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ABSTRACT

This executive summary crystallizes the main themes of a study that is intended to help policymakers, advocates, community members, and welfare administrators create a welfare system to do more for children and do it better. The study was prompted by the Family Support Act of 1988. The following programs that have been successful in providing services to children and families and maintaining a close relationship between services and the welfare system were examined: (1) Integrated Family Services System, Oklahoma; (2) Greater Avenues for Independence (GAIN) Teen Parent Project, San Diego County (California); (3) a dropout prevention programs in Wayne County, Detroit (Michigan); (4) Teenage Services Act Next Step, Chemung County (New York); (5) Teenage Pregnancy and Parenting/GAIN, San Francisco (California); (6) ET CHOICES voucher and child care program, Massachusetts (and a supplemental site for adult case management); and (7) Parent and Child Education, Kentucky. Study findings are cautiously optimistic about the abilities of welfare agencies to play a richer role for children. It appears to be possible to identify practical tools and approaches to improve service delivery. Recommendations are made for advocates, policymakers, administrators, and others committed to the needs of children. (SLD)

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Poor Children and Welfare Reform

ED360414

EXECUTIVE SUMMARY OF THE FINAL REPORT

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Poor Children and Welfare Reform

Executive Summary of the Final Report

Olivia Golden
Wiener Center for Social Policy
Kennedy School of Government
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Foundation for Child Development

1991

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The Foundation for Child Development supports policy, research and service programs that address the needs of poor children and their families. Currently, the foundation is focusing part of its program on the Family Support Act.

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Introduction

In a scene repeated many times every day all over the country, a young woman walks into a state office that offers benefits under Aid to Families with Dependent Children (AFDC), the United States' major benefit program for families in poverty. She is there for a routine eligibility review, but she is also worried about a landlord who is threatening eviction, about the health of her younger child, and about her older child who is not doing well in school. With her younger son always crying from ear infections and her older child skipping school, she feels at her wits' end about how to cope with them—let alone how to find a new apartment that she can afford on the $400/month AFDC check. She may have to move the whole family into one room in her mother's apartment, but she and her mother always fight about how to bring up the kids, and she doesn't trust her mother's boyfriend anywhere near the kids after her own experience of his sexual advances.

What will happen to her in the welfare office? A state welfare eligibility worker reports on how she conducts eligibility interviews:

> They [the clients] would get a packet which they had filled out when they came in....[We] make sure they have no changes. Then we have the computer forms that we have to do.
>
> Interviewer: Does it ever come up....problems that the client has?
>
> A: Yeah....We have a lot that sometimes don't have the money to pay their rent. We don't basically handle that here, but we have different agencies that we can refer them to....Some of them will just call afraid of their husband or the father of the child. We really can't do anything here....
>
> Interviewer: What if you have concerns, say, about whether or not the child is getting to a doctor, or something like that? Do you make referrals to health care—is that part of your job?

A: It's not part of my job....

Interviewer: What do you find most rewarding about your job?

A: Being able to help the client....

Interviewer: And how do you know when you are doing a good job?

A: Well, I guess when the end of the year report comes back, and the quality control [the audit of accuracy in eligibility determinations] comes back, and I have no errors.

In short, what is most likely to happen at the welfare department is that the young woman will fill out her forms without raising any of her concerns. If she does manage to break the format of the interview and raise them, she is likely to be brushed off by a busy worker concerned about accuracy and "quality control," not the other needs that are "not part of my job."

The particular young woman's story is imaginary, though it draws on both interview and statistical evidence about frequent experiences of AFDC families. But the welfare eligibility worker's description of her job is not imaginary. And while, as the remainder of this summary documents, the description is not universal, it is certainly neither rare nor a worst case. Even when a welfare worker genuinely wants to help, the evidence suggests that our large public welfare agencies, although employing some hundred thousand workers to assist several million poor families with children, too often play little positive role in the lives of those children.[1]

This Executive Summary crystallizes the main themes of a study funded by the Foundation for Child Development and intended to assist policymakers, advocates, community members, and welfare administrators to create a welfare system that does more and better on behalf of children. The study was prompted by the passage of federal welfare reform legislation, the Family Support Act of 1988 (FSA), which attempts to shift welfare agencies from a mission of accurate check-writing to a mission of providing education, training, and employment services to help move welfare recipients to self-sufficiency. At the most specific level, the study was designed to answer the question: How might states and localities use the opportunities made available by FSA to meet the needs of *children* in welfare

families? The full study report will be published by Auburn House Press in the spring of 1992.

The study findings are cautiously optimistic about the ability of welfare agencies to play a much richer role for children. First, the study finds that welfare agencies, under the right circumstances, can act as catalysts for change in the delivery of services to poor families and children. Second, the study finds that it is possible to identify practical tools to help welfare agencies become catalysts for change, by expanding their service focus beyond traditional limits and reaching out to children and families. Agencies typically encounter a set of difficult—but generally predictable—barriers to such change, and the report identifies strategies that have helped successful agencies overcome the barriers.

At a more general level, the study grew out of the interest of researchers, policymakers, and advocates in applying the growing knowledge of child development and family functioning to the large existing service systems that affect children and families: not only welfare agencies, but also the public schools, the child protective agencies, and the health system. Seen in this broad context, the fundamental theme of the report is, again, cautiously optimistic: even in agencies like these, whose mandate and resources are sharply constrained, committed and skillful administrators can rethink and refocus their services in ways that are much more helpful to needy children and their families. In particular, they can reconceive their programs as two-generational, in the sense that they identify and take seriously the needs of both children and adults.

Why the Study Question Is Important

The specific question that prompted the study—how state and local welfare agencies ought to implement the Family Support Act in a way that meets the needs of children—is important for several reasons. First, there are many reasons to be concerned about the present and future well-being of poor children, who are more likely than other children to have a wide range of problems including health, nutritional, and developmental problems while they are young and to experience "rotten out-

comes" such as early childbearing, delinquency, dropping out of school, and unemployment when they are teenagers and young adults.[2]

Second, the welfare system appears to offer a valuable opportunity to intervene on behalf of poor children, because it comes in contact with so many of them, and because it sees many of them quite young, before they reach other public systems such as the schools. The number of children on AFDC is more than half the total number of poor children, and 40 percent of children on AFDC are under six.[3] Because the research evidence suggests that intervention programs in a range of areas (health, nutrition, early childhood education) can substantially improve outcomes for poor children if they reach children young enough, this demographic breakdown makes the welfare system a particularly appealing point for preventive intervention.

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Third, the Family Support Act makes it even more important to think about how the welfare department affects and ought to affect the lives of children, because it creates both new opportunities and new risks. The opportunities include the possible improvements in a family's living standard if the employment and training approach works; new funding for child care while parents take part in employment and training programs; and provisions that allow for individual assessment and case management for welfare families, which could include attention to children and their needs (for example, through developmental screening of children on welfare). The major risk, however, is that we do not know what the effects will be of mandating training or work outside the home for mothers of young children. The mandate will undoubtedly create stresses on families, as mothers try to juggle additional obligations in their lives, and it will change how children are cared for and who cares for them. If a child is bounced around from one unsatisfactory and temporary child care arrangement to another, recent research on child development suggests that the effects, on average, are damaging.[4]

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Approach and Structure of the Study

The approach of the study was to examine programs that currently serve children successfully through the welfare system, in order to identify lessons for other jurisdictions as they implement the Family Support Act. The experience of the study sites soon made clear that simply identifying lessons from success was too simple an approach. Instead, understanding the specific approach a site took to serving children required understanding first the managerial challenges it had overcome to get there. The successful sites did not follow a single program model, and none attempted a total overhaul of existing program designs or agency mandates. Rather, they exemplified thoughtful attempts to achieve a delicate balance between the mission and accountability of the welfare agency, the nature of family needs, and the capacity available, in the welfare agency and outside, for delivering needed services.

The structure of the study and of this Executive Summary follows from that experience. After a brief methodological discussion, the second section of the Executive Summary goes on to discuss the barriers that welfare agencies encounter in carrying out this particular type of reform. The next two sections report on evidence that some welfare agencies are overcoming these barriers: the third section summarizes briefly the services offered by successful programs, and the fourth analyzes the strategies that enable these programs to succeed. The concluding section of the Executive Summary draws on this analysis to provide recommendations for advocates, policymakers, administrators and others committed to the needs of poor children and families.

I. Research Approach: What Is A Successful Program?

In order to provide states with useful *operational* lessons about services to children and families, the study examined programs that already had experience successfully providing services to children and families in conjunction with the welfare department before the enactment of the Family Support Act. The sites were selected based on three criteria:

- success in delivering high quality services to families and children on welfare (over at least a year of actual operating experience), based on the judgment of professionals in the field and other evidence;
- provision of services to the dependent children in AFDC families, not only the head of the household; and
- a close relationship between the services and the welfare system.

The following capsule summaries provide a brief description of the seven sites[5]: the State of Oklahoma's **Integrated Family Services System** (IFS); the County of San Diego's **GAIN Teen Parent Project**; Detroit's **Earhart—Fort Wayne—Jackson—Conner-Warren Drop-out Prevention Program**; Chemung County's (New York) **TASA "Next Step" Program**; San Francisco's **TAPP/GAIN Collaboration**; Massachusetts' **ET CHOICES/Voucher Child Care Program**; and Kentucky's **Parent and Child Education** (PACE). One program without an explicit child focus, Massachusetts' ET CHOICES adult case management, was included as a supplemental site, to allow for comparisons with a fully developed model of adult case management for welfare recipients.

Capsule Summaries of the Sites

Oklahoma: Integrated Family Services System (IFS)

Operated by the Oklahoma Department of Human Services in nine counties across the state, the Integrated Family Services System provides intense, short-run (three to six months) case management to families in crisis, many of whom are AFDC families. Through "team staffings" with other service deliverers, IFS case managers link families up to a wide variety of needed services in the community. At the same time, the case managers and the program serve a second function: to build community capacity for family-oriented services through such activities as convening a regular working group of service deliverers and developing a community resource directory.

San Diego, California: The GAIN Teen Parent Project

Operated by the County of San Diego Department of Social Services, the Project assigns selected caseworkers from GAIN (Greater Avenues for Independence), California's welfare-to-work program, to work with pregnant and parenting AFDC teenagers. The GAIN Teen Specialists try to develop personal relationships with the teens that will enable them to address underlying issues of self-esteem at the same time that they assist teens toward the specific goals of school completion and self-sufficiency. The Teen Specialists operate as part of a community network to serve teens, which also includes a community-based program (SANDAPP) that offers intensive case management and a health-based program.

Detroit, Michigan: Earhart—Fort Wayne—Jackson—Conner-Warren Drop-out Prevention Program.

Since June 1988, the Wayne County (Detroit) Department of Social Services (DSS) has operated a drop-out prevention program in two middle schools for AFDC children identified by the schools as in danger of dropping out. Subsequent to the site visit, the program was expanded to two additional middle schools. Under the program, DSS workers assigned to the schools provide activities for the children, such as field trips, counseling, and tutoring; make home visits to talk with parents; refer both children and parents to various services;

and work with teachers and counselors at the schools on behalf of children.

Elmira, New York: The TASA "Next Step" Program

Next Step, operated by a community action agency and funded by the New York State Department of Social Services (DSS), began as a pilot site for New York State's Teenage Services Act (TASA) in 1986 and is now part of a statewide network of TASA-funded programs. The Next Step program has a particularly strong reputation among TASA programs for attention to the teen's family, including her children. Next Step case managers offer AFDC and other Medicaid-eligible teens a long-term relationship based on extensive informal contact in the teen's home and on a philosophy of "unconditional acceptance." The program also offers its teens an extensive program of Family Life Education groups, which include parenting education, parent-child time, and co-located child care. Next Step also serves teens and their children through referral to a rich network of local maternal-child health services, Head Start, other child care resources, and other social and mental health services.

San Francisco, California: The TAPP/GAIN Collaboration

In this collaboration, the San Francisco Department of Social Services, which operates GAIN, teamed up with a community-based organization called the Teenage Pregnancy and Parenting Program (TAPP), which has been providing services to pregnant and parenting teens in San Francisco since 1988. Under the collaboration, TAPP was to provide case management services to pregnant and parenting teens who were on AFDC and therefore eligible for GAIN. TAPP's extensive network of inter-agency agreements gives teens and their children access to a wide range of health, social services, mental health, and child development programs, among others. The collaboration began in the spring of 1989, a few months before our site visit, and ended in the summer of 1990.

Massachusetts: ET CHOICES/Voucher Child Care Program

At the time of the site visit, the ET CHOICES Voucher Child Care program was a partnership between the Massachusetts

Department of Public Welfare and local nonprofit agencies, called Voucher Management Agencies (VMA's), that specialize in child care resource and referral for AFDC recipients. The VMA's provided AFDC families participating in education, training, or employment with assistance in selecting child care from available community programs. The particular VMA chosen for a site visit, Child Care Circuit in Lawrence, Massachusetts, has a reputation for selecting staff with a strong child development background, paying attention to the needs of the child as well as the employment of the parent, and teaching parents how to select a child care setting that will work for their child. Budget cuts since the site visit, however, have sharply reduced the Voucher Child Care program for AFDC recipients.

Kentucky: Parent and Child Education (PACE)

Kentucky's Parent and Child Education (PACE) family literacy program aims to break the intergenerational cycle of educational failure through a school-based program that allows parents to pursue adult education while their children attend a high-quality preschool in the same building. The day also includes time for parents and children to be together and learn through play, and it includes opportunities for parents to discuss issues such as discipline and child development. PACE programs are open to all parents without a high school diploma or GED and with preschool-age youngsters. At the time of the site visit, the state had just begun operating two PACE programs reserved for AFDC recipients and funded through a Federal WIN demonstration grant, in addition to the regular sites funded by the Kentucky legislature through the Department of Education. As of the fall of 1990, however, the two programs will no longer be funded separately through welfare funds, and they will no longer be reserved for AFDC recipients.

(Supplemental Site) Massachusetts:
ET CHOICES Adult Case Management

The case management portion of ET CHOICES, Massachusetts' welfare-to-employment program, was included as a supplemental site, in order to compare a large statewide case management program operated by eligibility workers as case managers with the smaller programs run by the other sites. ET CHOICES

case management was considered a supplemental site because it did not meet the criterion of emphasizing services to children.

Case studies for each site drew on telephone interviews, document review, and site visits in order to explore the goals of service deliverers and administrators, the nature of service delivery to children and families, the characteristics of service deliverers, the nature of their jobs, the relationships among organizations involved in service delivery, and the bureaucratic and political context.[6]

In selecting sites, we faced a difficult and interesting methodological question common to research that aims to draw lessons from successful programs: how to identify success. The question is difficult because results in the field of children's services, as in many public programs, are hard to measure, discernible only over the long term, and produced by the interaction of the program itself with many other influences. Therefore, convincing answers about the effect of the program itself are likely to require experimental studies carried out over long periods of time and across many outcome dimensions—studies rarely carried out for any program and certainly beyond the scope of this project.

The first step in resolving this difficulty was to divide the idea of "success" into two parts: operational effectiveness, meaning the ability of a program to do what it intends to do, and outcome success, meaning the ability of a program approach to change life outcomes for children and families. Operational effectiveness includes, for example, a program's ability to reach targeted clients and bring them into services, to deliver the intended services, to deliver services of high quality (as judged by relevant professional standards), and to carry out other key activities (such as influencing the actions of other service systems, like the public schools, that lie outside the scope of the program itself). Outcome success includes, for example, the ability of a program to reduce infant mortality or improve children's educational performance.

The second step was to gather reasonable evidence from various sources—including the judgment of knowledgeable professionals, existing program evaluations, evaluations of related programs, and interviews and document review conducted as part of the site visits—about program success under both defi-

nitions. Based on this evidence, the study found the programs to be operationally impressive overall, although no one program was perfectly exemplary across all dimensions. For example, five of the seven programs were particularly effective at bringing in targeted clients and delivering services to them, while the other two had difficulties in collaboration between the welfare agency and the service delivery agency, which meant that welfare families sometimes did not get smoothly referred into services. However, these latter two programs were among those with the strongest evidence regarding another criterion of operational effectiveness, quality of services.

Similarly, the evidence concerning outcome success, while limited, suggests that the seven site programs are promising in their approaches. While only one has its own evaluation, the others are generally consistent with the evaluation evidence about approaches that work to change life chances. For example, of the three teen parent programs, one has been formally evaluated and shown to improve infant birth-weight; the other two share many features with programs that have been shown through evaluations to lead to positive outcomes for both mother and child.[7]

II. Serving Children Through the Welfare System: Challenges and Opportunities

The next section returns to the experiences and characteristics of the successful study sites. To understand that experience, however, it is important first to understand the challenges that the successful sites overcame, challenges we identified first during the search for study sites. The search suggested that the number of available successful sites was quite small and also that several types of service connections that we expected to find were scarce or nonexistent. For example, there were few programs actually operating that linked state early childhood programs and welfare programs, despite active interest in early childhood programs at the state level.

To understand these difficulties and to identify the opportunities for service as well as the barriers to service for children by way of the welfare system, the study analyzed the *context* within which the successful programs operated. More specifically, the study analyzed the organizational and political environment of welfare agencies in the study locations; the capacity and limits of the rest of the service system for children; and the needs of families and children on welfare. The analysis found that the welfare department offers important opportunities for better services to poor children, because of its capacity as an intake point for poor families and its large staff of front line workers who see poor children and their families. Further, the system of service delivery that exists now in most jurisdictions includes some high quality services but also some gaps that a welfare agency might fill: for example, in the role of case manager, catalyst for services, or funding source. Despite these opportunities,

however, the analysis identified five key barriers to effective delivery of family services by way of the welfare department, summarized below.

1. Agency Mission and Accountability

The central demands on the welfare agency are that it get checks out on time, that it provide benefits only to those eligible, and that it control costs. These demands come from the essential nature of the welfare department's income maintenance service and from the very costly nature of that service. In addition, the department's success in responding to each of those demands is easily measured in quantitative terms. Thus, eligibility workers (or units) are commonly evaluated by timeliness of check issuance and accuracy of eligibility and benefit determination. These quantitative measures can easily drive out any goals that are measured in fuzzier terms.

A local welfare office director makes clear that this central mandate reduces the agency's capacity to provide broader programs:

> Right now, our sole purpose is to provide timely and correct benefits....One of the major problems that we have [in going beyond that] is that in the short time that we have with a client, one of the major things that we are doing is just getting eligibility information.

Similarly, the eligibility demands have shaped the culture of his office:

> Our attitude right now is that we just got to get them their benefits. Hopefully, ten years from now, it will be that we have to get them into a job....

2. Capacity and Role of Eligibility Workers

Driven by the accountability described above, the eligibility worker's role is in several respects difficult to reconcile with the delivery of social services to families and children. First, the eligibility worker's function of investigating misstatements and ensuring accuracy can promote cynicism and distrust on both sides of the client-worker relationship. One supervisor of eligibility underscored this problem when he urged avoiding programs that "make the client seem like a crook to the worker and the worker a fool to the client."

Second, at the same time that eligibility workers have this crucial investigative function, they cope with high caseloads, low pay, computer systems that seem to drive them rather than work for them, and the life-or-death function of getting checks out on time. It is easy for them to become drained and angry both at the agency they work for and the clients they serve. The local office director quoted above continues his description of the effect of the office culture on workers:

> We have workers out there who have a hard time dealing with their fellow employees, let alone their clients. Sometimes we have people blowing up at their clients, and I get complaints, and I have to say, "The reason we are here is for the clients."

An eligibility worker in another state provides the worker's view of this kind of setting: "I've been in this job since 1975, and I'm tired, angry, and burned out. I'm sick of lonely, desperate women. I want a new job."

3. Isolation from Other Agencies

Welfare agencies are frequently isolated from other agencies that have the capacity to serve children and families, for two main reasons. First, the eligibility system described above, not surprisingly, may well have a bad reputation with other service providers. Said one provider, asked if working with AFDC families was any different from working with non-AFDC families, "I don't think the people are any different. It's just working with the bureaucracy that makes it so hard."

...the welfare department, with its traditional adult focus, often has few contacts with child-serving agencies such as the schools.

Second, the welfare department, with its traditional adult focus, often has few contacts with child-serving agencies such as the schools. Workers in the two kinds of services have different backgrounds and professional histories, and, in many jurisdictions, they operate at different levels of government: the welfare department at the state or county level, and the schools (and early childhood programs, among other child-oriented services) at the local level.

At the same time, this very isolation means that the welfare department itself probably does not have the capacity to serve

children and families directly. Few welfare agencies have on hand the staff expertise to provide medical care to premature or chronically ill babies, to assess and serve toddlers with developmental disabilities, or to help preschoolers learn through play. While some welfare agencies may have the in-house capacity to provide counseling and case management, virtually all other services must be provided to welfare families by other agencies in the service network—or else the welfare agency must develop completely new capacity itself.

4. Family Characteristics That Affect Service Delivery: Isolation, Mistrust, and Multiple Needs

For at least some of the families served by welfare agencies, personal characteristics and past experiences substantially affect the way services must be provided in order to meet their needs. First, parents and children may be isolated, depressed, characterized by low self-esteem, and mistrustful of professionals in the service system. Providers raised these issues over and over:

> This population has a broken spirit....The most important thing we give them is ourselves. Real trust in a relationship.... [The most important thing PACE does for families is] improving their self-esteem, parent and child. Improving their relationship...one of the most important things that we do is to give the kids personal attention. Because they don't get it from the school, their parents, their relatives or anybody.

To reach families characterized by these emotions and experiences, service deliverers believe, requires a warm and trusting personal relationship, a conclusion supported by recent reviews of the experience of excellent programs.[8] In the site interviews, case managers repeatedly underlined the role of the personal relationship in reaching isolated families:

> [Multi-need families] don't trust police. They don't trust landlords. They don't trust teachers in school. They don't trust social workers....If they can make a relationship with just one professional person, a close relationship that helps them meet their needs, then they can do it with another professional. *(IFS case manager)*

> *(Interviewer asks SANDAPP case managers to describe their job).* Advocate, helper, friend, systems broacher and spanner....My role shifts from day to day: mentor back to

> teaching back to being a counselor....Role model, mentor, and being a father—so many don't have a father. They [the teens] take a lot of pictures, mental pictures of what a father is—a gentleman who opens the door, listens to what they have to say, gives them the male side....You can be [in] the shopping center, food market, gas station—kids know you, walk up to you, and say "I've got a problem."...That's what makes SANDAPP work, what makes them take us as family—they call us most of the time before they call their parents....*(SANDAPP case managers)*

> [The teens] have basically given up. And so it's a real job for the continuous counselor to infuse them with hope.... *(Interviewer: How do you do that?)* It's not easy. It's really tough. I think the ones you can reach are the ones who have just a spark of motivation. It's kind of like a plant that looks like it's dead but if you water it and tend to it long enough, it will come back to life. *(TAPP continuous counselor)*

Second, many of the families and children on welfare served by the site programs had multiple and complex service needs. Since the service system is often narrow and fragmented—health needs met here, education needs met there—these multiple needs placed extraordinary burdens on families, often on those families with the least capacity to cope with them. For example, a case manager in a program for low-income teen parents reported on the difficulties that the teens' lack of education posed for their dealings with the health system, in the case (and such cases were not rare, she said) that their babies were chronically ill:

...many of the families and children on welfare served by the site programs had multiple and complex service needs.

> The one I have now without a bladder—this baby will have multiple surgery, and the mother has been tested at third grade and she doesn't understand what is going on. So I have to go along to interpret what the nurses are saying.

Similarly, a child protective worker adds an example of the interaction between poverty and the health system:

> I got a [child protective] referral the other day—two-pound twins at the hospital, mom not coming to visit the twins, pretty sick kids...in incubators. But when I went to see mom, she had just had a C-section, was recovering from that, no money,

> no transportation, two other kids at home. [There's] no way to get from Southeast to Mercy Hospital on a regular basis...and to go look at babies in an incubator, not even to interact....

The implication of these circumstances for service delivery, as judged by the practice and observations of service deliverers at our sites, is that to effectively reach such families, a single worker needs to be prepared to offer assistance with multiple needs, across bureaucratic and functional boundaries. Again, this is an observation recently reported in several reviews of literature and experience.[9]

Consistent with this observation, even those study sites which did not start out intending to address multiple needs—which, rather, started out building partnerships between the welfare department and a *single* outside service—ended up developing the capacity to provide help across service boundaries. For example, workers in the Detroit drop-out prevention program, which began by emphasizing support for AFDC children at educational risk, reported linking children and families to a wide range of services. They helped families get extra benefits from the eligibility system (for example, payment for utility bills); set up appointments with eligibility workers; arranged guardianship for a 14-year-old whose mother was on drugs; made a Child Protective Services referral for a 12-year-old who was in her eighth month of pregnancy and had no prenatal care (and took her in for care); referred parents for GED classes and job training; referred a mother and her two daughters for joint counseling; referred a younger sibling to a Head Start program; and tried to respond (with what success we didn't learn) to frequent requests from students for drug rehabilitation help for their mothers.

Thus, the sites suggest that, consistent with other research evidence, successful and high quality service delivery for poor, multi-problem families means services in the context of a warm, trusting relationship *and* services that cross bureaucratic boundaries to help clients solve more than the single problem the program may originally have been designed for.

5. The Nature of Child and Family Needs

While many service bureaucracies focus on a single family member as the client or patient, the sites suggested that the needs of children in particular (and probably other family members as

well) may be impossible to solve and perhaps even to diagnose given a focus on the individual child to the exclusion of the family. Many needs of children may also be impossible to diagnose and solve without knowing the family quite well. At the simplest level, an example is the problem created for a baby by interaction between a teen mother and her own mother, the baby's grandmother—a frequent occurrence that led one program caseworker for teen parents to report that "I spend a lot of time trying to talk to grandparents."

Many needs of children may also be impossible to diagnose and solve without knowing the family quite well.

The observation of one of our site visitors accompanying a case manager on a home visit illustrates more fully how children's needs are nested in a family context, intimately connected with the parents' and other family members' own personal well-being—and therefore only accessible to a case manager who knows and is trusted by the family:

> The case manager made a home visit to a young (18-year-old) mother who had suffered physical and sexual abuse as a child. During the visit, the case manager picked up and played with the young woman's eight-month-old child and observed how the child responded. Then she asked the mother a specific question about her experience with the child: did she ever feel as though she were "climbing the walls" and just had to get out of the house when the baby was crying? The young woman said yes, and the case manager asked what she did at such times: was there anyone she could leave the child with so that she could go on a walk? The teen responded that either she left the baby with her friend downstairs and went for a walk, or she put the child in the crib, closed the door part-way, and went into another room. The case manager seemed satisfied with these responses, and she later told the interviewer that, while she has no reason to suspect any abuse or neglect in this case, she realizes that the teen is somewhat unstable and under great stress, so she likes to keep a close watch on what is going on.

In this example, the case manager's key contribution to the child's well-being comes through her attention to and friendship with the mother. Only the case manager's strong personal relationship with the teen enabled her to keep an eye on the case in

an ongoing way but one not perceived by the teenager as intrusive; only the strong relationship permitted her diagnosis that the child was doing well and only the relationship permitted her to provide preventive services in the form of low-key advice.

The implication for high quality service delivery is, once again, that meeting the needs of children in multi-problem families probably requires at least one service deliverer who can get to know the child and family well, in the context of a trusting relationship, and who can reach out across the service system for services that will help all family members. For an agency that is urgently accountable for a narrow mandate; staffed by workers whose ordinary job leads to frustration, anger, and cynicism; and isolated from other service delivery agencies, this is no small task.

III. Sites and Services: Programs That Meet the Challenges

The context for the success of the study sites, then, is a set of difficult challenges for welfare agencies seeking to serve children and families more broadly. What do programs look like that can actually meet these challenges? This section describes the site programs, with a particular focus on the services they offer and the program models they follow; the next section goes behind those divergent services and models to analyze the common approaches and strategies they use to meet the challenges.

As the capsule summaries indicated, the seven sites deliver a wide range of services to a wide range of target groups: from intensive case management for teen parents and their children to GED education paired with early childhood education to drop-out prevention plus family services for middle-school children. The programs also vary in the exact nature of their connection to the welfare department: some programs, such as the GAIN Teen Parent Project in San Diego or the Detroit Drop-out Prevention Program, offer key case management services through welfare department workers, while other programs, such as the TAPP/GAIN collaboration in San Francisco or the TASA Next Step program in New York State, offer those central services through a community nonprofit agency operating in collaboration with the welfare department. And while some of the programs—such as TAPP/GAIN, the GAIN Teen Parent Project, the PACE collaboration, and the ET CHOICES Voucher Child Care program—evolved from state welfare-to-work initiatives that are similar in some respects to the Family Support Act, other programs emerged from quite different concerns and initiatives.

The most important common feature of the programs is their special attention to children. For example, the teen parent programs included as sites have a reputation for paying attention to the teen's child as well as the teen herself, and the child care resource and referral agency has a reputation for focusing on child development in its parent counseling and provider training.

Most, though not all, of the programs also have another feature in common: intensive, personal work with families, carried out by key staff (often but not always called case managers) who have relatively low caseloads. Unlike the first common feature, this second feature was not built in through the selection criteria but represents a finding about the study sites. As suggested previously, this program feature probably represents a response to the needs of the children and families being served.

Services Offered by the Sites

The services provided by the sites fell into three main categories. First, all the programs offered specific, functionally defined services to at least some children or families. Most widespread were health care services (including nurse home visiting, improved access to pediatric clinics, consultation from specialists in developmental disability, and, less often, assistance in gaining access to mental health services) and child care. Other services included parenting education and support, and educational services such as tutoring.

Second, as noted above, most of the programs offered families a personal link to a worker who could offer counsel and support in the context of a relationship, as well as connect the family to multiple services. Children received "services" through this individual link every time a case manager offered support for a mother's affectionate play with her baby, noticed a toddler's possible developmental problem for follow-up, or helped a mother gain confidence to speak with her child's teacher about a plan for improving his schoolwork.

Third, some programs also provided services to children by altering the way other agencies (such as the public schools or child care providers) served children or by developing new services, through advocacy and community organizing. For exam-

ple, case managers from Oklahoma's Integrated Family Services have created or lobbied successfully for a range of spin-off programs that help children: examples include MATCH, a program of volunteer parent aides for teen mothers; Families First, a program of intensive in-home mental health services to prevent out-of-home placement of a child; and a community-based tutoring center.

IV. Strategies For Meeting the Challenges

How did these programs achieve this success in the face of the barriers described in Section II? The variety displayed by the study sites suggests that we should not look for a single effective program model as the answer. Rather, we need to look for common themes in the programs' managerial approaches and strategies, common themes that lie *behind* the specific programs and target groups and that a teen parent program might share with a program to prevent students' dropping out of school.

While the tasks were common, the solutions evolved by the different programs were quite divergent in order to adapt to key local conditions.

The study evidence suggests that such common themes do exist. In particular, the successful programs all addressed a common set of tasks, tasks which they had to accomplish in order to overcome the barriers identified in Section II. For example, all of the programs addressed the barrier posed by the existing mission and accountability of the welfare agency through a common task: framing a new mission that drew on local needs to identify and explain the welfare agency's new job on behalf of children and families.

Five tasks were common across the research sites.

Successful sites:

- developed a coherent mission to explain why serving families and children was the welfare department's job;
- devoted considerable attention to effective collaboration with children's services agencies;
- reached out to bring targeted families into services;
- chose and supported staff who were capable of responsive service in an atmosphere of accountability; and

- identified organizational and funding arrangements that mediated the tensions between responsiveness and accountability.

While the tasks were common, the solutions evolved by the different programs were quite divergent in order to adapt to key local conditions: the political setting, the agency's internal organizational capacity, the capacity of the existing network of child and family service providers in the community, and the particular needs of the children and families a program chose to serve.

Developing a Coherent Mission

Welfare agencies that are successfully delivering services to families and children have a clear definition of mission for the welfare department in regard to children and families. That is, they have an answer to the pair of questions: what exactly is the job to be done here for children and families on welfare, and why is it the welfare department's job?

Writers on management and strategy have suggested that a clear mission definition plays a crucial role in major changes in organizational capacity, because it can keep external political supporters on board and motivate staff internally during periods of change.[10] For example, in his study of the ET CHOICES innovation, Robert Behn finds that managers in the Massachusetts Department of Public Welfare paid great attention to developing and articulating a clear conception of mission. In order to transform the jobs of welfare department staff, DPW managers articulated a new mission of lifting families out of poverty to replace the old mission of accurate check-writing. Both within and outside the agency, they took care to draw on this mission to explain and set a context for the many changes they made in agency policies, job responsibilities, training, and personnel evaluation procedures.[11]

The evidence from the sites supports this conception of the central role of an agency's mission. On the one hand, in one of the two sites where the welfare department is no longer involved in serving families and children, the department mission (at least as interpreted at the local level) was clearly not compatible with such services.[12] Specifically, local office inter-

views suggested that the agency was powerfully driven by the mission of providing accurate benefit checks and treated other services as an add-on. Not surprisingly, eligibility workers were unable to pay sufficient attention to the services program they were to refer clients to and did not fill available slots.

On the other hand, in all five sites that continue to serve children and families, many welfare agency staff held clear conceptions of the agency's role in services to families and children. Those conceptions fell into two groups. The more limited conception (though still much broader than what most states are likely to implement under FSA) sees family services as a support for the mother's primary goal of self-sufficiency. For example, in the Massachusetts Voucher Child Care site, the welfare department funds services for families and children in order to avoid harming children through their mothers' education and employment activities, in order to help mothers gain peace of mind about their children's care, and (in the study site if not statewide) to help mothers resolve conflicts between the role of provider and the role of parent.

In the second group of programs, administrators saw a broader and longer-term mission for the welfare agency. This mission generally incorporated attention to prevention of family crisis and two-generational dependency; to increasing clients' motivation and self-esteem; to the welfare agency's social work tradition; to supporting families; to collaboration with other agencies; and to long-run cost savings, seen as resulting from major changes in family functioning, *not* from short-run program cuts.

These underlying themes developed into different specific missions at the different sites, according to local problems, opportunities, and history. For example, in Detroit, welfare agency managers expressed a commitment to the idea of providing social work to AFDC families, a role that they saw as traditional for the welfare agency but unfortunately no longer in practice. When the state legislature considered legislation similar to Wisconsin's "Learnfare" program that would have penalized AFDC families for a child's failure to attend school, welfare administrators saw an opportunity to return to a social work approach: they proposed as an alternative putting DSS social workers into the schools to work with children and families, in order "to show that if we reach out to families, we can get the drop-out rate to decrease." As

a result of the program's success, Detroit's welfare agency staff now see themselves as committed to the mission of holding down the drop-out rate and serving Detroit's school children collaboratively with the public school system.

Typically, the broad conceptions of mission were supported by four kinds of local conditions:

- The welfare eligibility function is housed within an agency that has a broad social service mandate, as in most Departments of Social Services or Human Services.
- A population with cross-cutting needs (drop-outs or teen parents, for example) is locally defined as important to serve. Targeting a broad mission on a specific group of local importance provides a rationale for the broader mission and also limits costs.
- Inter-agency collaboration has already achieved enough success so that other agencies are willing to support the welfare agency's broader ambitions, through an account of the benefits they and their clients have received.
- There is a close match between the precise form of the collaborative mission and locally defined problems and needs.

In addition, it is possible but not certain from the site evidence that the emphasis on education and on self-sufficiency in the Family Support Act could provide an additional source of political support. Local administrators argued that when self-sufficiency is viewed as a long-run goal, there is reason to focus on children, but that in practice self-sufficiency is often viewed as a short-run goal, making it difficult to take children into account.

Creating Effective Collaborations

Without the actual expertise to deliver services to children, the welfare agency must either figure out how to overcome the formidable barriers between it and the child-serving agencies, or it must develop substantial new capacity. All seven sites took the first route, choosing to collaborate with a wide range of outside agencies: state or county agencies for public health, mental health, developmental disabilities, and child protective services;

local or county school systems; city hospitals and clinics; and a host of nonprofit agencies, most notably child care and Head Start providers, child care resource and referral agencies, Visiting Nurse Associations, counseling agencies of various kinds, community health centers, and teen parent programs.

The site evidence suggested four common themes in successful collaborations between welfare agencies and outside service deliverers:

1. *Managers have succeeded in developing overlapping conceptions of mission, along with mechanisms for resolving conflicts where the overlap ends.* For example, the ET/Voucher Child Care collaboration illustrates both a common conception of mission and a mechanism for resolving conflicts that come up at the edges of that consensus. On the one hand, eligibility workers and ET (employment and training) workers at the welfare department and parent counselors at the child care resource and referral agency offer broadly consistent conceptions of mission: they agree on the underlying importance of both child care and self-sufficiency for mothers on welfare. On the other hand, they may differ in their priorities for a particular family. For example, parent counselors said they might disagree with ET workers about the timing of a mother's entry into training: should she start right away, or should she wait until the next program cycle to take the time to feel more comfortable with her child care arrangements? They reported that in such a case, they would encourage the client to delay (which she is able to do under a voluntary program), speak to the ET worker if necessary, and perhaps try to "educate" workers at the DPW office as a whole about the nature of adjustment to child care.

All seven sites chose ...to collaborate with a wide range of outside agencies....

2. *Managers devote considerable time and attention to collaboration,* spending time looking out from their organizations rather than simply up or down within them. For example, the founder of the San Diego Teen Parent Project reports that her proudest achievement from the program's first year was its strong reputation in the community, and she continues to reserve considerable time to meet with outside organizations, including a regular monthly networking meeting with outside agencies that focus on teens.

3. *Managers and service deliverers cultivate personal relationships as a basis for collaboration.* In Elmira, New York (TASA Next Step), the relationships have been built over decades; in San Diego and San Francisco over the last five to ten years; and in other programs more recently. Where staff are setting out to build such relationships, they select strategies with a personal element: for example, face-to-face meetings instead of communications by phone or memo.

4. *Collaborating agencies have some basis for exchange—something they can do for each other.* In Detroit, the drop-out prevention program demonstrated in its first two years that it could meet specific needs of the schools—assistance in keeping children in school, a capacity for home visits and connection to families, an ability to run interference in the DSS bureaucracy—and the schools have responded with a commitment of resources for the planned expansion.

While the effective collaborations shared common themes, they also illustrated the powerful role of local variation. In all the sites, the specific form of collaboration around family and children's services was defined at the local level and its success or failure was determined there, even when the welfare agency was administered statewide.

One basic reason for this local element in collaboration is that schools, early childhood programs, and many other family and children's services are locally organized. For example, Elmira's TASA Next Step program is able to take advantage of the rich local array of maternal and child health services. In San Diego and Detroit, county-level welfare administrators are able to work directly with local school superintendents who cover roughly similar geographical areas.

Other reasons for local variation include the localized nature of the personal relationships so important to collaboration, which grow out of a history of common experiences and trust among service deliverers who have worked together; and differences across jurisdictions in the exchange relationships that are possible between the welfare department and particular partner agencies. The exchange of resources that will work for one school district or family services agency will not work for another, because the agencies'

needs, the key problems they are focused on, and their resources are different.

Outreach and Intake

The previous analysis of the welfare agency's capacity to serve families noted that getting targeted families into services should be a special advantage of the welfare agency. But the site evidence suggests that far from being easy, outreach and intake represent an important managerial challenge. At least two sites had initial problems with intake because they did not anticipate the challenge, and one of these had not resolved the problem at the time of the site visit.

The first reason for intake problems arises from the nature of the eligibility worker's job. Where eligibility workers provide entry to services, the flow of families to services can be slowed or shut off if workers are overwhelmed by other tasks, measured on other criteria, or lacking knowledge or enthusiasm about the special services to which they are asked to refer. Successful programs took one of two approaches to this potential roadblock: either they devoted considerable time and personal attention to ensuring a smooth flow through the eligibility system (for example, personal conferences between the family case manager and the eligibility worker to identify appropriate families) or they developed alternative referral sources to go around the system (for example, referrals from community providers who see many teen mothers on AFDC).

...the site evidence suggests that far from being easy, outreach and intake represent an important managerial challenge.

The second reason for intake problems arises from the experiences and characteristics of families in the greatest need, who may (as already suggested) be isolated, mistrustful, overwhelmed by a variety of problems, depressed, or simply wary of more bad experiences with public agencies. Some programs solve this problem through intensive, time-consuming personal outreach, generally including repeated home visits. Others, while also trying to market services, are more explicit about allowing families that don't see themselves as a good match to the program services to screen themselves out. None of the pro-

grams mandate family participation, although a few teens in one of the programs had been mandated by Child Protective Services to participate in a parent support group, and children in the Detroit program are mandated by school attendance laws to be in school. Mandates alone seem unlikely to solve either of the barriers to intake; no matter what the legal status of a family's participation, identifying families who could benefit from services and motivating active family involvement seem likely to continue as managerial challenges.

Selecting and Supporting Capable Service Deliverers

All the programs shared a common emphasis on the importance of recruitment and hiring. In virtually all of the programs, managers saw selection of the right people for the job as an important part of their own managerial task. In the smaller programs, such as the GAIN Teen Parent Program and TASA Next Step, program directors described their criteria for the right kind of person and their personal involvement in interviewing and screening. In Oklahoma's IFS System, despite the high degree of local flexibility in decision making, interviewing and selecting candidates for new IFS teams is the combined job of the state IFS director, field staff, and the local supervisor.

...managers saw selection of the right people for the job as an important part of their own managerial task.

A likely reason for this emphasis is the role of staff quality and support in mediating the tension between discretion and accountability. If staff have been recruited to share the mission of the program and to bring to the job the basic capacities it requires, and if they are then supported with supervision, training, and consultant expertise, they can make flexible, discretionary decisions that are nonetheless consistent with standards of quality and with the agency's purpose.

Staff qualifications and recruitment

Programs varied in whether they recruited staff from inside or outside the welfare agency and in the relative weight they

placed on education and professional credentials compared to work experience, personal qualities, and other life experiences such as parenting. Most programs emphasize training, peer consultation, and supervision to fill skill gaps, although programs that recruited from within the welfare system sometimes found themselves providing less training and support than they would have preferred.

Support of staff once selected

The programs we visited supported the quality of decisions by front line staff in several ways. In the intensive case management programs, supervision and peer consultation were seen by workers as particularly helpful: case managers consulted with the supervisor whenever they felt stuck on a case, were grateful for frequent regularly scheduled case conferences, and had the sense that their supervisor knew their cases as well as they did. The two community-based programs took advantage of the varied staff backgrounds through frequent formal and informal peer conferences to provide multiple perspectives on hard cases.

Besides training and supervision, another way of supporting staff to make high quality decisions is granting them time, through low caseloads. More time can lead to higher quality services by allowing more opportunity to build a relationship with a family that might lead to change and by permitting more persistent negotiations with other service delivery agencies. On the other hand, in agencies that are accountable for the use of scarce resources, a great deal of time is hard to defend.

Despite these trade-offs, caseloads in the sites were typically low. This finding may mean that the needs of families argue for narrow targeting if necessary to cut costs, rather than higher caseloads.[13] Specifically, five programs offered intensive services to hard-to-serve families at caseloads of between 20 and 40.

Staff in three other programs offering case management—the GAIN Teen Parent Specialists, the ET case managers, and the parent counselors in the Voucher Child Care program—had much higher caseloads, ranging from about 100 to over 200, at the time of our visit.[14] In these cases, though, there were other circumstances that limited to some degree the demands on staff. The GAIN Specialists carried about 100 cases, but many of those were adult cases; the number of

teens ranged from a handful for the newest Teen Specialists to about 60 for the longest-standing. Some of their teen cases also had an additional case manager from a community-based program; in those cases, the GAIN worker could play a more limited supporting role. As case managers for adult services related directly to self-sufficiency, the ET case managers were playing a more limited role than the other service deliverers. And the parent counselors in that program saw mothers who already had an ET case manager and a specialist ET worker.

Identifying Financial and Organizational Arrangements That Support Both Responsiveness and Accountability

Finally, the sites faced the task of identifying financial and organizational arrangements that could mediate conflicts between the responsive services required by families and the narrower accountability required by the welfare agency's mandate.

Funding streams

Because funding streams come with strings attached, in the form of legislation and regulation, the choice of funding stream may affect the nature of services and of case management. In California, Massachusetts, and the pilot sites in Kentucky, services were funded through state welfare-to-work programs that preceded the Family Support Act. Two programs, however, had more flexible and wide-ranging funding sources: the TASA Next Step case managers were funded through Medicaid funds available for case management, and Oklahoma's Integrated Family Services System is currently supported by state funds (with a federal match where appropriate), after three years of start-up support through a federal demonstration grant.

Administrators of these programs may or may not seek funding through FSA. One program administrator reports that FSA funding had been discussed in her state, but she prefers state funding, because federal reimbursement comes with "parameters" whereas "the beauty of what we do is no parameters."

Organizational structure

Welfare agencies might choose to mediate the tensions between the flexibility of responsive service delivery and the tight accountability demanded of the welfare eligibility function through three different organizational arrangements. First, they might choose to place the two functions, family services and eligibility determination, as far apart as possible, by contracting out family service delivery to a nonprofit, community-based agency in a position to escape some of the pressures of bureaucratic accountability. Second, they might choose to locate the two functions a little closer to one another, both of them within the welfare agency, but in separate units. Third, they might choose to locate the two functions in the same unit: changing the eligibility worker's job to include family services.

The sites offered successful examples of the first two models, but there is no full example of the third model. However, the ET CHOICES supplemental site illustrates a version of the third model for a simpler form of case management: case management of adults toward self-sufficiency. Under ET CHOICES adult case management, individual eligibility workers are responsible for case management of services directed toward self-sufficiency, a responsibility which requires each worker, supervisor, and local office director to manage the tension between accountability and flexible service within his or her own job. ET CHOICES appears to support workers in ways that make this balancing act possible: relatively low caseloads (compared to those of other eligibility workers), assistance from specialist workers, and limitations on the scope of case management. Thus, the ET CHOICES supplemental site does suggest that the eligibility worker's job can be changed substantially by a sufficiently big managerial investment—but it does *not* permit the conclusion that the job can be moved all the way to comprehensive case management on family and child issues.

V. Recommendations For Action

In order for the nation's large public welfare agencies to play a richer role for young children in poverty, a role better attuned to what we know about children's development and family functioning, the study suggests that these agencies need to achieve a delicate balance: a balance between the agency's own mission and capacity on the one hand and the needs of children and families on the other. The study evidence also suggests that there is no single right way to achieve this balance. Instead, the sites suggest that the way a welfare agency goes about serving children and families needs to be adapted in three important respects to the agency's circumstances and purposes: the approach needs to fit the mission that the agency can sustain on behalf of children and families, the opportunities it has to collaborate with other service deliverers, and the capacity of its staff and bureaucratic structure to serve families, not merely process them.

To illustrate concretely the way in which welfare agencies in two quite different settings might serve children and families better, the full study provides two scenarios, loosely based on the experience of the sites. The purpose of the scenarios is to make the idea of variation much more vivid and concrete, to illustrate two distinctive approaches to the role of the welfare department, and to provide a context for the principles proposed below.

The two scenarios suggest approaches for two agencies with quite different missions: one a Department of Income Maintenance with a focus on self-sufficiency, and the other a Department of Human Resources with a history of working across boundaries in human services. In the first scenario, the Department of Income Maintenance chooses to target employ-

ment and training participants with young children for additional family-oriented services. To serve these families better, the agency:

- changes the process of determining eligibility and linking families to employment and training services under the Family Support Act, in order to allow the mother to express family concerns or needs;
- develops new programs that pair education and training activities for the mother with developmentally-oriented care for the children; and
- provides an enriched child care resource and referral component, where the parent counselor has a low enough caseload to serve as a case manager for other family needs.

In the second scenario, the Department of Human Resources develops a program that provides intensive case management to locally identified target groups, such as teen parents and families who identify themselves or are identified by service deliverers as having multiple needs. The agency:

- identifies a special subgroup of case managers, known as Family Specialists, from the pool of case managers working on employment and training under FSA;
- assigns the Family Specialists to work with these targeted families and refer them to specialized services; and
- develops partnerships to provide such services with a wide range of locally available health, child care, and child development providers.

These scenarios illustrate a set of principles identified by the study that can aid advocates, state elected officials, administrators, and policymakers who would like to create systems of services that support children and families more effectively through the welfare agency. In designing a new role for a welfare agency, policymakers should:

Mission

- Begin with a clear conception of the agency's mission and core functions, and consider the link between that mission and services to families and children.

- Determine at the least whether the agency should be paying attention to the effects of its existing activities (e.g., welfare-to-work programs) on family life, and then consider a broader mission that involves strengthening family life and providing preventive services.
- Avoid adding on particular services without articulating why they are important and relevant to the agency's job.
- Consider identifying a particular group of families for whom the broader mission is especially appropriate, and consider targeting resources to intensive services for these families rather than spreading resources equally across all families.

Opportunities for collaboration

- Consider at the state level what agencies might be valuable to work with, what resources each might want from the welfare department, what resources each might put on the table, and what common problems or clients might be of joint interest.
- Authorize and encourage local welfare directors, in selected locations or statewide, to investigate services in their own communities.
- Seek out local school systems, early education providers, teen services programs, community health centers, and visiting nurse programs as likely collaborators.
- Recognize the role of common purposes, conflict resolution arrangements, and personal relationships in effective collaboration.

Balance between family needs and welfare department capacity

- Develop approaches that take seriously the needs of families for trustworthy, responsive, and wide-ranging services. Avoid approaches that rely heavily on mandates and sanctions and approaches that are unsuccessful at engaging and involving families.
- Develop approaches that take into account the pressures on welfare agencies and staff that may prevent them from offering trustworthy, responsive, and wide-ranging services. For example, when asking workers to perform differently, make certain they are offered support—such as

training, supervision, and revised job evaluation standards—for new ways of doing business.

- Consider opening up the intake and assessment process to the concerns of parents about their children. Give workers guidance about how to respond to concerns, either directly or, more likely, through referrals.
- In undertaking more systematic assessments of child and family needs, recognize the difficulties of trust between eligibility worker and client. Consider whether assessments can be conducted in the course of child care counseling, Head Start or other early childhood programs, or interaction with the training provider, rather than during eligibility determination.
- Identify ways to include the special knowledge of eligibility workers in the new program and to improve the eligibility process for all families, without asking eligibility workers to assume primary responsibility as family service deliverers.
- Identify ways to keep services for children and families highly visible and accessible but still voluntary within the context of mandated employability services.

The full study goes on to provide detailed recommendations for applying these principles to the implementation of the Family Support Act. The key recommendations fall into five categories:

- Using the Family Support Act's case management option to serve families and to cement links with other service providers;
- Offering opportunities for the assessment of child and family needs;
- Implementing the child care provisions of FSA through enriched child care referral and through partnerships with particular high quality programs;
- Developing partnerships with high quality two-generational programs that pair services for an adult welfare recipient with services for her child; and
- Selecting target groups for employment and training services under FSA by paying some attention to needs of families in those groups for broader, child-oriented services.

For the young woman sketched in the Introduction, who went into an eligibility interview with a range of worries about

her children and was unlikely to receive help with any of them, a welfare agency that carried out these recommendations—whether through one of the two scenarios or through another approach that drew on the same principles—would represent a substantial improvement. A welfare agency that carried out these recommendations would have a chance to make a difference for children not only through its own services but through a role as catalyst in the service system for children. It would no longer be wasting the knowledge and energy of its staff, nor the resources it has at its disposal to affect community delivery of services to poor families and children.

Yet reaching the point where a welfare agency can respond to family needs as individually and flexibly as in the scenarios will not be easy. The site observations suggest that welfare agencies can in fact serve poor children and families much more richly than most do now—but the observations also underline the challenges to be met on the way. Agencies cannot take for granted the challenge of defining a sustainable mission, of collaborating with other organizations, of reaching out to suitable families, of delivering responsive and high quality services, or of balancing responsiveness with the need for political and bureaucratic accountability.

...the welfare agency is in a position to speak for families that other service deliverers may prefer to forget....

Therefore, the conclusions of this research are both optimistic and guarded. On the one hand, the research sites suggest that welfare agencies can play a role in improving the lives of poor children and families. Over the long run, they can even serve as catalysts and coordinators in reform of the service system to those families. After all, the welfare agency is in a position to speak for families that other service deliverers may prefer to forget: children who are difficult in school, mothers with few skills to take into an occupational training program, teenagers who irritate doctors by missing appointments or bringing a crying baby into the waiting room. On the other hand, convincing as is the research on children's needs and development, changes in the mission and services of welfare agencies will take a considerable investment of time, managerial resources, and political commitment. We hope that this study has provided a prod and a framework for that investment.

Endnotes

1 The estimate of the number of welfare workers is drawn from Steve Jenkins, Cheryl Dorsey, and Olivia Golden, "Characteristics of Service Deliverers: Who Delivers Services to Poor Children?" Unpublished paper prepared for the Executive Session: Making the System Work for Poor Children (Cambridge, Mass.: Wiener Center for Social Policy, Kennedy School of Government, updated June 1989), p. 8 and note 29.

The average monthly number of families on AFDC in fiscal year 1989 was 3.8 million. See House Committee on Ways and Means, *Overview of Entitlement Programs: 1990 Green Book, Background Material and Data on Programs Within the Jurisdiction of the Committee on Ways and Means*, p. 575.

2 See, for example, reviews of the evidence in: National Center for Children in Poverty, *Five Million Children: A Statistical Profile of Our Poorest Young Citizens* (New York: Columbia University, 1990), pp. 50–74; Lisbeth B. Schorr with Daniel Schorr, *Within Our Reach: Breaking the Cycle of Disadvantage* (New York: Anchor Press, 1988), pp. 29–32; and Sheila Smith, Susan Blank, and James T. Bond, *One Program, Two Generations: A Report of the Forum on Children and the Family Support Act* (New York: Foundation for Child Development in partnership with the National Center for Children in Poverty, 1990), p. 7.

3 House Committee on Ways and Means, *Overview of Entitlement Programs: 1990 Green Book*, pp. 577, 580.

4 Cheryl D. Hayes, John L. Palmer, and Martha J. Zaslow, eds., *Who Cares for America's Children? Child Care Policy for the 1990s* (Washington, D.C.: National Academy Press, 1990), pp. 91–92.

5 For full case studies, see the forthcoming full report: Olivia Golden, *Poor Children and Welfare Reform* (Westport, Conn.: Auburn House Press, forthcoming), Appendix A.

6 For a full account of study methods, see *ibid.*, chap. II and Appendix B.

7 The program with a published evaluation is San Francisco's TAPP (Teenage Pregnancy and Parenting) Program; Carol C. Korenbrot et al., "Birth Weight Outcomes in a Teenage Pregnancy Case Management Project," *Journal of Adolescent Health Care*, 10 (1989): 97–104.

8 See, for example: Schorr, *op. cit.*, pp. 256-259; Janet C. Quint and Cynthia A. Guy, *New Chance: Lessons from the Pilot Phase* (New York: Manpower Demonstration Research Corporation, January 1989) p. 7; Center for Social Policy, "A Framework for Child Welfare Reform" (Prepared for the Annie E. Casey Foundation), pp. 21–22.

9 See, for example: Schorr, *op. cit.*, pp. 256-265; Quint and Guy, *op. cit.*, p. 7; Denise Polit and Joseph O'Hara, "Support Services," in *Welfare Policy for the 1990's*, ed. Phoebe H. Cottingham and David Ellwood (Cambridge, Mass: Harvard University Press, 1989), pp. 191–193.

10 See, for example: Robert Behn, *The Management of ET CHOICES in Massachusetts* (Durham, N.C.: Duke University, Institute of Policy Sciences and Public Affairs, 1989), chap. 6, p. 17; Mark Moore, "Envisioning Public Value: Corporate Strategy in the Public Sector," in *Creating Public Value: Strategic Management in the Public Sector* (Unpublished manuscript), chap. 3.

11 Behn, *op. cit.*, chap. 4, pp. 13–14 and chap. 6, pp. 15–19.

12 The second of the two sites where the welfare agency is no longer involved in special, family-oriented services (the TAPP/GAIN collaboration in San Francisco) is harder to analyze. Our best interpretation of the available evidence is that the welfare agency's new management supported the collaboration precisely because they wanted to move the agency toward a broader mission that would accommodate family services. But they had not, at the time we visited, succeeded in shifting the perspective of line staff.

13 Consistent with this program experience, Schorr (*op. cit.*) argues that it is critical to resist "the temptation to water down a proven model in order to distribute services more widely" (pp. 275–276).

14 The five programs with low caseloads and the three programs with high caseloads represent seven of the eight sites. The reason is that the San Diego GAIN Teen Parent site involves two separate case management programs: the SANDAPP program, which offers intensive, community-based case management at a relatively low caseload, and the GAIN Teen Parent Project itself, with higher caseloads. Not counted in either category is the PACE program, which did not have an explicit case management component.