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Children's

# VOICE

May/June 2008

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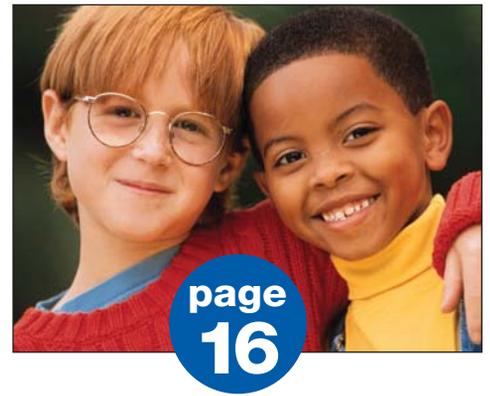
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# Children's VOICE

Volume 17, Number 3

May/June 2008



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Our cover photo is a selected portrait from the Freddie Mac Foundation Heart Gallery of children in foster care waiting to be adopted. Eight-year-old Joshua has been through a lot medically and overcome many challenges. An inquisitive child with a big vocabulary, he enjoys playing catch, kickball, and watching cartoons and will bring great joy to a loving family. For information about adopting Joshua or any child listed in the Heart Gallery, call 301/909-2300 or visit [www.freddiemacfoundation.org/heartgallery](http://www.freddiemacfoundation.org/heartgallery).



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#### Child Welfare League of America

2345 Crystal Drive, Suite 250 • Arlington VA 22202  
 703/412-2400, Fax 703/412-2401  
 E-mail voice@cwla.org • www.cwla.org

**Ross E. Wales** Board Chair  
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# LeadershipLens

Christine James-Brown



**M**ay was National Foster Care Month, a time to recognize and applaud the thousands of people who serve as foster parents and resource parents. They are joined by hundreds of agencies that champion their efforts in providing the best support possible for the children in their care.

The job of caring for the more than 500,000 children in the foster care system is challenging, both for foster parents and child welfare agencies, especially when children come from families affected by outside forces such as substance abuse, AIDS, mental health issues, and other issues that impact families. The article “From Foster Care to Fostering Care,” in this issue of the *Voice*, is a real-life example of one man’s struggle to grow up within the foster care system amid some of these issues. The article is an excerpt from a speech given by Reverend Darrell Armstrong during CWLA’s 2007 National Conference. In that speech, Rev. Armstrong told us how he spent 13 years in foster care until eventually his social worker, Roberta Hawkins, whom he calls his “angel,” guided him through to adulthood, where he has become a productive citizen, leader, husband, and father.

At CWLA, we work to support our members’ efforts in making success stories like Rev. Armstrong’s come true. CWLA is committed to continuing to work with members to identify best and promising practices to more quickly reunify children in foster care when possible, reduce the disproportionate

representation of children of color in the foster care system, ensure children in the system have access to mental health and health services, and prevent young people from aging out of the system. If they do, we want them to be prepared for life.

There are numerous examples of our commitment to this work, and, in the spirit of National Foster Care Month, I will offer just a few here.

On the public policy front, we are working with Congress to pass legislation to establish federal support for kinship care, expand children’s health care coverage, reform child welfare financing, and support a future White House Conference on Children and Youth.

As a publisher and provider of research and consultation services, we are developing the resources you need, such as the PRIDE curriculum (Parent Resources for Information, Development, and Education), to build a stronger foster care system and network of well-trained foster parents. PRIDE is an innovative model for developing and supporting foster families and adoptive families, and CWLA has conducted training on the curriculum in several states, Canada, Belarus, Lithuania, and Serbia.

In our work to find promising foster care practice, we have turned to former foster care youth themselves for input.

Members of the National Foster Youth Advisory Council (NFYAC)—an initiative implemented by CWLA and funded by the Jim Casey Youth Opportunities Initiative—share information about their own experience in foster care and work on solutions to the challenges facing youth transitioning out of care. NFYAC has produced position statements and recommendations for the field on permanency issues, education, health, housing, and lesbian, gay, bisexual, transgender, and questioning issues as they

relate to youth in foster care (read these statements at [www.cwla.org/programs/positive-youth/nfyacstate-ments.htm](http://www.cwla.org/programs/positive-youth/nfyacstate-ments.htm)).

And in our work to partner with other

like-minded organizations, we were once again one of the co-sponsoring organizations of this year’s National Foster Care Month commemoration. This is an important time of the year when we can remind the nation about the needs of so many children in search of a loving, safe home. It is also a time when we can remind ourselves about how much of an impact we can make on the life of a vulnerable child. As Rev. Armstrong advises us, don’t “ever underestimate how you can touch one child’s life by the work that you are doing.” ■

*Don’t “ever underestimate how you can touch one child’s life by the work that you are doing.”*

*Christine James-Brown*

## Agency's Teamwork Supports Non-Offending Parents and Permanency

**F**or a child who has been sexually abused, one Maryland child welfare agency is paying close attention to the role of the non-offending parent in the healing and reunification process.

Since 2005, Montgomery County Child Welfare Services has employed a sexual abuse treatment team, comprised of four master's degree-level social workers, specially trained to work exclusively with child sexual abuse victims and their families. The social workers—who are assigned no more than 12 cases at one time—interpret behavior to parents and encourage techniques for managing negative behaviors. The team also provides one-on-one support to foster families to minimize the number of placement disruptions due to behavior problems.

“As a result of these efforts, families are moving from denial and resistance to acceptance and healing, which facilitates permanency planning and placement stability,” explains Maureen Kennedy, supervisor of the sexual abuse treatment unit. “Children are reunified with their families when the non-offending parent is able to make the changes necessary to safely look after the child’s interests.”

After the children and their families are referred for continuing protective services, the sexual abuse treatment team directs the child victims, non-offending parents, and foster parents to specialized mental health services within the community and closely monitors their

progress. State flexible funds pay for the specialized mental health treatment when it is not covered by medical assistance.

Treatment involves individual therapy for the child and the non-offending parent, followed by family therapy. The social workers also offer and facilitate a 12-week psycho-educational support group, arranged by age, for the child victims in the fall and again in the spring.



*Members of Montgomery County Child Welfare Services's sexual abuse treatment team work with children, non-offending parents, and foster parents to support healing and reunification.*

Working within a group helps take away the child’s sense of isolation and self-blame, and boosts their self-esteem. It also teaches coping strategies for processing traumatic experiences individually.

Meanwhile, parents are encouraged to participate in structured, multiple-week non-offending parent groups through Montgomery County’s Child Advocacy Center and partnering private community vendors, which have been “very effective in lowering parental resistance and getting parents to be more supportive of the victim,” Kennedy

says. “The biggest accomplishment of this work is the movement beyond denial that these parents undergo.”

Kennedy explains that the non-offending parents learn, among other things, that their feelings are normal—they are not alone in their feelings of shame, anger, and conflict about protecting the victim and the perpetrator. They are able to admit they have positive and negative feelings for the perpetrator, which frees them up to be more supportive of the victim. The parents also learn to identify their child’s behaviors, including the child’s acting out or history of silence in relation to the child having been sexually abused.

“Our experience bears out the research that implies that the single most curative factor for the victims of child sexual abuse is the support of the non-offending parent,” Kennedy says. “Providing specialized services to this population has made these outcomes possible.”

For more information about Montgomery County’s work, contact Maureen Kennedy at 240/777-4418, or Louise Klein at 240/777-1124. ■

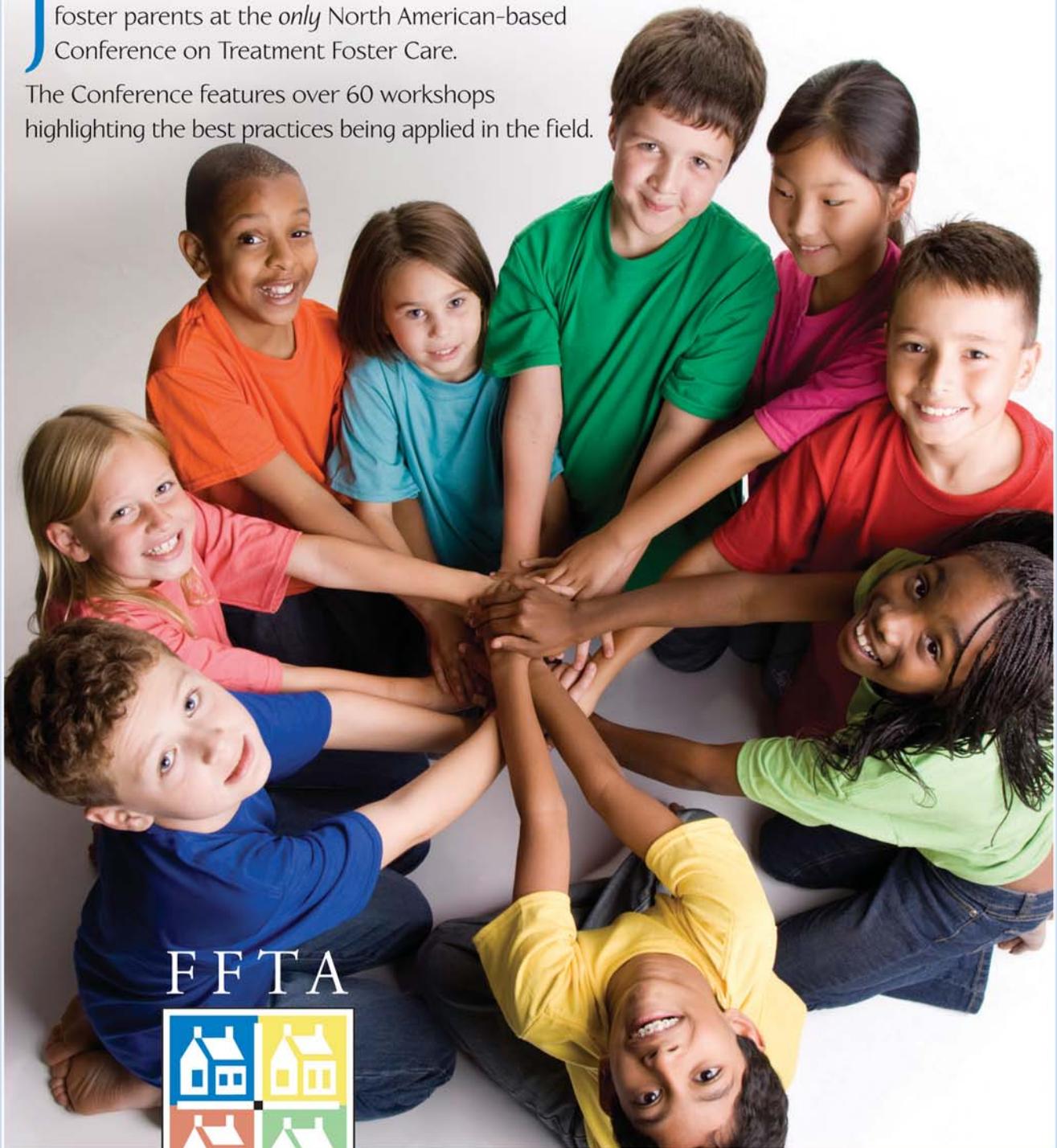
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# National Newswire

Children's Issues in the News

## CALIFORNIA

The Supreme Court has let stand a ruling that San Diego County welfare officers may conduct routine searches of welfare recipients' homes to combat fraud, the *Los Angeles Times* reports.

The American Civil Liberties Union had challenged the ruling, contending the county's policy of requiring home searches without a warrant violated privacy rights guaranteed by the 4th Amendment to the Constitution.



The justices refused to hear the challenge, saying the home inspections do not seek evi-

dence of a crime but are intended to determine whether welfare recipients qualify for benefits.

According to the *Times*, the San Diego district attorney adopted a policy in 1997 under which applicants for welfare benefits must agree to a "walk through" of their residence while they are present. Inspectors check if the applicant has an eligible dependent child and has the amount of assets claimed, as well as whether a supposedly "absent" parent lives in the home. If the residents refuse to allow the inspection, they can lose their benefits.

"No applicant has been prosecuted for welfare fraud based upon anything observed or discovered during a home visit," County Counsel John Sansone told the high court, according to the *Times*.

## FLORIDA

A Department of Children and Families (DCF) task force on child protection issued a recommendation last fall that DCF collect foster children's DNA as a "more thorough and, under certain circumstances, successful technology for positively identifying a person" than fingerprints.

Some child advocates opposed the idea, however, fearing such an action would invade foster children's privacy

and make them feel as if they'd done something wrong, according to the *Daytona Beach News-Journal*.

"One of the things we've been trying to help people understand is that these kids are victims, not offenders in any way," the *Daytona Beach News-Journal* quoted Andrea Moore, an attorney and Executive Director of Florida's Children First.

DCF Secretary Bob Butterworth formed the task force in August 2007 after a 2-year-old girl disappeared from a foster home the year before and was later found safe in another state. Among the task force's recommendations for improving child safety was to review the feasibility of taking DNA and procedures for collection, storage, testing, and destruction and how this would affect privacy. A state report issued in 2002 already suggested the idea after foster child Rilya Wilson disappeared at age 5 from South Florida. She is now suspected dead.

DCF officials say about 470 children are missing statewide from the foster care system, most of them run-away teens. Butterworth told the *Daytona Beach News-Journal* he thinks that "for identification purposes it would be a good idea" to collect DNA. A work group within his department will study whether it's practical.

Alan Abramowitz, a DCF administrator who served on the task force, pointed out that some fingerprints are not reliable if they become smudged or hard to see, especially in infants. If DNA was used, fingerprints would not be used, he told the *Daytona Beach News-Journal*.

## MARYLAND

The Maryland Department of Human Resources has agreed to pay \$1.5 million for the care of a 5-year-old



Baltimore boy who cannot speak or walk due to brain damage he sustained while in a foster care home where he was placed by

the Baltimore City Department of Social Services, according to the *Baltimore Sun*.

The state's payout includes \$80,000 a year for the rest of Brandon Williams's life for his medical care, according to attorneys, as well as \$580,000 to the boy's family. Part of the money to the family will pay for a house with easy emergency-vehicle access and a van to accommodate Brandon's wheelchair, the *Sun* reported. "We believe that we were able to balance Brandon's needs without unduly burdening the state treasury and the taxpayer," Philip Lohrey, an Assistant Attorney General assigned to the Department of Human Resources, told the *Sun*.

Brandon's mother, Martina Ford, 32, lost custody of her four children in 2004 while hospitalized for sickle cell anemia. Brandon was sent with his sister to live with a foster family. The children's foster mother left them in the care of her adopted teenage daughter, a former foster child, who abused the younger children, according to state records. The teenager, who was charged as a juvenile in the case, is accused of tossing Brandon into the air and failing to catch him as he fell and slammed his head into concrete steps, according to the *Sun*.

## MISSISSIPPI

Mississippi recently settled a class-action lawsuit brought by Children's Rights, Inc., to reform its foster care program at an estimated cost of \$17 million for the state during the first year alone.

"This is a plan to overhaul this agency and get it back on track," Eric Thompson, Senior Attorney for Children's



Rights, told *The Clarion Ledger*. "In light of where we are now, clearly we have a long way to go to protect children in Mississippi."

Children's Rights brought the suit in 2004, alleging backlogs and overworked and under-trained workers within the foster care system. An agreement reached through the lawsuit's settlement outlines reforms that will take more than five years to phase in. Among them is the requirement to increase the number and hiring standards for social workers, as well as increase medical and educational services for foster children and establish a 24-hour hotline to report abuses. The state's Department of Human Services must also acquire accreditation from the national Council on Accreditation, according to *The Clarion Ledger*.

"Since only a handful of states are accredited in this area, I expect this settlement to help create a system in Mississippi that will become a national model for how these essential services can best be delivered," Governor Haley Barbour said in a statement.

One of the immediate changes under the settlement will be an increase in foster care rates, which have been ranked in the bottom third in the nation. The state has paid foster homes \$325 per month for the care of a 2-year-old, \$355 per month for a 9-year-old, and \$400 per month for a 16-year-old, more than 70% below the recommended reimbursement level, *The Clarion Ledger* reported. The settlement calls for Mississippi to reach the recommended levels by July 2009.

## NEW JERSEY

New Jersey is now required by law to test all pregnant women for HIV during their first and third trimesters, unless the women refuse. Newborns whose mothers' HIV status is positive or unknown at the time of birth will also be tested, according to *Bloomberg News*.

"Today, New Jersey becomes the first state to require universal opt-out HIV testing for pregnant women, a move that has the potential to dramatically reduce the transmission of HIV from a pregnant mother to her newborn," Senate President Richard Codey said in a statement issued when the legislation was signed into law in December. Codey sponsored the Senate legislation, modeled after recommendations from the Centers for Disease Control and Prevention (CDC).

Two years ago, the CDC issued a report estimating that the rate of HIV transmission during childbirth might drop to 2% from 25% if universal screening, preventative drugs, Cesarean delivery, and avoidance of breast feeding are combined. According to the same CDC report, the number of U.S. children reported with AIDS after they acquired HIV during childbirth declined to 48 in 2004, from a high of 945 in 1992, largely due to better identification of infected pregnant women and the effectiveness of preventative drugs in reducing mother-to-child transmission.

*Bloomberg News* reports that only New York, Connecticut, Illinois, and Indiana require some form of newborn testing, but that none of these four states requires universal opt-out testing for pregnant women. ■



# From Foster Care to Fostering Care

*Child welfare administrator and former foster child Darrell Armstrong says we not only need to give children a voice, we need to give families a voice.*

Armstrong's children, Kayla and Daniel LaRue, and his grandmother, Opal Armstrong.

In honor of May as National Foster Care Month, we feature an excerpt here from the keynote address given by Rev. Darrell Armstrong during CWLA's 2007 National Conference. Armstrong is currently the Director of the Division of Prevention and Community Partnerships for the New Jersey Department of Children and Families. He is also Pastor of Shiloh Baptist Church in Trenton, New Jersey.

His is a success story of defying the odds. Born to a teenage single mother who spiraled downward into a life of drug addiction, Armstrong spent 13 years in foster care before settling down with and being raised by his grandparents. Today, he speaks with children currently in foster care about his experiences and offers encouragement to social workers, whom he calls "angels."

In his speech at CWLA's National Conference, Armstrong shared how, while recently enrolled in a marriage and family therapy studies program, he had been giving thought to the different theories around family therapy. In doing so, he began to reflect on the life of his own mother, Genice Armstrong, who gave birth to him at the age of 14 in Los Angeles. By 19, she had had a second child by another man. From there, life for Genice and her children grew complicated, and Armstrong wondered if things might have turned out differently if his family had been exposed to "solution-focused" help.

As I began to put pieces of my life story together, even from fragments of caseworker notes that I later got after my 18th birthday, I began to make some sense out of what I

thought were nonsensical things because, in 1973, my life changed and my brother's life changed. I was outside playing with my little 18-month-old brother, riding on my Big Wheel in South Central LA, when my mom's companion, her third one now, called us in to take a bath.

Little did I know that the tubes that I watched mama wrapping around her arm were to make her veins pop out in order to shoot a heroin needle; in order to get high and to escape from her experiences. Little did I know that the little white lines of powder in the living room were lines of powder cocaine that they were snorting simultaneously while they were shooting. Little did I know that mama's companion was angry and high and upset by the time that we came into the house; [he] didn't realize [exactly what was happening] when he stripped my brother naked of his clothes, ran a tub of scalding hot water, and put my little 18-month-old brother in a tub of scalding hot water. All I remember were the screams of my brother and remember the man taking him out of the tub, setting him on a table, and the outer layers of [my brother's] skin seemingly peeling [on] the day our lives changed.

We went to the hospital, and things seemed to move in a surreal, slow motion of reality. Police were called, LA Department of Children Services workers came rushing in, doctors and nurses [were] everywhere. I'm sitting as a 5-year-old boy, watching all of the traumatic realities going on, looking at my brother, wondering if he is going to be okay.

My mother is high, no other family around, and from that moment my brother Quincy and I never lived together under the same roof again. He was placed with his dad's great aunt who literally raised him until his 18th birthday. I, on the other hand, went to live with three different foster homes—one for a week, one for a month, and another one for a year and a half. And I remember each of those homes vividly in my mind. Five years old, crying myself to sleep, wondering why I was snatched away from mama, not realizing mama was addicted to crack and cocaine. I would contend that every 5-year-old boy and 5-year-old girl in America, under my circumstances, would have thought the same thing: "I don't care that mama's hooked on crack, I want to go back and be with my mama."

I remember Mama Jo, my third foster mom, wonderful lady. I remember vivid memories of her making me drink prune juice. Oh I'll never forget the prune juice experience, but Mama Jo was a wonderful lady; opened her home. And I thank God for all of the foster parents out there who open their homes to children like me and over 500,000 other foster children in America.

## Saved by "Angels"

Long story short, I was able to go back and live with mama but mama was still with the same male companion. Maybe the reunification strategy didn't work, I don't know, but I came back and she was still with him and then I realized I was about to go back into the system.

My grandfather, who had five other children, opened up his home and took me in and I went over to spend what I thought was one night. One night turned into two,

two nights turned into a week, a week turned into a month, a month turned into a year, and then a year turned into 10 years. I would see my mama. She would come over now and again. Mama would say, "Baby, it's all right, mama is going to get us back together." When I was 8, 9, and 10, I believed mama. But when I was 12, I began to say, "Mama is not going to get us back together."

And I began to go through this internal machination of, "Did I cause this for my brother and for myself? Maybe if I had brought him in earlier when my mama's companion told us to come in, maybe he wouldn't have put him in a tub of scalding hot water." I would contend that young boys and young girls are going through their own psychosis of wondering [whether] they are the cause for their problems.

In New Jersey, we have 1,919 children waiting for adoption, and they are wondering, "What did I do for mama to give me up, or for daddy to reject me?" Their



*Armstrong and his "angel," social worker Roberta Hawkins, with Armstrong's son, Daniel LaRue.*

identity is lost. I began to say to them, like I heard a preacher say to me when I was a kid, “Mama and my dear daddy are not there, but God will be a mama when you don’t have one, and God will be a father when you don’t have one.” For me, as a 12-year-old boy, that made sense to me—that the Divine, as I believe, sent angels my way; angels like Mama Jo, angels like my granddaddy and grandmama, angels like my social worker Roberta Hawkins who has been with me ever since I was 5 years old.

[Roberta Hawkins] came to my high school graduation; came to my Stanford graduation; came to my Princeton graduation; was with me when I got married to my wife in 2002; was

there in LA when I blessed my children; and will be there for the rest of my life. She calls me her angel and I call her my angel, and although it does not matter, she happens to be a white woman. And although it does not matter, she happens to be a Catholic woman of faith. And although it does not matter, the reality, and the only reason I tell you, is because I don’t want you to ever underestimate how you can touch one child’s life by the work that you are doing.

## Maintaining Hope in the Midst of Hopelessness

My mama was never able to rid herself of her...demons of temptation. I got a sad call while I was in seminary at Princeton that I always feared I would get. My aunt called me, my mom’s only sister. It was six o’clock in the morning my time in New Jersey, three o’clock in the morning her time. She said, “Darrell, I need you to sit down.” I said, “Aunt, what is wrong?” She said, “Darrell, your mama’s dead.” I said, “Aunt, tell me what happened.” She said she died of a drug overdose.

I made a decision that morning I was going to preach at Shiloh Baptist Church. I wasn’t yet pastor. I said I could

stay home and wallow in my own grief and self-pity, but I made a decision to go into a community of faith where



*Armstrong now has a large support system, including his brother, social worker, and wife, Melanie.*

folk were there who loved me and were there who could pray for me. And I went and I preached both of those sermons and the deacons and the other leaders and the others in the church, they gathered around me and they laid hands on me; they prayed for me as I prepared to board a plane and to fly six hours; and as I was 33,000 feet

in the air heading my way to LAX airport, I’m wondering “What am I going to say as I prepare to preach my mama’s eulogy?”

The hardest thing I ever had to do was to stand in front of my mama’s casket. That alone was difficult, but guess who was sitting out in the audience? The man who my mama had been with for 25 years; the man who put my brother in a tub of scalding hot water; and the man I later found out was with my

mama as she overdosed on crack and heroin.

As I felt my mama behind me and I looked at him in front of me, I did what I had to do. I preached words of eulogy to respect my mama, Genice Armstrong, whom I honor every day I get up. And I looked at him with as much inner strength that I could, and extended my hand and said, “God bless you” when I laid my mama into the ground, six feet under.

He happens to be the father of my last two brothers. So what do you do when your brothers’ daddy puts your other brother in a tub of scalding hot water and was there when your mama overdosed on crack and heroin? What do you do? How do you make sense of this craziness?

As I conclude my presentation, I’m convinced that we need to give families hope in the midst of hopeless situations... and I want you to think about a solution-based approach, a positive approach that isn’t focused on your past, but focuses on your future.

I tell foster children every time I speak to them, “Don’t worry about where you start. It’s not about where you start, it’s about where you finish.” We can help them understand that they may have been born to a crack mama or a drug-addicted daddy, but that does not have to define their reality... I need somebody to tell a mama like mine that “Your children can have a better life and that you don’t have to stay in the environment that you find yourself.” I need a therapist, I need somebody in this Child Welfare League of America, who can go into America’s urban and suburban realities with a solution-focused mentality to say, “Rise up above your circumstances and don’t worry.”

## Wrapping Ourselves Around Mamas and Daddies

So some of you might be wondering where my brothers are today. My second brother, Quincy, who was placed in a tub of scalding hot water [and] had multiple concussions to his head, had to have operations to get his eyesight repaired because of other abuse that my mama’s companion inflicted on him and me when we were children. Right now, he is heading an office that is distributing ship parts for some of the world’s biggest cruiseliners. I would say he’s overcome a lot.

Some of you might be wondering where my two youngest brothers are. Michael, who is now 31 years old, got caught up in the Crips street gang in LA; was out there selling crack, doing this, doing that, knuckleheaded kind of business, until he got caught and spent some time in jail. All along the way, I’m trying to help him understand how to make choices and consequences for your actions and it was in jail that he came to a sense of himself and made a decision to get out. Not only to get out of his situation but to turn his life around. Just recently, about five years ago, he got married, he met a young woman who had two children. Together, they’ve had two children, and now they are in LA and they are working.

They’ve recently taken in my youngest brother who is now 18 years old, born addicted to crack cocaine, and together we are trying, as a family, to make some sense out of what happened to us as children.

Incidentally, my mom’s companion died two years after my mom did of other drug-related causes. And so I [have had] to console my younger brothers about the loss of their daddy that they knew but kind of didn’t know because they were raised in foster care. And their oldest brother is on a speaking circuit, trying to raise attention and draw attention to the realities of what it means to deal with issues of out-of-home placement and permanency planning for America’s children, and to help them understand that they can have a better life, irregardless of where they started from.

So I implore you, Child Welfare League of America, to continue advocating for the children, but not just to help raise the voices of the children, but to raise the voices of their families, and to wrap ourselves around mamas and daddies who don’t know how to be mamas and daddies, and help them understand what it means to raise their children and to have a better life than what they see around them.

I want to thank you for giving this young boy—Genice Armstrong’s oldest son—an opportunity to come and to present my story. Because I believe when you can tell your story, it rids you of your demons and it’s about how you tell your story.

I used to get embarrassed a little bit. My grandmama used to tell me, “Don’t tell all that, leave that stuff in the closet.” And I would say, “Grandmama, do not

be debilitated by what your past did. Take control of your past and own your past. It’s not just telling your story, it’s how you tell your story.” So now, I don’t think grandmama is embarrassed anymore....

But thank God that there are angels like you in this room who [are] there to stand with our children and our families, to help them have a better prospect at life. God bless you, and may this one story, of Genice Armstrong’s oldest son, inspire you to keep doing the work that you are doing for America’s foster children. ■

### “Change a Lifetime” National Foster Care Month

Visit the National Foster Care Month campaign website for inspiring ideas on how to encourage local leaders, the media, and the general public to get involved on behalf of the

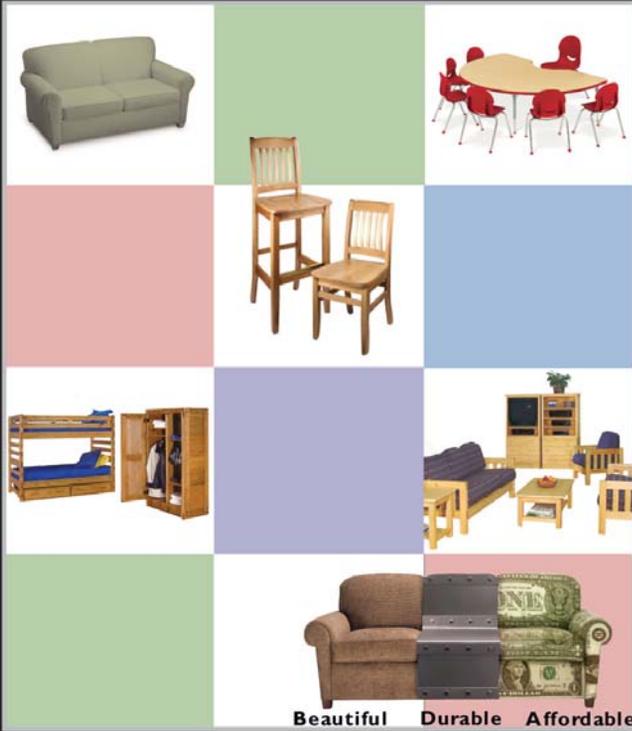


513,000 American children and youth in foster care. The theme, as in past years, is “Change a Lifetime.”

At [www.fostercaremonth.org](http://www.fostercaremonth.org), you’ll find media kits, lists of experts and spokespeople, foster care alumni success stories, an events calendar, and an online store where you can purchase National Foster Care Month materials.

CWLA is one of more than a dozen organizations that partner every year to promote National Foster Care Month.

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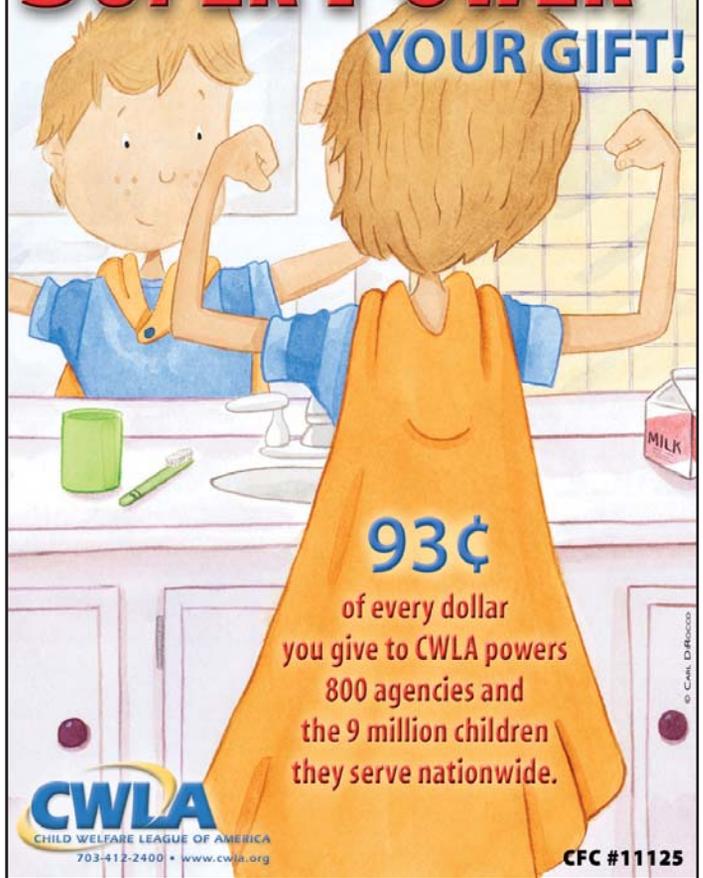


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### Looking for Child Welfare Data?

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



The screenshot shows the NDAS website with a search bar, navigation menu, and several content boxes. The main heading is 'NDAS National Data Analysis System' with the tagline 'Making Children a National Priority'. The navigation menu includes Home, About Us, What's New, Data & Statistics, and Research & Information. The content boxes are:
 

- About Us:** Our Mission, Our Sponsors, Contact Information, Feedback
- What's New:** Welcome to the New NDAS!, 2002 NCANDS Data, Poverty Data, MEPA Issue Brief
- Data & Statistics:** Available Data, Access the Data, State Profiles, Data Dictionary, Our Sources
- Research & Information:** Publications, Children of Color, Related Internet Links, Census Info Center

 The footer of the website states: 'CWLA is a registered trademark of the Child Welfare League of America © 1998-2003, All Rights Reserved.'

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## ExchangeEveryDay

### Inner Qualities of Educators

Patience and a mulberry leaf will make a silk gown. -Chinese Proverb  
August 15, 2007

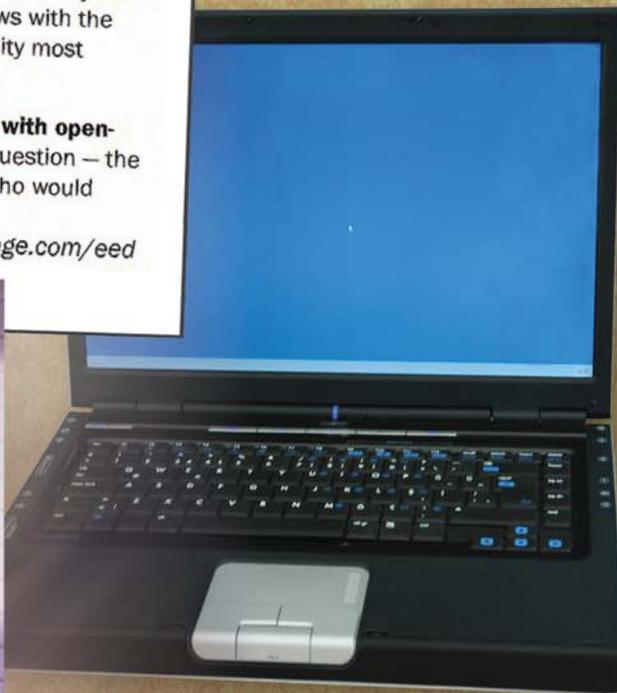
In the article "Teachers of Young Children Need Basic Inner Qualities," Professor Gross comments that most writings on early childhood address "how children learn and what we should teach them." While universities create extensive teacher preparation courses of study, "the heart of the matter – the inner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

Continued at [www.ChildCareExchange.com/eed](http://www.ChildCareExchange.com/eed)

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# A Restorative Approach to Residential Care

By Patricia Wilcox

*It's been a busy morning on the unit, and Tanya, a child care worker in a residential treatment facility, is struggling to complete the point cards and fill out the communication log before breakfast. She hears two roommates beginning to argue and is wondering if she needs to intervene. Twelve-year-old Jason explodes from his room and announces in a loud voice, "I am not going to take a shower this morning!" This is all Tanya needs. She says to him, "If you don't take a shower, you will be out of the program and not earning your points." "I don't care," Jason replies. "If you don't get all your points, you won't be able to go with us to the bumper cars this afternoon," Tanya retorts. "I don't give a damn and you can stop bothering me you..." Jason yells back. And they continue, perhaps into a restraint, as Jason grows increasingly agitated.*

These possibilities are solvable problems. Staff, for example, could stand outside the bathroom door and talk to Jason while he showers. Or Jason could use a shower cap. In traditional programs, however, we have placed so much emphasis on following rules, points and levels, and earning privileges that we lose sight of the meaning and function of behavior. Children are not skilled at explaining to us what they are experiencing or what they really need. When we lose sight of meaning and function, our treatment options are limited and our power for healing is stunted.

Programs treating severely traumatized children universally report that the children being served at each level of care are exhibiting more severe, long-standing, and resistant symptoms. Traditional point-and-level systems are not holding with these children; their need to be in control is much stronger than any motivation provided by unit privileges. Rewards and punishments increase motivation, and motivation is not the primary problem for these youth. The problem is their attachment difficulties, their sensitized nervous systems, and their lack of emotional skills.

Klingberg Family Centers, a large mental health/child welfare agency in New Britain, Connecticut, that treats children with the most serious difficulties, is pioneering a trauma-informed approach to congregate care of children with serious emotional disorders. Many of the children treated at Klingberg have suffered early trauma—physical and sexual abuse, domestic violence, and multiple caregivers within their biological families. In the child welfare system, they often suffer more abuse and experience more moves. They present with serious problems of aggression, suicidality, self-harm, property destruction, and unsafe choices.

Klingberg once relied on a traditional points-and-levels approach in its congregate care programs, including residential, acute residential, extended day or afterschool treatment, and special education school, but the approach was not working and was not transferable to a home setting. Klingberg's treatment program transformed into a trauma-informed approach by adopting what it calls the Restorative Approach and using the Risking Connection foundational trauma training curriculum.



*Klingberg Family Centers, above, uses a trauma-informed approach in its work with children who have serious emotional disorders.*

What did Tanya miss? She forgot to ask "Why not?" when Jason refused to take a shower. If she had, she might have discovered Jason is hallucinating in the shower, or that being naked and vulnerable is scary for him. Or, as was the case on this particular morning, she might have learned Jason thinks his hair is just perfect for once, and he is not going to risk ruining it.



## Using Relationships To Create Change

The basic tenet of the Restorative Approach is that relationships provide the strongest motivation to people. The treatment method emphasizes the relationship effects of behavior. What behaviors bring you closer to another? What behaviors hurt and alienate others and distance you from your community? When you hurt others, how can you make amends?

If we believe that relationships are our strongest tool in creating change, then everything we do should be informed by our understanding of what will strengthen relationships. This is where our power for change lies.

Based on this theory of change, we do not use time-based restrictions, isolation, and loss of privileges when the child acts

out because these rely on the motivating aspects of reward and punishment, which are ineffective in trauma treatment. Under the Restorative Approach, all minor problems are handled by redirection. When children hurt others, disrupt the community, or cause serious property destruction, they are assigned restorative tasks. These tasks should provide an opportunity to make amends, and they should provide teaching of skills that will help the child avoid similar problems in the future.

How can a child who has assaulted staff or damaged property make amends? He can do something for that staff member—write an apology, talk over what was going on, draw him a picture, write and sing him a song, or pick him a bouquet of flowers. He can make popcorn for all the kids on the unit to pay back for the disruption he caused. He can help fix the property he damaged.

How can a child who has had a fight with a peer learn skills to avoid future fights? She can be assigned practice in getting along, like playing a game positively for half an hour. She can role-play a relationship problem with staff. She can interview three people and find out how they handle a friend letting them down.

If a child has injured or had difficulty with a particular staff member or peer, that person should be central in establishing and working through the restorative work. The theme here is that instead of doing time, the child is learning skills and reconnecting with people. Restorative tasks that offer a way to reconnect and make amends teach a valuable skill everyone needs—knowing what to do when one has messed up. These tasks not only reestablish connection, they teach children they have something valuable to offer in relationships.

Using the Restorative Approach does not take more time or more staff. Restraints take time, as do power struggles, counting points and assigning levels, and providing ineffective treatment. In the long-term, the Restorative Approach saves time because it is effective and leads to positive behavior change.

## Case Examples

To provide trauma-informed treatment, all staff must recognize the biological changes that accompany trauma. Children who have experienced early, repeated, and multiple abuse are left with disturbed biological regulation systems. Their ability to relax, calm down, soothe themselves, and rest is compromised.

The actions of LaShanna, a young resident, are a good example. When LaShanna's mother doesn't come for a visit, or when LaShanna even thinks about that happening, she experiences an intolerable emotional state. She feels jagged, irritable, hopeless, and disconnected. As a release and a way of emotionally regulating herself, she breaks windows and destroys furniture.

In a crisis, using a trauma-informed model such as the Restorative Approach, all we should be doing is helping the child calm down. We do this primarily by listening and validating: "So, you are really upset by what happened with your mother. I can understand that." We remain calm ourselves and use a gentle tone of voice. We are patient. We work with the child, suggesting compromises, offering options. We help the child reconnect with significant people. The staff that the child is particularly mad at, for example, withdraws from the situation and the child's current favorite staff comes in.

Being near regulated adults regulates children. That means that in a crisis, using the Restorative Approach, we must keep the child near us, avoiding the use of seclusion, if at all possible. And we must stay regulated ourselves through the support of our team. It doesn't help LaShanna to be confined to her room after she's broken the furniture. In fact, it is

unbearable for her, and she does something else to escape the prison of her room and of her mind.

We can further help LaShanna by providing her with methods to change the intensity of her pain and hyperarousal without hurting herself or others, or even the furniture. These would be things like going for a walk, moving around, accomplishing something active but not very difficult, or engaging in an activity that provided a distraction, such as cooking. We have to take her by the hand and do these things with her. We have to be active to engage her and almost drag her into another space. Hopefully, we get better at noticing the early signs of her distress and intervening. Eventually, we hope LaShanna will notice her own signs of distress and use her own interventions. But we are a long way from that place.

A trauma-informed approach acknowledges the importance of shame. Most of the children have been seriously abused, and they feel it is their own fault. They are completely sure in their hearts that they are no-good, worthless people. Punishment that includes isolation and public humiliation further reinforces this internal certainty.

Much of our clients' behaviors can be understood as desperate attempts to avoid being vulnerable. Joey, a boy who is small for his age, enters the unit insulting everyone, making death threats, talking about his gang affiliations, and the weapons he claims to have hidden in his room. Aaron is scheduled for discharge. He becomes aggressive and angrily attacks his favorite child care staff. Katie is desperately hurting herself, refusing all offers of help, screaming that she needs to go to the hospital shortly after moving to a new group home.

Caregivers can go far by looking at every episode of aggression and realizing they are the result of fear. Our best help to these youth is to provide safety, soothe them, and help calm the activated nervous system. Only then will it be useful to point out positive and joyful aspects of life and draw them slowly into an experience that includes more than survival.



*Patricia Wilcox is Vice President for Strategic Development at Klingberg Family Centers.*

## Transforming Staff Thinking

Agency transformation depends on staff developing a new understanding of trauma, its effect on people, and how to heal trauma through relationships. Providing trauma training for all staff is fundamental in changing their approach to the clients.

At Klingberg, all staff must attend Risking Connection training. Risking Connection is a registered trademark of the nonprofit Sidran Institute, based in Baltimore. Risking Connection, a foundational trauma training, offers a three-day,

interactive experience that helps staff understand children in a new way and see their behaviors differently, hence connecting with them in a new way.

The basic premise of Risking Connection is that symptoms are adaptive and best healed within a RICH (Respect, Information, Connection, and Hope) relationship. The underlying trauma framework is that childhood traumatic experiences lead to traumatized development, including disrupted attachments, a sensitized nervous system, and impaired self-capacities. These self-capacities are inner connection, self worth, and feelings management. When the youth encounters a current stress, he experiences an intolerable emotional state. He only knows negative or extreme coping strategies. We call these coping strategies symptoms. They include retreat, self-destruction, and other destruction.

## Implementing the New Approach

Trauma-informed care can be implemented without commitments, program change, or the elimination of our points and levels system.

When youth are upset, we often give up on trying to get them to take responsibility for their actions. Instead, we can paraphrase what a youth says: “So, you are very angry about being sent up from school? It doesn’t seem fair to you?” Emphasize any feelings the young person imparts, particularly any other than anger: “You are discouraged, you are sad, you are frustrated, you were hurt.”

Then we can ask what else is upsetting him. During all of this we keep our breathing slow and our voice calm. And then when—and only when—we notice some de-escalation on his part, do we consider where to go from there. The child is upset and wants this, the adults think this is necessary, how can we go forward? Wherever we can compromise, be creative, or use unique solutions, we do so.

We can encourage staff to speak from the heart, and to use “I” statements, such as “When you ran away, I was so worried about you. I couldn’t sleep because I worried that something bad would happen to you.” Or, “You just hit me. I am not ready to give you a hug. I feel hurt and upset right now. I’m sure we can work this through later, but right now I need some time to calm down before I can reconnect with you.”

This is not to say that risks in implementing the Restorative Approach don’t exist. There is always the possibility that there will be emotionally dysregulated staff, staff with poor boundaries, or staff with overly intense reactions, either positive or negative. We have to teach people how to speak from their hearts, while maintaining good boundaries and emotional regulation. This also becomes a team issue, because a well-functioning team will allow staff to confront each other directly when boundaries are being jeopardized. Finally, it also becomes a supervision issue to be handled directly and vigorously by the unit manager.

## In the End, Better Outcomes

While this change is not easy, it is worth the struggle. Based on extensive field observations, a trauma-informed approach produces better outcomes for children who have suffered multiple attachment disruptions and trauma.

The Restorative Approach offers hope for a more healing environment and a more meaningful experience for both staff and children. It is also transferable to the outside world, where levels and points do not exist. The Restorative Approach restores our focus to the most important and powerful aspects of our work with children and each other, which are our mutual and respectful caring relationships.

If an agency chooses to adopt the Restorative Approach, upper management must clearly embrace this direction and remain unequivocal about its decision. Training is also the key to success. Staff who work hard to care for wounded children need the best possible tools and the most caring working environment. And most importantly, the children and families who have been treated so unfairly deserve the most effective treatment possible, leading to the deepest and most lasting healing. ■

*Patricia D. Wilcox LCSW is Vice President for Strategic Development with Klingberg Family Centers. She can be reached at 860/832-5507 or patw@klingberg.com. Learn more at [www.klingberg.org](http://www.klingberg.org) and [www.riskingconnection.com](http://www.riskingconnection.com). Read her blog on trauma-informed treatment at <http://traumatreatment.blogspot.com/>.*

### What the Restorative Approach Is Not

**Adopting the Restorative Approach does not mean limits or rules are nonexistent.** The adults are responsible for creating a safe, orderly setting that maximizes the safety and success of the children.

**The Restorative Approach does not take away staff authority.** It means we use our authority honestly, directly, and with respect.

**The Restorative Approach does not mean staff can ignore maladaptive behavior.** We must have the strength to be direct with youth about what they are doing and how it is affecting others.

**The Restorative Approach does not mean our prime intervention is constantly asking the child how they are feeling.** Instead, we use the art of engagement, exploration, humor, distraction, looking for patterns, listening, and repeating until everyone discovers what is going on.

**The Restorative Approach is not something that can only be employed when everything is calm and we have plenty of time.** If that were the case, it wouldn’t be much use in residential treatment. Whether we are intervening in crisis or simply filling out a form, we can be respectful and collaborative with the children. We can convey our certainty that the child is doing the best she can, and that together we can learn ways to do better.



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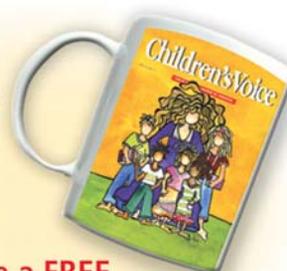
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# Exceptional Children

*Navigating Learning Disabilities & Special Education*



*Ellen Notbohm*

## Summertime, and the Reading Is Easy...

### *Tips to keep kids reading through the summer*

“I find television very educational,” Groucho Marx once said. “Every time someone switches it on I go into another room and read a good book.” It’s an attitude most schools would like to encourage. Reading is, of course, the bedrock of education. Many teachers will say that reading with children at home is the single most important factor in nurturing literacy. One teacher even told me that it is more important than anything they do at school.

The months-long summer break is no friend to children with learning disabilities, who frequently return to school in the fall exhibiting regression that can take weeks, even months, to recoup. Encouraging reading through the summer can help immeasurably, ensuring that children can get up to speed as quickly as possible when the new school year commences. Here are 10 things you can do to help children with one of education’s most essential building blocks.



**1** If a child is a pre-reader or beginning reader and you aren’t currently reading with him or her on a regular basis, start now. If reading every day seems overwhelming, start with two days a week and work up from there.



**2** Try to encourage 20 or 30 minutes of reading each day. Remember that, like exercise, it doesn’t have to be all at once. Two 10-minute sessions or several 5-minute sessions are just as valuable as one long sitting, maybe more. Reading requires focused attention, and that break in the middle of the effort may be just the recharge a child needs.

**3** Emphasize content and comprehension more than error-free decoding of words. Correcting every little error turns reading into work. Overlook small errors. If you must correct, just repeat the word the correct way in a positive tone of voice as if you didn’t even notice it was wrong, and move along quickly.

**4** Check the child’s comprehension of the story by asking questions. “How do you think the Frog and Toad feel about this? Have you ever felt like that?” But don’t ask so many questions that your child loses the story line or the momentum of his reading.

**5** Let the child choose what he wants to read, and where he wants to read it. Don’t assume that your favorites (or his siblings’) will be his too. And encourage him to read anywhere: not just a chair or bed, but hammocks, lofts, nooks, forts, and bathtubs can also be fun reading spots.

**6** A lot of wonderful classic literature may be beyond a child’s reading comprehension. But if a movie version exists, it can serve as an introduction to the story, to be followed by the reading of an abridged children’s version of the classic. Some perennial favorites are *20,000 Leagues Under the Sea*, *In Search of the Castaways*, *Heidi*, *The Secret Garden*, *Anne of Green Gables*, *The Wizard of Oz*, *Moby Dick*, *Jungle Book*, or *Black Beauty*.

**7** A child who seems disinterested in typical children’s books may be very interested in reading something he has written himself. Have him write out his stories or narratives and read them back to you, or he can dictate them to you.

**8** Wordless books are reading too! For children with language-based disabilities, they can be particularly valuable. Have the child make up his own story to go with the pictures (write it down and add details during subsequent readings), talk about sequencing (how stories have a beginning, middle, and end), and make up names for the characters.

**9** When a child does find a book she particularly enjoys, look for other books by the same author, the same series, or other books in the same genre. Your public library can probably help; most maintain numerous reading lists for all ages, abilities, and interests.

**10** Summer is a great time to introduce children to newspaper reading, and there are many kid-friendly ways to do so. Comics, the weather report, articles about pets, kid-oriented websites, reviews of new children's books or movies, sports stories, and photos of local events are all good ways to sneak a little reading into their day.

And finally, here is an extra piece of advice: If a favorite book emerges and it is a library book, buy a copy. Through the years, favorite childhood books become old friends, to be fondly revisited. More is not always better. Our son's teacher tells this story: "We used the library all the time. So as my children grew up, the books they loved from their past were all at the library. How I wish I had bought more books, so they could go back and say, 'Oh, I loved this story!' For my daughter's 18th birthday, I gave her one of her favorite books, *Miss Rumphius*, and we read it over and over again. I had finally realized: Think less about volume and go for quality and enjoyment." ■

*Two-time ForeWord Book of the Year finalist Ellen Notbohm is author of the award-winning Ten Things Every Child with Autism Wishes You Knew and the newly released The Autism Trail Guide: Postcards from the Road Less Traveled. She is a columnist for Autism Asperger's Digest and Children's Voice and a contributor to numerous publications and websites around the world. To contact Ellen or explore her work, visit [www.ellennotbohm.com](http://www.ellennotbohm.com).*

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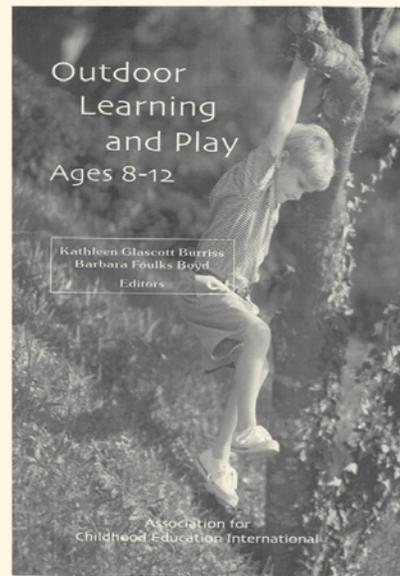
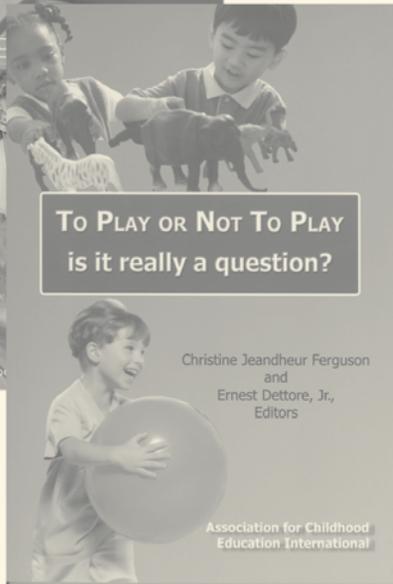
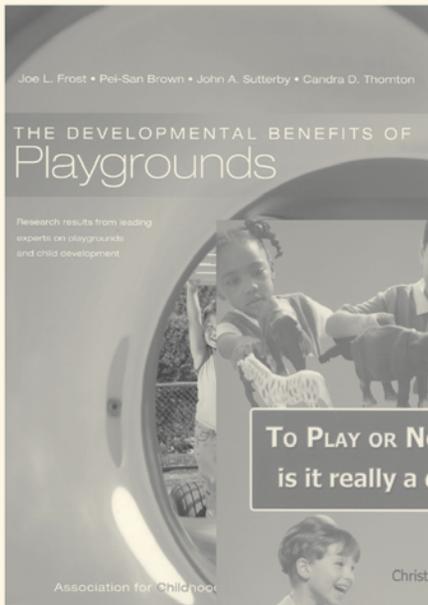
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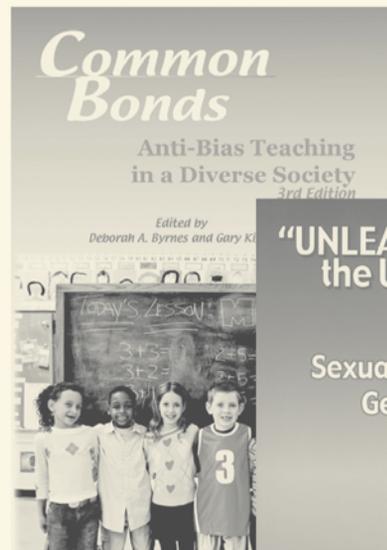


*“Play needs to be cherished and encouraged, for in their free play children reveal their future minds.”*

~ 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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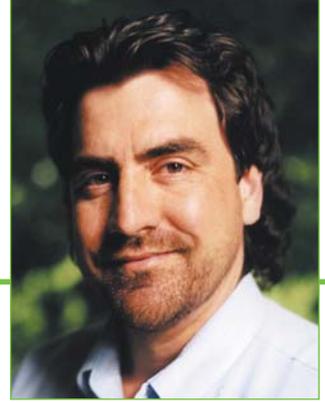
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# DownToEarthDad

Patrick Mitchell



## A Space of Their Own

“**T**he benefits of interacting online far outweigh the dangers. Change your attitude about the Internet. What kids get from the Internet is far greater than the damage that it can do.”

That’s what Brendesha Tynes, Professor of Educational Psychology and African American Studies at the University of Illinois—Urbana-Champaign, told me recently. Her article, “Internet Safety Gone Wild? Sacrificing the Educational and Psychosocial Benefits of Online Social Environments,” appeared in *The Journal of Adolescent Research* in November 2007.

Overprotective (but well-meaning) parents, she worries, can sabotage teens’ opportunities to receive the educational and psycho-social benefits of social networking sites like MySpace, Facebook, Xanga, Friendster, and Bebo. The sites can be wonderful backdrops for vitally needed teen self-expression, she contends; however, out of fear for their teens’ safety, many parents curtail the use of such sites. The result is decreased opportunities for self-expression, Tynes says, and fewer chances to experience the unique educational and social growth that responsible use of such sites provides.

An estimated 140 million people are on MySpace, and 25% of them are between ages 13 and 17, she notes. To stay up on current happenings, she subscribes to an online news service that e-mails articles to her about social networking sites. “Every day, I get about six articles [by e-mail] warning parents and educators about the dangers of the Internet. I haven’t seen much in the past couple of years where

people are talking about the benefits,” she tells me.

## Enhancing “Critical Thinking” Skills

“There are a number of educational and psycho-social benefits to interacting in online social environments like MySpace, chat rooms, and discussion boards,” Tynes says. “What you get is kids being able to improve on ... critical thinking and argumentation skills. For instance, someone posts a message on the Internet, and people read it. Then, if you want to respond to that person’s message, you have to think a bit about what you’re going to say in your post.

“This opportunity to understand the views of other youth ... seems to me like an exceptional educational benefit of interacting in these online spaces. Social networking sites help teens hone communication skills. I call it their ‘training wheels’ for a number of discussions, thought processes, and relationship issues.”

## Allowing Space for Social Connections

Social networking sites can provide a sense of autonomy for adolescents. “They need a space of their own,” Tynes says. “Rather than trying to control them more, we need to back off a bit and let them explore these spaces on their own. I’m not saying parents should completely relinquish control; I’m saying talk to [your] child and [don’t be] constantly looking over their shoulder. They get to connect with friends in online settings, and research has shown that their connection to friends, and the quality of the friendships they build, is associated

with their well-being—satisfaction with life and self-esteem.”

## Staying Safe Online

Children need an exit strategy to avoid unwanted online attention. They also need to know how to block people who may be harassing them, and they need to understand not to give out personal information, Tynes says. Meanwhile, parents need to be careful not to let fear get the better of them. “Some parents make it so the computer has to stay in the living room, and whenever their kid logs on they have to be sitting right there. But I think that sort of defeats one of the [social networking] purposes of being able to interact in these online spaces.”

The information superhighway has become busier, and we want children to look both ways before crossing it; still, we know they must cross because, as Tynes notes, the benefits of interacting online far outweigh the dangers. Still, Tynes would be among the first to agree that social networking sites are valuable tools only for those children and parents who exercise appropriate caution in their use. ■

**A** regular contributor to *Children’s Voice*, Patrick Mitchell publishes a monthly newsletter, *The Down to Earth Dad*, 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](mailto:patrick@downtoearthdad.org). Website: [www.DownToEarthDad.org](http://www.DownToEarthDad.org).

# Taking a Page from the Book

*Almost 10 years after the release of the national Greenbook initiative, communities are showing progress in addressing the overlap of domestic violence and child maltreatment.*

*By Jennifer Michael*

When Sharwline Nicholson suffered a vicious attack by the father of her 5-year-old son in January 1999, she left her son and 9-month-old daughter in the care of a trusted neighbor while she was hospitalized with a broken arm, broken ribs, and head injuries.

Nicholson was still undergoing treatment in the hospital when she realized that the wounds inflicted on her body were only the beginning of the more widespread damage done to her life. Her children didn't stay long with her neighbor in their Brooklyn, New York, neighborhood before New York City Child Protective Services took custody of her children and placed them in foster care homes, claiming Nicholson had "engaged in domestic violence."

Nicholson found herself leaving the hospital one day and hiring a lawyer and going to court the next. Even though her children were not harmed during the attack—her son was at school and her daughter was asleep in her crib—she had to "fight" to get her life back in order, Nicholson recalls. What pushed her was not only the thought of seeing her children again, but of all the other women she met in court who were in the same situation. "I was not alone, so that gave me incentive to fight this battle," she says.

Eventually the Administration for Children's Services dismissed Nicholson's case and returned her children, but

caseworkers still paid her visits and she was told she could not return to her home. Another sobering consequence of the family's involvement with the child welfare system, Nicholson says, is that her children were abused during their time in foster care. During her visits with the children while they were still in care, she found scratches on her daughter and her son had a black eye.



Today Nicholson serves as a spokeswoman and advocate for domestic violence victims and their children because "So many children go through this pain and needless suffering that we have to bring some sort of attention to it," she says.

Nicholson's case is an example of how women and children involved in domestic violence situations are often victimized twice, both by the abuser and by the systems designed to help them. Too many times service agencies have differing protocols and goals and fail to coordinate among one another.

To address these issues, the Family Violence Department of the National Council of Juvenile and Family Court Judges convened leading family court judges and experts on child maltreatment and domestic violence in the late 1990s. In 1999 they released a report, *Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice*. Today, the report's tongue-twisting title is often referred to simply by the color of its cover—the "Greenbook."

The Greenbook initiative issued a set of guidelines for child welfare agencies, community-based domestic violence providers, and dependency courts to collaborate and develop policies and procedures to enhance the safety and well-being of battered women and their children. The U.S. Departments of Justice and Health and Human Services selected six demonstration sites around the country to implement the Greenbook recommendations over five years—ending last year—at a cost of \$1.05 million.

Now, child welfare workers, domestic violence advocates, and family court judges in communities nationwide are drawing on the fruits of the demonstration sites' labor. They are using the resources the sites developed and following their advice on what to do and not do when developing collaborations. They are on a mission to prevent what happened to Nicholson and her children from happening to other women and children caught up in domestic violence.

## Data to Stand On

"It was very common prior to the Greenbook work that child welfare workers would just plain not talk to domestic violence

agencies,” observes Katherine Lucero, a Supervising Judge in Juvenile Dependency Court and a former Family Court judge in Santa Clara County, California. “They viewed the domestic violence advocates as not being protective of children. The domestic violence advocates viewed the child welfare system as not understanding the family dynamics in a domestic violence family and certainly, therefore, revictimizing the victim by taking her children.”

As one of the six demonstration sites implementing the Greenbook guidelines, Santa Clara County was able to put this issue on the table and give the different systems a chance to build trust and walk in one another’s shoes. The other demonstration sites were El Paso County, Colorado; Grafton County, New Hampshire; Lane County, Oregon; San Francisco County, California; and St. Louis County, Missouri.

“Our community has not only taken on the work of the Greenbook and tailored our recommendations from the Greenbook, but we’ve also really changed institutions here

with regard to collaborations and the benefits of collaborations,” Lucero says.

The importance of such collaboration becomes clear when looking at the data on the overlap of child abuse and domestic violence. “Most of the studies over the last 25 years have found somewhere between a third and two-thirds of the families where there is child physical abuse, there is also adult-to-adult physical violence going on in the home,” says Jeff Edleson, a Professor at the University of Minnesota School of Social Work and Director of the Minnesota Center Against Violence and Abuse.

Over the years, Edleson has changed the way he views the impact of domestic violence on children. “I used to talk about children *eye witnesses* who are witnesses of domestic violence, and I really think *exposure* is a much broader [term].”

If children don’t directly see violence in their home, they may still be exposed if they hear the violence, which may be

## What is the Greenbook?

*Effective Intervention in Domestic Violence & Child Maltreatment Cases: Guidelines for Policy and Practice*, also known as the “Greenbook,” is a set of recommendations designed to help



dependency courts and child welfare and domestic violence agencies better serve families experiencing violence. The Family Violence Department of the National Council of Juvenile & Family Court Judges brought together a diverse, expert committee to develop the Greenbook over

many months. Its recommendations are being used, formally and informally, by hundreds of communities across the nation and around the world.

Following is an excerpt from the Greenbook’s public and policy guidelines for intervening in domestic violence and child maltreatment cases.

### CORE PRINCIPLES:

*Community leaders should join together to establish responses to domestic violence and child maltreatment that provide meaningful help, supports, and services for families. Simultaneously, communities should hold violent perpetrators responsible for their behavior and provide legal interventions and services to stop this violence.*

*This first principle is an overriding one from which flows most other principles and recommendations in the book.*

*Other leading principles:*

- Three core values should guide the implementation of this guiding principle—interventions should be designed to create safety, enhance well-being, and provide stability for children and families.
- To ensure stability and permanency, children should remain in the care of their non-offending parent (or parents), whenever possible. Making adult victims safer and stopping batterers’ assaults are two important ways to do this.
- To provide safety and stability for families, a community service system with many points of entry should be created.
- Community leaders should design interventions and responses that are appropriate to the diverse range of families experiencing domestic violence and child maltreatment.
- Every community should have a mechanism to close gaps in services, coordinate multiple interventions, and develop interagency agreements and protocols for providing basic services to families. Existing coordination efforts should be expanded to include active involvement of domestic violence advocates, child protection workers, and community residents.
- Every community should make a commitment to building internal capacity to respond effectively to families experiencing domestic violence and child maltreatment.
- Agencies and courts should develop memos delineating the mandates of each system, their confidentiality requirements, and agreements for sharing information.
- Policymakers and program developers should support the development of information gathering and evaluation systems to determine the intended and unintended outcomes of collaborative efforts.

Source: [www.thegreenbook.info](http://www.thegreenbook.info)

even scarier. The perpetrator may also use the child as a tool by asking him to monitor the other parent, placing him at the center of a custody battle, or even kidnapping the child. In the aftermath of violence, children can further be exposed to new risks if they are separated from their victimized parent, as was the case for Nicholson's children. In all, 10–20% of children in the United States and in other countries are exposed to adult domestic violence every year, Edleson says, which translates to 7–14 million children in the United States alone.

## Community Collaboration

For those communities that have not already engaged in Greenbook-related work, Ruth Houtte hopes what the demonstration sites learned over the five-year project will inspire others to adopt similar initiatives.

“It is really about discovering what your community is ready to do and then designing your project ... and coupling that with the wisdom that the Greenbook provides,” says Houtte, the former Project Director of the Grafton County, New Hampshire, Greenbook initiative. “Find out what is already going on in your community and then build on that.”

Examples of positive outcomes in Grafton County included a multidisciplinary dialogue created among child protective services, the courts, and domestic violence programs that enabled them to find common ground across systems in order to begin strategic planning. They didn't start with hot button issues, Houtte says, but found a place where participants could reach agreement by talking about what everyone wanted for kids in the community, which led to an assessment of the resources the community actually had.

Out of Grafton County's multisystem collaboration grew a series of protocols developed for the different systems. Houtte encourages other communities to steal ideas from the protocols, which are located on the Greenbook website, [www.thegreenbook.info](http://www.thegreenbook.info). The county also significantly expanded training on domestic violence for new child protection

workers, from a one-day training to a three-day training that incorporates a day to focus on women and domestic violence, a day on fathers and engaging men, and a day on children's exposure to domestic violence.

While the demonstration project required each site bring child protective services, the courts, and domestic violence programs to the table, some sites expanded their systems outreach. Grafton County included court-appointed special advocates in their collaboration, and Santa Clara County included local law enforcement.

Judge Lucero says Santa Clara County laid the groundwork for its demonstration project by giving each system homework to get to know one another better, often by going on ride-alongs with police officers or social workers. “We began to build trust and see what other people were going through with their jobs day-to-day,” Lucero says. “Also, we could begin to be less critical with one

another because we saw that in the field, with real cases and real families, these are very complex issues.”

The systems in Santa Clara County also developed a foundation for their work by hashing out issues with a third-party facilitator to focus on their similarities rather than their differences. This helped dispel their biases and beliefs about one another. Working with the facilitator, as well as conducting third-party stakeholder interviews, also helped the group create common language. Each system, for example, held different perspective on the term *failure to protect*. In other words, who was failing—the battered parent, the batterer, or the system?

## Pushing On

Another requirement of the demonstration project was that each site build infrastructure for sustaining its work. So while they are no longer called “demonstration sites,” each county is continuing to focus on the impact of domestic violence on their service systems.

## Evaluation Results



From 2000–2007 the United States Departments of Health and Human Services and Justice funded six demonstration sites across the country that implemented the recommendations of the Greenbook. The sites were evaluated locally and nationally. Following is a sampling of the national evaluation results.

Training, Screening, and Protocols for Child Protective Services Workers:

- Worker reports of training on co-occurrence of domestic violence and child maltreatment: 58% at start of demonstration project, 75% at end.
- Worker reports of written protocols on reporting domestic violence in homes: 54% at start, 85–100% at end.
- Worker active screening for domestic violence: 54% at start, 77% at midpoint, 62% at end.

“What we learned is that the work is always evolving, and it is important that we continue to push on,” Houtte says.

Nicholson is also pushing on, drawing on her experience to help other victims of domestic violence find hope, inspiration, and guidance. After her experience with domestic violence and her involvement with the child welfare system, she sued New York City. In the case, *Nicholson versus Williams*, a judge decided that the practice of removing children of battered women from their custody was a violation of the 4th and 14th amendments. Since this decision, Nicholson says New York City and other states have paid closer attention to the interrelatedness of domestic violence

and child welfare, and more children are being protected from further harm. ■

*The information and quotes used in this article were taken from the fall 2007 Competence on Call teleconference series, “Domestic Violence and Child Welfare Reform,” sponsored by CWLA, the Family Violence Prevention Fund, and the National Council of Juvenile and Family Court Judges, and supported by the Office on Violence Against Women and the Department of Health and Human Services.*

*Jennifer Michael is the former Editor-in-Chief of Children’s Voice.*

## New York City’s Steps Toward Reform

ACS came to identify core strategies essential to their practice approach:

- routinely screening for domestic violence in all child abuse investigations;
- assessing safety and risk, case-by-case;
- conducting safety planning with victims to effectively achieve child safety in most cases;
- emphasizing holding abusive partners accountable; and
- making safety interventions, including child removal, when necessary to ensure child safety.

The following are the critical policy and practice changes enacted:

- Domestic violence consultants work in each area office and have been integrated with substance abuse and mental health consultants.
- Family conferences are used as a problem-solving tool.
- Domestic violence protocol includes interviewing the abusive partner.
- Family court practice emphasizes batterer accountability.
- Higher-level review is made on case decisions.

“This work is really challenging,” Roberts says of domestic violence and child welfare reform. “Any agency that commits to making these kinds of practice changes needs to see it as a long-haul effort and really resist the temptation to say, ‘okay ... let’s move on to the next issue.’ In order for the work to be good-quality work there needs to be ongoing, consistent attention to it.”

Reforming practice within New York City’s Administration for Children’s Services in child protective cases involving domestic violence has been a “bumpy road,” says Deputy Commissioner Liz Roberts.

The process of building the capacity for this reform was well underway when Sharwline Nicholson filed

her lawsuit, *Nicholson versus Williams*, but Roberts says the training being done on the

issue was not enough—training is just one tool and if it is the only tool, impact will be marginal. A comprehensive strategy for practice change was needed and developed from 2000 to 2005. The key elements identified for improving practice were: policy, training, expert consultation, managerial reviews, and quality assurance/quality improvement.



# From Strategic Planning to Strategic Positioning

By Shelli Bischoff-Turner

Strategic planning has been the mainstay of nonprofit organizational development for decades. Defining mission and vision, setting strategic goals, and creating work plans are the foundation of any professional enterprise. Nonprofits typically go through the strategic planning process upon start-up, after a few years of passionately providing services, at a transition point, or as a result of significant industry changes.

In today's complex and competitive environment, however, the traditional strategic plan isn't enough. While defining mission, vision, and goals are sufficient to maintain or grow an organization, it doesn't always capitalize on new opportunities or best leverage an organization's assets. We suggest that sophisticated and successful nonprofits consider strategic positioning to get to the next level.

Strategic positioning is outward-focused, more fully recognizing the competitive and market environment within which an organization operates. Positioning defines an organization's specific niche within its sphere

of influence. With a strong strategic position, the organization is poised for ongoing success, sustainability, and distinct competitive advantage.

## Strategic Planning Fundamentals

Since strategic positioning is an enhancement to strategic planning, reviewing its fundamentals is important. Good strategic planning is about focus and choices. Strategic means *deliberate* decisions based on internal, external, and market *context* and current and anticipated conditions. Defining an organization's direction and the strategies to achieve results should be an analytical and objective process. To be clear, strategic planning is not a visioning process; nor a brainstorming process; nor a long list of strengths, weaknesses, opportunities, and threats.

The strategic plan is a useful and viable nonprofit management tool provided it:

- is based on external, internal, and market context and objective data and information,
- involves a systematic and informed decision-making process and the plan reflects deliberate choices, and
- is used as a touch point for programmatic, marketing, resource development, and operational decisions.

## Strategic Positioning: The Next Level

Organizations that have mastered the fundamentals of strategic planning or are ready to go to the next level of development should consider strategic positioning. If they are clear about mission, methods, and distinctive competence, for example, they will want to do more than set strategic goals in a planning session. Positioning can be useful for organizations with substantial strengths and skills that seek to optimize those assets.

Strategic positioning enhances planning. Positioning defines, creates, or recreates an organization's niche within a sphere of influence. Positioning is relative to the competition, other players, or constituents.

As pointed out by Jack Trout, who coined the



“strategic positioning” term, it is not about the product, it is about where you are in the mind of your constituent.

Positioning more fully defines the organization’s identity and helps create distinction in a competitive environment. Organizations that are well-positioned have a presence that allows them to achieve strategic goals in a seemingly effortless manner. These are the organizations that have a “bigger than life” organizational persona. They are able to command attention, appear ubiquitous, and are always at the right tables.

## The Positioning Imperative

Good examples of how organizations can distinguish themselves comes from our work with human service organizations. In addressing the needs of parents, families, or children, human service organizations can find themselves providing an array of services. Pressure to create new projects or expand programs to meet ever-increasing needs can result in the proverbial “all things to all people.”

Deliberately defining a position helps an organization be more focused and distinct. One human service organization decided to fully own the “family self-sufficiency” position in their community. They defined the desired results and the processes necessary to achieve those results. They realigned the organization and transitioned out of major programs and facilities to be more efficient in allocation of resources. The organization has become a model of reinvention and impact.

Positioning is also an imperative when an organization has outgrown the market or has the capacity to expand. One statewide organization outgrew its services to its constituents. Their positioning process helped to define their distinct expertise and highlighted the opportunity to apply those skills in a broader geographic market. In another situation, a large, successful, century-old human services organization redefined its position to best leverage its assets and brand. Its distinct assets were under-utilized as a local, direct service provider. It had opportunities to reposition as a national model.

## The Process

Like planning, strategic positioning is a systematic, objective process based on context, analysis, deliberate decisions, and organizational alignment. As shown in Figure 1, positioning enhances and informs the strategic planning process.

**Situation analysis.** The situation analysis for the positioning process expands upon the analysis used as context in planning. It is a more externally focused, constituent-centered approach to understanding the industry and macro-environment in which the organization operates.

**Competitive analysis.** Most nonprofits are not comfortable with the idea that they compete for market share. Non-profits are trained to distinguish themselves from one

another. Oftentimes funders require collaborative approaches in a competitive funding environment, making for a very interesting market scenario. Asking the question, “Who is the competition?” typically yields less than useful results. Most will not admit that organizations, companies, or government agencies exist that provide the same services. In many instances, the competitors are also partners and collaborators.

It is more useful to ask, “If your organization went away tomorrow, what organization would likely fill your niche?”

This question typically yields a handful of competitors. Websites with resource links also provide lists of other organizations that occupy your niche.

A good competitive analysis provides a detailed comparison of the mission, programs, members, budget size, and funders of similar organizations, at a minimum. An enhanced analysis would assess distinctive competencies and personnel, markets and market penetration, partnerships, board networks, and operating models.

**Constituent interests.** Typically, nonprofit member, donor, and volunteer research are done with customer satisfaction surveys. Strategic positioning encourages us to go deeper and be more constituent-centered. Being constituent-centered focuses on what the organization knows about the constituent, rather than trying to discern what the constituent knows about the organization. In addition to what is known about current constituents, what is known about the interests, attitudes, behaviors, and unmet needs of *potential* constituents?

Social marketing research reminds us to understand constituent behavior—what do they perceive as benefits and obstacles to changing behavior. Objective, attentive research provides insights to constituent unmet needs or interests, or to the products or services that would bring about desired behavior, whether it is quitting smoking or donating to your cause.

FIGURE 1



**Distinctive competencies.** Organizations with clear, focused missions and identities generally have developed methods, skills, or assets that have allowed them to excel in a particular area. Over time, those skills become distinctive, competitive advantages. Positioning can leverage those assets. What does the organization excel at or where does it have a competitive advantage?

Distinctive competence is one or two things—not a long list of generic characteristics or styles, such as “collaborates well.” Does the organization have a unique business method? Has it excelled at a distinct process, or does it simply have expertise and skills that the competitors do not? An environmental group, for example, has a unique partnership with a renowned law school. It has access to legal expertise that few other organizations can boast. In other situations, well-established and well-endowed organizations had unmatched research capacity. In the case of a human service agency, it housed a research staff that had become experts on outcome evaluation. In the case of a natural area preserve, their research station had unique longitudinal climate data spanning 70 years. In both cases, the distinctive competence provided unparalleled opportunities to position within a broader sphere.

**Gaps and unmet needs.** Unmet needs and gaps should emerge from the situation analysis, competitive environment, constituent needs, and distinctive competencies. If the needs are not obvious, presenting the data and information to a board, staff, or advisors can elicit response and conclusions. The true value of a board with diverse backgrounds and expertise is that each person sees the situation differently.

In some cases, the overlap between unmet need and organizational competence is obvious. In others, gaps may not yet have been defined as a need. The enterprising organization, however, will see the opportunity to better achieve mission.

**Alternatives and selection.** Several potential positioning opportunities usually exist. Options may be to go broader, or narrower, as in the case of the human service agency that decided to focus on family self-sufficiency. A local or statewide organization may have an option to go regional or national.

Selection of the appropriate position is a strategic decision. Decision considerations include the organization’s tolerance for risk or change. Some positions are likely to be more challenging or more radical than others. Funding options and feasibility are strong considerations in position selection. While some alternatives may be most attractive,

they may be more difficult to fund. In some cases, to more fully occupy a position, the organization may have to vacate another. Each alternative position has its own set of implications. In all cases, the appropriate position should be strategically advantageous and align with mission.

It is critical to emphasize that positioning is not necessarily about taking an organization into a whole new area, nor does it suggest the organization become too diverse or unfocused. Positioning is based on distinctive competence and clarity about mission, method, and skills. Being deliberate about

the position goes beyond organizational identity to strategic advantage. It goes beyond organizational description to clear distinction in the marketplace and in the minds of constituents.

**Strategic planning and organizational alignment.** With clarity of position, the organization can move into the strategic planning process. The position will influence goals and objectives moving forward. Upon comple-

tion of the planning process, it is necessary to align and develop the organization to achieve goals and support position. In its simplest form, for example, an organization cannot be the “voice of the sector” if it has no research and advocacy capacity. An organization cannot promise to be the leading source of accurate and current information without the systems and technologies to handle that information. At a more complex level, organizations may have to undergo comprehensive redesign and resource reallocation. This was the case of the human services organization that sold off assets that were not within its more focused position and transferred entire programs to other organizations.

## The Benefits of Strategic Positioning

Embracing strategic positioning can mean different things to different organizations. A mature organization seeks rejuvenation, a growing organization endeavors to broaden their reach, and a young organization wants to strengthen its identity.

**Rejuvenation.** Positioning was key to the revitalization of a statewide association. A positioning analysis validated a gap in leadership sector-wide. The organization’s donors, clients, and stakeholders, as well as the external and market conditions, highlighted a need for the organization to better fulfill its potential and live up to its brand.

The positioning analysis, and subsequent decisions made by the board, rejuvenated the organization as it redesigned programs, created a stronger public image, hired staff to

### The Birth of an Idea

**Positioning** is a term coined by Jack Trout in a paper he wrote in 1969. Later, he and Al Reis co-wrote the book, *Positioning: The Battle for Your Mind*, which became a national bestseller. According to Trout and Reis, positioning is “not what you do to a product. Positioning is what you do to the mind of the prospect.”

fill needed services, and positioned itself in a new arena. Positioning literally defines the table at which one sits, as well as who one talks to and what names are on the speed dial. To fulfill the sector-wide leadership position, the organization needed leaders who interacted with other leaders.

**Broader reach/greater impact.** Positioning can help an organization meet unmet needs and occupy a larger niche. One organization had successfully met its goals. The savvy director understood that simply doing more, or incremental growth, was not a sustainable business model. A positioning exercise defined significant opportunities in a broader geographic marketplace that built on distinct organizational assets and filled an unmet need. A subsequent business plan and financial projections proved this was a viable next level for the organization.

**Stronger identity.** Positioning sometimes means an organization's identity needs to catch up with its image. It is not unusual for small organizations to reach a point where they need to more fully occupy their position. We have seen several situations in which the organization's image demanded that it step up to the plate and have much greater capacity to do the job. In one case, constituents perceived a regional organization as the leader in their field. The organization's self-image was much more humble. The organization needed to more fully occupy their position or risk losing it.



## The Positioning Process

1. Complete the situation analysis.
2. Analyze the competitive/comparative environment.
3. Understand constituent and potential constituent interests and unmet needs.
4. Define organization's distinctive competencies.
5. Identify gaps, needs, or unsolved problems.
6. Create alternative positions and define implications of each.
7. Select the most strategically advantageous position.
8. Create a strategic plan based on position.
9. Align the organization to fully occupy position in niche.

Many examples exist of nonprofits that operate with a resource-poor perspective and are unwilling or unable to invest in the infrastructure to support the organization they have built. Operating with a log cabin foundation for a skyscraper building does not provide the capacity and infrastructure necessary to successfully own a position.

Positioning hones an organization's identity. It is not possible to "sort of" position. A viable position implies being strident and true. Being weak, not filling the position fully, or not living up to identity undermines the ability to position and leaves the niche open to others.

Strategic positioning reminds us that it is not just about what the board and staff desire to do to fulfill mission, but more importantly, what the constituent expects and what the environment demands. ■

*Shelli Bischoff-Turner is president and founder of Conservation Impact and Nonprofit Impact. She can be reached at 303/223-4886 or shelli@nonprofitimpact.com.*

## Example of Alternative Positions for Human Services Organizations

POSITION	APPEAL	BRAND	ASSET	SPHERE	FOCUS
Community's largest, most comprehensive child services organization	Emotional	Hearts and minds of children	Comprehensive services	Local/semi-regional, relative to local children's hospital	The child
Building community through community-centered children's services	Practical	Children as the community's future	Community presence and facilities	Local, relative to schools and community foundation	The community
Oldest and largest research and practice facility	Cerebral	Institutional (and family) stability	Reputation, credibility, history, and prestige	State, national	Results

### Data Crunching

The National Data Analysis System has updated the National Working Group section of its website with two new publications: *Timely Adoption: What the Field Tells Us About Measurement and Barriers*, and *Permanency of Reunification: Definitions for Foster Care Entry and Re-entry (First Edition, Final Version)*.

Download these publications at <http://ndas.cwla.org>. NDAS is a free online service started in 1999 by CWLA and sponsoring states.

### JULY 21-23

#### National Child Welfare Data & Technology Conference

*Making IT Work:*

*Achieving Safety, Permanency, and Well-Being for Youth*  
Hyatt Regency, Washington, DC

### SEPTEMBER 15-17

#### 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](http://www.cwla.org/conferences), or contact CWLA's conference registrar at [register@cwla.org](mailto:register@cwla.org) or 703/412-2403.*

### Promoting Positive Practice

CWLA is providing funding, consultation, technical assistance, and training to eight member agencies participating in a three-year project called *Fostering Healthy Connections*. The initiative is a unique peer mentor program in which former foster youth mentor children and youth currently in the foster care system.

The project's goal is to increase social support networks for current and former foster youth to improve their educational and behavioral outcomes, as well as strengthen the quality and number of their interpersonal relationships.



A mentor staff member introduces Deon as a peer mentor.

The New York Life Foundation is providing financial backing, and FosterClub and Father Maloney's Boys' Haven are serving as project partners with CWLA.

Father Maloney's Boys' Haven in Kentucky successfully piloted the

first phase of the project, demonstrating the potential for replication of the *Fostering Healthy Connections* initiative. The eight agencies participating in the second phase will develop new and enhance existing peer mentoring programs using the *Peer Mentoring Implementation Guide* created during the pilot phase for training former foster youth to serve as

mentors and foster youth as mentees. The agencies will also have access to a password-protected *Fostering Healthy Connections* extranet site where they can read and post documents and participate in online discussions.

The participating agencies are:

- Children and Families of Iowa, Des Moines, Iowa
- Children's Home, Peoria, Illinois
- Community Based Care of Brevard, Melbourne, Florida
- National Committee of Grandparents for Children's Rights, Stony Brook, New York
- Northeast Parent and Child Society, Schenectady, New York
- Pathways PA, Holmes, Pennsylvania
- Public Children's Services Association of Ohio, Columbus, Ohio
- Rhode Island Foster Parents Association, East Providence, Rhode Island



Sophia, a peer mentor, shares a special moment with her own mentor, Andrea.

To learn more about *Fostering Healthy Connections*, visit [www.cwla.org/programs/fostercare/peermentoring.htm](http://www.cwla.org/programs/fostercare/peermentoring.htm). CWLA will evaluate the progress and outcomes of the project with a view toward sharing lessons learned in the future. ■

## And the Award Goes to...

At the 2008 National Conference in February, CWLA presented its annual awards recognizing the contributions and accomplishments of corporations, lawmakers, advocates, and children and youth working to secure a brighter future for children and families nationwide. Recipients were:

### Congressional Advocates of the Year

Senator Debbie A. Stabenow  
Representative Jim Ramstad  
Representative Chaka Fattah

### Anna Quindlen Award for Excellence in Journalism in Behalf of Children and Families

Kevin Doran, WROC-TV8  
Steven Smith  
and Carla Savalli,  
*The Spokesman-Review*

### Kids-to-Kids National Service Awards

Jacob Mayes  
Monica Wilson  
Desirae Suggs

### Congressional Voice for Youth

Representative Dennis Cardoza

### Corporate Advocate of the Year

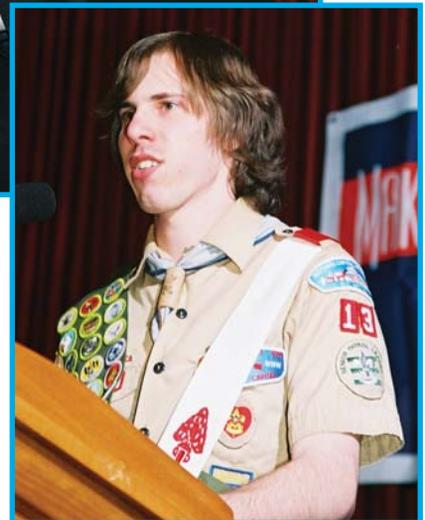
The Mohegan Tribe/Mohegan Sun

### Corporate Friends of Children

Chicago Bears  
KeyBank

### Champions for Children

Casey Family Programs  
Marguerite Casey Foundation  
The Annie E. Casey Foundation  
Morgan, Lewis and Bockius, LLP  
Jessie Ball duPont Fund  
FTI Consulting



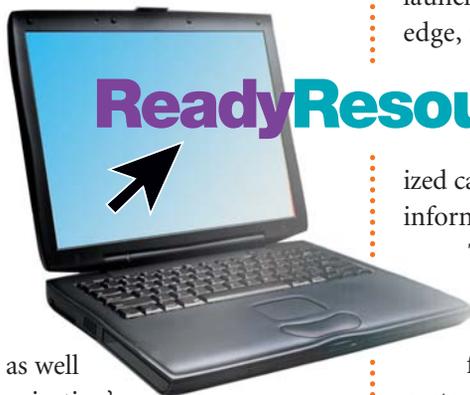
*Clockwise, from top: Representative Dennis Cardoza displays his Congressional Voice for Youth award; Jacob Mayes accepts his Kids-to-Kids National Service Award; Stedman Graham speaks during the awards dinner; and Liz Murray pauses during her keynote address at the awards luncheon.*

# EndNotes

The National Campaign to Prevent Teen Pregnancy offers a series of television and online public service announcements

(PSAs) around the theme “Sex Has Consequences.”

The 12 available PSAs were winning entries in a national contest for young filmmakers and run 15 to 30 seconds. The National Campaign will provide copies on DVD, Beta SP, or CD-ROM to interested individuals and organizations, as well as customize them with an organization’s name and logo. Last year, organizations posted the PSAs on their websites and used them to facilitate discussions at



youth events. They also procured local airtime to run the PSAs during prom season and to promote the National Day to Prevent Teen Pregnancy, which took place on May 7 this year. For more information, visit [www.teenpregnancy.org/psa](http://www.teenpregnancy.org/psa).

The National Child Traumatic Stress Network has launched its Knowledge Bank, a virtual index to the knowledge, skills, and products of the network and other professionals. Users have access to hundreds of resources related to child trauma by browsing organized categories or searching for specific resources. For more information, visit [www.kb.nctsn.org](http://www.kb.nctsn.org).

The Annie E. Casey Foundation’s KIDS COUNT online database has a whole new look and feel.

The tool—featuring child well-being measures for the 50 largest U.S. cities—can be used to create customized maps, charts, and graphs by topic or geographic area. For more information, visit [www.kidscount.org/datacenter](http://www.kidscount.org/datacenter). ■

## On the Campaign Trail

The Human Rights Campaign recently launched a new initiative, All Children, All Families, to help children in foster care find permanent families. The project is aimed at educating the lesbian, gay, bisexual, and transgender (LGBT) community about foster and adoptive parenting and helping adoption and foster care agencies promote policies that welcome LGBT prospective parents.

So far, the initiative has produced the *Promising Practices Guide*, which offers examples of effective practices for working with LGBT foster and adoptive parents. Topics include leadership and governance, staff training, recruitment strategies, preadoption services, home study practices, placement, services for foster parents, postpermanency support for adoptive families, and retention of foster families. The guide also features sample policies and materials and an assessment tool that allows organizations to understand and document their level of cultural competence in welcoming LGBT-headed families.

Learn more at [www.hrc.org](http://www.hrc.org). Also visit <http://www.cwla.org/programs/culture/glbqtq.htm> to learn more about CWLA’s work on behalf of LGBT youth. ■

## Dispatch From Abroad



Toddlers taken from orphanages and placed in good foster homes scored much higher on IQ tests later on in life than the children who remained in the orphanages, according to a research project done in Romania.

The Associated Press reports that children in the study who were removed from the orphanages before age 2 exhibited the biggest improvement and, in some cases, the boost in IQ meant the difference between borderline retardation and average intelligence.

“What we’re really talking about is the importance of getting kids out of bad environments and put into good environments,” the AP quoted Charles Nelson, of the Harvard Medical School, who led the study published in *Science* last December.

The research is credited with influencing child care changes in Romania, and UNICEF has started using data to push other countries to shift from depending on state-run orphanages to developing foster care-like systems, according to the AP. ■

The number of visits to a doctor's office that resulted in a diagnosis of bipolar disorder in children and adolescents increased by 40 times over the past decade, according to a study published in the September 2007 issue of the *Archives of General Psychiatry*. Over the same period, the number of visits by adults resulting in a bipolar disorder diagnosis almost doubled.

The cause of these increases is unclear, according to a press release about the study from the National Institute of Mental Health (NIMH). NIMH provided some funding to the researchers who conducted

the study. While the increase in bipolar diagnosis in youth far outpaces the increase in diagnosis among adults, the researchers are cautious about interpreting these data as an actual rise in the number of people who have the illness or the number of new cases each year.

"It is likely that this impressive increase reflects a recent tendency to overdiagnose bipolar disorder in young people, a correction of historical under-recognition, or a combination of these trends," NIMH quoted one of the researchers, Mark Olsson, of the New York State Psychiatric Institute of Columbia University. "Clearly we need to learn more about what criteria physicians in the community are actually using to diagnose bipolar disorder in children and adolescents and how physicians are arriving at decisions concerning clinical management." ■



## HealthBeat



## Research Report

The Evan B. Donaldson Adoption Institute issued a policy paper last fall suggesting all states change their laws so that adopted people, once they become adults, have access to their original birth information.

The paper, *For the Records: Restoring a Right to Adult Adoptees*, by Madelyn Freundlich, reviews and analyzes past and current state laws, legislative history in the states, decades of experience on relevant issues, and the research relating to sealed and open records on the affected parties.

Among the report's findings are:

- Prohibiting adopted people from obtaining personal information raises significant civil rights concerns and potentially negative consequences for their physical and mental health.
- In states that now allow access, no evidence exists that the legal changes have caused problematic behavior by adopted persons or damage to birth mothers' lives.
- Another assertion by critics of changing these laws—that abortion rates will rise and adoption rates will fall—is not supported by the evidence; in fact, it appears just the opposite occurs.

Based on its research and an analysis of its findings, the institute's recommendations include:

- Every state should amend its laws to restore unrestricted access for adult adoptees to their original birth certificates, which, historically, had been their right nationwide.
- Within three years of enactment, revisit state laws that create a "sandwich" situation in which some adult adopted people get access to their documents while others do not.
- Conduct research to expand the understanding of the experiences of adopted people, birth parents, and adoptive parents in relation to the issue of access to records. ■



## Did You Know?

**A 23-city survey by the U.S. Conference of Mayors found that four out of five cities saw requests for food aid rise an average of 12% from the previous year during the period covering November 2006 through October 2007. Also, 10 of 14 cities with data on homeless families said more families with children sought emergency shelter and transitional housing. About half of the cities said their overall homeless problem increased. ■**



# OneOnOne

Questions and Answers with CWLA Staff

Charlene Ingram, Senior Program Director

## CWLA has been a participant in the American Academy of Pediatrics' Task Force on Foster Care. What is the purpose of the task force and why has CWLA been involved?

The task force's concern is enhancing the quality of medical care that children receive in foster care, including dental and mental health care, as well as physical health care. CWLA represents the child welfare perspective on this issue. The other members of the committee include representatives from the American Academy of Child and Adolescent Psychiatry, the Foster Care Alumni of America, the National Council of Juvenile and Family Court Judges, the National Foster Parent Association, and the National Medical Association.

If we think about our focus in child welfare—safety, permanence, and well-being—certainly health and medical care is part of the well-being of a child, so it is important for us to look at how we include treating physicians in the assessment of needs and the service planning and service delivery for children.

We appreciate the fact that CWLA has been recognized and invited to the table as a resource by the American Academy of Pediatrics. We are looking forward to a continued collaboration and inclusion in the work they are doing related to foster care.

## The task force is currently planning the development of various tools that physicians,

## social workers, and other key stakeholders can use in responding to the need for adequate health care planning and service delivery for children in the foster care system. Tell us more about why such tools are important.

The approach to health care for children in foster care should be collaborative in nature, especially as it relates to the efforts of the physician and child welfare social worker.

Understanding respective roles in a child's life, growth, and development is important. Tools that both social workers and physicians can use to identify health care issues and the child's needs will help enhance the overall quality of service that children receive.

If doctors and social workers are on the same page about what is happening to children in foster care, as it relates to their health and access to medical treatment, it enables us to be more effective in our service planning. Additionally, understanding the relationship between children's health needs and behavior has the potential of being a supportive factor in achieving placement stability and positive permanency outcomes for children.

I'm not convinced that the information available to child welfare workers around the medical needs of children is easily accessible, or that there is comprehensive training in this area. I think what select tools will do is

give one a contextual framework for approaching the health issues and the health needs of children in foster care.

## What else is the task force working on?

There has been a lot of discussion about a medical home for a child. What we are talking about is continuity of care, that when a child moves from one place to another, they sometimes lose the connection with their treating physician.

Sometimes the physician can be or has been the one constant in a child's life and we want to see if we can maintain that connection. We can address this issue by enhancing the working partnership and relationship between the social worker and the physician in

meeting the needs of the child, and in operating from a common baseline of knowledge about what is happening to children in foster care, as it relates to their health needs and development.

*The approach to health care for children in foster care should be collaborative in nature...*

## Where can we access resources from the American Academy of Pediatrics' work around foster care?

In June, the American Academy of Pediatrics launched a new website with resources for families, youth, communities, health care providers, and other professionals who care for children in foster care. This site is online at [www.aap.org/healthtopics/fostercare.cfm](http://www.aap.org/healthtopics/fostercare.cfm). ■

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