THE PERMANENCY PLANNING MOVEMENT

Honors Thesis (HONRS 499)

by

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ABSTRACT

This paper will provide a definition of permanency planning and its emergence as a national movement. The impact of federal legislation on the movement will be examined, as well as the problems which the movement is facing nationally and in the state of Indiana. The paper will conclude with a look at a prevention program that has gained attention throughout the United States for its success in showing how the ultimate goal of permanency planning, maintaining children in their homes, can be achieved through early identification of stressed families and home-based support provided to such families for up to five years.
I. EMERGENCE AND DEFINITION OF PERMANENCY PLANNING

In the early 1970s, studies of foster care programs for children revealed that, contrary to the short-term intent of the program, children were being left in foster care for years with little sense of stability (Maas and Engler; Weinstein; Gruber). Gruber studied the foster care system in Massachusetts and discovered that the average length of time spent in foster care was five years, and 83% of the children had never been returned to their parents, not even for short periods of time (176). This became known as "foster care drift".

With the realization that a number of children were experiencing this "foster care drift" also came the increased number of studies which demonstrated the need for stability in children's living arrangements. Several experts underscored in their writings "the importance of permanence in living arrangements and continuity of parental relationships for every child" (Maluccio 1986: 7). Out of this new emphasis on the need for stability in children's lives came a national permanency planning movement.

Maluccio and Fein (1983) have defined permanency planning as "the systematic process of carrying out, within a brief time-limited period, a set of goal-directed activities designed to help children live in families that offer continuity of relationships with nurturing parents or caretakers and the opportunity to establish life-time relationships" (197). The impetus becomes to provide more stability for children who have been removed from the home in a more time-limited manner.
Permanency planning was first mentioned formally in the literature by Epstein and Heymann in an article about adoption planning for older children (Cox 116). The article relates the efforts of Child and Family Services (Chicago) to reduce the number of children in foster care. To achieve this, the agency used a combination of homemaker services and individualized casework services. For those children who were unable to be returned home, the agency focused on obtaining an adoptive home. It was felt that the focus on an ultimate goal of either reunification or adoption which was formed at the start of each case served "to create opportunities for children and families to work in a more specific way on solutions other than long-term placement" (Epstein and Heymann 9). When the parents and caseworker knew what the end result was expected to be, they could more easily identify what tasks needed to be accomplished in order to achieve that goal.

The effectiveness of forming concrete goals and sticking to a set plan when dealing with children in foster care gained national attention and in 1973 the Children's Services Division of Oregon obtained a federal grant to establish a three-year demonstration project designed to reduce the number of children in foster care. The Oregon Project, as it came to be known, utilized intensive caseworkers to obtain permanent placements for children who had been in foster care for at least one year and who were, generally speaking, under 12 years of age (Emlen 17). Permanent placements that were obtained include the following: a) reunification with biological family, b) adoption, c) contractual long-term foster
care, and d) placement with relatives (Emlen et al. 19). The Regional Research Institute for Human Services evaluated the program and wrote three manuals which detailed the program’s methods and results. A follow-up study of the 259 children who received permanent placements in The Oregon Project revealed that 90% of the children remained in the same placement 18 months later (Maluccio 1986: 25). The success of the program stimulated replication of key aspects of The Oregon Project and increased support for the permanency planning movement.

As the movement has grown, prevention of out-of-home placement has become a larger part of the permanency planning philosophy. Although it seems to make sense that prevention services would be more cost-effective and provide more stability for children, public agencies and spending focus have been slow to move toward the development of such preventive programs (Kadushin and Martin 89; Rovner 795). This is because maintenance programs are well-established, and it is difficult to bring about radical changes in the government quickly.

Certain advocacy groups and individuals worked diligently for several years before federal legislation was finally enacted which provided for preventive and reunification services. George Miller (D-California) proposed such legislation for the first time in 1977 (Cox 22). It was not until 1980 that federal legislation involving extensive permanency planning components passed into law.

II. EFFECT OF P.L. 96-272 ON THE PERMANENCY PLANNING MOVEMENT

In 1980, passage of the Adoption Assistance and Child Welfare
Act (P.L. 96-272) put federal impetus on the permanency planning movement and impurticularly on the need for preventive services. The 1980 legislation was the first federal mandate to embody the major goals of the permanency planning movement. The legislation not only brought about programmatic changes for child welfare; it brought about a complete transformation of the definition of child welfare. The original definition simply stated that child welfare included public social services that protect and care for children (Social Security Act). This definition was expanded to read as follows:

Child welfare means public social services which are directed toward the accomplishment of the following purposes: (A) protecting and promoting the welfare of all children, including handicapped, homeless, dependent, or neglected children; (B) preventing or remedying, or assisting in the solution of problems which may result in, the neglect, abuse, exploitation, or delinquency of children; (C) preventing the unnecessary separation of children from their families by identifying family problems, assisting families in resolving their problems, and preventing breakup of the family where the prevention of child removal is desirable and possible; (D) restoring to their families children who have been removed, by the provision of services to the child and the families; (E) placing children in suitable adoptive homes, in cases where restoration to the biological family is not
possible or appropriate; and (F) assuring adequate care of children away from their homes, in cases where the child cannot be returned home or cannot be placed for adoption (PL 96-272).

This redefinition of child welfare services represents a big shift in the responsibility of the federal government to aid families. Whereas before the government only intervened after the problem reached crisis proportions and the child had to be removed from the home, now the government is stating that prevention of removal of the child should take first priority. This was backed up to a certain degree with a shift in funds.

Prior to this legislation, more than 75 percent of the funds appropriated for Title-IV-B, the Child Welfare Services Program, were used for foster care maintenance, not prevention or reunification services (Cox 22). The new legislation requires that funds targeted for foster care maintenance, adoption assistance, or employment related day care not exceed the amount spent in 1979. The remainder of the $226 million appropriated for child welfare is to be targeted for prevention and reunification services. The legislation further stated that the federal government would provide 75 percent of the funds for Title IV-B child welfare services, and the states are required to maintain 1979 spending levels for such services. Before receiving remibursement, however, the states have to meet certain requirements. These requirements include:

(A) a case review system,
(B) a statewide information system that catalogs pertinent information about every child in foster care,

(C) programs designed to insure the permanent placement of children in foster care, and

(D) an inventory of children who have been in foster care for 6 months and determination of the appropriateness of the child's current placement.

The case review system involves developing a case plan for each child who is placed out of the home. The case plan must include a discussion of the appropriateness of the child's placement as well as how the agency is going to achieve a permanent placement for the child. The law places emphasis on providing services to the biological family which will facilitate return of the child to its home. In cases where this is not possible, however, the law provides other options.

One of these options is adoption. PL 96-272 provides funds to reimburse states for subsidy payments made to adoptive parents of special needs children who would be eligible for AFDC or SSI. Special needs children are defined thus by characteristics they possess which would make them hard to place. These characteristics might involve their age, ethnicity, physical, mental, or emotional handicaps, membership in a minority or sibling group, or the presence of medical conditions. The subsidy is received until the child is 18 years of age (21 years of age if the child has a mental or physical handicap) or until it is determined that the adoptive parents are no longer providing support to the child. In order to
receive the subsidy it must be proven that a reasonable effort was made to achieve adoption for the child without the subsidy.

Long-term foster care is another option that might be chosen if reunification with the biological family or adoption are not possible. This is often done when foster parents are unable to adopt the child(ren) but attachments have developed. In this case, the following options might occur: legal guardianship is given to the foster parents, formalized long-term contracts between the foster parents and the placement agency are signed, or an informal agreement that the placement will remain unchanged is established (McGowan and Meezan 405). These placements are controversial as far as the degree of permanence that they provide. Many studies have found that children in long-term foster care often experience as much a sense of permanence as adopted children (Lahti; Fanshel; Triseliotis). Lahti in her evaluation of the Oregon Project found that the perception of permanence held by the child was the key to their sense of well-being; however, this was not necessarily determined by the legal permanence of the placement. She found that some adopted children as well as children in foster care did not perceive their situation as permanent, and, therefore, received lower scores in terms of their feelings of well-being.

The controversy comes about because long-term foster care is not necessarily permanent. Disruption still occurs. To temper this, however, I think it is important to realize that very few things in life are permanent. Although adoption implies permanence, disruption still occurs. The important thing is to try
and find placements for children that give them a sense of permanence, whether or not they provide legal permanence. This sense of permanence is aided by informing children, particularly older children, about what is going on and why they are being placed. Triseliotis states that "knowledge by the child about his family of origin and the circumstances of his fostering contributes to feelings of well-being and to better adjustment" (157). Weinstein states that "without an adequate conception of who he is, where he is, and why he is there, it is difficult to see how the foster child could develop well in a situation that is as complex and problematic as placement" (66). Without adults who provide feedback to the child about their situation, the child often comes to negative conclusions regarding their situation.

In summary, P.L. 96-272 brought about the following changes: a) an increase in the funding and federal requirements regarding preventive and reunification services, b) an increased information base regarding children in out-of-home placements, c) funding to increase the adoption rate of special needs children, d) required case plans for children in foster care to increase their likelihood of achieving permanent placements in a shorter amount of time, and e) independent monitoring of the quality of care and treatment received by children in out-of-home placements.

The big question now is how well did this law achieve its goals?

III. EVALUATION OF THE EFFECTS OF P.L. 96-272

The goals of the law were three-fold: a) prevention of out-
of-home placements, b) speedier reunifications of children with their biological parents, and c) adoption for children who are unable to be returned to their biological parents. Until the latter half of the 1980s, it appeared that the goals were being met. In 1983, 269,000 children were reported to be in foster care (H. Rept. 101-395). This was a nearly 50 percent decrease from the approximately 500,000 children in out-of-home care in 1977 (Fein and Maluccio 337). The average length of time spent in foster care also decreased from 47 months to 35 months (337). According to Pelton (337), the decline in public agency adoptions was halted between 1975 and 1982 because of increased efforts to get older and nonwhite children adopted out of the foster care system. Statistics seemed to show that out-of-home care was being prevented, reunification with biological parents was being brought about more quickly, and more children were being adopted.

By the latter half of the 1980s, however, statistics were beginning to tell a different story. Between 1985 and 1988, there was a 23 percent increase in the number of children in foster care (H. Rept. 101-395 18). This was an extreme turn around from the 9 percent decline in out-of-home placements between 1980 and 1985 (18). Not only were more children entering care, but the number of children placed in foster care more than once nearly doubled between 1983 and 1985, from 16 percent to 30 percent (6).

Once again the foster care system is finding itself in crisis. It must be asked where the 1980 legislation went wrong. Most experts in the field are pointing to a lack of preventive services.
Although the 1980 legislation recognized the need for more preventive services, the funding to implement such services has been insufficient. Between 1981 and 1991, funding for foster care under Title IV-E increased more than 500 percent compared to a 66 percent increase in Title IV-B funding for preventive services (Rovner 795). While the law stated that "reasonable efforts" had to be made toward prevention of placement, the Department of Health and Human Services have failed to monitor states implementation of needed prevention programs (H. Rept. 101-395 11). Block grants which were created in the Omnibus Budget Reconciliation Act of 1981 eliminated any federal fiscal incentives for implementing P.L. 96-272 (Samantrai 296). According to a report issued by the Select Committee on Children, Youth, and Families, "funding mechanisms create disincentives to keeping families together and maintaining children in the community" because states receive federal matching funds for foster care maintenance but very limited funding for placement prevention and family preservation (10-11).

Not only has the federal government failed to fund the law properly, but it has also failed to monitor its implementation in the states. The Reagan administration came into office shortly after passage of the law and in 1981 and 1982 attempted to repeal P.L. 96-272. They were unsuccessful in getting it repealed; however, new regulations developed regarding implementation of the law in each state made no mention of minimum standards of service or mechanisms for enforcement (Samantrai 296). A report issued by the General Accounting Office in June 1989 stated that review of
state procedures "probably helped states improve their compliance, but by requiring less than full compliance, standards are currently not high enough to ensure continued improvement" (56).

Another problem with the legislation is that it seems to have had side effects that were not expected. A preliminary report on the effects of the 1980 foster care reform issued by the General Accounting Office stated that the reforms might be responsible for "speedier departures from foster care and reduced caseload sizes," (60) but it also stated that the speedier departures might just have increased the number of children who reenter the foster care system. While the length of stay decreased, the recidivism rate has increased. There definitely appears to be a link here. Once again the lack of preventive/reunification services seems to be the culprit. Reunification services typically last less than 6 months and exist as special intensive programs in only 37 states (Fein & Maluccio 339). On top of this, little is done to alleviate the stressors which often lead to the child’s removal from the home in the first place.

Increased social problems have also contributed to the current crisis. AIDS, homelessness, teen pregnancy, and substance abuse have all contributed to the dramatic rise in the number of children requiring out-of-home placements. Between 1981 and 1988, the number of reports of child maltreatment increased 82 percent to 2.2 million (H. Rept. 101-395 8). Between 1986 and 1987 alone there was a 72 percent increase in the number of reports involving substance abuse and a 90 percent increase in the number of newborns
having drug or alcohol withdrawal symptoms (H. Rept. 101-395 30).

The increase in homelessness throughout the United States has also increased the number of children needing out-of-home care. In New Jersey, homelessness was a factor in 40 percent of out-of-home placements, and in 18 percent of the cases it was the sole reason for placement (H. Rept. 101-395 8). In New York City between 1982 and 1987 there was a **433 percent** increase in the number of homeless **families**. Housing is a definite problem in most cities today. For example, in Anderson, Indiana the Housing Authority is no longer taking applications for HUD housing because the waiting list is already too long and they have run out of money to provide more housing.

While the number of children needing foster homes is rising, the number of foster families is declining (Rovner 797). According to the Select Committee on Children, Youth, and Families this is partly due to the changing demographic profile of the American family (H. Rept. 1-395 51). More and more families need both parents to work outside of the home. This does not leave much time to take children to visits with their biological families and doctor appointments which are regular activities for foster parents.

Not only are the demographics leading to fewer families being able to act as foster parents, but the children needing foster placements are more troubled than ever before. Gary J. Stangler, Director of the Missouri State Department of Social Services, states, "These are not just cute little children who need a loving
home. These are kids who know how to make crack but don’t know their colors." (Rovner 797).

Elaine Kardatzke, Executive Director of the Exchange Club Family Resource Center in Anderson, Indiana has worked with children for more than twenty-five years. She was a foster parent to a five year old boy whom we will call Tom. When Tom first came to live with Elaine and her family, he appeared to be an angel. No one had told the family of the rages that he would display. Over the next year and a half, Tom broke a nursery school teacher’s nose, injured the back of another teacher, and walked out on the roof of their house and threatened to commit suicide, to list just a few of the problems with which this foster family has had to deal with. Little did the family know what they were getting into when they agreed to take in this sweet looking child. He was later diagnosed as suffering from post-traumatic stress disorder. This is the same disorder suffered by Vietnam veterans. At the age of five years, this child was placed in an institution and the Kardatzkes were told that their was no hope that he would recover enough to live a normal life. Luckily for Tom, Elaine and her husband did not give up. Currently, Tom lives happily at home with his mother and visits the Kardatzkes occasionally on weekends.

The General Accounting Office has called the current foster parent shortage critical, stating that "increasing numbers of foster parents are ceasing to provide care because they do not receive support and positive recognition in dealing with difficulties they face in caring for today’s foster children" (H.
Elaine and her husband both have years of experience in dealing with troubled youth. Imagine a less experienced couple trying to deal with this situation. Many foster parents receive little or no training prior to a placement and little support and/or supervision throughout the placement (Cox 167; Steinhauer 188). This lack of training and support is another factor in the decreasing numbers of available foster parents. Many foster parents simply get burned out and feel unable to take in anymore children. Obviously there is a greater need for initial, as well as, on-going training for foster parents.

Because of the increasing emotional problems of children entering out-of-home care, specialist or therapeutic fostering is an idea that is gaining support throughout the world. The idea is to provide children with greater emotional needs placement in the foster home of paraprofessionals who have more training and knowledge in dealing with troubled youth. Increased social problems are taking their toll on the emotional well-being of today's youth and creating a greater need for therapy for these youth. Unfortunately, the need is not being met. An estimated 70 to 80 percent of children receive inappropriate mental health services or no services at all (H. Rept. 101-395 48). Paraprofessional foster parents would be better prepared to deal with the problems encountered by these emotionally disturbed youth and in turn aid them in becoming better adjusted to their situation. While it is outside the scope of this paper to discuss this issue in detail, the reader can refer to Martin Shaw and Tony
Hipgrave's book entitled *Specialist Fostering: Child Care Policy and Practice*.

In summary, while it was hoped that P.L. 96-272 would lead to a less crisis-oriented foster care system, the increase in social problems and lack of financial commitment to providing preventive/reunification services has lead to the current system being overwhelmed with children who are more needy than ever before. The government needs to provide greater financial backing to states in order for them to create preventive/reunification programs that will lead to a healthier, less crisis-oriented child welfare system.

**IV. PERMANENCY PLANNING IN INDIANA**

While Indiana has met the requirements for state funding under Title-IV-B, its child welfare system is experiencing the same difficulties that have occurred at the national level. In 1971, there were 1,232 wards of the state of Indiana (Neal 6). Today, there are 12,279 (6). The average length of time in foster care has also increased over the past few years from 17 months to 22 months (6). These are the same kind of statistics which are being seen nationwide.

Children in Indiana are not getting the permanency and stability which are innate to the philosophy of the permanency planning movement. Three areas of concern can be looked at in conjunction to this.

"Although state law was amended in 1984 to incorporate the federal mandate that reasonable efforts be made to reunify children
in placement with their families, high caseloads and high staff turnover have severely undermined the child welfare system’s effectiveness in reunification and permanency planning efforts" (Hess 306). The Child Welfare League of America recommends caseworkers oversee no more than 10-17 families at a time (Neal 6). Some caseworkers in Indiana have as many as 71 children on their caseloads (6).

Caseworkers with so many children on their caseload cannot possibly give each child the attention that they need and deserve. The children who appear to be in the greatest danger receive the most attention. Those who do not exhibit a lot of problems just get left to fend for themselves. Katrina Carlisle, a caseworker in Marion County for two years, states, "I felt negligent of the children. I was not able to be where the child needed me to be to ensure his safety. I had very little time for the parents of the children. Ideally, I should have been a significant person in their lives, encouraging and supporting them. I wasn’t in their homes. I saw them at court and talked to them on the telephone" (Neal 6).

The pressure that this puts on caseworkers has lead to extremely high turnover rates throughout the state. Some counties experience as high as 70 percent turnover each year. This leads to children and families who go for long periods of time without services. Once a new caseworker is assigned to the case s/he often has had little experience or training and must now become responsible for what happens in the lives of children and their
parents. The caseworker must become acquainted with each case, often in crisis situations which allow for very little time to get to know everything that should be known about the case.

A 1991 study by the Indiana Family and Social Services Administration and the Indiana University School of Social Work found a clear link between caseload size and failed efforts to return children to their parents (Neal 6). The study also found a clear link between high turnover rates and children having to reenter the foster care system (7).

All of this prompted the Legal Services Organization of Indiana to file a lawsuit alleging unconstitutional treatment of Madison County’s child welfare wards (Neal 6). The 1991 settlement requires that child welfare caseloads be reduced by November 1, 1994. Investigative caseworkers will only be allowed to have a maximum caseload of 25 new cases a month. Family caseworkers will be allowed to have a maximum caseload of 35 children.

It has been said that the state has promised to initiate these requirements throughout the state (Stansberry). However, legislation attempting to reduce caseloads throughout the state was introduced to the 1993 legislature and has already been removed from the bill. It can only be hoped that the Marion County lawsuit has helped to convey the seriousness of this situation and will lead to legislators seeing the negative impact, both financially and politically, of insufficient caseworkers.

A fragmented child welfare system might also be seen as a culprit in Indiana’s failure to provide permanency for children.
A report issued in 1991 by the Legislative Services Agency concluded that Indiana has the most fragmented system in the country of providing services to children and families (Neal 7). "The problem is there are 16 surgeons working on a family and none knows what the other is doing," says Gregory L. Coler, chair of the American Public Welfare Association's project on child welfare and family preservation. "Then they wonder why the outcome isn't better" (Rovner 797).

It has already been stated that children today are facing more multiple problems than ever before. This brings them into contact with several different agencies. The Select Committee on Children, Youth, and Families issued a report in 1990 stating that fragmentation and duplication in the service delivery system has led to a failure in providing needed services to target populations and to children falling through the cracks because of unnecessary procedures or restrictive eligibility requirements (H. Rept. 101-395 62).

Children are labeled according to the point where they entered the system. For example, the child who enters through the juvenile court system will be labeled a juvenile delinquent and probably not be given the services which a child who entered through child protective services is given, even though s/he may have come from a similar situation.

A number of the witnesses who spoke before the Select Committee on Children, Youth, and Families stated the importance of revamping the current fragmented system (62-65). A number of
suggestions were given, including establishing a children's services system which would provide a single intake point from which an assessment of the child's needs can be made and then referral(s) made to appropriate services. In the 1993 Indiana state legislature, groups have proposed a statewide computer system that would allow caseworkers to input information about each of their cases into a statewide computer system. This would allow a caseworker to determine whether or not a case they have just received has been reported in any other county. Unfortunately, there is a great deal of opposition to this idea. Many people say that it is an invasion of privacy. Many people do not think about the fact that when a police officer stops you for a traffic violation your name goes into a statewide computer system.

Indiana has started to work on the fragmentation problem, however. The Indiana Family and Social Services Administration is a state agency that was created in 1992 to consolidate human services (Neal 7). They have begun initiating Step Ahead Councils in local communities which are responsible for assessing needs and coordinating services for young children.

Finally, the same lack of preventive/reunification services that I spoke of previously when discussing permanency planning on the national level can be seen as a significant reason for the lack of permanency that Indiana has provided for its children. The lack of fiscal incentives to create preventive programs has lead to greater reliance on the foster care system, rather than the decrease in foster care use that was hoped. In our current
economy, it is difficult to get legislators to spend money on preventive programs when they can attain more money from the federal government by utilizing the foster care program. This is why it is so important to evaluate preventive/reunification programs already in existence to discover which programs work and which ones do not.

In the next section I will conclude my paper with an examination of a prevention program that has proven itself throughout the country. In January 1993 a conference entitled "Healthy Families Across America" was held in Indianapolis to review this program and how it can be initiated in Indiana. The information in the following section was ascertained at this conference.

V. HEALTHY FAMILIES ACROSS AMERICA

In 1975 the Hawaii Family Stress Center initiated a program known as Healthy Start to identify families with a newborn child who were at high-risk of abusing their child. In 1985, a 3-year demonstration project was funded by the state legislature to monitor and evaluate the program. It had such a great success rate that they are now working on initiating it statewide.

All families which have a baby are interviewed before they leave the hospital. The interviews are structured with the purpose of identifying stress indicators which would cause a family to be at greater risk of child maltreatment. Families considered at risk are asked to participate in the Healthy Start program. Only 5 percent of the families identified at-risk refused services.
Once a family is identified, a paraprofessional home visitor begins forming a trusting relationship with the client. The visitor provides emotional support as well as helping the client meet physical needs through linkage with other resources in the community. The home visitor also provides one-to-one modeling of parenting skills as well as more concrete skills, such as budgeting or housecleaning. The home visitor is on call 24-hours if the client has a crisis erupt and needs someone.

The home visitor will continue to work with the family until the child is five years old, if necessary. Approximately 40 percent of the families continued with services up until that time. Initially, the home visitor will see the family at least once a week. Eventually, the family will be seen twice a month. Once they reach level 3, the home visitor will see the family once a month, and finally, in level 4, the home visitor will stop by quarterly. When the family has shown that it is stable, the child’s development is at the proper stage, and their immunization shots are properly maintained, the family is discharged from the program.

The program has proven its effectiveness. At the end of the demonstration project, 241 families were involved in the program. There were no cases of abuse in these families and only 4 cases of neglect. The program was also shown to have a 99.99 percent accuracy rate in determining at-risk families. Those families who were determined to be at-risk but who did not receive services (whether because they refused or because the program was already
too full) had a rate of abuse three times higher than that of the general population (CDF Reports 3).

The program has also proven itself in cost-effectiveness. The annual cost per family is $2200 compared to the approximately $12,602 per child in child protective services (Fact Sheet). Considering that 75 percent of prison inmates experienced abuse as a child (Child Abuse Fact Sheet), it is important to also think in terms of the money invested in prisons and courts which could be saved through the prevention of child abuse.

Currently, there is a move called Healthy Families Across America which is attempting to initiate this program in every U.S. state. On January 29, 1993, Betsy Pratt, Program Development Specialist of the Hawaii Model, came to Indianapolis to talk about the Healthy Start program in Hawaii and how it was implemented. She also spoke of how they are currently working with other states to help them initiate similar programs. The second half of the conference involved an open discussion on how we can initiate this program in Indiana. While it was not overly probable that the idea would be developed into legislation in the current session, excitement about the program's effectiveness incited much interest in ensuring that the program would be initiated in Indiana in the near future.

This is just one of many prevention programs which has shown its effectiveness in preventing child maltreatment as well as in saving money. Hopefully, with the addition of more and more studies showing the great success rate of prevention programs, we
will begin to see a greater shift in funds toward that area.

P.L. 96-272 laid the groundwork by stating that prevention was a needed resource in child welfare services. Now we just need to achieve a greater financial commitment to prevention programs which can provide the ultimate permanency and well-being our nation's children require in order to develop into well-functioning, productive adults.
WORKS CITED


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