasnoff, *Power Beyond Measure*. NTI Publishing, Chicago, 2004.

¹⁷ Ronald Prinz et. al., “Population-Based Prevention of Child Maltreatment: The U.S. Triple P System Population Trial,” *Prevention Science*, online publication January 22, 2009

¹⁸ ABCD article PAR

¹⁹ Harriet L. MacMillan et. al., “Interventions To Prevent Child Maltreatment and Associated Impairment,” *Lancet*, vol. 373, January 17, 2009, pp. 250-266

²⁰ The authors have had the experience, not available to all policy analysts in this field, of being parents at more than a few meetings in which school staff from special education, counseling, and administrative units were present, along with county mental health, social services/adoption assistance, and juvenile justice staff, who were all present or were critical players who needed to be consulted after the meeting before any action could be taken. What took place in such meetings was not exactly a “system of care;” it was, usually, a set of well-intentioned professionals trying to make sense of each others’ rules, timetables, and funding—with great difficulty.

²¹ G. Smale, (1996). *Mapping change and innovation*. London: National Institute for Social Work.

²² Further work in this area has suggested that there may be important gender-related factors in these differences in perspective, relying in part on Carol Gilligan’s work contrasting orientations to justice with orientations to care. C. Gilligan and J. Attanucci, (1988) Two Moral Orientations, in *Mapping the Moral Domain*, edited by C. Gilligan, J. Ward, and J. Taylor with B. Bardige, Harvard University Press, Cambridge, MA.73-86.[UCI cite] Clearly both dimensions are important, whatever the origins of the differences in perspective.

²³ http://www.chapinhall.org/article_abstract.aspx?ar=1420&L2=61&L3=129