Twenty Years After CAPTA:

The Challenge of System Reform

August 4, 1994

AMERICAN HUMANE ASSOCIATION

63 Inverness Drive East
Englewood, CO 80112-5117

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Consensus for Change

by

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Twenty years after the passage of the Child Abuse Prevention and Treatment Act (CAPTA), the system of child protective services in the United States still lacks a unified policy and programmatic framework for responding to the needs of neglected and abused children and their families. Moreover, the system is inundated with increasing numbers of reports of child abuse and neglect (a 347 percent increase from 1976 through 1993); an increase which, for the most part, has not been met with a corresponding increase in resources. The result is a system that cannot adequately respond to current demand, and what the U.S. Advisory Board on Child Abuse and Neglect has labeled a "national emergency" in child protection.

One consensus about our system for responding to child abuse and neglect does exist, it is a consensus for change in the way that the system responds to vulnerable children and their families. Although there is not complete agreement about what new direction the system should take, it is clear that reform is needed. As the National Governors' Association has stated: "The debate is over. There is no longer a question of whether increased national attention should be directed to children. The question is how policy makers should go about reforming government to better support children, their families, and the communities in which they live." (McCart, 1993).

There is consensus that efforts to build a more effective system of services must focus on:

a. generating a more comprehensive response to families in crisis;

b. moving away from an allegation-focused system;

c. creating non-stigmatized supportive services for families;

d. refocusing the system on outcomes achieved;

e. increasing the cultural competence of the system; and

f. gearing funding streams to facilitate a more holistic response.

No single reform will regenerate the system, but together, efforts in these areas will help to move us toward a child welfare system that better serves families and protects children.[1]

Building a More Comprehensive Response

It is widely recognized that much current child neglect and abuse involves "multiple personal, social and economic problems and often stem[s] from economic pressure and social isolation." Recognizing this causation, "we must also recognize that a successful approach toward child protection must be comprehensive and multifaceted. Our current system is neither." (U. S. Advisory Board on Child Abuse and Neglect, 1990).

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[1] Each of these points is discussed separately below, and some are covered in more detail in the following sections of this paper.

Facilitating a system that has the capacity to respond comprehensively to the multiple needs of children and families at risk for abuse or neglect involves looking beyond traditional child protective services to the broader community. Some advocate for narrowing the focus of child protective services so that only confirmed cases of maltreatment and children at the most serious risk of harm are served, while broader community services respond to other family needs such as substance abuse treatment, food and housing. Others believe that broadening the child protective/child welfare system itself to offer a full array of community-based family support services to all families at risk is the way to achieve a more comprehensive response.

Both of these approaches have a common theme, to succeed they demand the involvement of community members and other community service agencies. A comprehensive system is clearly one that reaches all families in their own communities and offers them the resources they need to help them succeed. There is less consensus on the elements of such a comprehensive system and how it is to be achieved in practice. Among the elements that have been suggested as necessary for the integration of a comprehensive system are: a framework that includes social services, the legal system, law enforcement, health, mental health, and education professionals; a mechanism for coordinating the involvement of governmental agencies at all levels, the private sector, private child welfare and mental health agencies, as well as civic, religious, self-help and professional agencies and individual volunteers; and a system that adequately addresses the

elements of prevention, investigation, adjudication and treatment (U. S. Advisory Board on Child Abuse and Neglect, 1993).

A great many challenges exist to building such a system. Resistance to change must be overcome by formulating clear goals and measurable objectives. Public skepticism that the system can truly make a difference must be confronted by encouraging community involvement and communicating the successes achieved. Political issues of turf and power must be planned for by building coalitions, targeting resources, and developing a feeling of collective ownership of the community's stake in the system. The concerns of specialized professionals must be addressed through cross-disciplinary and cross-cultural training that will facilitate understanding of, and "buy-in" to, an integrated community service system (McCart, 1993).

Beyond an Allegation-Focused System

To a large extent, the resources of our current child protective services system are focused at the front end, investigating allegations of abuse and neglect and determining their validity. In many cases, only upon confirmation of child maltreatment can a family access services. A consensus is building that this allegation-focused system is misdirected.

The U. S. Advisory Board on Child Abuse and Neglect states this consensus well: "The most serious shortcoming of our nation's system of intervention on behalf of children is that it is reactive and investigatory in nature instead of

proactive and preventive. We devote massive resources to investigate allegations and precious little to assist at-risk families and prevent child maltreatment from taking place." (U.S. Advisory Board on Child Abuse and Neglect, 1993).

A substantial body of research has now been generated confirming that preventive and family support programs can achieve promising results and reduce downstream social costs. The National Commission on Children reports that:

- A one dollar investment in high quality preschool education can save as much as six dollars in costs for special education, public assistance and crime.
- A one dollar investment in prenatal care can save $3.38 in the cost of care for low birth weight infants.
- A program of home visiting for disadvantaged young mothers beginning in pregnancy and continuing for the first two years of a child's life can significantly reduce child abuse and increase maternal employment. Within four years, the program pays for itself by reducing health and social problems and increasing family earnings. (National Commission on Children, 1993).

While early intervention and prevention programs are not a panacea, it is clear that scarce resources can be husbanded more responsibly by directing them strategically into programs that aim to prevent and ameliorate family problems before they become more serious and expensive to respond to and treat. The need for more intensive services will not disappear, but many families can be aided and

children's suffering prevented by concentrating more effort and more funds at the front end of the system.

Universalizing Access to Services

By making access to services generally dependent upon a confirmed report of child abuse or neglect, the current system also stigmatizes families who turn to child protective services for help. Attaching such a stigma at the gateway to services that are meant to aid families in orchestrating their own solutions by utilizing available family supports creates a disincentive to the use of those very services.

Instead, many who have studied the issue agree, the goal should be to present service options that are so universally accessible and woven into the fabric of community life that families are encouraged to seek out their own networks of support. The availability of informal sources of support for families and children through voluntary and community associations builds on community and cultural strengths, rather than supplanting them with what is often viewed as an outside system of accusation and investigation. Moreover, "by connecting people to their communities, these private, informal associations can prevent problems that strike socially isolated children and their families." (National Commission on Children, 1993). Locating services within communities can also facilitate outreach efforts that may be critical to generating the early connections that can ensure the success of preventive services.

Some families will need more intensive services, and some will require services on an involuntary basis. Even when these more directive interventions are necessary, placing access points in convenient neighborhood settings can help to connect the program to the community that it is intended to serve, increase participation by families in services to which they have been referred, and demonstrate sensitivity to cultural issues. A system of supports that is open to all, and actively makes effort to connect those most at-risk to their neighbors and community, has the potential to achieve far more to prevent or reduce neglect and abuse than does a system that relies on coercive intervention at the outset.

Refocusing the System on Outcomes

Indeed, many would agree that the current system has lost sight of what it is trying to achieve. Results are often measured now in terms of process, e.g., was an investigation completed within the required time frames, and not in terms of the outcomes achieved for children and families, e.g., is the child safe and the family functioning at an adequate level to parent the child.

Refocusing the system so that it measures its results in terms of improved child and family functioning, child safety, and family preservation is a goal upon which agreement can quickly be reached. Implementing an outcome measurement system into action is the more elusive challenge. Mechanisms must be developed to allow service access to begin when needed to protect children and strengthen families, and to end when a safe and permanent living arrangement for the child

has been achieved (within their own family and community whenever possible). Efforts from within and outside the system will be needed to ensure that an outcome-focused system of child protective services becomes a reality.

Increasing Cultural Competence

Most child welfare professionals now recognize that child protective and child welfare services cannot effectively reach diverse communities and engage them in the process of improving parenting skills without being mindful of cultural considerations. To achieve cultural competence, service systems must emphasize the strengths inherent in all cultures, respect cultural differences and effectively incorporate cultural knowledge into service provision.

Even with recognition of the need for cultural sensitivity, to implement such a focus at the system level an institutional commitment is required. Agencies' dedication to the goal of culturally competent services must begin with a formal supportive statement from the highest administrative level. Such a declaration must include not only the concept of equal and nondiscriminatory services but also an agency-wide commitment to promote staff diversity and to provide worker training and services that are responsive to diverse client populations.

A culturally competent agency is ultimately one which: (1) values diversity through acceptance and respect for cultural difference, (2) has the capacity for self-assessment of cultural competence, (3) is attentive to the dynamics of cultural interaction, (4) has an institutionalized base of cultural knowledge, and (5) has

adapted its service resources to meet the needs of children and families from all racial and ethnic backgrounds (Cross, 1989).

Generating Holistic Funding Alternatives

Reaching diverse communities is a goal that is also generally agreed to be hindered by current categorical funding streams. As a "reluctant welfare state", the framework for funding social services in the United States is characterized by fragmented policies and services, strict eligibility criteria, minimally funded services, and a willingness to accept low standards of care (Wilensky and Lebeaux, 1965). It is probably safe to say that Americans are particularly grudging about the entitlements to services provided to those who represent a threat to public safety, and some portion of the public would most likely put abusive and neglectful parents or caretakers into this category.

Given public reluctance to adequately fund services, many within the child welfare community have argued for decategorization of funding that would allow funds to be directed at the community level into programs which are evaluated as the most effective and where the need is greatest. However, not everyone agrees that decategorization is the answer. It may actually diminish resources without ensuring that specific needs are met. Two points seem clear: (1) While greater flexibility must be achieved, it cannot be at the expense of needed services; and (2) Providing adequate resources at the front end of the system will diminish downstream social costs such as rehabilitative health care and criminal justice expenditures.

Nevertheless, we should not attempt to maximize flexible funding and direct it to the community level if it results in decreased service capacity. A policy which shifts responsibility for the care of those at-risk to the community has had serious consequences in the fields of mental health and developmental disabilities. There community-based reforms were not able to absorb the influx of demand. Child welfare could find itself following the same path unless it pays attention to the lessons learned from these experiences. Richmond and Stagner (1987) argue that deinstitutionalization is the defining feature of the contemporary social service system. They argue that negative outcomes resulting from such a shift include bureaucratization of public services for poor families, and decreased resources and supports within families (and, one may posit, within communities). Without attentiveness to these factors as the public child welfare system attempts to move to a community-based system of care, the mistakes from the analogous experience of the mental health and developmental disabilities field may be repeated. It seems imperative not to shift responsibility to the community, without developing supports to ensure that communities are up to the task and actively engaged in safeguarding the welfare of vulnerable children and families.

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Section B

Visions for the Future

by

Patricia Schene, Ph.D.

Visions for the Future

by Patricia Schene, Ph.D.

There is not only a widely held perception that child protective services needs to undergo a fundamental re-conceptualization, but there is also a clear and growing consensus among national and state level leadership in the public, private agency and foundation communities regarding elements of the vision of a reconfigured child protective system. This is a very encouraging convergence representing a major opportunity for transformation.

Vision

The overall vision[2] is that the current CPS system will be transformed into a community-based child protection system where:

- CPS is one element of a comprehensive service system, representing a partnership between CPS and the local community to protect children and strengthen families.
- This "community system of care" will provide some universal supportive services for all families, prevention services for higher risk families, early intervention services for families less deeply entrenched in maltreatment, treatment and support services for both children and parents involved in or at risk of maltreatment, and immediate response capacity when a child is

[2]This vision incorporates much of what was recommended in the excellent papers provided to the Edna McConnell Clark Foundation by Elizabeth Cole, Frank Farrow and Michael Weber.

perceived to be abused, neglected or at immediate risk, out of home care for those children who cannot remain safely at home with reunification services available to their families.

- CPS will maintain its central role as the agency to report concerns that children are abused and neglected. After initial assessment of safety and risk there will be a differential response (multiple tracks) based on severity, risk, and need. There are at least three tracks envisioned:

    1. immediate services provision by a non-CPS community agency;
    2. law enforcement involvement with any child needing to be removed for his/her own protection and potential actions taken against perpetrator(s);
    3. continued CPS involvement when the maltreatment is serious, and the child is at some continued risk, but may remain at home safely with the family while services are provided to improve family functioning and child well-being. These services may be provided by CPS or through another community agency, but orchestrated by CPS.

  There will be procedures for changing tracks if conditions for the child or family warrant.

- Interventions by CPS and other community agencies will be based on standards of best practice and oriented toward specified case outcomes.
- Services will be neighborhood based, culturally competent and accessible.

- Family assessment, not investigation, will characterize the information-gathering stage for all but the most egregious cases.
- In all cases where abuse and/or neglect is found to be present, the child and family will receive services based on a service plan with clear outcomes, stated in terms of changed conditions for the child and/or parents and a timely review of progress against outcomes.
- The wider community, including elected bodies, will play a role in gathering information on the conditions of children and families, on the resources in the community serving existing needs, identifying gaps in service availability and service quality, and will also play a role in developing and reviewing a community plan to a) connect existing resources to children and families needing these services; b) develop needed resources in the private or public sector; c) increase accessibility of services; d) improve the quality and cultural relevance of existing services, as needed; e) provide an annual evaluation of accomplishments and overall effectiveness of the community system of care and f) provide multiple opportunities for general citizen involvement in the assessment, development, provision and evaluation of services.

Principles

The principles or values that undergird this vision of a community based child protection system are that:

- Children need families for their care, development and nurturance.
- Families are the fundamental building blocks of society.
- Families need a network of relationships and supports (communities) to fulfill their responsibilities as parents.
- Children should be guaranteed protection (by the larger society) against abuse and neglect.
- Families deserve opportunities for help and support as they endeavor to change their patterns of parenting.
- The strengths of families and the desire of most parents to do a good job should be the assumption of intervention.
- Communities need to address the needs of children and families comprehensively, through a system of care, to maximize accountability, effectiveness and efficient use of resources.
- There needs to be an array of preventative, protective, and treatment services to provide supports to all families, targeted services to at-risk families, protection to all children and treatment to children and families.
- All service agencies must develop case-specific outcomes to inform and evaluate their interventions.
- Validated standards of practice should be utilized in all forms of service provision.

- Citizens in communities should be given an array of opportunities to contribute their time and resources to children and families and the agencies that serve them.

Michael Weber, who recently facilitated a discussion by a group of experts assembled by the Edna McConnell Clark Foundation for the purpose of envisioning system reform asked participants, "If we are successful, what will the community that protects its children look like?" The response at the time remains relevant.

- Children will have many places to go for their protection.
- All parents will receive supports for their parenting throughout the stages of child development.
- Children would be known to others in the community, not just their own families. These others would have an interest in their well-being, supported by the values of the community.
- A culture would exist that permits involvement with all children and help to all parents.

  "It should be as easy for a parent to ask for and receive help as it is now to report child abuse!"

- There will be identification of and supports to: natural nurturers in the community; family resource centers; churches; individuals reaching out to children and parents. All who can be enlisted in an enhanced expression of responsibility for the well-being of children and families.

- Greater community ownership of the problem of child abuse and neglect will occur, building both models of early intervention and prevention and models of effective intervention and remediation after the fact of abuse and/or neglect.
- When parents are unwilling or unable to care for their children, there would be others who step in—children might move in with others—but keep whatever ties are possible with their own parents.
- In more intensive interventions, all resources involved with children and family will relate to each other (someone needs to orchestrate this) around shared outcomes.
- A common assessment process will be instituted that is a comprehensive catalyst for all needed services at all points of entry to more "formal" parts of the continuum.
- Public/elected bodies would regularly assess the needs and resources in the community for neglected and abused children and patterns of service coordination.

Articulating and Implementing a Community-Based Child Protective System

Moving from this vision toward implementation and identifying the Edna McConnell Clark Foundation's role in that process is a substantial challenge. Yet this process of growing clarity in conceptualizing and sharing the vision has been

going on at some level for a number of years, providing a base of readiness and motivation for the Clark Foundation initiative.

In 1991, the American Humane Association convened 70 individuals from throughout the country to participate in a Policy Leadership Institute. Foundation leaders, public child welfare administrators, advocacy organizations, key professional groups, researchers, policy makers, journalists, and concerned professionals came together to articulate the consensus they saw among the recommendations emerging from summaries of the many and various documents addressing child welfare reform. A clear consensus on principles and direction did emerge (American Humane Association, 1991).

Since 1991, there has been considerable progress in the implementation of some of the consensus agenda:

- through changes in the laws and policies of some states (notably, Florida and Missouri)
- through a growing commitment to and experience with, a more family-centered practice (notably, Michigan, Illinois, Idaho, Oregon, Arkansas, North Dakota, New Jersey, Kentucky, etc. - with leadership from Clark Foundation)
- through an explosion of experience with community-based collaborative efforts to serve families such as, family resource centers or school-linked services (notably, Kentucky, Colorado, Arkansas, California, The US Advisory Board, the Packard Foundation, etc.)

- through a greater readiness to use more rigorous frameworks for case decisionmaking—such as risk assessment, safety assessment, and outcome measurement (notably, New York, Washington, Rhode Island, Minnesota, Illinois, etc.), and
- a growing body of literature summarizing programmatic experience with, as examples, intensive family preservation services and home visitation programs.

During this same period of time, we have witnessed much more sophisticated approaches to the preparation and training of CPS staff basing curriculum advances on the competencies needed to do CPS work, (notably, Illinois, Texas, South Carolina, Louisiana, California, Ohio, etc.). The explosion in the area of Title IV-E dollars to build partnerships between schools of social work and CPS agencies (notably, North Dakota, New Mexico, Oregon, Florida, Texas, California, Colorado, etc.) has widened the constituency of interest in the way child protective services operate at the frontline level.

The field has been undergoing a very creative process arising out of a general sense of the changes needed in the way we deliver services to vulnerable children and their families. Experience has been accumulating, yet many public child welfare departments and local communities have also accumulated disappointments as the difficulty and complexity of the change process is recognized. There have been many skirmishes and some full-fledged campaigns in the transformation process but, in general, we cannot say we are in the midst of a

movement that is clearly and widely understood, with the predictability of the necessary resources and technical assistance that will sustain the movement toward transformation.

It is vitally important to clearly articulate the vision to all the necessary audiences, to systematically disseminate the accumulated experience across communities and public agencies, to nurture local and state leadership in the change process, and to be available with expertise and assistance as problems arise and as more interest develops in the growing contingent of agencies and communities wanting to be a part of the movement.

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Section C

Leverage Points for Change

by

Karen J. Farestad, Ph.D.

Leverage Points for Change

by Karen J. Farestad, Ph.D.

According to research by The Analysis Group, a majority of Americans believe that the problems of children are a major national concern. However, nearly half of all Americans do not have confidence in state or local government to address such problems (McCart, 1993).

The public Child Protective Services system has undergone particular public scrutiny, and found by many to be failing our children. Trends for the Child Protective Services system identified in the prior report in this series (American Humane Association, 1994) indicated that we have seen:

- a 347 percent increase in reports of child maltreatment over the past 17 years (from 1976 to 1993);
- an increasing focus on investigations;
- foster care becoming the main intervention for CPS;
- declining education and experience requirements for CPS workers;
- 90 percent of the states have difficulty recruiting workers;
- no uniform policy or programmatic framework for child protective services;

- increasing lack of confidence in the CPS system by the public, by those utilizing the system, and by those administering the system.

We have framed, in the prior two sections of this report, key attributes associated with the consensus for change, elements of the overall vision for a transformed CPS system and the principles or values which must undergird a reformed system. Central to the reform agenda are two significant themes, **integrated systems** and **community-based efforts**.

Many, including for example, Kamerman and Kahn (1989), have discussed issues associated with the effective integration of services. The overall objective regarding services integration is to increase the accessibility of services to children and families in need, and to develop services which are provided in a "seamless" manner. This concept would eliminate the current experience most families have of moving from one service resource to another, while each service provider has little or no knowledge of the involvement of the other. Services integration can be achieved at the client level or at the organizational level and can be informal, typically of a more collaborative nature, or formal requiring interconnectedness across organizational structures.

Although many excellent examples of integrated services exist, these efforts are typically found at the **program** level. Examples of effectively integrated **community systems** are less available. Michael Weber discussed in his recent paper (also prepared for the Clark Foundation) that a conceptual framework regarding how to operationalize a meaningful role for individual community

members and the larger community in general has not yet emerged with any significant detail (Weber, 1994). Craig Howard with the Irvine Foundation has similarly written that a comprehensive strategy for broad based initiatives "may require more than simple agency collaboration." (Howard, 1994).

Peter Senge describes in his book **The Fifth Discipline** a concept of self imposed market limitations. He illustrates this concept by describing a hypothetical corporate entity's inability to understand an overall declining pattern of sales due not to a lack of information but rather the inability to understand the relationship between cause and effect **which were separated in time** (Senge, 1990). Fundamentally, in the scenario created, the corporation failed to attend to information presented by customers. This problem was further exacerbated by the fact that when faced with declining sales, the company undertook a more aggressive marketing campaign rather than address the fundamental problem, customer dissatisfaction. This strategy ultimately increased the number of dissatisfied customers, thus further eroding the credibility of the company and ultimately leading to the collapse of the company. This scenario is relevant for the current crisis in CPS systems. We have been successful in increasing the volume of reporting of complaints of child maltreatment to the CPS system, both among professionals and the general public. However, the increasing inability to respond to reports with timely investigations or the provision of effective services has eroded the credibility of the system to increasing numbers of critical customers. Furthermore, the number of child fatalities, class action law suits and other indications of system fragility continue to grow.

If we are to successfully reform the Child Protective Services system, it is imperative that we build a system which has credibility to its consumers as well as to those who report to the system and those who support the system. The following factors can become important leverage points for system change.

Public values and attitudes

Public opinion polls reveal that, by a margin of two to one, the public is in favor of government efforts to support families rather than efforts aimed only at protecting children. Furthermore, the public believes that such support should be available to all families, not just poor families (McCart, 1993). We must build systems which are supportive to **ALL** families. We can no longer create systems which are independent from the public, because public support and public investment in these systems are essential to their success.

We also cannot assume that the public is clear regarding its values and attitudes about family support and parenting responsibilities. Community based intervention systems must derive from community values if they are to be supported by the community. Efforts must be undertaken to develop greater value consensus among community members regarding family responsibilities and parenting expectations. It is absolutely clear that public systems alone cannot adequately protect children or offer sufficient supports to at-risk families. If we are to meaningfully engage communities in offering support to at-risk children and families, the community must also become responsible for holding parents accountable to community standards.

Building community support

Public opinion polls have found that the public is frequently unable to identify programs that benefit children and furthermore, does not understand how to access services if they are needed (McCart, 1993). The isolation of families and lack of supports are common problems among maltreating families. Clearly children and families who are at-risk must know how to obtain help to meet the needs of family members. However, the extensive development of agency and organizational resources can, in fact, **supplant** rather than **support** the ability of community members to take on responsibility for helping roles with neighbors and associates.

John McKnight, who has considered the implications of service delivery systems for the physically challenged, has stated that it is important to look for solutions that **do not** just involve human service methods. He suggests that "we often forget that a human service (agency) is only one response to a human condition. There are always many other possibilities that do not involve paid experts and therapeutic concepts" (McKnight, 1989). McKnight has identified four structurally negative effects that human service agency interventions present:

- the consequence of seeing individuals primarily in terms of "needs" and therefore focusing on deficiencies rather than capacities;

- the effect on public budgets of the service system's preemption of public resources to provide an array of services[3];
- a negative effect on community and associational life where professionals and service systems replace the legitimate authority and capacity of citizens to provide support to others;
- the aggregation of services which, when surrounding a client, may actually combine to create a negative effect for the client (McKnight, 1989).

I would postulate a fifth factor, and that is:

- the inability to build the skills associated with accessing natural systems of support.

Bureaucracies require specialized navigational skills which are different than those that would facilitate access of supports within natural helping systems. Community members need to develop skills in responding to problems identified by neighbors and associates. If the community is to become meaningfully engaged in supporting children and families, individual members must become empowered to meet some of these needs. However, community members need to be better equipped to **act**. Individuals become motivated to act when problems become

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[3] McKnight illustrates this issue by citing a federal study which reported that "between 1960 and 1985, federal and cash assistance programs grew 105 percent in real terms, while non-cash programs for services and commodities grew 1,760 percent. By 1985, cash income programs amounted to $32.3 billion, while commodity and service programs received $99.7 billion". (p. 8)

personally relevant. The current climate for reform is supported by the fact that Americans are worried about the state of their communities and the risks present in all communities for all children and families.

It is possible to teach young people and the public at large how to be both on the giving and the receiving end of community supports. The insulation of people within systems **from their communities** serves only to further minimize the community's capacity to take on a more significant helping role.

It would be naive to assume that human services are not needed. It is also naive to assume that all communities are healthy. However, effective community empowerment must support both **direct** (individual) and **indirect** (agency) community action. Reform initiatives must support the development of **both** community resource strategies. Furthermore, community agencies must be encouraged to build ties back to community helping networks, so that natural helping networks become stronger and so that human services support community **strengths** rather than supplanting community resources.

Resource Mobilization and Public Accountability

Implicit in most discussions of reform of the CPS system is an assumption that the fundamental resource needs of children and families experiencing economic distress must be met. Presumably, some other system will assist families with this need and it will become integrated, at the community level, for children and families.

It is essential to remember that no amount of services integration can replace the need for real financial resources. Furthermore, because of the integral connection between economic distress and child maltreatment, any effort to reform the CPS system must consider how this larger financial need will be met for children and families.

Although the public has indicated a willingness to support services to children, it has also expressed a lack of confidence in the ability of government to solve problems. The preceding discussion of community empowerment is fundamental to discussions of resource mobilization. Discussions for system reform which rely on the creation of extensive service arrays in every community face legitimate public scrutiny. Investments in publicly supported systems have increased tremendously over the past decade, and yet more children are in poverty, communities are experiencing significant crime escalation, and family violence and substance abuse appear to be increasing. Communities must become effective partners in addressing these issues. They present a tremendous untapped resource toward this end.

The inadequate capacity of our systems to assess positive change for children and families has long been identified. The public is seeking system reform which results in better outcomes for children.

Definition of roles and responsibilities

Debate regarding the roles and responsibilities for leadership for the protection of children and the provision of services to families has typically centered on the role of the federal government versus the state government. Little attention has been afforded the significant role of the community in this configuration. The passage of the Family Preservation and Support Act acknowledges the need for increased community involvement in the process of planning for services, but it presumes the capacity of community agencies to engage in a collaborative and cooperative effort on behalf of children and families. This assumption has not played out in past experiences, and in fact, many would argue that without financial incentives for participation, the process will become subject to the typical interagency competition for scarce resources.

Communities cannot be expected to be delegated the responsibility for planning without the resources, be they financial, technical or conceptual, to implement needed plans and reforms. In addition to building resources toward family supports, federal and state government, in partnership with philanthropic, business and civic leaders must articulate the importance of providing support for all children and families, in the context of community. Localities are in critical need of information, information systems, models for effective community supports, policy and practice standards and evaluative tools associated with interventions on behalf of children and families. These important resources can be provided in ways that do not compromise the integrity of the role community must play in meeting the needs of children and families.

Deep structure

Connie Gersick, in a recent article, compared six domains for change in order to better understand revolutionary change. In this article, she explores the punctuated equilibrium paradigm which consists of three main concepts: deep structure, equilibrium periods and revolutionary periods. She explains, "If deep structure may be thought of as the design of the playing field and the rules of the game, then equilibrium periods might be compared loosely to a game in play."

The game can have different outcomes depending upon the play. Revolutionary change however, "is like the difference between changing the game of basketball by making the hoops higher and changing it by taking the hoops away. The first kind of change leaves the game's deep structure intact. The second dismantles it." (Gersick, 1991).

Gersick goes on to explain that, while the deep structure is intact, it generates significant **inertia**. Incremental changes in a system's parts do not alter the whole. Consequently, for revolutionary change to be enacted, the deep structure must be dismantled, leaving the system temporarily disorganized. Failures can be helpful in setting the stage for revolutionary change, but do not in and of themselves force change; systems do not inevitably evolve toward improvement (Gersick, 1991).

In order to create a new system, a new vision is central to the organizational reorientation. Individuals and organizations attempting to undertake radical change in systems of which they are a part, are affected by the deep structure of the

systems which they are attempting to change. Radical change of individuals within these systems is required to enact change in the system they attempt to reform.

Much of the system we have come to know as the child protective services system is rooted in cumbersome funding, complex eligibility requirements and sometimes fundamentally perverse incentives for system compliance. A significant labor force is tied to the current system of child protection and related industries have developed to support the needs of the current system. These elements represent the deep structure of the current CPS system.

Radical, not incremental, reform of this system is urgently needed. Community -based resources, founded on natural helping networks and relationships hold a key to resource mobilization. System level reform requires a paradigm founded on interactive systems of support comprised of **ALL** children and families. Every child and every family must become able to function in both a giving and receiving role. Formalized service resources must support not supplant community responsibility for meeting the needs of its members. Community must no longer be seen as the focus of the fix, but rather the agent of change.

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