

# Building Advocacy Capacity of Direct Service Organizations

## CASE STUDIES FROM YEAR 2 ORGANIZATIONS

### INITIATIVE OVERVIEW

The Health Care Foundation of Greater Kansas City and the REACH Healthcare Foundation introduced the Advocacy Capacity Building project in 2011. In the second year of the project, the foundations selected five nonprofit direct service organizations to receive technical assistance (TA) in 2013.

The participating organizations received individualized TA over the course of a year that included education and engagement of Board members, executive leadership, direct service staff, consumers and other constituents, and, in some cases, volunteers.

The focus of the technical assistance was on integrating advocacy know-how and social change goals and strategies into the organizations' missions of service delivery. Participating organizations developed principles and frameworks to organize and guide their advocacy efforts; incorporated more of their stakeholders in social change efforts; crafted messages that emphasized their advocacy priorities; and trained their core advocates to voice their causes more effectively.

While the structure, scope, baseline capacity and advocacy objectives of each of organization varied, common themes emerged that serve as "lessons learned" presented in this document. As the foundations, first two cohorts of participating organizations, and TA provider contemplate next steps, they share these case studies and work examples to illustrate the possibilities that come with leveraging nonprofit capacity for advocacy impact.

### ABOUT THE CASE STUDIES

This document summarizes work accomplished by participants during the initiative's second year. The case studies present the experiences of five health and human service organizations in the Greater Kansas City area.

The report was prepared by Melinda K. Lewis, LMSW, policy and advocacy consultant and technical assistance provider.

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This report examines the experiences of five Greater Kansas City area nonprofit organizations:

**Child Abuse Prevention Association**  
**Child Protection Center**  
**Cornerstones of Care**  
**Harvesters**  
**Operation Breakthrough**

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PROJECT SUPPORTED BY:



To some, Harvesters may have seemed an unlikely candidate for advocacy technical assistance. The community food network has a strong history of anti-hunger advocacy, a significant media presence, a stellar reputation, and a large and growing cadre of committed cause champions. After all, how many nonprofit service providers have waiting lists for volunteer spots? How many can pull together a meeting about their issue and get a member of Congress, dozens of partners, and strong media representation in a matter of hours?

Harvesters' experience suggests that high-capacity organizations are best-positioned to build additional capacity. Their culture of innovation and advocacy was a key factor in influencing interest in the challenge of integrating social change more completely into operations. And, because of Harvesters' solid foundation, the advocacy TA process was able to focus mostly on building up and out, rather than introducing advocacy as a core agency function.

Harvesters began with a desire to leverage their considerable resources for even greater impact, wisely recognizing the need to increase their efforts proportionally with the ever-growing challenge of providing nutritious food to create and sustain a healthy community. This climate of constant improvement added some complexity to the TA process as the consultant and Harvesters' key staff had to adjust to constantly shifting internal and external landscapes. Open communication and a common vision kept the work moving forward.

So where does an organization go in building advocacy capacity when they are already considered a leader? How does one of the two Feeding America "Hall of Fame" awardees step up its advocacy game? And what lessons can their journey convey to direct-service organizations with far less advocacy experience?

### Harvesters' Priorities and Key Learnings:

- Use your whole team: Harvesters' advocates deliver outsized impact with a relatively small footprint. The staff's expertise, relationships to policymakers and skillful deployment of advocacy resources enable consistent policy victories and cultivate a community committed to ending hunger. However, Harvesters has a huge team that could be included in a more sustained way. Harvesters' tagline asks people to not only give of their time as volunteers and of their money as donors, but also to "give voice" to the issue of hunger. From the beginning of the advocacy TA journey, senior leadership embraced the idea of fully integrating advocacy into the volunteer experience, as well as ensuring that all staff members were equipped to tell their organization's story. When you're already delivering a superior volunteer experience, leveraging that volunteer connection to engage advocates is relatively easy. When you have cultivated a climate of buy-in and
- feedback, inviting people to imagine how they might be ambassadors for ending hunger doesn't sound like a foreign request.
- To move from invitation to integration, Harvesters turned to its staff, especially those in the community outreach realm, to identify workable places to start. Together with the TA provider, they created volunteer engagement approaches suitable to different groups of volunteers. For example, Harvesters instituted volunteer orientations and debriefs that explain the causes of hunger and invite people to become partners in the fight. Others were interested in expanding Harvesters' social media presence. Regardless of the opportunity, all volunteers receive information about advocacy opportunities and materials that make it easy to take action.
- Build your network's capacity to complement your own: Harvesters' intention in the TA process was to identify ways to share capacity within their network of distribution agencies (organizations that distribute Harvesters' food to those in need). They determined that having engaged and skilled advocates in different sectors throughout their service area would increase their ability to present a unified front. While this aspect of the advocacy TA process is unfolding more slowly than their internal efforts, several initiatives show promise. For example, Harvesters used a REACH mini-grant to send a few agency partners to the Feeding America advocacy conference. The TA consultant is helping staff build an agency toolkit that can facilitate their advocacy actions. Harvesters also includes agency partners in its advocacy activities, such as in meetings with Congressional leaders.
- Use cause advocacy to make your organization's reputation "echo," and vice versa: Harvesters isn't afraid of attracting attention on somewhat controversial issues. It isn't about grandstanding or reckless risk-taking, but is more a recognition that a big part of the battle to end hunger involves making the problem visible. For Harvesters, this means using all opportunities to educate people, including through their fundraising, food drive and volunteer events. Attracting attention to the cause of hunger is valuable, even when it creates discomfort. For example, Harvesters' staff received phone calls from disgruntled donors about an annual report photograph of a food recipient family some considered obese and not needing support. Instead of doing damage control, Harvesters approached the furor as an opportunity to educate the community about hunger.
- Measure what you need to manage: Harvesters has woven objectives into the organization's strategic plan and uses this document as a tool to evaluate, guide and unify. The organization also has established measures of advocacy efficacy that are tracked and assessed. These indices not only help the organization to assess progress but also keep the focus of staff and Board leaders on these aims.

## CASE STUDY:

# CHILD PROTECTION CENTER

At the Child Protection Center (CPC), advocacy means standing with their clients — children who are alleging serious physical or sexual abuse and must navigate the traumatic and often difficult process that follows. This “case advocacy” is critical for the affected children and families, and for the criminal justice and child welfare systems. CPC staff and leadership wanted to consider approaches to advocating on a systems level, in addition to being a voice for children during times of need.

CPC had to balance this desire for greater activism with the importance of maintaining a reputation for neutrality and objectivity, which is at the core of the organization’s reputation. This unique role within the child welfare system required CPC to contemplate what kind of advocacy effort would most likely advance a given issue as well as how staying on the sidelines might influence others’ perceptions of the CPC. CPC’s executive leadership approached this tension in two ways: First, by relying on a broad definition of advocacy as raising awareness of the organization’s issues and rallying others to their cause; and secondly, by working through its coalition partners to influence the policy landscape.

CPC conducts forensic interviews when a child alleges abuse. With this service component, the clients are not part of CPC’s advocacy. However, staffs’ shared values encompassing concern for children’s well-being, belief in the centrality of children’s experiences and dedication to children’s rights to tell their stories serve them well as advocates.

CPC’s advocacy capacity-building focused particularly on messaging/communications, staff capacity and coalition capacity, although other stakeholders did participate, including the Board of Directors and some organizational partners. Key lessons are summarized below along with the advocacy principles that guide its engagement in policy issues and the overall advocacy process.

### CPC’s Priorities and Key Learnings:

- Start where your stakeholders are: When the TA provider had a first meeting with CPC staff to explain the particular approach to advocacy used in this process, staff members immediately gravitated toward telling the story of their work and its importance in order to help others adopt the cause as their own. CPC staff communicated that they found it difficult to tell their story in a way that wouldn’t alienate others. One staff member explained it this way: “We need to know what to say when someone asks us at a party, ‘So what do you do for a living?’ and after we answer they cringe and walk away.” Because CPC’s work is difficult to discuss, staff wanted a more engaging way to describe CPC’s services. Therefore, the first priority for

the TA was to equip and train staff to develop and use the right messages for advocacy. Examples of messages developed included: “CPC’s expertise and deliberate process make a difference;” “Child abuse is a community problem and preventing it must be a community priority;” “Children can heal from abuse with ready access to quality, coordinated, professional services.” For each message, staff identified sub-messages and data points that provide a range of potential responses and talking points. This effort also helps build confidence around speaking about CPC’s work. In addition, there is another meta-message that staff absorbs, which is that the organization’s leadership is listening and building capacity where staff want to start. This approach has increased buy-in, which has helped increase the organization’s social media presence, led to greater integration of advocacy into some of CPC’s special events, and informed changes to outreach materials.

- Not all advocacy has to be “yours”: Some of CPC’s advocacy efforts happen through coalition alliances. The TA consultant facilitated a coalition capacity assessment to help CPC identify the coalition memberships that would most likely lead to significant advocacy impact. This discussion helped CPC determine where to direct their organizational resources. CPC’s decision to work primarily through its coalitions on particular policy priorities began as a risk-management decision but it has also yielded some significant gains, such as strengthening relationships with important community partners.
- Building your presence means building your power: Communications and advocacy are not one and the same, but they are more closely linked than we sometimes realize. For CPC, a primary advocacy objective was working to improve the public’s understanding about the purpose and value of the organization. Still, there is a difference between marketing communications and communications for advocacy. To understand this distinction, CPC needed to be clear about the purpose and target of the message. This required internal conversations about how increasing the organization’s visibility and helping more people become familiar with its work could improve their ability to move the needle on policy issues. For example, updating the organization’s website does not relate directly to advocacy, but posting a video that presents testimonials from community decision-makers about the agency’s value and role could grow the number of influencers willing to speak up for the organization and the children it serves. Similarly, adapting the agency’s brochure to include data about children’s rate of recovery can turn that brochure into a tool to spur action. Increasing the organization’s visibility doesn’t necessarily equate to policy victories, but when the goal is to position an organization’s work as essential to community well-being, expanded visibility is a good place to start.

## CASE STUDY:

# CHILD ABUSE PREVENTION ASSOCIATION

The Child Abuse Prevention Association, or CAPA, is the kind of small organization where taking on an advocacy capacity building effort could present human resource challenges. There are few staff members with the ability to carve out extra time in their days to tackle advocacy capacity. CAPA's small size does offer advantages – specifically, a “can-do” culture and relatively flat organizational structure which permit new practices to be more readily implemented.

To begin, the TA consultant worked with staff to build internal structures for advocacy engagement. Staff developed advocacy principles that could be used in determining which policy issues deserved agency attention. Establishment of advocacy principles can focus an organization's advocacy efforts and help an organization decide when to become involved in an issue that may or may not fit within its priority framework.

CAPA also developed key messages to speak to its advocacy objectives. One of the organization's primary aims was to shift child abuse discussions from “parent-blaming” toward greater understanding of the social and economic conditions that can contribute to parenting difficulties. While not providing excuses for child maltreatment, CAPA's approach to child welfare emphasizes prevention and a view that many parents are in need of education and support. In highlighting this prevention approach, CAPA's message development included themes such as: “The best way to support children's success is to preserve intact families wherever possible;” “Child abuse is a community problem, and preventing it must be a community priority;” and “Families at risk of abuse are just that—families at risk. They need our support, not our condemnation.” Through the TA process, staff gained practice in using these messages and reviewed their perspective on child abuse prevention and some of the root causes of the abuse.

In developing an advocacy agenda, CAPA began by convening client focus groups<sup>1</sup> to understand their primary concerns and priorities. CAPA used that information to apply for funding to initiate some new programming as well as to catalyze momentum around a client speakers' bureau. Staff also launched a client advisory board to ensure that programs and services are informed by client input. Because the CAPA Board was initially hesitant about establishing a client group with a charge to influence agency structure and priorities, CAPA staff and the TA

consultant recommended that the advisory board help to draft an advocacy agenda as its first task. Nonprofit organizations can think about integration of advocacy efforts into their agencies like creating a “sandbox” where people can play until they become comfortable with the new tools and approaches. CAPA is turning its operations into an arena where clients and staff can learn to be comfortable with their own power and, in the process, to share that power with those they serve.

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<sup>1</sup> The questions from the client focus group guide include: What has CAPA done that has made the greatest difference in your life? What do you think your life would look like today, without your involvement with CAPA? What barriers do you still encounter, that are difficult to overcome even with CAPA's help? What do you see as the root cause(s) of the challenges you face that brought you to CAPA? What policy changes would address those root causes? If CAPA had the power to change one policy that impacts your life today, where would you want them to begin? What policy barrier do you find most difficult to overcome? What do you wish that policymakers understood about your life? How can CAPA help to tell that story? How would you like to be involved in CAPA's advocacy work? What do you need from CAPA to make that possible?

## CASE STUDY:

# OPERATION BREAKTHROUGH

Many nonprofit social service organizations would love to be positioned where Operation Breakthrough is today in its advocacy. News media come running when founder Sister Berta Sailer issues a press release – in the hopes that she will provide an interview when news happens in the neighborhood. As an example, during a TA session, a television news crew appeared at the agency to ask Sister Berta for a statement about a shooting near the center. With its reputation for providing high-quality child care to low-income families, a compelling narrative that centers on the two nuns who began the agency, and no shortage of photo opportunities of smiling children, Operation Breakthrough doesn't have to figure out how to make news. They just sort of are news.

Anyone involved in legislative and other state and local government activity knows Sister Berta and know her priority issues, too:

- Taking on the “benefit cliff” that makes it difficult for parents in poverty to justify going to work;
- Increasing the child care subsidy so that working poor parents can afford quality care; and
- Helping people access education and skills training so that they can secure better-paying jobs.

In Kansas City, Sister Berta takes civic leaders on bus tours of impoverished neighborhoods, recruiting current and former clients to board the bus at regular stops and talk about some of the challenges they face. The organization has already embedded client-centeredness and deployment of a broad range of advocacy strategies into its operations — these efforts are as natural as breathing to Sister Berta

and her cadre of passionate advocates.

Given these strengths, what did advocacy technical assistance comprise for Operation Breakthrough? It began with building “scaffolding” around the instinctive, irrepressible and effective advocacy tactics of Sister Berta and her supporters. The advocacy TA consultant provided policy analyses, equipping staff and volunteers with information to help them be effective in the “choir” on anti-poverty issues. Helping to diffuse Sister Berta’s strengths throughout the organization and involving others in order to amplify their impact can advance the needs of the parents and children who are at the center of the organization’s work.

## CASE STUDY:

### CORNERSTONES OF CARE

It is sort of an axiom in nonprofit consulting that every organization believes it presents a unique case. Every organization is certain it is working within the most challenging environment, or on the most overlooked cause, with the most complex organizational structure and confronting the most adverse financial situation. And, in some ways, they are all correct. There is enough difficulty in the work of changing social conditions and alleviating need for nearly every organization to conclude that their challenges are especially trying. With five separate agencies operating as one organizational “family” serving children of different ages and with different presenting problems in different settings, Cornerstones could claim too many moving parts to try to steer this large ship toward real advocacy impact. But while all of these dynamics undoubtedly complicated and, at times, slowed, progress on their advocacy capacity building, Cornerstones’ leadership determined that the advocacy work could complement their other organizational change efforts, such as strengthening cultural competency and implementing trauma-informed care. This attitude was critical to maintaining momentum and finding ways around obstacles.

As background, Cornerstones of Care is a family of agencies “dedicated to strengthening children, families, and the communities in which they live.” These five agencies — Healthy Families Programs, Gillis, Marillac, Ozanam, and Spofford — provide a comprehensive continuum of health and well-being services. Cornerstones allows its agencies to better serve the community by leveraging expertise across the system, providing financial security by reducing costs and creating efficiencies, and building an infrastructure to provide a comprehensive continuum of care.

At Cornerstones of Care, the initial phase of the advocacy technical assistance took a different trajectory than the

other participating organizations. The TA consultant met with groups of leaders pulled from the family of agencies. Cornerstones’ core team felt strongly that this deliberate effort to engage key agency stakeholders was essential to secure buy-in and cross-agency collaboration.

To start, Cornerstones developed an advocacy agenda that flows from the priorities of staff and clients throughout all of the agencies. This process involved surveys and focus groups and assessments of the policy landscape. Because Cornerstones is also in the process of refreshing its messaging and branding, the TA included messaging and storytelling trainings for staff. While Cornerstones’ advocacy lessons may not apply completely to smaller organizations with a more centralized structure, their experience is powerful evidence of a core truth in any organizational change effort: with the right leadership, you can move mountains.

#### Cornerstones’ Priorities and Key Learnings:

- There is real value in “showing up”: Cornerstones’ leadership was committed to beginning the advocacy process with face-to-face conversations with key staff from the different agencies. The interest and enthusiasm of Cornerstones’ staff was bolstered by leadership’s insistence on including their perspectives and priorities. For staff, as is the case in many organizations, being included in decision-making made a significant difference in how they experienced the process. At Cornerstones, seeking buy-in began with one essential step: showing up.
- Recognize the advocacy efforts already happening: The TA consultant learned quickly the importance of honoring the advocacy work that the organizations already do on behalf of clients, within systems and around public policy. At Cornerstones, the central organization had difficulty keeping track of the advocacy actions and efforts of individual agencies, so leaders made a point of talking with staff about their policy priorities and where they had been engaged, which informed the identification of new advocacy directions.
- Sometimes the best time to introduce change is during a time of change: By Cornerstones’ calculation, there was ideal alignment between the advocacy TA opportunity and some of the other initiatives of the organization, including their efforts around adopting a trauma-informed care approach. As the TA process unfolded, Cornerstones was able to use processes established for the trauma-informed care work to catalyze momentum on advocacy. In summary, when staff is already involved in a change process, introducing additional changes can be easier. As most nonprofit executives know, there is almost never a time in nonprofit, direct-service work that things “calm down.” There is no purpose in waiting for the perfect time to embark on something as mission-critical as advocacy.

## Examples of Work Products and Advocacy Integration Tools

### CHILD PROTECTION CENTER ADVOCACY PRINCIPLES

The Child Protection Center (CPC) is committed to its mission—to respect the child and protect their voice throughout the investigation of abuse. This drives every aspect of CPC’s activities, from the training of its professional staff to the design of its offices. The CPC’s focus on respect for children and their voices shapes not only the conduct of the forensic interviews that are so essential to the investigative process, but also the Child Protection Center’s advocacy, as the organization strives to shape public policies and community conversations about child wellbeing and trauma prevention. The Child Protection Center carefully weighs opportunities to lend its considerable expertise and its well-earned reputation to advocacy questions, taking seriously the public trust with which it has been vested. In these deliberations, the following advocacy principles serve as guides. The Child Protection Center advocates for policies and community approaches that emphasize:

**Prevention**—Even with the Child Protection Center’s skill and care in minimizing the trauma associated with the investigation of a child abuse allegation, there is tremendous damage done to children in every event. The only way to truly protect children in our community is to prevent the perpetration of abuse and neglect. The CPC supports policies that reduce risks for children by providing families with the supports they need to keep children safe, educating the community about signs of risk, and creating institutions—schools, community centers, health care providers, places of worship—that prioritize children’s safety.

**Child-centeredness**—While there are many interests, often competing, in the course of an investigation of child abuse allegations, the CPC works unceasingly to put children’s concerns in the forefront. To give children the best chance to heal from the trauma they have experienced, the policies which govern the responses of critical sectors—health care, education, law enforcement, courts—must keep children’s voices and their needs at the center of decision-making. This includes an emphasis on cultural integration and responsiveness, in all aspects of service delivery, from outreach and alliance-building to individual work with children and families.

**Collaboration**—We achieve the best outcomes for children when grown-ups work together well. Our public policies should facilitate the cooperative alignment of the systems responsible for reporting, investigating, and prosecuting allegations of child abuse, as well as those charged with providing restorative and supportive services to children, families, and communities. Funding sources should minimize turf battles, and jurisdictional questions should be resolved in ways that provide families with seamless access to what they need during times of crisis.

**Evidence-based practice and Expertise**—The CPC knows that good intentions are not enough, when it comes to protecting our most vulnerable children. Policies should seek to encourage, replicate, and disseminate the most promising evidence-based practices and should ensure that children have the support of highly-trained and well-supervised professionals as they seek to heal.

CAPA: “Our mission is to prevent and treat all forms of child abuse by creating changes in individuals, families and society that strengthen relationships and promote healing.”

### CAPA ADVOCACY PRINCIPLES

CAPA works on many levels to achieve its mission of preventing child abuse. We work directly with families, facilitating intervention and recovery programs for victims of abuse. We engage the community through education and prevention activities. And we advocate for public policies and build community support for an infrastructure that furthers our mission. To realize our vision, we must build a community where every member knows how they can help prevent child abuse. This requires outreach, communications and framing, and direct advocacy, to shape policy responses and support positive interventions, both before and after risk of abuse. While CAPA’s advocacy agenda, adopted by the organization’s Board of Directors, changes in response to changing political, social, and economic conditions, the following principles shape CAPA’s consideration of policy options and bridge our collaborations with other key stakeholders.

In pursuit of healthy, whole communities in which families have the supports they need to protect their children, CAPA advocates for policies that:

**1. Recognize child abuse as a community problem, and its prevention as a community priority**

It is CAPA's position that keeping children safe is all of our responsibility. Similarly, our failure to protect our most important collective treasure—our young people—is our shared loss. CAPA's community outreach, volunteer efforts, and fundraising activities all encourage people throughout our community to recognize our common interests in preventing child abuse. We support public policies that avoid victim-blaming and, instead, leverage community resources for positive change.

**2. Exalt the voices of children and families, in shaping policy approaches**

CAPA uses strengths-based approaches, working collaboratively with our clients. We see that parents and children often have many of the tools and insights necessary to move towards recovery and safety, and our work helps to unlock and support these capacities so that families can succeed. CAPA believes that these same strategies should be embodied in public policy. Policy will work best if the lived experiences of those who understand child maltreatment best—those who have experienced it—are converted into resources to help us confront these challenges.

**3. Build collaborative capacity to prevent and treat child abuse, by bridging gaps among sectors and increasing public understanding of the dynamics of child maltreatment**

Child abuse is a complex problem and effectively preventing it requires an integrated approach. CAPA supports policies that increase community understanding of child abuse and its dynamics. CAPA works through its coalition-building and its role as an expert resource to break down barriers to effective collaboration. Too often, families encounter a fragmented system with conflicting messages. They struggle to navigate resources absent an integrated continuum of care. It is only by building policies that bring the collective capacities of all the institutions with a clear stake in preventing child abuse—education, law enforcement, child welfare, faith institutions, behavioral health and substance abuse, physical health care, corrections/justice, economic support—that we have a real chance to achieve the societal changes necessary to make abuse a tragedy of the past.

**4. Preserve intact families, wherever possible**

CAPA recognizes that, in order to ensure safety, the Children's Division must sometimes remove a child from his/her home. At the same time, we see every day the losses incurred—by children, parents, siblings, and our entire community—when family relationships are disrupted. In many cases, our work has to include undoing damage done by severing these connections and disrupting attachments. These experiences have led to our strong conviction that families of origin are the best place for children. This means that our policies should display preference—whenever possible—for supporting and maintaining these family connections.

## PARENTING WITHOUT A SAFETY NET: Missouri's welfare policies failing families, community <sup>2</sup>

### Missouri's maximum TANF benefit levels among the lowest in the nation, leaving families in desperation

The monthly grant for a family of 3 was \$292 in July 2012, 31% less than in 1996, after adjusting for inflation. And Missouri diverts its TANF dollars from meeting the needs of poor children; in FY2011, only 25% of state TANF funds were used for basic assistance, while 38% went to 'non-assistance'. Only 2% went to work-related activities, compared to 12% in 2001. <sup>3</sup>

- **RECOMMENDATION:** Because TANF benefits are inadequate to provide a strong economic foundation for families, Missouri should focus on parents with major barriers to successful employment. This requires adequately funding safety nets in mental health, substance abuse treatment, and domestic violence.

### Maximum TANF Benefits Leave Families Well Below Federal Poverty Level (FPL) (For Family of Three)



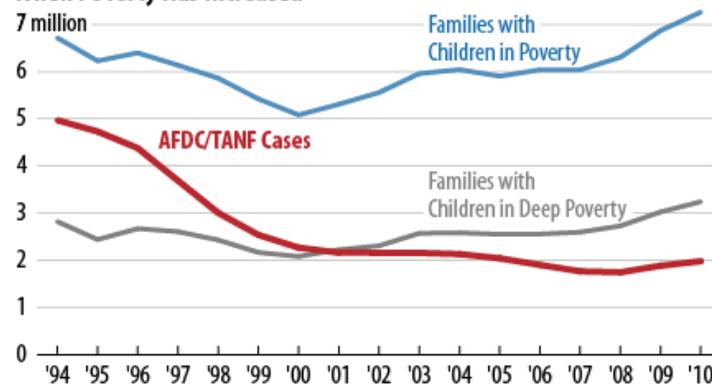
Source: Calculated from 2011 HHS Poverty Guidelines and CBPP-compiled data on July 2011 benefit levels.  
Center on Budget and Policy Priorities | cbpp.org

### TANF covers fewer poor families than ever before, and the working poor face difficulties accessing transportation, job training, child care, health care, and decent housing

Between December 2007 and December 2011, while a recession ravaged Missouri's working families, state TANF caseloads declined by 3%. As a result, families have a safety net to keep children clothed, fed, and safe.

- **RECOMMENDATION:** Missourians deserve to know the truth about TANF; it's a very limited program, serving few people and leaving participants in poverty. Missouri should reject punitive policies based on misinformation about TANF and concentrate on the grim reality: in 2011, 22% of Missouri children were poor. <sup>4</sup>

### TANF Cases Have Declined Dramatically, Including in Years When Poverty Has Increased



Source: CBPP analysis of poverty data from the Current Population Survey and AFDC/TANF caseload data from Health and Human Services and (since 2006) caseload data collected by CBPP from state agencies.  
Center on Budget and Policy Priorities | cbpp.org

### In the current job market, many who leave TANF struggle to find and secure employment, particularly if parents lack advanced education or marketable job skills

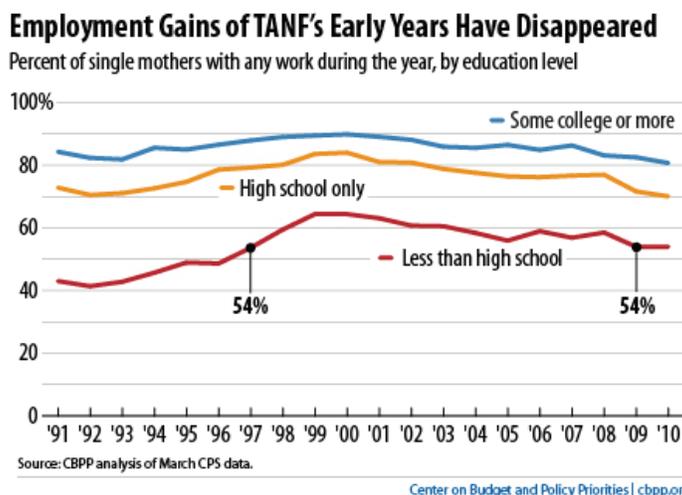
<sup>2</sup> Fact sheet created for Operation Breakthrough tour for Missouri state legislators.

<sup>3</sup> CBPP. (2012). Missouri TANF Spending Factsheet. Available from: <http://www.cbpp.org/files/8-7-12tanf-factsheets/8-7-12tanf-MO.pdf>

<sup>4</sup> KIDS COUNT. (2012). Available from: <http://datacenter.kidscount.org/data/tables/43-children-in-poverty?loc=1&loct=2#ranking/2/any/true/867/any/322>

Single mothers—38 percent of whom were poor in Missouri in 2011—face a tension between work and education. They can't leave poverty without more training, but they can seldom afford to stop working to go to school. Almost 26 percent of Missouri jobs are low-wage<sup>5</sup>, and single mothers face tremendous difficulties leaping to better labor markets without education. While federal TANF rules limit the percentage of recipients whose education can count as a work activity, educational opportunities are a strategy for long-term poverty reduction—and TANF caseload reduction, too. But Missouri has to make this a priority; in 2010, Missouri was one of only 5 states that did not use TANF emergency funds from stimulus spending to create subsidized employment opportunities for unemployed parents.<sup>6</sup> Missouri's work activities for TANF participants should focus on helping parents prepare for successful job searches and connecting them to employers who have jobs that are a good match, not requiring specific numbers of job contacts without addressing employment barriers.<sup>7</sup>

- **RECOMMENDATION:** Missouri should combine subsidized employment and education to bridge mothers' skills and good job opportunities. Successful programs in states like Colorado, Washington, California, and Kentucky use paid internships to help women gain essential work experience, partner with community colleges to ensure quality control within training programs, focus on in-demand industries to improve placement rates, and address the specific challenges facing those leaving TANF.<sup>8</sup>
- **RECOMMENDATION:** Missouri should provide transitional benefits to those exiting TANF for work, as do states such as Arkansas, Washington, and Utah, and/or assist working poor families through a stand-alone program using MOE funds. Allowing parents to 'step down' their use of benefits as they increase earnings prevents economic shocks to those leaving welfare, and changing eligibility so that families can continue to receive TANF as they earn more ensures that work really does pay.
- **RECOMMENDATION:** Missouri policy should secure child care and transportation for parents as soon as they have job offers, so that they can transition seamlessly with the employment supports they need to succeed.



<sup>5</sup> CFED. (2011). Assets and Opportunity Scorecard. Available from: <http://scorecard.assetsandopportunity.org/2013/measure/low-wage-jobs>

<sup>6</sup> CBPP. (2011). Creating Subsidized Employment Opportunities for Low-Income Parents: The Legacy of the TANF Emergency Fund. Available from: <http://www.cbpp.org/files/2-16-11tanf.pdf>

<sup>7</sup> CLASP. (2007). Implementing the TANF Changes in the DRA: Win-Win Solutions for Families and States. Available from: <http://www.clasp.org/admin/site/publications/files/0339.pdf>

<sup>8</sup> Mathematic Research Inc. (2008). Strategies for Increasing TANF Work Participation Rates. Available from: <http://aspe.hhs.gov/hsp/08/TANFWPR/1/report.pdf>.

## OPERATION BREAKTHROUGH MEMORANDUM <sup>9</sup>

From: Sister Berta Sailer, Co-founder, Operation Breakthrough

Date: February 20, 2013

Please support child care assistance for low-income Missouri working parents

**Helping low-income parents stay in the workforce builds economic security. Almost 75% of Missouri mothers with children under six are in the labor force;<sup>10</sup> for these families, affordable quality child care is an urgent necessity. Ensuring that Missouri children start life with a strong educational foundation increases their chances of later academic success. In the short term, \$1 invested in early childhood education returns nearly \$2 to the economy, through parents' increased work. In the long term, this could be closer to \$17, as prepared children outperform peers.<sup>12</sup>**

**When it comes to early childhood education, Missouri is playing catch up**

Only three states had lower income eligibility thresholds for child care assistance in 2012.

Even when they qualify for subsidies, parents can still pay as much as 59% of their incomes to access quality care.

**Improve Missouri's child care subsidy to put quality care within reach**

**Address the cliff effect:** The \$6.3 million proposed in the budget for transitional child care would allow Missouri families to gradually step down their subsidies, rather than lose assistance abruptly when they earn a raise. Allowing families to continue receiving child care assistance until their incomes reach 175 percent of poverty (~\$33,000 for a family of 3) gives Missourians a chance to attain economic security before losing critical support. Currently, this help phases out entirely at about \$25,000 for a family of 3.

**Encourage work:** Today, low-income Missouri parents only get child care assistance for 4 weeks after losing a job, which is clearly inadequate in today's economy. Ineligibility for child care assistance during job searches puts parents and employers in an impossible quandary, as they struggle to finalize employment without reliable child care.

**Prioritize quality care:** In 2012, Missouri's reimbursement rates were below the federally recommended level (designed to give families access to 75 percent of providers). In some communities, Missouri's reimbursement rate for center care is so low that more than half of area providers are out of reach, forcing parents to make impossible compromises when searching for quality care.

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<sup>9</sup> Memo created for Sister Berta's visit to Jefferson City to lobby Missouri legislators, following Governor Nixon's budget recommendation that included some increases for childcare subsidies and early childhood education.

<sup>10</sup> Children's Defense Fund. (2011). State of America's Children. Downloaded from: <http://www.childrensdefense.org/child-research-data-publications/data/state-of-americas-2011.pdf>.

<sup>11</sup> Burchinal, M.R. and Cryer, D. (2003). Diversity, child care quality, and developmental outcomes. *Early Childhood Research Quarterly* 18, pp. 401-426.

<sup>12</sup> Clothier, S. and Pope, J. (2013). *New Research: Early Education as Economic Investment*. Washington, DC: National Conference of State Legislatures.

<sup>13</sup> Only Idaho, Nebraska, and Ohio had lower income thresholds for a family of three in 2012. Schulman, K. and Blank, H. (2012). *Downward Slide: State Child Care Assistance Policies 2012*. Washington, DC: National Women's Law Center. Available from: [http://www.nwlc.org/sites/default/files/pdfs/NWLC2012\\_StateChildCareAssistanceReport.pdf](http://www.nwlc.org/sites/default/files/pdfs/NWLC2012_StateChildCareAssistanceReport.pdf)

<sup>14</sup> Schulman, K. and Blank, H. (2012). *Downward Slide: State Child Care Assistance Policies 2012*. Washington, DC: National Women's Law Center. Available from: [http://www.nwlc.org/sites/default/files/pdfs/NWLC2012\\_StateChildCareAssistanceReport.pdf](http://www.nwlc.org/sites/default/files/pdfs/NWLC2012_StateChildCareAssistanceReport.pdf)

## STAFF SURVEY FOR CORNERSTONES OF CARE ADVOCACY AGENDA

*Cornerstones of Care's Mission: "To provide through the collective strength of its agencies, an array of quality preventive, treatment, and support services for children and their families."*

**1. Please rank the following issue priorities in order of their alignment with Cornerstones of Care's mission.**

(Select your top 5 issues, with 1=top priority, most integral to Cornerstones of Care's mission.)

- Federal funding for mental health care
- Strict criminal penalties for child maltreatment
- State funding for mental health services
- Access to higher education for youth aging out of foster care
- Access to substance abuse treatment
- Anti-poverty policy, including wage policies, job training, and job creation
- Adequate funding for K-12 education, including for support services within schools
- Trauma-informed care requirements within service institutions
- Reduction of stigma facing at-risk children and families
- Access to physical health care, especially for low-income individuals
- Affordable independent housing options for youth aging out of foster care
- Affordable early childhood education and childcare options for low-income parents
- Child abuse prevention services, including respite care for children with special needs
- Increased recruitment and training of foster families
- Other (please specify: \_\_\_\_\_)

**2. Please rank the following issue priorities in order of their importance to you.**

(Select your top 5 issues, with 1=top priority, most important to you.)

- Federal funding for mental health care
- Strict criminal penalties for child maltreatment
- State funding for mental health services
- Access to higher education for youth aging out of foster care
- Access to substance abuse treatment
- Anti-poverty policy, including wage policies, job training, and job creation
- Adequate funding for K-12 education, including for support services within schools
- Trauma-informed care requirements within service institutions
- Reduction of stigma facing at-risk children and families
- Access to physical health care, especially for low-income individuals
- Affordable independent housing options for youth aging out of foster care
- Affordable early childhood education and childcare options for low-income parents

- \_\_\_\_\_ Child abuse prevention services, including respite care for children with special needs
- \_\_\_\_\_ Increased recruitment and training of foster families
- \_\_\_\_\_ Other (please specify: \_\_\_\_\_)

**3. What actions would you be willing to take to advance Cornerstones of Care’s advocacy agenda?**

- \_\_\_\_\_ Call or visit an elected official or staffer (city, county, state, federal level)
- \_\_\_\_\_ Email or write an elected official or staffer (city, county, state, federal level)
- \_\_\_\_\_ Attend an event (at Cornerstones of Care or another location)
- \_\_\_\_\_ Write a letter to the editor
- \_\_\_\_\_ Make a presentation to a community group
- \_\_\_\_\_ Make a financial contribution to Cornerstones of Care’s advocacy work
- \_\_\_\_\_ Facilitate clients’ involvement with Cornerstones of Care’s advocacy
- \_\_\_\_\_ Attend advocacy training
- \_\_\_\_\_ Serve on Cornerstones of Care’s advocacy task force, to recommend an advocacy agenda and help shape strategy
- \_\_\_\_\_ Talk with your friends, colleagues, and others about Cornerstones of Care’s advocacy agenda
- \_\_\_\_\_ Other (please specify: \_\_\_\_\_)

**4. Please rank the following possible outcome benchmarks in priority order (1=most important).**

- \_\_\_\_\_ Passing/repealing/stopping legislation
- \_\_\_\_\_ Involving more Cornerstones of Care staff, volunteers, and clients in advocacy work
- \_\_\_\_\_ Increasing the integration and communication among Cornerstones’ affiliated agencies
- \_\_\_\_\_ Changing public understanding about child maltreatment and mental illness
- \_\_\_\_\_ Shaping media coverage of mental health, childhood trauma, and other Cornerstones issue areas
- \_\_\_\_\_ Changing how regulatory agencies/state and federal departments work with Cornerstones’ clients
- \_\_\_\_\_ Engaging more allies—organizations, community groups, public—in Cornerstones’ advocacy
- \_\_\_\_\_ Increasing Cornerstones of Care’s name recognition and issue identification in the community
- \_\_\_\_\_ Other (please specify: \_\_\_\_\_)