
Implementing Family to Family

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Preface

This report is based on individual and focus-group interviews conducted by a team of researchers and members of the technical assistance team involved in the Family to Family initiative sponsored by the Annie E. Casey Foundation. Marno Batterson of the Center for the Study of Social Policy conducted the fieldwork related to systemic implementation issues. Madelyn Freundlich conducted interviews in one site, but was unable to participate in the research in other sites. We appreciate her contributions to framing the issues and developing a topical outline for subsequent interviews. David Crampton, Assistant Professor of Social Work at Case Western Reserve University, worked with Tom Crea of the University of North Carolina at Chapel Hill (UNC) and Anne Abramson Madden of the University of California at Berkeley in carrying out interviews and focus groups related to team decisionmaking. Fred Harris, a consultant to the Casey Foundation, was responsible for fieldwork related to community partnerships. Jeffrey Williams, Adjunct Professor of Human Services at Siena Heights University and Foundation consultant, organized and conducted interviews concerning the recruitment, development, and support of resource families, and the strategy of self-evaluation. Lynn Usher of the University of North Carolina at Chapel Hill served as principal investigator for the study.

The research team appreciates the high level of cooperation we received from the state and local child welfare agencies that participated in this study and from their community partners and private service providers. Their scheduling flexibility and willingness to devote time to this effort made it possible to complete the study within a limited time period. We also appreciate the suggestions and guidance from our colleagues on the Family to Family technical assistance team in identifying key informants and alerting us to priority issues in each site. Other members of the self-evaluation technical assistance team, including Judy Wildfire, Daniel Webster, and Barbara Needell, made important contributions to designing the research and provided useful comments on earlier drafts of the report.

This report reflects the findings of the members of the research team. The conclusions and opinions presented here may not be shared by the staff or board of directors of the Annie E. Casey Foundation nor the Family to Family technical assistance team. We appreciate the financial support of the Foundation that made possible this research.

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IMPLEMENTING FAMILY TO FAMILY

Since its inception in 1992, child welfare agencies in more than 60 localities in 19 states have participated in the Family to Family initiative sponsored by the Annie E. Casey Foundation. State and local child welfare administrators and community partners in these cities make a commitment to change their child welfare system to reflect a specific set of values and operating principles. Key among these values is that children should grow up in families and that when concerns about safety and wellbeing make it necessary for them to be separated from their birth family, the child welfare system should make every effort to place them with relatives or foster families. To realize this value requires that the system have in place mechanisms that ensure, first, that children are removed from their homes only when it is appropriate, and second, that relatives or foster families are available to support them. Without specific efforts that entail changes in the way many agencies have traditionally operated, it is likely that inappropriate placements will occur and many children will be placed into group or institutional care.

The core strategies of Family to Family seek to change some fundamental agency operations that run counter to the values and principles the initiative promotes. Team Decisionmaking (TDM) seeks to tap into the resources available from extended families and the community, and to factor those resources into decisions about the placement of children in child welfare custody. To be successful, TDM requires broad, strong, and trusting partnerships with the communities from which the greatest numbers of children enter the system. Maintaining kinship and foster family resources in these communities requires, in turn, ongoing commitment to supporting them in their efforts to provide caring and supportive homes for children and to assist in reunifying families when it is feasible. Finally, it is necessary that agencies and communities hold themselves accountable for the outcomes realized by the families and children they serve, so they must collect and analyze data by which they can evaluate their performance.

In many of the communities that have participated in Family to Family, a strong case can be made that important and enduring changes in agency operations have been achieved, and more important, that safety and permanency outcomes have improved. Based on their assessment of sites active in 2005, however, site team leaders and technical assistants concluded that few

communities had fully implemented all four core strategies. So, while many sites have been very successful with two or three strategies, it was not possible in most sites to observe the hypothesized synergy and mutual reinforcement of effort the Foundation seeks.

This report describes the challenges of fully implementing the organizational and practice changes associated with Family to Family. We begin with a description of the values and principles on which the initiative is based and of the core strategies it promotes. The report describes some of the changes agencies have made in structure and process, and some of the factors leading to decisions not to make certain changes. It discusses specific efforts to implement each of the four core strategies and summarizes the technical assistance team's assessment of the success sites have had in implementing these strategies. We conclude by describing the implications of this analysis for the continuing development of Family to Family and for evaluating how it has affected outcomes for families and children.

Evolution Of Family To Family

The framework paper announcing the establishment of Family to Family included a specific statement of values that the Foundation espoused and to which it was seeking commitments from grantees (p. 17):

In summary, the Family to Family Initiative is founded on a few key value judgments: Reforms in family foster care must be directed to producing a service that is less disruptive to the lives of the people it affects, more community-based and culturally-sensitive, more individualized to the needs of the child and family, more available as an alternative to institutional placement, and in general more family-centered.

These and other values are an enduring part of the philosophy on which the initiative rests. Yet, at a time when the capabilities of states to measure outcomes were quite limited, the Foundation was explicit in insisting that grantees pursue specific outcomes for families and children and measure their progress toward improving them. The following outcomes continue to be emphasized in current self-evaluation efforts in Family to Family (pp. 16-17):

1. A reduction in the number of children served in institutional and congregate settings.
2. A shift of resources from congregate and institutional care to family foster care and family-centered services across all child and family-serving systems.
3. A decrease in the length of stay in out-of-home placements.
4. An increase in the number of planned reunifications.
5. A decrease in the number of unplanned re-entries into care.
6. A decrease in the number of placement disruptions.
7. A reduction in the total number of children served away from their own families.

In the ensuing years, the Foundation's approach to grantmaking under Family to Family and to the delivery of technical assistance has changed in some significant ways, but it is notable that the underlying values and the particular outcomes emphasized in the initiative have remained constant. Table 1 provides an overview of changes in the Foundation's approach to working with sites, organized into distinct evolutionary phases.

The initial phase of activity, from 1992 to 1997, involved grants of \$2.5 million to each of five states. Electoral changes in 1994 and associated changes in child welfare administrators resulted in weakened commitments to the initiative in several states, particularly in Alabama and New Mexico, but also to some degree in Maryland and Pennsylvania. In spite of wavering support in some jurisdictions, the experience provided opportunities for local agencies to explore some new approaches to practice and to make "stroke of the pen" policy changes, such as closing emergency shelters and eliminating barriers to kinship care.¹ Participants' reflections on those experiences provided the basis for work in the next two phases.

¹ See the report by Research Triangle Institute and Jordan Institute for Families, *Evaluation of Family to Family* (Research Triangle Park, NC: 1998) available at: <http://www.unc.edu/~lynnu/f2feval.htm>.

Table 1: The Evolution of Family to Family

Phase I: 1992 - 1997

From its inception and throughout the history of Family to Family, AECF has enunciated a consistent set of values, operating principles, and outcomes to guide the work of state and local partners and technical assistants. The resulting guidelines and expectations provided a common framework for the initial phase of work in Alabama, Maryland, New Mexico, Ohio, and Pennsylvania. Although changes in leadership in some of the original states produced uneven results across time and sites, the lessons and accomplishments from 1992-97 provided a base of experience for the next phase of development.

Phase II: 1997 - 2000

The focus of Family to Family during this period was on the development of “tools” that reflected lessons about practice strategies from the first phase. Participants from the initial group of states identified four strategies that they defined as integral to the initiative. These strategies, individually and in concert, were deemed to be critical to the initiative’s success. Based on this assessment, subsequent phases of development have focused on: 1) building partnerships with the communities most affected by the child welfare system; 2) team decisionmaking at critical junctures in the placement process; 3) recruitment, training, and support for resource families; and 4) building the capacity of child welfare agencies to evaluate their progress in achieving Family to Family outcomes.

Phase III: 2000 - 2005

The third phase of Family to Family, beginning in 2000, has entailed a broad geographic expansion to other counties in California and to a number of other states, including Colorado, Illinois, Kentucky, Michigan, North Carolina, Oregon, and Tennessee. This work has been marked by a focus on the four core strategies and the development of teams of technical assistants to help guide work on each strategy. Work in this phase of Family to Family emphasized results in two realms. First, consistent with the message across all phases, the states and localities involved in the initiative were expected to make improvements in the outcomes for families and children, and to show that disparities in outcomes by race, age, or gender were being addressed. Second, in addition to tracking outcomes, participating agencies were expected to monitor and report on their progress in implementing each of the four key strategies. Thus, sites that became involved during this period, including more recently, Alaska, Arizona, the State of Washington, and under new leadership, New Mexico, sought to develop capabilities to evaluate both outcomes and the delivery of new practices and services.

Phase IV: 2005 – Present

The expansion of Family to Family to so many sites imposed a heavy demand on Foundation staff and the technical assistance team. As a result, the Foundation decided to conduct a self-assessment beginning in 2005. Work over more than 18 months led to two conclusions: 1) reaffirmation of the initiative’s theory of change; and 2) a commitment to “go deeper” in fewer sites. This resulted in the Foundation identifying 15 “anchor sites” in which to focus work in the next phase of Family to Family. These sites were judged to offer the best prospects for full implementation of the initiative’s four core strategies, and therefore, to serve as places in which to assess the collective impact of those strategies on the outcomes the Foundation seeks to improve. In addition to supporting enhanced technical assistance efforts beginning in 2007, the Foundation is supporting an evaluation that began with an implementation analysis in 2006 and will culminate in an outcome analysis in 2009.

The second phase of Family to Family entailed a considerable investment in the development of nearly 20 “tools” to support the effective delivery of foster care services. During this period, technical assistance continued to be provided to some of the grantees from Phase I, but much effort was devoted to developing and disseminating the tools. Although the initiative expanded to Los Angeles and New York City in the second phase, the situations in these sites were somewhat unusual. Los Angeles experienced a series of changes in leadership that prevented continued development at that time. In contrast, the work in New York City took on a life of its own with the creation of the AECF-funded oversight panel, led by Doug Nelson. Consequently, the panel’s work with the child welfare system in New York reflected many of the operating principles of Family to Family.

Participants in the first phase also influenced subsequent work by identifying what have come to be known as the “core strategies” of the initiative: 1) building community partnerships [CP]; 2) team decisionmaking [TDM]; 3) recruitment, development, and support for resource families [RDS]; and 4) self-evaluation. Based on their experiences, participants saw the strategies as inextricably linked—highly interdependent and mutually reinforcing. This perception of the defining characteristics of Family to Family provided the organizing principle for technical assistance in Phases II and III and became the conceptual underpinning of the initiative’s theory of change. The premise on which the initiative has operated is essentially that the greatest improvement in outcomes will be observed in sites in which all four strategies are fully implemented and working synergistically to produce optimal results. As the following discussion indicates, however, many sites have had to confront a fundamental conflict of values and operating principles before moving ahead with implementing the core strategies.

Systemic Challenges to Implementing Family to Family

The implementation of Family to Family in a community usually begins with a site visit by a team of Foundation staff and consultants who assess the extent to which the local child welfare system operates in ways that are consistent with or divergent from the values and principles of the initiative. The team learns about issues such as: how children enter the system; the extent

to which home-based supports and services are available to help avoid out-of-home placement; patterns of placement in terms of the use of kinship care, foster homes recruited and supervised directly by the agency, foster homes recruited and supervised by private contract agencies, and group and institutional care; and the availability and use of data to monitor agency operations and outcomes for families and children. Before leaving, the team presents its findings, noting where changes in policy and practice would be necessary to bring practice into line with Family to Family values and principles. Some changes relate directly to a general recommendation to adopt the core strategies of the initiative, but others entail fundamental changes in practice and in the organization of the agency. In such cases, implementing any or all of the core strategies would yield only marginal improvements in outcomes because of problems inherent in established practices and perspectives.

The situation most often encountered in Family to Family sites is the existence of one or more emergency shelters that serve as the point of entry for children and youth entering out-of-home care. A related problem often associated with this situation is the role that law enforcement officers play in transporting children to the shelter, particularly overnight when no provision has been made for child protective services workers to be on duty. In most instances, these circumstances result in large numbers of children being placed in the shelter for one or two days until child welfare staff can return them to their homes (e.g., following a parent's release from jail), locate a relative, or arrange a placement in a foster home. Invariably, however, some children have longer stays in the shelter and sometimes go on to other group or institutional care facilities.

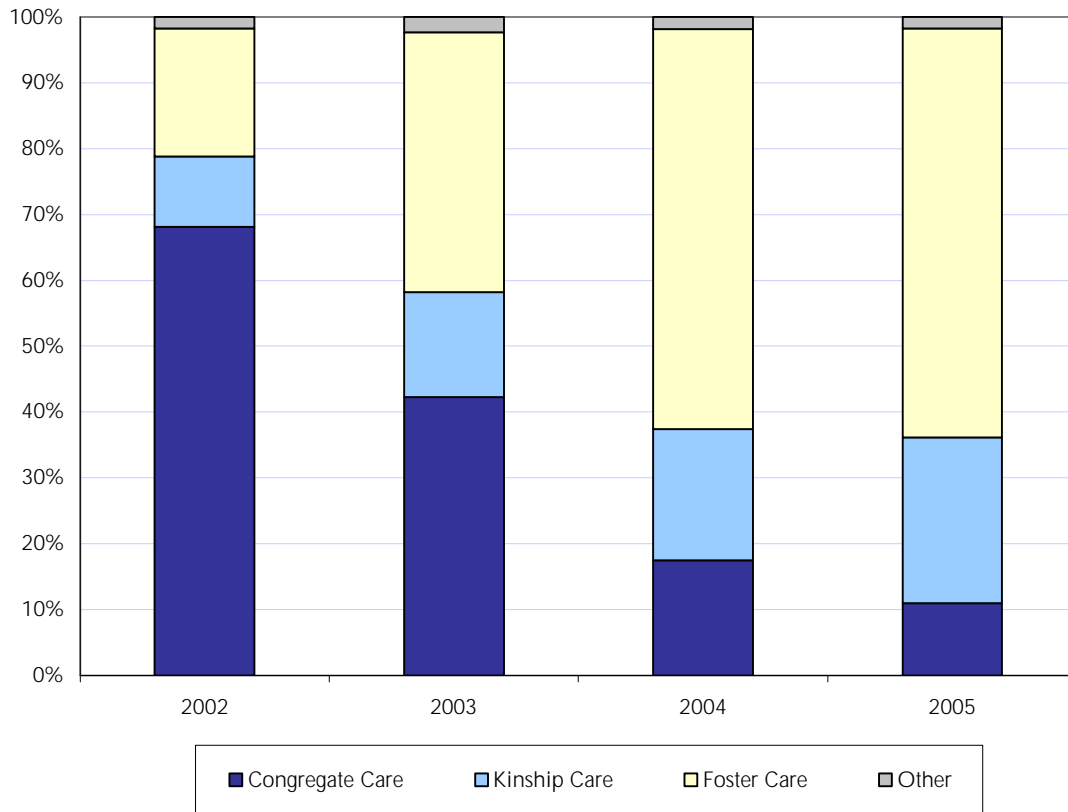
This response to children and youth whose safety and wellbeing are at risk is fundamentally inconsistent with the values and principles of Family to Family, and must be addressed if the community desires to move ahead with implementing its core strategies. Some urban child welfare systems that have participated in the initiative have been successful in moving away from such an approach and becoming more reliant on relatives and foster families as placement resources. The challenges of such a change cannot be overstated. In some instances, the private agencies and organizations that operate the emergency shelter had successfully promoted a belief among the public and the media that this approach constituted sound and caring child

welfare practice that was in the best interest of children. Financial contributions from wealthy and influential donors as well as the broader public often helped sponsor the operation of such facilities. As a result, a very public and heated political debate usually ensued when a child welfare administrator proposed to abandon or curtail the use of an emergency shelter.

In many instances, reduced reliance on shelter care is made possible by a change in agency policy that encourages increased reliance on kinship care and to a lesser degree, foster families. This is possible largely because these resources have been underutilized, often as a result of policies or a prevailing philosophy that discourages staff from identifying and utilizing such resources. Sometimes described as “stroke of the pen” reforms, decisions not to rely on shelters must be explicit and clearly communicated to agency staff and the community. Also, the necessary fiscal and staff resources must be allocated so that a child welfare worker can be present every time children must be removed from their homes and the search for relatives who can care for children can begin immediately. Yet, experience has shown that such changes can be successfully implemented apart from and prior to the adoption of the core strategies of Family to Family. Indeed, the Foundation and its technical assistance team deem such changes to be necessary preconditions to the success of those strategies.

The closing or phasing out an emergency shelter usually has a very pronounced and rapid impact on the experiences and outcomes of children entering out-of-home care. For example, when Denver phased out shelter placements for young children beginning in 2003, it became apparent very quickly, as shown in Figure 1. Associated negotiations with law enforcement also contributed to a decline in the numbers of older children and youth being placed. In contrast, however, the number of very young children coming into out-of-home care actually grew significantly as reliance on the shelter declined. So, while the elimination of shelter care may result in fewer removals, changing patterns of practice (particularly increased reliance on kinship care) may offset this and produce only a small reduction in the number of admissions to care over the longer term. Given the consequences of such fundamental changes in practice, therefore, it is important that agencies quickly develop their capacity for self-evaluation so that they can monitor the impact of the changes and make appropriate course corrections.

Figure 1: Reducing Reliance on Congregate Care: Denver Cohorts 2002 - 2005



Outcomes and Core Strategies: The Family to Family Theory of Change²

Once an agency has addressed fundamental problems inherent in its philosophy about and approach to child welfare practice, it can focus more intently on implementing the changes in practice associated with the TDM, RDS, and CP strategies. As this occurs, it is necessary to expand its self-evaluation capabilities to encompass efforts to monitor the implementation of these strategies to ensure that they are carried out according to design and are being broadly implemented. While each strategy contributes uniquely to better practice, Family to Family’s underlying theory of change argues that the strategies are mutually reinforcing and that the ultimate success of the initiative hinges on strong performance in each strategy area.

² This section draws heavily on Rideout, Usher & Wildfire (2005).

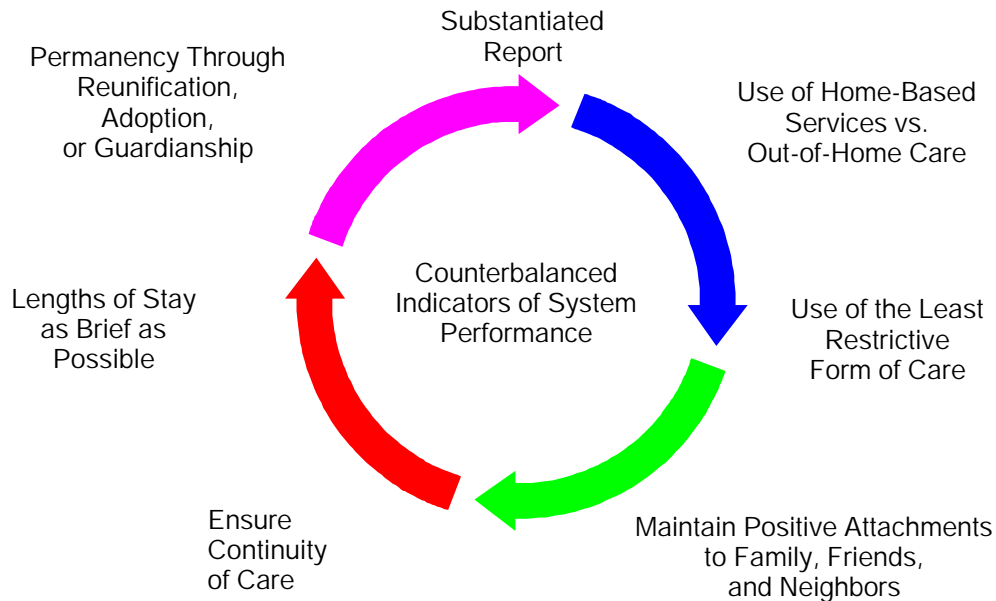
Since its inception, the Family to Family initiative has consistently and strongly emphasized improvements on specific outcomes for families and children, and changes in how child welfare systems operate. Based on their experience of the initial phase of the initiative, participants from the first group of Family to Family sites identified four strategies that collectively defined this new approach to practice. The following discussion describes the outcomes and practice strategies that guide work on the initiative.

Family to Family Outcomes

The outcomes Family to Family seeks to improve reflect: 1) the experiences of children while in out-of-home care; 2) changes in the relationship between children and their families because of their involvement with the child welfare system; and 3) the values and principles on which these systems operate. A comprehensive perspective on child welfare outcomes can be achieved simply by thinking of a child's involvement with the system as a cycle of experiences. As indicated by Figure 2, it begins with a report of maltreatment that the system deems to require investigation.³ When reports are substantiated, agencies must decide whether the safety of children can be assured without removing them from their homes. This complex decision requires balancing risk factors associated with the child, the family, and their circumstances against protective factors that can be enhanced by supporting and serving the family in their own home without having to remove the child (Fraser, 1997). From the standpoint of agency performance, we know that the rate of removal varies considerably from locality to locality within given states (Usher & Wildfire, 2002), as well as across states. While some of the variation in the **likelihood of removal** is associated with child and family characteristics, it is also the case that some agencies are more inclined to place children into out-of-home care rather than to rely on home-based services that make it possible for children to remain in their homes. Therefore, the cumulative experience of families and children can be indicative of how an agency tends to respond when maltreatment is found.

³ This discussion does not reflect the distinction between "investigations" and "family assessments" now used in a growing number of states that have adopted dual- or multiple-track child protection systems (Jordan Institute for Families, 2002). In such systems, a large segment of reports, particularly those that currently are labeled "neglect," follow an assessment track that does not reach a conclusion about whether the reported maltreatment can be substantiated or not. Instead, the assessment determines the family's need for services, possibly including out-of-home care for the child.

Figure 2: The Cycle of Experiences in the Child Welfare System



When it is determined that a child must be placed in out-of-home care, certain characteristics of the initial placement have repercussions for the safety, permanency, and well-being children ultimately experience. The **restrictiveness of care** inherent in the initial placement—emergency shelter, assessment center, foster home, kinship care, etc.—can either exacerbate or help diminish the child’s sense of disruption and loss of attachment to his or her family. Most worrisome is the tendency of localities to channel children through predefined pathways into out-of-home care. Such an approach (e.g., reliance on emergency shelters) results in the force-fitting of children according to the convenience of the system rather than tailoring the response to the particular needs of each child. Again, the cumulative experiences of cohorts of children entering care for the first time (or, separately, *re-entering* care), can reveal these tendencies to rely on certain pathways.

The nature and location of the initial placement also has consequences for the child’s safety and permanency outcomes. This is reflected in the efforts of federal Child and Family Service Review (CFSR) teams who attempt to determine the proximity of children’s placements to their

homes and whether they are placed with any siblings who may be already in care or who entered care at the same time.⁴ The Family to Family outcome measurement strategy acknowledges that placement decisions are made even more complex by the tension between different outcomes. For example, should priority be given to placing a child in a neighborhood foster home or with a foster home that will take all the siblings in family, even if that placement is not located in the neighborhood? Or, is placement with a relative not located in the child's neighborhood always preferable to a placement with a foster parent who is not related to the child, but who lives in the child's neighborhood?

Another outcome addressed in the CFSR is the number of times children undergo a change in placement. The concern, of course, is that **stability of care** is especially important to children who have experienced the trauma of abuse or neglect, followed by being removed from their home and placed into out-of-home care. If a child's needs dictate initial placement in a higher level of care, however, the performance indicator in this area should not discourage movement to a less restrictive setting. Therefore, since a simple count of placements does not provide a complete picture of placement stability and could discourage a step down in care to a more appropriate placement setting, some effort should be made to distinguish moves that involve a move to a less restrictive placement setting.

Foster care is intended to be a *temporary* living arrangement for children. Therefore, **length of stay** among children in foster care has always been a focus of policymakers, child advocates, and child welfare administrators. A continuing concern has been long lengths of stay, but a short length of stay is often indicative of problems in how child welfare systems operate. Short average lengths of stay, typically involving large numbers of children and youth coming into care for less than a month, are often found in systems that use out-of-home care when home-based services may be more appropriate. Such systems frequently rely on emergency shelters as initial placement settings and law enforcement agencies bring many children and youth to the shelter. In such cases, short length of stay is not indicative of good performance.

⁴ Unfortunately, this part of the CFSR review process is restricted to a cross-sectional sample of 50 cases. A longitudinal follow-up of successive cohorts of children entering care shows more reliably the extent to which these important family attachments were being preserved.

A separate and distinct aspect of a child's experience in foster care is whether they ever achieve a permanent placement, and if so, the ***type of permanent placement***—reunification, adoption, or guardianship with a relative or other adult. The CFSR process attempts to combine length of stay and the type of permanent placement by measuring the time to reunification or adoption among exit cohorts of children experiencing these outcomes. This approach misses important distinctions concerning, first, whether a permanent placement is ever achieved, and second, changes in the type of permanent placements—reunification, adoption, or guardianship—that children in a given jurisdiction tend to achieve.

Statisticians, demographers, epidemiologists, and other experts in the field recognize that survival analysis methods should be used to measure length of stay. This is because lengths of stay among a cohort of children will vary and shorter follow-up periods will always include some children who remain in care, thereby producing “censored” measures of length of stay for them. In addition, some children and youth will leave care without ever achieving a permanent placement (e.g., youth who run away or children who die while in care). To obtain valid and reliable estimates of length of stay, therefore, it is necessary to use survival analysis methods that take censoring into account. This is why states and localities participating in Family to Family receive technical assistance in building and updating longitudinal databases to use in measuring this and other outcomes.

Once children in foster care achieve a permanent placement, the child welfare system has an ongoing responsibility to monitor the recurrence of maltreatment among this group and to measure the rate at which they return to out-of-home care. This monitoring responsibility persists until such children reach the age of majority. Also, given the relatively low rates of repeat maltreatment and reentry to out-of-home care, it is important that state and local agencies acknowledge these events as exceptional and treat them as such. The vast majority of children who achieve a permanent placement after an initial spell of out-of-home care do *not* subsequently experience maltreatment and even fewer return to out-of-home care, but this is not the commonly held perspective among child welfare managers and staff and the public. Two factors contribute to this misperception. First, these cases often entail the greatest challenges for caseworkers, and as a result, consume much of their time. Second, the use of

caseload profiles that include a disproportionate number of children who have reentered care results in an overestimation of the rate of reentry. This is another case in which unreliable measurement of an important performance indicator produces a misalignment of agency resources with perceived needs.

A crucial lesson to be taken from the cycle depicted in Figure 1 concerns the interdependence of various outcome indicators. No indicator can be viewed in isolation from the others because changes in how the system operates at one stage of the cycle have significant consequences for outcomes at later stages. For example, a number of sites involved in child welfare reform initiatives have been successful in reducing the number of children entering out-of-home care through more careful assessments and by identifying home-based supports and services that keep children safe without removing them from their homes. As a consequence of this change at the front door of the child welfare system, the average length of stay among the later (and smaller) group of children is often longer than the average for the larger group of children who entered care prior to the changes in practice (Usher, Wildfire, & Gibbs, 1999). Similarly, a narrowly focused effort to reduce length of stay to meet a fixed target could result in inappropriate permanent placements that lead to increased rates of repeat maltreatment and reentry to care.

If it is grounded in longitudinal data that systematically track the experiences of all children who are subjects of reports of maltreatment and the subset who enter out-of-home care, the cycle perspective can afford insights regarding the quality of children's experiences, but also how the system works at different stages. By valuing each child's experience equally—no more and no less than each deserves—longitudinal data can accurately capture the performance of the systems that serve them.

The Strategies of Family to Family

Family to Family relies on a variety of strategies and the technical assistance team has developed more than twenty practice tools to assist partner sites in implementing them.⁵ While

⁵ The tools are available online at: <http://www.aecf.org/initiatives/familytofamily/tools.htm>.

each of these strategies has proven effective in one or more sites, four strategies are deemed integral to the initiative. These four “core strategies” are:

- *Building Community Partnerships*, which entails building relationships with a wide range of community organizations in neighborhoods in which child protection referral rate are high and collaborating to create an environment that is supportive of families involved with the child welfare system.
- *Team Decisionmaking*, which seeks to involve not just foster parents and caseworkers, but also birth families and community members in all placement decisions to ensure a network of support for children and the adults who care for them.
- *Resource Family Recruitment, Development, and Support*, which involves finding and maintaining foster and kinship homes who can support children and families in their own neighborhoods.
- *Self-Evaluation* in which teams of analysts, data managers, frontline managers and staff, and community partners collect, analyze, and interpret data about key Family to Family outcomes to assess whether we are making progress and to determine how policy and practice needs to be changed to bring about further improvement.

Each strategy represents good practice on its own, but it is the joint and mutually reinforcing effects of the four strategies that produce the strongest impact. Implemented together, these strategies provide a focus for practice changes that seek to achieve the outcomes emphasized in Family to Family. Figure 3 illustrates how the strategies work together. The following discussion describes how the strategies reinforce one another.

Building Community Partnerships is linked to Recruitment, Development and Support of Resource Families in several ways, including:

- Once they are engaged as partners in the work of child welfare, neighborhood residents are often effective recruiters of new resource families in the communities from which many children are removed; and
- Neighborhood residents and providers of community-based services can provide new and valuable support networks, both to resource families caring for children

in out of home care, and as a community safety net for birth families after children are reunified.

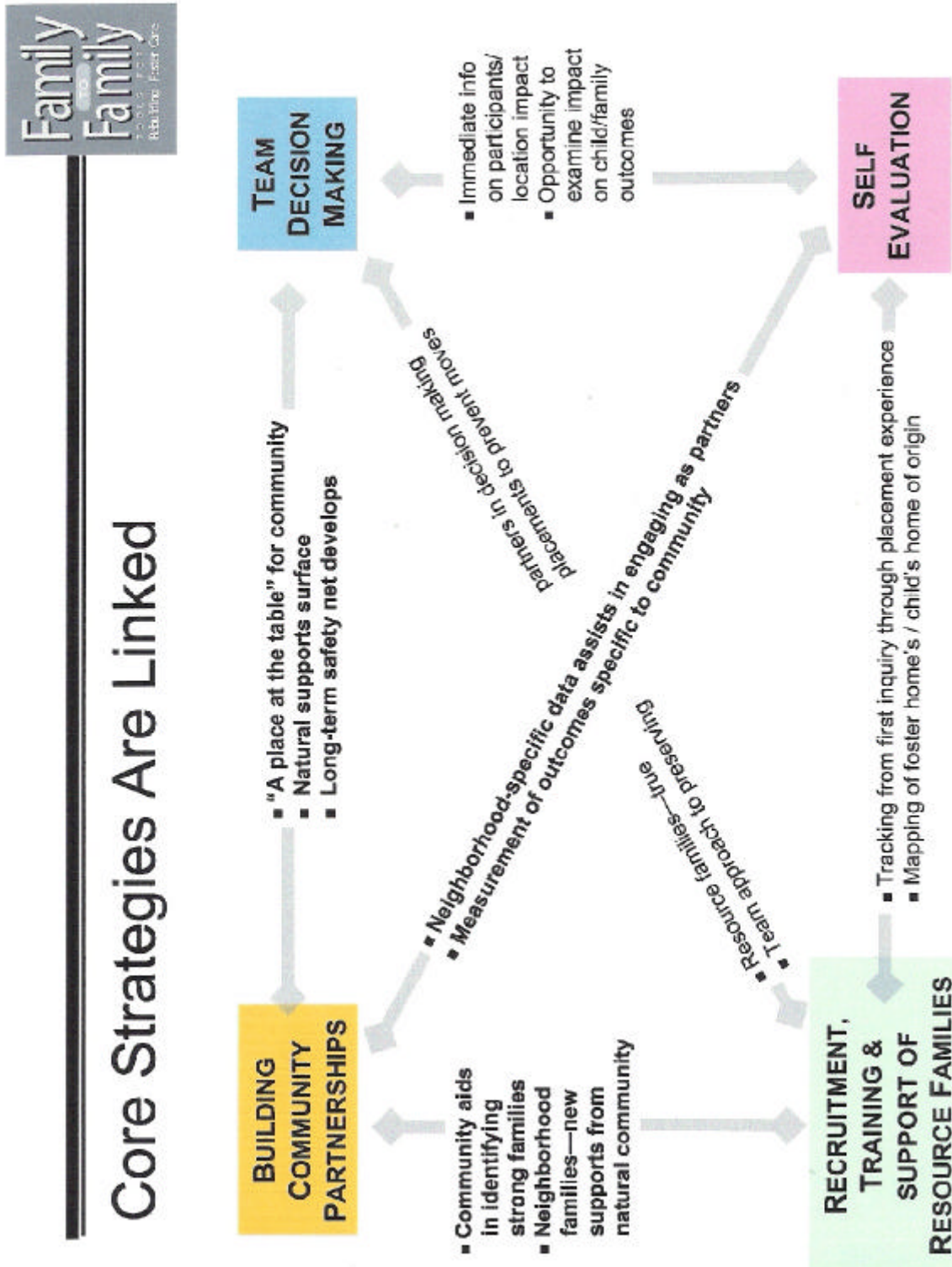


Figure 3: Depiction of the Interdependency and Mutual Reinforcement of Core Strategies

Community Partnerships are connected to the Team Decisionmaking (TDM) strategy in the following ways:

- TDM meetings offer community partners a literal “place at the table” when decisions are being made with families about the need to remove, re-place, or reunify neighborhood children;
- The participation of community partners at TDM offers the opportunity for other members of the team to learn about natural supports in the community which have typically been unknown to the child welfare system; and
- TDM provides an opportunity for families to connect with previously unknown neighborhood support systems, which can become the “eyes and ears” of the neighborhood in a protective way once the child welfare agency closes its case.

Self-Evaluation supports Community Partnerships by providing neighborhood-level data that is relevant to the interests of individual partners:

- By disaggregating data and sharing neighborhood-specific child welfare information, such as the frequency of abuse & neglect referrals and child removals, the agency can stimulate stronger community interest and enhance the motivation to become involved;
- As partnerships evolve and reform strategies begin to have an impact, community-specific outcomes can be tracked; allowing for continuing self-evaluation at the local level – and celebration or strategy adjustment as a result.

In addition to its reliance on Community Partnerships, Team Decision-Making also shares a close connection with Recruitment, Development, and Support of Resource Families:

- Family to Family views resource families as full partners; TDM provides a visible forum in which this role is demonstrated, since resource families are included in all decisions involving placement or permanency for the children in their care;

- TDM promises that no child will be moved from one placement to another without a meeting of everyone concerned, including the resource family, whose concerns are given a full airing. In this way, many threatened placement disruptions are avoided.

TDM's linkage to Self Evaluation is seen in ways such as these:

- Each meeting results in the recording of key process and outcome information, including who participated, in what location, and what recommendations were made by the team. This allows quick analysis of the impact of process variables on the team's ultimate recommendations about children's placements;
- Over time, data describing the team's recommendations for a particular child/family can be linked to permanency and well-being outcomes, providing a picture of the long term impact that this form of child welfare decision making can have on families.

The linkage of the Recruitment, Development and Support of Resource Families strategy to Community Partnerships and TDM has been described above; it is interdependent with Self-Evaluation in a variety of ways, including:

- Tracking resource families' experiences from their first telephone inquiry, through their experiences with training and home study, and eventual placement of children, provides a rich source of information about the system's strengths and shortfalls. It also suggests strategies for needed adjustment and offers the promise of future success.
- The geographic mapping of a child's birth family home, contrasted with the location of the resource family home into which s/he is placed upon removal, can provide a powerful visual message about foster care placement systems and the need for neighborhood-based care.

These examples illustrate just a few of the ways in which Family to Family's four core strategies are believed to build upon each other to create an opportunity for sites to better align their practice with their values, and to achieve the outcomes for children and families that are emphasized in the initiative.

Progress in Implementing Family to Family: The 2005 Self-Assessment

The broad expansion of Family to Family to new states and localities in Phase III, in conjunction with “flat funding” for the initiative in recent years, made it increasingly difficult for the technical assistance team to respond effectively to the needs of participating sites. Discussion of concerns related to this situation led to a consensus that better results might be achieved by concentrating available technical and financial assistance on a smaller number of sites. To develop a strategy for the next phase of the initiative and to provide a basis for targeting technical assistance resources in the future, the Foundation decided to undertake a self-assessment of its work on Family to Family.

An early and important phase of the self-assessment was the rating of each site’s progress in implementing the four key strategies. The TA team in each strategy area developed an “anchored scale” on which to base a rating ranging from 1 (minimal implementation) to 5 (full implementation).⁶ One basis for each scale was a description of “key ingredients” the TA team in each strategy area had developed as a technical assistance tool. Members of the TA team and site team leaders used the listing of key ingredients to outline the phases of development site partners might follow in building stronger capacity in each strategy area. By describing the different dimensions of work in each area, it encouraged sites to give attention to the full range of activities and not to concentrate all their efforts in a few particular areas.

Using the key ingredients as a point of departure, the four TA strategy teams constructed five-point scales to assess progress in implementing each strategy. Associated with each point on the scale for a given strategy is a set of benchmark activities and accomplishments that justifies a particular rating. Using these benchmarks as a guide, the TA providers and site team leader for each site developed initial ratings in September 2004 for each strategy in each site. Table 2 provides the ratings for sites outside California and Table 3 shows the ratings for sites in California.

⁶ A copy of each rating scale is appended.

The process of identifying benchmarks for the scales and developing the actual ratings provided new cross-site perspective for TA providers and site team leaders. By developing a common frame of reference, each TA provider and site team leader gained a better sense of how work was progressing in the individual sites in which he or she was involved. It also provided a stronger basis on which to assert expectations about increasing the pace of implementation or developing a broader array of capabilities in particular areas. As such, the initial ratings and subsequent updating proved to be very helpful in the TA process.

Table 2: Progress in Implementing Core Strategies by Year Implementation Began (Sites Outside California, September 2005)

Implementation Began	Site	TDM	SE	RDS	CP	Site Average
1993	State 1	4.0	4.5	4.0	4.0	4.13
2000	State 2, Site 1	3.0	2.5	2.0	3.0	2.63
2000	State 2, Site 2	3.0	3.5	3.0	3.5	3.25
2000	State 3	4.0	4.0	4.0	3.5	3.88
2001	State 4, Site 1	3.5	3.0	3.0	0.5	2.50
2001	State 4, Site 2	3.5	3.0	3.0	3.0	3.13
2001	State 4, Site 3	3.5	3.0	3.0	3.0	3.13
2001	State 4, Site 4	3.5	3.0	3.0	2.0	2.88
2001	State 5, Site 1	4.5	4.0	4.0	4.5	4.25
2001	State 5, Site 2	2.5	2.5	2.5	3.0	2.63
2001	State 5, Site 3	3.5	4.0	3.5	4.5	3.88
2001	State 5, Site 4	3.5	4.0	3.5	2.5	3.38
2001	State 5, Site 5	3.5	3.0	2.5	3.0	3.00
2001	State 6, Site 1	3.5	4.0	4.0	3.0	3.63
2001	State 6, Site 2	1.0	4.0	1.0	2.0	2.00
2001	State 7, Site 1	3.5	3.0	2.0	2.0	2.63
2001	State 7, Site 2	4.0	4.0	3.0	3.5	3.63
2002	State 8, Site 1	2.0	2.0	3.0	1.5	2.13
2002	State 8, Site 2	2.0	3.5	3.0	2.5	2.75
2002	State 8, Site 3	1.5	3.5	2.0	2.5	2.38
2002	State 9	3.0	2.0	2.5	2.0	2.38
2004	State 10	2.0	1.5	2.5	1.5	1.88
2004	State 11	2.0	2.0	2.0	2.0	2.00
2004	State 12	2.0	1.0	2.0	1.0	1.50
2004	State 13	2.0	2.5	2.0	2.0	2.13
--	State 14	2.0	1.0	3.0	2.5	2.13
	Median:	3.3	3.0	3.0	2.5	2.69

Table 3: Progress in Implementing Core Strategies by Year Implementation Began
(California Counties, September 2005)

Implementation Began	Site	TDM	SE	RDS	CP	Site Average
2000	County 1	3.5	4.5	3.5	3.5	3.75
2000	County 2	3.5	4.5	3.5	3.0	3.63
2001	County 3	4.0	5.0	3.5	3.5	4.00
2001	County 4	2.0	3.0	2.0	2.0	2.25
2001	County 5	3.0	4.5	3.0	3.0	3.38
2001	County 6	4.0	5.0	4.0	3.0	4.00
2001	County 7	3.0	4.0	3.0	4.0	3.50
2003	County 8	1.5	4.5	3.0	2.5	2.88
2003	County 9	4.0	5.0	3.5	3.5	4.00
2003	County 10	3.0	5.0	3.5	3.5	3.75
2003	County 11	3.5	5.0	3.5	3.5	3.88
2003	County 12	3.5	4.5	2.0	2.0	3.00
2003	County 13	1.0	4.5	3.0	2.0	2.63
2004	County 14	2.5	4.5	3.0	3.0	3.25
2004	County 15	2.5	4.5	3.0	2.5	3.13
2004	County 16	1.0	4.5	3.5	2.5	2.88
2004	County 17	2.0	4.5	2.5	3.0	3.00
2004	County 18	1.5	5.0	3.0	2.5	3.00
2004	County 19	3.0	4.5	3.0	3.5	3.50
2004	County 20	3.0	5.0	2.0	2.0	3.00
2004	County 21	3.0	4.5	3.0	3.0	3.38
2004	County 22	3.0	4.5	3.0	3.5	3.50
2005	County 23	1.0	4.5	1.5	2.5	2.38
2005	County 24	1.0	4.5	2.0	2.0	2.38
	Median:	3.0	4.5	3.0	3.0	3.31

The results of the ratings raised a number of issues for further attention in the self-assessment.

For example, the initial ratings suggested:

- First, as might be expected, more mature sites generally received higher ratings, although longer involvement in Family to Family has not always produced higher levels of performance. While progress in implementing TDM and self-evaluation appeared to be more consistently strong among sites with more experience, a few of the newer sites exhibited particular strengths in RDS and community partnerships. In contrast, a few of the longer term sites continued to be challenged by RDS and community partnerships.

- Second, implementation progress was not entirely consistent across the four strategies, with most sites demonstrating strength in one or two areas while lagging a bit in the other areas. Across all the sites outside California, however, it was noteworthy that the median rating across all sites for each strategy was 3, the midpoint of each scale. The ratings among sites in California indicated greater variability, ranging from a median of 4 in self-evaluation to 2 in TDM and community partnerships.
- Third, it was clear that some sites had not attained full implementation of one or more strategies, even though they were in the late stages of their implementation grants. While most sites had been able to reach nearly full implementation of one or two strategies, most still had not reached a moderate degree of implementation in one or two areas. This indicated that it is a real challenge for even highly motivated communities to achieve full implementation of Family to Family during the grant period as it was defined in Phase III.

The pattern of findings of this assessment of sites' progress in implementing the key strategies was seen as having several implications. First, it reinforced a growing consensus that concentrating technical assistance efforts on fewer sites might be appropriate in light of the small number of sites that had fully implemented all of the core strategies. Second, it suggested that given most sites' lack of progress in fully implementing all of the core strategies, it would be premature to conduct an outcome evaluation at this juncture since it would not be possible to observe the intended synergistic effect of the four strategies. Finally, in anticipation of beginning work with anchor sites in the next phase, it appeared that it would be worthwhile to learn more about the challenge of implementing Family to Family from participants in sites that had faced those challenges and achieved some success.

Implementation Analysis: Drawing on the Experience of Five Sites

Beginning in May 2006 and continuing through September, a team made up of members of the Family to Family evaluation team, selected technical assistants, and a small group of collaborating child welfare researchers focused attention on five sites, beginning with Louisville and continuing with Denver, Cleveland, and Orange County and San Francisco, California. In consultation with the site team leader and technical assistance team in each site, the research team identified current and former agency managers and staff, community partners, and families who had been involved in work related to Family to Family. One member of the team

conducted interviews and focus groups related to systemic implementation issues that arose prior to or concurrent with efforts to implement the four core strategies. Within each strategy area, another team member or small group of researchers concentrated on issues in that particular area. The team's objective was not to conduct a site-by-site assessment of each locality's progress, but to identify initiative-wide themes in terms of common challenges and responses to those challenges.

Each of the following sections addresses one of the four core strategies or systemic implementation issues. Consistent with the preceding discussion, we begin with systemic issues and proceed through each core strategy.

SYSTEMIC IMPLEMENTATION ISSUES

To gain insight concerning systemic implementation issues, a member of the team conducted interviews with several persons in each site who were involved in the initial stage of implementation and had broad perspective by virtue of their position with the child welfare agency or role in the community. The purposes of these interviews were:

- To describe each site prior to implementation, particularly with regard to circumstances that made Family to Family appropriate for that community;
- To characterize various aspects of the child welfare agency and to identify changes in the agency's structure and operations as the initiative progressed;
- To understand relationships among child welfare agency managers and staff, key service providers, and community stakeholders, and how those relationships changed over time;
- To identify effective strategies that sites undertook to maximize progress; and
- To identify areas of continuing work.

A number of key findings emerged from these interviews. In terms of site readiness, most sites had a number of positive reform activities under way that coincided with the goals of Family to Family. Also, most sites faced difficulties, such as threats of lawsuits and dissatisfied

communities, that made Family to Family attractive as a possible response to underlying concerns. Having political and child welfare agency leaders embrace and champion the initiative proved to be the keys to its sustained success.

To succeed in implementing Family to Family, sites had to modify certain ways in which the public child welfare agency operated. Most troublesome has been severely curtailing the use of emergency shelters for placement, particularly among very young children. In some sites, this posed a public relations problem due to widespread public support for the shelter. Other activities undertaken by the child welfare agency included changing its expectations of private social service agency providers, expanding reliance on grassroots, community-based organizations, shifting staff responsibilities, modifying training, and collecting and analyzing data to determine if goals were being met.

To improve relationships with communities in which they were most active, most child welfare agencies enlisted new partners to help implement one or more Family to Family strategies. These new partnerships sometimes included using former clients as resources for orientation and training, and identifying ways to use community leaders as member of various Family to Family committees.

Successful sites had several key things in common: 1) they viewed Family to Family as the basis for the child welfare agency's philosophy and practice model; and 2) they focused on the importance of leadership, building relationships, and demonstrating results. All sites face similar continuing challenges as the initiative moves forward, including: full implementation to transform frontline practice, improving relationships with the legal system, and developing creative ways to address racial disparity and to promote racial equity.

Methodology

The focus of interviews related to systemic implementation issues was on *general* issues that existed as Family to Family was first being initiated and ongoing issues related to the child welfare agency and its relationships with other key agencies and stakeholders in the

community. Interviews also addressed each site's relationship with the Foundation (a copy of the topical outline is provided in the appendix).

The interviews at each site were one-on-one, and generally involved persons with a broad range of experience with Family to Family implementation efforts. In most sites, those interviewed represented a mix of stakeholders from the public child welfare agency, community representatives, and staff from vendor agencies, including neighborhood/family resource centers, residential treatment providers and private social service agencies. In some cases, technical assistance providers also were interviewed.

Findings by Issue

The following sections provide a description of key findings in several areas. The issues include site readiness, child welfare agency circumstances, stakeholder issues, and community issues.

Site Readiness. Most sites describe their environment before Family to Family as being “typical” child welfare systems--many child removals, difficulty keeping children connected to their parents and communities, and overuse of emergency shelter placements and group care settings. Relationships between the child welfare agency and the communities most affected by the agency were strained, with suspicions and lack of trust on both sides. Four of the sites had a long history of using emergency shelters as initial placements when children were removed and, for some children, this “emergency” placement lasted for months.

The appeal of Family to Family varied among sites. Most had already embarked on reform efforts and the initiative helped put into place a framework for integrating these reform efforts. Two locations were being threatened by state take-over and/or lawsuits--one due to large numbers of child removals and the other due to overuse of the emergency shelter. These problems coincided with the goals of the initiative, making it attractive to site leaders hoping to avoid legal action. Respondents in one city noted that their use of high-end, expensive placements was “busting the budget” and leaders believed that by adopting Family to Family principles families and children could be served better, and at less expense. The initiative was brought to one site by hiring a new child welfare director who had been successfully involved

in implementing Family to Family elsewhere; another site galvanized support for the reform effort by sending key stakeholders to an experienced Family to Family community. One participant noted, “Seeing is believing; going to visit a site helped our leaders see the possibilities.”

In all sites, the common denominator that led to the adoption of Family to Family was high-level leaders (either elected officials or child welfare administrators or both) who were publicly committed to making changes and pursuing serious reform efforts. The vision of these leaders helped sites withstand the difficulties that ensued as reform got underway. When political leaders changed, or when they lost interest in the Family to Family initiative, progress faltered; when leadership maintained its focus on reform, efforts tended to be more successful.

Child Welfare Agency Structure and Operations. If there is one statement that identifies the key element related to the success of child welfare agencies’ efforts to implement Family to Family it is “leadership matters!” Committed child welfare directors who “get it” are much more likely to surround themselves with deputies and other mid-level managers who also are committed to reform. This sense of commitment eventually trickles down, at least in part, to frontline supervisors and workers. Also, in cases in which the commitment of early leadership was somewhat ambivalent, new leaders who brought enthusiasm and devotion to the effort were able to move ahead. In a couple locations, however, changes in leadership seriously hampered ongoing efforts, stagnating progress and frustrating those inside and outside the child welfare agency. The best case scenario seems to be having visionary, committed leaders who command the respect of their staff and who stay in place for the duration of the implementation effort.

Leadership strategies that had positive impacts on the agency’s adoption of Family to Family included:

- Ongoing and continuous engagement of frontline staff and managers to enlist their understanding of and support for Family to Family;
- Weaving Family to Family strategies into the Program Improvement Plan (PIP);
- Using data and funding information to bolster support for Family to Family;
- Viewing Family to Family as the agency’s underlying philosophy, or practice model, and creating policy and training that mirrors this philosophy;

- Ensuring that frontline staff comply with mandates to use TDM through tracking work by unit and attending to TDM quality
- Promoting staff based on their support for reform efforts.

Most child welfare agencies struggled with ways to decrease their use of emergency shelters. It was only through strong leadership that engaged allies in the community that allowed sites to accomplish this goal. For some sites, closing down or severely curtailing shelter use was a big political gamble. Many communities had rallied behind their shelter, donating toys, using volunteer, or even building a brand new facility as a “showcase” shelter. Given this climate, sites used a variety of strategies to alter shelter use. Those that worked best were:

- Gradually shifting the population served, moving away from serving infants and young children and using shelter care only for children 12 and over, if at all;
- Enlisting shelter administrators/staff to understand the goals and strategies of Family to Family, seeking to gain their understanding and buy-in;
- Identifying alternate uses for the shelter (for example, one site uses the shelter as a place where “ice-breaker” meetings can be held while another uses it as a place for visitation between parents and their children); and
- Ensuring that workers, shelter staff, and other stakeholders understood the goals regarding decreased shelter use and having mechanisms in place to track this goal.

The child welfare agencies themselves owned and operated the emergency shelter in two sites. This arrangement was somewhat helpful because such ownership gave child welfare leaders direct control regarding shelter policies, staffing decisions, and placement decisions. One site structured itself so that the deputy director oversees all placement unit staff and the county-owned shelter. This enables him to closely track where children are being placed.

Other structural changes that child welfare agencies made to support Family to Family included:

- Creation of 23-hour “Assessment Centers” where children can be taken for brief periods of time (for up to 23 hours) while suitable placements with kin or resource families can be found;
- Changing frontline workers’ hours of duty to accommodate after hours placements;
- Adding foster home resource managers whose primary job is to support foster parents;
- Placing frontline supervisors in the role of TDM facilitators;
- Hiring of a community leader as part of the child welfare agency to provide a conduit between the agency and the community; and
- Using deputy directors as co-chairs of various Family to Family strategy workgroups.

Many of those interviewed agreed that the most challenging barrier facing child welfare agencies as they implement Family to Family is gaining the buy-in of frontline staff and supervisors. Some efforts have been made to meet this challenge, including having managers be highly visible to work units; retraining on engagement skills; enlisting staff suggestions on how to implement various Family to Family strategies; assigning staff to participate in various strategy workgroups; and out-stationing staff in communities in which many removals were occurring. While these efforts have yielded some progress, all agree that much work remains to be done regarding broad changes in frontline practice. Some surprising gains were made due to staff turnover, as new staff persons seem less resistive than those with many years of experience. Also, in one site, stakeholders noted that staff who had experience working in community settings, such as family resource centers, found it easier to adapt to Family to Family strategies and goals.

Four of the five sites examined are county-administered child welfare systems. Hence, most have not relied extensively on state support for their Family to Family work. In most cases, however, the state has been generally supportive and has initiated similar initiatives (such as differential response). These have bolstered local Family to Family efforts.

Nearly all sites experienced some fiscal setbacks during the time they have been implementing Family to Family. Interestingly, most used these fiscal difficulties to garner support for Family to Family. As a result of a serious fiscal crisis, one child welfare leader used the opportunity to work with providers to identify ways to save money, while better serving children. The result was more children returning home from residential care (safely) and a modified rate for sibling placement.

One of the most effective ways for the child welfare agency to enlist support for Family to Family among its own staff and with community leaders and vendor agencies has been the use of data. Two sites excelled at collecting, analyzing, and presenting data to key stakeholders. This has kept goals “front and center” for agency staff. It has also resulted in much greater levels of support for the Family to Family effort within the community at large.

Stakeholder Organizations and Linkages: Respondents in most sites reported that relationships between the child welfare agency and local social services organizations had improved. These organizations include resource (foster) family associations, residential treatment and group care providers, shelter care providers, law enforcement, judges and lawyers, and others. The persons interviewed felt that improved relationships were the direct result of child welfare agency leaders’ developing common ground and ongoing relationships with these stakeholders. Given that many of the changes encouraged by Family to Family require traditional service providers to adopt a new approach to practice, it is surprising how successful the providers have been in making needed changes. The strategies to promote these changes have included:

- Changing contractual requirements so that agencies focus more on recruiting and licensing resource families from within neighborhoods where many children are removed;
- Hosting appreciation dinners for resource families;
- Enlisting the support of several key “leader” agencies for Family to Family reform efforts and using them as models for similar agencies; and
- Leading conversations about change with a comprehensive and consistent set of values and principles (respondents in one site referred to these as the “Ten Commandments”), and when disagreements arise, referring back to these

values (this statement of values and principles was included as an addendum to private foster care agencies' contracts).

Several of the Family to Family sites report that they have strengthened their linkages with law enforcement authorities. Often, this occurred as the site struggled to prevent police officers from placing children in emergency shelter settings. Traditionally, police had brought children to the emergency shelters when they needed after-hours placement. To stem this tide at one site, the child welfare agency worked with several local police departments to craft memoranda of understanding. This same site arranged to extend workers' hours so that they would be available to assist police in locating placements for children. Needless to say, the police departments viewed this change in a very positive light. For one site, the agency can quickly (within minutes) access local law enforcement records to aid in determining the safety of kin placements.

While the relationships between child welfare agencies and police departments have been generally positive, most sites report a difficult relationship with juvenile court judges. Most state that judges have accepted the practice changes sought by Family to Family. However, this acceptance has not led to collegial relationships between workers and judges. One person stated that "workers get tired of being called on the carpet in court" and leave their jobs due to this pressure. Even where there has been a concerted effort to engage the courts, to meet with judges regularly and to jointly resolve problems and issues, reporters state that the courts are one of the weakest links within Family to Family. In one location, for example, funding for the court is based partially on the number of petitions filed by the agency. This issue, and the fact that the court has yet to see data from the agency showing that reduced filings has not resulted in increased recidivism, creates a tension between the agency and the court.

Relationships between the child welfare agency and lawyers representing children and families are mixed. Sites have worked hard to enlist lawyers in several creative ways, including:

- Inviting parents' attorneys and guardians *ad litem* to TDM meetings (it should be noted that this gets mixed reviews --- sometimes the meetings become more adversarial than might otherwise occur when attorneys are present); and

- county attorney requiring evidence that a TDM be held before filing a removal petition.

In any case, the key to improved linkages with stakeholder seems to be:

- Developing a set of agreed-upon values;
- Leading with data that supports the Family to Family reform effort; and
- Continuing to meet, talk, discuss and resolve issues on a frequent and regular basis.

Community Linkages: Most reporters believe that the relationship between the child welfare agency and the communities it serves are somewhat strengthened by the implementation of Family to Family. Nearly all locations stated that, in the past, community members and grassroots organizations viewed the child welfare agency as “baby snatchers.” That perception has ameliorated somewhat. The agencies attempted to implement several key strategies to improve their relationships with the community. These include:

- Geographically assigning workers in high-use communities. Early on, workers volunteered for this assignment. Their enthusiasm and support was felt by the community and began to change the way the agency and community interacted. As time has gone by, however, some workers seem less interested in knowing their community and relationships have eroded. This experience highlights the need to continue to stress to staff the value of assigning workers to specific neighborhoods.
- Providing funding to support the work of community-based organizations. Nearly all child welfare agencies have shifted some of their contract dollars away from the “big-name” residential treatment and traditional social services agencies. Instead, some funding has been awarded to grassroots, community-based organizations. In some sites, these community organizations resemble old-fashioned settlement houses, where residents gather for all manner of services, supports, recreations, etc. In nearly every site, the funding has provided much needed stability for these organizations. The services offered at these settings vary from site to site, but all include family support services that bolster the safety and wellbeing of vulnerable children ---- both within and outside of the child welfare system. Often these organizations assist in recruiting resource families.
- Ensuring that community members are invited to participate on Family to Family Steering Committees and attend state and national conferences regarding Family to Family implementation. For many residents, being invited to offer

their perspectives about services is a powerful example of ways in which the agency is trying to change.

- Using parents who had been involved in the child welfare system as mentors and trainers for new parents and for child welfare workers. One of the most creative strategies being implemented in some sites is the use of former clients of the system to help new families “learn the ropes” of being served by the system. In one setting, former family members helped to create an orientation video and have formed a group, “Parents Taking Action.” This site regularly hosts “Celebrating Families Night” in which families who have been reunited with their children are hosted and recognized by their workers for overcoming difficulties and successfully resuming care of their children.

One of the goals of Family to Family is to address issues of racial disparity. Every site has identified the over-representation of African-American and/or Latino children within the child welfare system as a problem. Several sites have gone beyond mere identification and are attempting to make steps to address this difficult issue. One site has added a committee to address specific aspects of racial disparity and disproportionality, and they are using an outside expert to help guide them. They are looking toward their community-based organizations to develop flexible and home-grown strategies to address the problem. Another site has added emphasis to the problem of racial disparity by adding it as a fifth strategy to the existing four Family to Family strategies. This site is looking at a small cohort of African-American families and Caucasian families to compare and contrast each groups’ experiences. It is hoped that findings from this comparison can lead to improved policies, practices, and training. A difficulty that was identified repeatedly was the reluctance of child welfare staff to acknowledge the problem. One respondent stated that, when he brought up the issue of racial disparity, staff felt that he was accusing them of racism. This problem was mentioned at nearly all sites.

Another factor that affects, to at least some degree, the relationship of the community with the child welfare agency is the way in which local media report on the child welfare agency. The sites included in this report have widely varying relationships with the media. One child welfare agency has a skilled media person on staff and this person has developed a good working relationship with local media, generating several positive stories about the agency’s reform efforts and the positive data results (of course, this approach can only be used if the site collects and analyzes its data). Respondents in another site describe their relationship with local

media as very troublesome, with the press repeatedly recounting agency failures from earlier years.

Conclusions Regarding Systemic Issues

For most sites, it appears that the Family to Family initiative has become more than a “project.” Rather, it is *the* practice model which sites have adopted, a philosophy that underlies everything they do—from training to awarding contracts and from writing job descriptions to establishing agency structure. The work of the child welfare agency when seen in this light is all about Family to Family. The initiative is not an “add-on” but is *how* the agency does its business of helping to achieve the three goals of public child welfare: safety, permanence and well-being.

As long as Family to Family sites embrace the initiative in this way, it is likely that progress toward deepening the effort will continue.

Three common denominators emerged which predicted success. These were:

- The importance of ***leadership***;
- The significance of ***relationships***;
- Showing ***results***.

When sites were fortunate to have visionary, dynamic, persuasive leaders, progress was impressive. The most effective leaders did not simply give “lip-service” to the initiative. They understood and embraced it. They became intimately familiar with the desired outcomes and with the four key strategies. They knew their systems well enough to understand what would be needed to achieve desired goals and to implement strategies.

These leaders also understood the importance of relationships ----- and worked to build them with their management team, with frontline staff and supervisors, with the legal system, private social services agencies, with the community and others. They reached out often and regularly with stakeholders and attempted to listen to concerns and ideas of others. Good leaders expected their staff, from deputy directors on down to frontline workers to work on building relationships as well.

Finally, when site stakeholders had a good grasp of data and could show positive results, they were able to make persuasive arguments for adopting the strategies called for by Family to Family. Even the most skeptical critic cannot argue with documented success. For some sites, nearly every person interviewed shared results gleaned from data. Sites that present data in understandable ways to a wide variety of audiences seem to be more successful. Also, it is important to have several messengers--from the child welfare agency, from the courts, from the community--to present data that show results.

To deepen and strengthen the implementation of Family to Family principles and strategies in the next phase of work, respondents repeatedly stressed several systemic implementation issues:

- The need to improve frontline practice of all child welfare staff, especially investigative/assessment workers and ongoing workers;
- Developing strategies to improve the relationship between the courts and the child welfare agency; and
- Actively addressing issues related to racial disparity and disproportionality.

While all sites, to varying degrees, were succeeding in implementing the four strategies of Family to Family, the above issues present broad barriers to achieving Family to Family's goals. Sites appear to be acutely aware of these problems and will be searching for solutions in the coming years as they continue on the path of improved outcomes for children and families.

Implementing Team Decisionmaking

To better understand the challenges of implementing Team Decisionmaking (TDM), a team of three researchers conducted focus groups and interviews involving administrators, caseworkers, community partners, supervisors and TDM facilitators across five Family to Family sites. After a brief review of our approach to this part of the implementation analysis, we describe respondents' recollections of the rollout of TDM as well as the major implementation challenges they have faced and strategies they have developed to address those challenges.

Methodology

The methodology of the TDM study follows the general methodology of the entire study described earlier in the report. The major difference between the TDM component and the study of the other components is the scope of work. Researchers needed to talk with a large number of people with different roles in the TDM process to understand TDM implementation. Three researchers were needed to conduct the interviews and focus groups to accommodate the large volume of respondents. Researchers asked for permission to record interviews and focus groups and used the recordings and our notes to summarize each session. Due to requirements of our human subjects' research protection, researchers promised respondents that they could not be identified through their comments. Despite the large number of people we interviewed, we soon realized that it might be possible to guess the identity of a respondent based on their comments, a concern called deductive disclosure. With this concern in mind, we have avoided reporting observations from our study that are specific to one of the five research sites.

The TDM research team developed an interview protocol in consultation with Pat Rideout, senior TDM consultant for the Family to Family Initiative. Our questions included:

- What do you see as some of the major benefits of implementing TDM?
- What do you see as some of the major challenges of implementing TDM?
- What were some of the successful strategies you developed to overcome these challenges?

In each site, the research team individually interviewed: high-level leaders (director or deputy) about their impressions of implementation challenges, the TDM ‘champions’ who were in charge of the initial TDM implementation workgroup, current and former TDM supervisors, full-time facilitators, backup facilitators, and TDM schedulers. We conducted focus groups with a representative sample of: intake/emergency response staff, ongoing staff, supervisors of intake and ongoing staff, community partners who attend TDMs, and court personnel who can speak to role of TDM in their proceedings. Across the five sites, we conducted approximately 74 interviews or focus groups including 180 people.

A major limitation of this approach is that researchers did not directly consult family members and/or observe TDMs. Researchers also did not consult foster parents, or systematically interview community members whom families invite to TDMs, although a few participated in the community partners focus groups. While these perspectives would have greatly improved the study, researchers opted not to try to obtain the perspectives of family and community members for this study, given the time constraints and the challenges of seeking human subjects’ research approval across several different organizations.

Consistent Themes

Listed below are the consistent themes we heard which include the importance of leadership, planning, perseverance, communication and resources in TDM implementation.

- **Leadership:** Passionate and consistent leadership is a prerequisite for everything else that is needed to make TDM work. When an agency’s leadership changes or falters, often TDM suffers. When the agency’s leaders push for TDM implementation, manage the stumbling blocks, state consistently that TDM must be carried out and allocate sufficient resources for TDM, TDM practices develop and strengthen the agency’s work.
- **Planning:** When fully implemented, TDM will change practices from the hotline to adoption and every practice in between. Careful planning is required to incrementally put TDM in place and make sure that it complements other agency practices.
- **Perseverance:** TDM implementation may reveal deficiencies in casework, service delivery and policy. When this information comes to light, it is important not to blame individuals or ignore problems. Rather, appropriate changes

should be made to strengthen the agency's work and highlight the role of TDM in quality assurance.

- **Communication:** Consistent communication is needed throughout TDM implementation to be clear that TDM is not a fad, but a new way of doing business and an example of how the agency wants clients to be treated. In addition, the community served by the agency needs to understand their role in making TDM effective. Both agency and community education must be ongoing so that everyone is aware of the growing role of TDM in all aspects of practice.
- **Resources:** TDM implementation demands resources, including facilitators, meeting rooms and scheduling support. When TDM is mandated without sufficient resources, meetings often do not occur as they should and the rationale for TDM may be questioned. Conversely, when TDM is gradually implemented with sufficient resources, tangible TDM benefits can be documented and used to justify the resources needed for TDM expansion.

Benefits of Team Decisionmaking

In order to encourage a positive tone in our focus groups and interviews, we began every session by asking about the benefits of TDM. Respondents readily suggested a number of benefits: TDM gives families a voice in the process which helps them become engaged in developing a plan that meets their needs. Bringing people together improves collaboration and helps identify more resources and supports for families. Better plans with more support improve the agency's work. While in the past a caseworker and supervisor made placement decisions on their own, with TDM these critical decisions are shared by the team. While there was greater enthusiasm about the benefits of TDM expressed by those in leadership and somewhat less from supervisors and caseworkers, the consensus about the benefits suggests there is some reinforcement of the value of TDM. People support TDM when they see how it helps the agency do their work and improves the lives of children and their families.

Team Decisionmaking Implementation Process

In all of our focus groups and interviews, we asked about the rollout of TDM; however, many people had trouble remembering these events or were not involved in them. Below we describe what we learned about the stages of TDM implementation.

Decision to adopt Family to Family and Team Decisionmaking. Among the people interviewed, those in leadership positions tended to be more familiar with the reasons why their agency decided to adopt Family to Family compared with those closer to frontline work, both because they were more likely to be part of those conversations and they were more likely to have been employed at the agency at the time of these decisions were made. As described at the beginning of this report, agencies adopted Family to Family primarily because they saw it as an approach that would help them accomplish their performance goals, such as reducing their reliance on congregate care and improving their outcomes for the federal CSFR and equivalent state reviews. TDM, because of its direct connection to placement decisions, has a clear link to efforts to reduce unnecessary placements, the use of congregate care, and multiple placement moves. By itself, however, TDM will not result in these changes unless there are also changes in alternative placement resources and staff attitudes.

Data from the focus groups and interviews suggested there may have been insufficient attention to communicating the need for these broader changes along with TDM. When we spoke with supervisors and caseworkers, some were less familiar with these overall goals and reported that they were simply told “you must do TDMs. ” Others reported that they were part of forums and focus groups where the rationale for TDM was explained and they were given opportunities to express their concerns about TDM. Given the passage of time since the decisions to adopt Family to Family were made, it is difficult to know precisely what happened in these sites, but those respondents who were with their agency at the time of TDM implementation said it was helpful to communicate with the entire agency and explain the rationale for Family to Family and TDM. There is also a specific need to communicate that TDM is not only a tool for quality assurance, but that it is a tool used to promote effective decisionmaking driven by the values of Family to Family.

Specific efforts to adopt and implement TDM as a component of Family to Family. The discussions of this stage of TDM implementation also suggest some differences between the perceptions of those in leadership and those in the frontline. People who participated in the workgroups for Family to Family and specifically in TDM workgroup expressed satisfaction with the process (although some were frustrated by the slow pace of it). Those people outside

the workgroups did not know how that process worked. In some cases, even facilitators were brought into the process late and were then asked to implement procedures that they did not design or discuss. Case carrying workers and line supervisors may not have the time to attend workgroups or even public forums where the workgroups discuss their progress. Respondents mentioned that other ways to communicate the progress in TDM implementation include presentations in staff meetings, newsletters, posters or emails.

Acquisition of resources to implement TDM. The acquisition of TDM resources is a critical step in effective implementation. Most of the people interviewed had no firsthand knowledge of how their site determined the number of facilitators needed. In some sites, we were unable to determine whether the number was determined using the “TDM calculator” (a spreadsheet used to calculate the number of facilitators needed based on the number of removals, placement changes and permanency exits in the site). Even if careful attention was given to allocating resources for facilitators, meeting space and schedulers, it appears that these deliberations are not shared with staff. When asked about resources, some respondents said there were not enough facilitators, some said there were enough and some thought there were too many. However, these observations were based on their experiences with scheduling TDMs, not seeing TDM data. Better information about resource constraints may help staff appreciate why this is a challenging part of TDM implementation. There may also be some benefits to reviewing these issues after TDMs are implemented in order to see whether more resources are needed.

Commitment of management and staff to implementing TDM. Respondents were asked about commitment to implementing TDM from the various levels of the agency. Everyone agreed that there is strong support for TDM from the agency director and deputies. This observation is likely related to the selection of the five communities we visited which were chosen because they have made significant progress implementing the core strategies of Family to Family. Strong leadership from the top is probably a prerequisite for success with TDM and if we visited a place where staff commitment to TDM is much weaker we would probably find that the leadership does not support it. Respondents generally indicated that commitment to TDM was strongest at the top and diminished as you move down from deputies to program

managers, supervisors and caseworkers. Those with less commitment to TDM are primarily concerned about the time and resource concerns discussed above. Some caseworkers said TDM is “too much of a good thing” and should not be used in every case, especially in situations in which workers have already decided to remove children and where they want to place them. Supervisors play a critical role in caseworker commitment to TDM as they help ensure that their staff participates in TDM. When supervisors are less committed, their staff members often are as well. In fact, when we had a focus group with case workers and then another with supervisors, we could make an educated guess about who worked for who and we were often correct (e. g. Do you by any chance work in the x unit?). Supervisors who see TDM primarily as a quality assurance tool and who believe their own staff’s work is of high quality may see less value in TDM for their unit. They are also sometimes very concerned about time constraints, especially when they are required to attend TDMs themselves.

Ongoing maintenance of effort required to operate a TDM system effectively. Most of the sites have already implemented TDM with removals, placement changes and permanency exits. Some are expanding TDM to other types of cases beyond the scope of traditional Family to Family practice. For some sites, having worked through the TDM implementation process, there is now some question as to where they go next and how they maintain what they have. One answer is that they are working on integrating TDM with the other core Family to Family strategies. Most have not yet fully linked TDM data with outcome data to use self evaluation to improve TDM performance. Facilitators and line staff said they rarely see TDM data. They are also working on increasing the participation of community partners in TDMs, including recruiting interested community members to attend TDMs and contracting with neighborhood-based community agencies to send staff to TDMs. Most of the people interviewed initially did not think of specific links between TDM and their Resources family strategy, but when prompted they agreed that they train foster parents in TDM, tell the foster parents they must attend a TDM if they want a child moved out of their home and they track foster parent attendance at TDMs.

In addition to the challenge of linking TDM to the other Family to Family strategies, these sites are also developing connections between Family to Family and some of their other initiatives in

their child welfare practices. As they take on these efforts, they are trying to avoid diluting their Family to Family efforts and instead make their other priorities part of their Family to Family strategies. Two examples of these allied initiatives are risk assessment and racial disproportionality.

Risk and Safety Tools. The sites included in this study vary widely in their experience with risk and safety tools. In some cases, they have used them for years and in others they are just beginning to implement them. We asked the sites about risk and safety tools TDM for at least two reasons. First, if risk and safety assessment plays a critical role in decision making, then in the spirit of straight talk, families deserve to know what these tools are and how they are used. Second, we were interested in how sites were able to incorporate risk assessment into TDM. While families need to know that risk assessment is part of how decisions are made about their children, families are already confronted with a lot of jargon and new information in a TDM such that risk assessment information has to be introduced thoughtfully. In some instances, the risk and safety assessment tools are brought into the TDM meeting and discussed. Another approach is to take the language of risk and safety assessment and encourage staff to use that language to speak specifically with families about what their concerns are. To help staff use this language, one site lists some of the key risk and safety assessment elements on posters hanging in the TDM meeting rooms. While the efforts to integrate risk and safety assessment and TDM are just beginning, these examples suggest some ways this can be done.

Racial disproportionality. Like risk assessment, there is some variation across the five sites in their discussions of racial disproportionality. Some have task forces working on this issue, while others are just beginning to talk about it. We asked respondents if they saw a connection between TDM and Disproportionality and were surprised that many said they did not see a connection. In some cases this is probably due to limited understanding of disproportionality and the role of decision points within the agency in understanding this issue. Education about disproportionality and the potential connections to TDM is needed in all sites that plan to address disproportionality within their communities.

Challenges of Implementing TDM

Time. The most frequently mentioned challenge to effective TDM implementation is time. This challenge relates to front-line workers, such as caseworkers and their supervisors, who worry about how the time requirements of TDM will add to already very time-intensive work. Most people who mention this challenge immediately add that once caseworkers and supervisors experience effective TDM practice, they appreciate that TDM can actually save time later by helping to identify more appropriate placements and helping to generate support and resources for families and their children. While this time-saving aspect of TDM can help increase buy-in for TDM, it can also be oversold. When staff persons see TDM primarily as a time saver, then they may want to have the discretion to not have a TDM in some instances. For example, when children are removed prior to a TDM due to imminent risk and the workers believes there is no need to review whether the children should be returned home immediately, some staff will say TDM is a waste of time. Regardless of the reasons a caseworker may think a placement decision is simple, convening a TDM gives families and communities a voice and helps make sure that these decisions are never made lightly.

Firewalls. Many people mentioned the difficulty of setting up “firewalls” so that all placement decisions that are required to have a TDM do have a TDM. Some sites have been unable to set up firewalls, while others struggle with monitoring them. These conversations suggested the possibility that firewall may not be the most appropriate analogy. The term “firewall” implies completely blocking something like a fire or computer virus from getting through. In the case of TDM, what we want to know is whether a TDM occurred in relation to a specific decision and if the TDM did not occur, what was the reason? For example, in one site, their “firewall” is log of all children who entered foster care. The log is used to check to see if a TDM was held, and if not why not. The log does not prevent cases from proceeding without a TDM, but it does help collect information about why sometimes TDMs do not occur. For example, if staff regularly report that they did not have a TDM because no meeting slots were available, slots could be reallocated. If staff persons from a specific unit are less likely to request a TDM compared to other units, the staff who are making fewer referrals can be asked about any barriers or concerns they experience with TDM. In addition, some respondents noted that the most important check on TDMs taking place is supervisory accountability.

Experience with family meeting practices. Many of the communities we consulted had experience with other forms of family meeting practice (e. g., Family Group Conferences, Family Team Meetings) prior to starting TDM. This experience creates both opportunities and challenges. The previous experience often was beneficial in the sense that many people in the agency and community were familiar with why family meetings could be useful. However, there were also challenges relating to confusion about the differences between the various family meeting approaches. This confusion can be exacerbated when staff members are not consistent in the terms they use for the various models. Some sites continue to use TDM along with other approaches. While this can be done, it does require careful planning and communication about when the different family meeting practice are used.

Determining and Communicating the need for TDM Resources. TDM requires adequate resources in terms of facilitators, appropriate meeting space and scheduling support. TDM does not work well when the desired TDM coverage gets ahead of the resources, and staff may then raise questions about TDM utility. The Family to Family Initiative provides some tools for sites to help determine the number of facilitators they will need for each type of TDM. Many of the people we interviewed assumed that these calculations were made but they did not have first-hand knowledge of the data. Given the critical need for adequate facilitation, it may not be wise to have only a small number of people aware of how these determinations are made. Arguably, the entire agency needs to know how many facilitators are needed and when they will be online. Meeting space is also critical in terms of amount, configuration and location. While the need to have a room for TDM is obvious, not just any room will do. When rooms are too small or too “institutional” they can unnecessarily add to the stress of a TDM meeting. Scheduling support is another critical resource. Everyone needs to understand who will be responsible for identifying who should attend TDMs, who will invite them, and who will make sure that the necessary people and resources are brought together at the scheduled time.

Moving TDMs out into the Community. All the sites we visited hope to move more TDM meetings out into community locations, but this can create additional challenges in terms of TDM resources. When a facilitator is deployed away from the rest of the staff, special attention

is required to make sure her schedule is full and her time maximized so she does not have empty TDM slots while other facilitators scramble. This point again highlights the challenge of scheduling support. Holding meetings in the community may also present challenges for providing child care, parking and/or security. On the other hand, TDMs held in community sites may have better attendance from family and community members.

Community members at TDMs. As stated above, a major motivation for moving TDM meetings to community sites is to increase the attendance of community members at TDMs. Since the sites have a TDM database that allows them to track attendance, many of the respondents had some familiarity with their TDM attendance data. Participants frequently mentioned community attendance as a concern. Many of the sites are contracting with community agencies to send someone to attend TDMs. This approach has had mixed results related to challenges with TDM scheduling and having a sufficient number of community agency staff to cover all the TDMs.

Attorney Attendance at TDMs. Some of the sites are struggling with attorneys attending TDMs. While their input is valuable, if one attorney is present then the other attorneys in the case may want to attend which can complicate scheduling and change the dynamic of the TDM meeting.

Back-up Facilitators. Most of the sites are struggling with using back-up facilitators. Back-up facilitators often have a caseload or line supervision making it difficult for them to get pulled away from their work with little notice. Given this constraint, they are not called upon often, but then their skills slip and they can become unsure of their facilitation abilities. In some sites where facilitator shortages were a concern to the point that TDM meetings were not held, back-up facilitators were not called in.

Follow Through with TDM plans. Few of the sites we visited have a systematic way of checking to see if the plans developed in TDMs are carried out. Unless something goes wrong, facilitators will not hear about the case unless another TDM is held. In many sites, a written description of the plan is generated by the facilitator and sometimes signed by the participants. In one site, a randomly selected file review of TDM plans was done and it verified that plans

were implemented. Some respondents noted that following through on plans is also a supervision issue.

Respectful Dialogue. Some caseworkers and supervisors said they sometimes feel as though their professional expertise is not valued in TDM meetings. Others pointed out that staff persons who were accustomed to making decisions on their own prior to TDM implementation had some trouble sharing decisions in TDM. We found that even in the site where caseworkers and supervisors had never practiced without TDM, those staff members still sometimes felt their expertise was not fully acknowledged. For example, in the heat of a TDM, a parent may disclose a concern or strength that can dramatically change the likely plan for the case. In these instances someone in the TDM may turn to the caseworker and ask how they could not know this important detail. In reality, the caseworker may have asked the parent for this information numerous times, but only in the TDM did the parent decide to say something (which is one of the reasons TDM can be a powerful tool). TDMs should recognize and promote the value of bringing numerous perspectives together. As the participation of community partners increases respectful dialogue becomes an issue for them both in terms of feeling respected by others and being respectful of others.

Labor relations. In some of the sites we visited, facilitators were hired from the ranks of supervisors and in others they were at the same rank as caseworkers. There were also differences in whether the facilitators were members of a collective bargaining unit. While some respondents voiced strong opinions about both the rank and union membership of facilitators, it is difficult to summarize these views into some specific recommendations beyond simply stating that these issues should be discussed in the context of TDM implementation.

Moving beyond TDM 101. The sites expressed appreciation for the Family to Family and Team Decisionmaking tools and technical assistance they received in rolling out TDM. They were less sure how to now take TDM “to the next level.” For example, once all your facilitators have received the initial five-day TDM training provided by Family to Family, how do you put more training in place to keep facilitators “fresh” and advance their skills? Some facilitators have

opted to become trainers themselves as a way to remain active in training. Other facilitators meet within their site and/or with facilitators from other sites to share issues and strategies.

Integration with other Family to Family strategies. Another way to think about taking TDM to the next level is to work on integrating TDM more directly with the other Family to Family strategies. Most of the sites are just beginning to develop systematic efforts to increase the attendance of community partners in TDM and/or use TDM outcome data in self evaluation. TDM training for resource families may help them become full partners in the TDM process.

Conclusions Regarding Team Decisionmaking

Based on the interviews and focus groups we conducted, we reached the following conclusions about the challenges of implementing TDM and strategies site participants have employed to overcome those challenges:

- TDM can save time, but both the agency and community must understand that the primary goal of TDM is to help ensure that the most appropriate placement decisions are made for every child and his or her family.
- Agencies need check points for each placement decision that is supposed to include a TDM. When TDMs do not occur as they should, the check points should help collect information that can be used to take corrective action.
- When communities have used other family meeting practices, it is useful to educate the agency and community about their differences in the models. It may also help to use the specific term Team Decisionmaking and use that term only for meetings used for specific placement decisions. If both TDM and other models are used, there should be clear guidelines regarding when the different meetings are convened.
- Planning for adequate TDM resources is critical and should be broadly understood throughout the agency so everyone appreciates the constraints and trade-offs involved in securing sufficient amount of facilitators, meeting locations and scheduling support.
- Tracking the location of TDM meetings in the TDM database should allow sites to demonstrate whether attendance increases when TDMs are held in community locations.

- Contracting with community agencies is one way to increase community participation in TDMs. Additional strategies, such as community outreach along with TDM training for community members, may be needed to increase the attendance of people whom families recognize as members of their community.
- Ongoing education about TDM will help attorneys understand the role of TDM in decisionmaking.
- One of the sites observed that it may be necessary to recruit people to become back-up facilitators who can commit to facilitating TDMs on a regular basis so they can keep their skills current and are always ready to jump in when needed.
- It is the responsibility of the case carrying worker and their supervisor to see that the TDM plan is implemented.
- All TDM participants need to be aware of the importance of respectful dialogue. Facilitators can help by repeating this value as part of the ground rules at the beginning of TDMs and modeling respectful behavior. Some sites also hold a de-briefing discussion after a TDM to provide an opportunity for the participants to express how they think the meeting went and how different opinions were acknowledged.
- The rank and union membership of TDM facilitators may have implications for TDM implementation. The initial decisions about who to hire for facilitators and any changes in the facilitators' rank or union membership should be discussed as part of ongoing TDM practice adjustments.
- While most sites and their facilitators expressed a desire for more training from the Family to Family Initiative, many of the sites have demonstrated how they can develop their own capacity to enhance TDM training through peer consultation and training.
- As sites implement the four core Family to Family strategies they should move towards integrating their efforts so each strategy can help reinforce the others and promote the overall goals of Family to Family.

Implementing Community Partnerships

This component of the analysis focuses on understanding and describing the various challenges associated with implementing the community partnerships core strategy of Family to Family. The discussion concentrates on changes in structure and process sites have undertaken to create child welfare systems that reflect the values, principles, and key elements of community partnerships. A total of 35 individuals were interviewed or participated in focus groups. Participants included parents who once had children in the system, faith-based representatives, community-based service providers, both current and former public child welfare agency staff and ordinary individuals who live in target areas. All participants were asked a series of questions included in the topical outline used for these interviews (a copy of the outline may be found in the appendix).

Common Themes

The descriptions of experiences from community partners varied from site to site and neighborhood to neighborhood, but some common themes and comments emerged during the interviewing process. Most community partners stated that community partners in their site had participated in all four Family to Family strategy work groups, along with public child welfare agency staff. Also, communities that have been most affected by child welfare removal practices were a part of the community partnerships strategy work groups and efforts were made to make sure that community representatives were present at TDM meetings as much as possible. Moreover, when community partners were asked whether individuals involved as community partners clearly understood their role and how their efforts contribute to the community having influence and a voice in their child welfare system, most participants answered yes. However, their affirmative answer seemed to refer to their understanding of their “contractual” role and agreement with the agency. Very few community partners verbalized or articulated a role that is fully reflective of the key elements of Family to Family community partnerships.

In describing challenges they had experienced in implementing community partnerships, community partners offered interesting responses. Obviously for many managers and staff in

these child welfare systems, Family to Family's attempt to forge community partnerships is a new experience. Consequently, they are adapting to this new role as they learn. However, one of the challenges community partners mentioned was the frequency of public agency staff turnover and internal department changes. According to participants, this delayed progress and interfered with the ongoing momentum, resulting in many community partners struggling to maintain consistent participation in workgroups, as well as, confidence in the agency's reform process.

Some community partners expressed uncertainty about who was the public child welfare agency's lead contact or designated staff person for community partnerships. They also described the challenge of convincing other stakeholders in the community that the child welfare agency sincerely wanted to partner in a mutually beneficial and respectful way and not in a dominant, punitive, or judgmental way. Thus, the agency's image and reputation was a common challenge for community partners. Nevertheless, because of the importance they attached to this issue, community partners expressed a determination and willingness to remain in partnership with agencies and to continue to be committed to Family to Family efforts. Also, in spite of the obvious challenges, information gathered in the interviews and focus groups indicates clearly that some efforts are being made on the part of public child welfare agencies to embrace reform and restructure systemically to improve child welfare outcomes.

In most sites, public child welfare managers and staff seemed to value and understand the fundamentals of community partnerships. Administrators readily articulated the significance of this strategy and reaffirmed their commitment to implementing this core strategy. At the same time, agency leaders experienced common challenges around identifying the necessary funds to maintain and expand these partnerships. The same constraint created problems in hiring additional agency staff to focus specifically on closing gaps and integrating community partnerships with agency operations to form a seamless coordinated process. Particularly in state-administered systems, the state political climate and changes at the state level seemed to have a significant impact on the depth of commitment some local administrators could make to fully implement community partnerships. In spite of these challenges, agency directors expressed their intent to continue moving forward with Family to Family reforms and to be creative as they strive to implement community partnerships in their sites.

Many community partners stated that efforts have increased noticeably to recruit, support and establish strong networks of neighborhood-based resource families in communities from which many of the children in out-of-home care are removed. Participants mentioned that the agencies had begun reallocating some funds through contracts with grassroots community-based organizations to participate in the continuum of support for children and families in high removal neighborhoods. For a few of the community partners, this was their first time providing contractual services to a public agency. Some expressed a need for technical assistance, while others stated their collaboration was progressing well. These contractual relationships are an attempt by child welfare agencies to broaden their resource base and to identify services and sources of family support they had not used in the past.

Greater outreach efforts and more involvement of faith-based institutions also have yielded additional resources and expanded the number of child welfare advocates in the community at large. Churches have been engaged to help recruit foster parents and to focus their attention and some of their programming on children in out of home care. Awareness and emphasis has increased regarding older youth placement challenges and young adults aging out the child welfare system. Community forums have been conducted to highlight this issue. Child welfare staff and community partners are working together to identify employment opportunities, mentors, basic resources, and safe permanent homes for older youth.

Community partners acknowledged progress by the child welfare agency, however, some stated that the most noticeable progress was in the beginning of the Family to Family reform effort. Individuals shared that when technical assistants were in their sites on a day to day regular basis, reform and change was most evident. Momentum was strong and the public child welfare agency was more responsive and available. Once technical assistants decreased their frequency of visits, sites' emphasis on community partnership implementation subsided, as well as consistency in community partnership meetings. Some sites report not meeting for several months and one site for over a year.

Child welfare agencies explain that changes in management and staffing contribute to this challenge. It is not uncommon for large public bureaucracies to exhibit lapses in progress when pursuing extensive systemic reform. In fact, it is usually expected. This type of in-depth child

welfare reform effort is difficult and will take several years to complete. However, this reality creates unique challenges for child welfare when it comes to partnering with communities that already come to the table questioning the intent and sincerity of public government agencies. Professional integrity, speaking truthfully, consistency and follow thru were identified by community partners as being critical to addressing this issue.

Child welfare agencies have numerous priorities and initiatives competing for their attention. Operating under challenging circumstances each day and responding to crisis seems to be the norm. With this, a couple of the agencies have managed to begin conducting TDM meetings in neighborhoods from which many children are removed. This is consistent with Family to Family building community partnership key elements. Some who participated in the analysis stated that their child welfare agency is convening TDM meetings away from the agency's office in community-based locations. According to community partners, this action has increased family and community TDM participation and has conveyed an impression to the community that their child welfare agency is attempting to operate and make decisions in a much more considerate and respectful manner. Community partners explained that this type of change in policy makes it easier for them to advocate for the agency and attract other community stakeholders to the Family to Family change process.

Most community partners seemed to be very clear on what they thought needed to be done to continue building partnerships between the agency and community. Some comments highlighted the need for an identified location in the community where community partners, specifically community representatives who participate in TDM meetings can go on a regular basis. At such as site, they could receive additional training, support, and general information on outcomes of TDM meetings they attended. Discussions indicated that the majority of community partners are formal professional contractual service providers. Many of the partners we interviewed worked in the community, but did not live in the community. There is a need for more community representatives who actually live in the neighborhoods from which many of the children in care were removed. This is a common situation in the beginning of developing community partnerships; however, recruiting more individuals from target neighborhoods to partner with the agency is a key objective. Current community partners are committed to this objective, according to many responses, and they are continuously

strategizing and planning on ways to improve this aspect of community partnerships. Their comments indicate that they are attempting to communicate their concerns differently. They are reframing the child welfare issue by highlighting urgency and crisis as their theme. Partners also are increasing incentives by offering small financial stipends for the time some of the community representatives donate to the community partnership effort. Another incentive includes conducting formal appreciation ceremonies to honor those partners who are strong advocates and have demonstrated a consistent commitment to embrace Family to Family. Overall, partners are attempting to make the community partnership experience more meaningful, easy to participate in and rewarding.

Partnering With Target Communities

The idea of public child welfare agencies strategically partnering with target communities from which many of the children in out-of-home care are removed evokes a variety of responses and led to descriptions of a number of interesting experiences. A community partner who participated in the analysis articulated it this way, “If five or ten people in a community engage in irresponsible problematic behavior, does that mean that the thousands of other people living in the same community are irresponsible and problematic?” She further mentioned that when public child welfare agencies respectfully reach out to neighborhoods and initiate unbiased partnerships, the return often is an increase in resources, supports, and safe community-based foster homes. In short, child welfare systems get additional help and children receive greater comprehensive services and ultimately better outcomes.

Conclusions Regarding Community Partnerships

It is clear from this analysis that participating sites have begun the process of reaching out to neighborhoods and communities in ways that they never have before. The success of these efforts varies from site to site. However, it is evident that the Family to Family initiative has provided a framework within which these initiatives could be pursued. Leadership and respectful dialogue that builds bridges and erases stereotypes is critical to the ongoing evolution of this work. Public agency staff and community partners seem to be making progress. Time, commitment and resources ultimately will determine the ultimate success of this core strategy.

Implementing Resource Family Recruitment, Development, and Support

Resource Family Recruitment, Development, and Support is a strategy that involves finding and maintaining foster and kinship homes who can support children and families in their own neighborhoods. The Recruitment, Development and Support (RDS) team typically consists of child welfare licensing staff, recruitment and retention staff, resource parent trainers, resource parents, and community partners. Focus groups and interviews in this area included:

- High-level child welfare leaders (director or deputy) about their impressions of implementation challenges
- The Recruitment, Development and Support “champions” who were in charge of recruitment, licensing, retention, and training efforts and implementation
- Current and former RDS members and data analysts
- Child welfare program office staff
- Supervisors and managers of child welfare programs
- Community partners
- Private agency partners

Across the five sites, we conducted 12 individual interviews and 5 focus groups, involving 52 persons. The purposes of the interviews and focus groups related to RDS were:

- To understand the conditions at each site prior to implementation in terms of what was occurring at each site to make Family to Family appropriate for that community;
- To characterize various aspects of the child welfare agency and to identify changes in the agency’s structure and operations as the initiative progressed;
- To understand relationships among child welfare agency managers and staff, key service providers, and community stakeholders, and how those changed over time;
- To identify effective strategies that sites undertook to maximize progress; and

- To identify areas of continuing work for local strategy teams and the Family to Family technical assistance team.

Findings by Issue

The following sections provide a description of key findings in several areas. The issues include: leadership culture; staff respect for and support of resource parents; accessibility of support for resource families; neighborhood-based resource care; placement services; teamwork among resource parents, agency staff, youth and birth families; disclosure of information at time of placement; private agencies' implementation of neighborhood-based foster care; training; and the use of available data by RDS staff.

Leaders promoting a culture of respect and support for resource families. During interviews, sites in which leaders promoted a culture of respect and support for resource families stood out from those who did not. Three of the five sites reported improved relationships between staff and resource families because of the culture of respect that was practiced by leadership. One site particularly stood out because of the positive interaction between a foster parents group, agency managers, and the executive leadership team. The foster parents group, agency managers, and the executive leadership of this site meet once per month to discuss issues and concerns of resource parents. These meetings facilitate resolution of issues and concerns of resource parents.

One of the two sites that did not report positive examples of leadership support experienced three changes in leadership. This site also reported great resistance from staff initially towards Family to Family concepts, due in part to inconsistent leadership and direction.

Staff persons demonstrating respect and support for resource families. The methods by which staff demonstrated respect and support for resource families varied. When agency supervisors understood the importance of building relationships with resource families, RDS staff persons were more apt to respond accordingly. Among the sites, it was apparent by comments made by staff that the mindset of the staff has changed--they now try to preserve placements. Workers reported being more eager to provide services to resource families. RDS staff support

resource parents and encourage them to join support groups. Staff members talk to resource parents to prevent placement disruptions.

Most sites provide training to promote resource families to work with birth families. Resource families are further strengthened when staff established positive relationships. In all of the sites, return phone calls to resource parents are expected to occur within 24 hours. While not a written policy in all sites, RDS staff understood and acknowledged the importance of returning calls in a timely fashion. In one site, officers of the day were on duty to receive phone calls from resource parents. Another site reported a 24 hours per day, 7 days per week hotline for support of resource parents.

Two of the five sites conduct in-home visits by supervisors. One site required unannounced visits by supervisors to determine the status of the family and to identify any needs. One foster parent who was interviewed stated, “Foster parents feel more supported when supervisors come to the home--disruptions are reduced.” In the other site, a manager visits at least two resource parents in the home each month.

Recruitment, development and support accessible to all resource families. The interviews found no consistent pattern in sites’ approaches to making RDS support accessible to all resource families. All sites reported the availability of respite care for resource families; however, other methods support varied. Some provided resource parent mentoring programs and support groups for resource parents. Other supports included visitation centers in one site to accommodate visits between children and birth families. Nevertheless, when resource parents were asked about accessing services from the agency, most responded that “providing services takes too long and is too bureaucratic.” This response was consistent across sites, especially related to times of crisis with a child.

Neighborhood-based resource families. Prior to Family to Family implementation, most agencies did not emphasize neighborhood placement. As a result, the issue of neighborhood-based resource families has proved to be a challenge in four of the five sites. The remaining site reported that “a neighborhood-based foster care system exists and neighborhood-based placements are easier on staff.” Similarly, four of the five sites found that resource homes for

African-American and Latino children were difficult to find. Although targeted recruitment efforts were ongoing, the number of homes did not meet the needs of the number of children coming into care.

Discussions of the topic of neighborhood-based resource families suggested that experiences were varied and site-specific. In one site, homes were sought in the child's geographic area first, then elsewhere within the county. In another site, children were placed outside of their neighborhood because of workers' values and beliefs. In still another site, a child would be placed with siblings first as opposed to a neighborhood placement.

When considering reasons why children were not placed in their own neighborhoods, respondents in one site indicated that if a child is placed within 10 miles from removal home, it is considered a neighborhood placement. Another site responded that if they can keep a child in the city, the staff "feels like they are doing well." Primary reasons given for not placing children in their own neighborhood included safety, interference by relatives, and lack of available homes.

Placement services and support based upon the needs of a child. Respondents in all sites indicated that the factors considered in placement are: first, maintaining sibling groups; second, placing with relatives; and third, keeping children in their own neighborhoods. Generally, they reported that while the needs of individual children are the most critical consideration in making placements, much emphasis is placed on keeping sibling groups together. All sites saw the need for collaboration with placement services staff to facilitate better placements. One site responded they are striving for "one placement per child."

Respondents described supervisors as playing a crucial role in that they could reinforce the goal of keeping children with families. Supervisors attempted to retain the children in the home and reduce placement changes, even when sibling size was a challenge in placing children together.

Problematic areas were found when the agency did not seek relatives for placement and when families (relatives) were not respected by staff. Sometimes, children were placed outside of their neighborhood because some workers believed that this was preferable to children being

placed with relatives. Other problem areas cited were lack of dialogue with resource families for placement decisions, and using the same resource families repeatedly, which lead to burn-out from resource parents.

Resource families, social workers, and youth and birth families working as a team. Interviews across the sites revealed that resource families, social workers, youth, and birth families have made significant progress in working as a team. Regarding the period prior to implementation of Family to Family, respondents reported a lack of support from both supervisors and workers for resource families. Foster parents were not invited to the table to discuss issues. Resource parents reported initial resistance from agency staff and negative contact between birth parents and resource parents. Providing services to relatives required a major adjustment by workers.

After implementing Family to Family, training was provided to encourage resource families to work with birth families. In some sites, foster parent mentors who support families are available to staff and are a part of resource parent training. Most sites encourage resource parents to have “Icebreaker” meetings with birth families at visitation centers that have been established, often in the community, for visits with children and birth families. As a result, some respondents reported that resource families are more empathetic with birth parents since Family to Family implementation. Resource families now see themselves as part of a team.

While most sites received positive comments from staff, resource parents responded in areas of needed improvement. Some resource parents expressed a feeling that they were not being supported by agency staff. Other respondents reported resistance from workers to meet with resource parents, along with a lack of knowledge of available resources by social workers. Resource parents also acknowledged the lack of information from the child’s worker about specific behaviors and medical conditions of children brought for placement.

Some isolated, but worrisome information was offered in one site in which it was reported that case notes may not reflect negative information about resource parents. Comments suggested that children have been placed with resource families who had previous undocumented complaints filed against them. This was reported to occur because licensing or foster care staff members failed to document critical comments about the performance of resource parents.

Child placing agencies practicing full disclosure of all information. A pattern that was evident across sites was that most child-placing agencies had begun doing a better job of disclosing more information about child to resource parents. Generally, respondents reported that workers talk to resource families and provide as much information as possible. Positive interactions also were reported between placement staff and resource families. However, respondents in one site reported that full disclosure “does not happen, important information is left out of the conversation with the resource parent.” A report from the same site indicated that child protective services staff did not provide sufficient information to placement workers. Non-disclosure of information by child welfare staff to foster parents also was prevalent in this site.

Private agencies’ efforts to develop and implement neighborhood-based foster care. Some sites involved in Family to Family rely on private agencies to recruit and supervise foster homes. Our interviews revealed no distinctive pattern in terms of private agencies’ efforts to develop and implement neighborhood-based foster care. In one site, contracted agencies tried to place in their own neighborhood or at least in the county. Some foster families have a problem accepting the neighborhood-based concept if they have vacancies. Some respondents reported that at least a few resource parents transferred their licenses between agencies to avoid neighborhood-based foster care.

Training. All of the sites reported that resource parent training is conducted on a regular basis. Four out of five sites reported that training was conducted at the county agency. The remaining site stated that “training is now conducted where the people are located (schools, churches, community sites).” PRIDE training, which encourages teamwork and TDM, was found to be a training component in all sites. Training generally includes modules that encourage resource families to work with birth families. None of the sites reported the availability of training for relative providers. A lack of training for relative caregivers was acknowledged by each site.

One site stood out from the others in its stronger emphasis on training for resource parents. Resource parents get training credit for training attendance. This same site contracts with a

local community college to provide additional training, as well as training that is conducted at the local office. This agency also pays for resource parents to attend conferences.

Available data. The availability of data was a challenge in most of the sites. Overall, respondents did not know the status of data on resource families, since many of the data systems do not interface with each other. Respondents in one site reported that resource parents attended 90% of TDMS, but they had very little about data related to the RDS process. In all of the sites, respondents said that it is still difficult to place large sibling groups, older children, and those with special medical needs, but they could not provide data to demonstrate how often this occurs. Only one site reported that the self-evaluation team had been able to help in meeting RDS information needs. Generally, most sites had access to data on the number of resource homes in the county, but in most sites data were not available on the number of homes in targeted neighborhoods. In contrast to this general situation, however, one site has access to GIS mapping technology, which illustrates all resource homes in the county, including those in targeted areas.

Conclusions Regarding RDS

One common pattern among the sites was the involvement of senior leadership. In sites where senior leadership is actively involved in RDS activities and processes, sites tended to be further advanced and have made more progress than sites where senior level leadership is not involved. Three of the five sites reported active participation by senior leadership. Mid-level managers were found to place more focus on RDS activities as a result of the involvement of senior leaders. A residual effect on RDS staff was evident as a result of the involvement of both senior and middle management.

The results of the interviews revealed that resource parents, birth parents, and agency staff work more closely as a team as a result of Family to Family implementation. All of the sites reported improved relations among these groups, while acknowledging the resistance and mistrust in the early stages of implementation. The teamwork concept was evident in all of the sites. There is increased respect by a majority of staff towards resource parents. Responses

from resource parents indicated an improved level of disclosure of child characteristics by the public agency.

Resource parents responded positively on the issue of availability of resources and support for children in care. The lack of services and support are sometimes problematic, but when issues arise, resource parents are knowledgeable about reporting issues and utilizing the chain of command. Resource parents expressed a feeling of empowerment by being able to access agency management when issues arise.

The development of neighborhood-based foster care among private agencies yielded very few positive comments. This area remains a challenge in sites that rely on such agencies for foster care services. The lack of culturally based foster homes was listed as one of the main challenges to implementing neighborhood-based foster care by private agencies.

The need for community-based training remains an issue. Most of the sites reported that resource parent training is limited to the county agency facility. If resource parent training were expanded to include more community sites, it might result in higher interest among members of the community.

Finally, the lack of basic data remains an issue for the RDS strategy. Most sites do not have automated data systems that can produce data related to the RDS process, which includes tracking telephone calls by interested resource parents to the actual number of resource parents that were licensed. One site reported an automated method of collecting information. The remaining sites reported hand-counts produced the best available data.

Implementing Self-Evaluation

In an ideal situation, the self-evaluation team (SET) in a Family to Family site consists of analysts, data managers, frontline managers and staff, and community partners. This team collects, analyzes, and interprets data about key safety and permanency outcomes to assess whether their community is making progress and to determine how policy and practice needs to be changed to bring about further improvement. To gain insight concerning progress toward this model, the team conducted interviews with several persons in each site who were involved in the initial stage of implementation and had broad perspective by virtue of their position with the agency or their role in the community. In each site, the following persons were interviewed or participated in focus groups: deputy directors, mid-level managers, supervisors, data analysts, front-line staff, and community representatives.

The purposes of interviews related to self-evaluation were:

- To understand the conditions at each site prior to implementation in terms of what was occurring at each site to make Family to Family appropriate for that community;
- To characterize various aspects of the child welfare agency and to identify changes in the agency's structure and operations as the initiative progressed;
- To understand relationships among child welfare agency managers and staff, key service providers, and community stakeholders, and how those changed over time;
- To identify effective strategies that sites undertook to maximize progress; and
- To identify areas of continuing work for local self-evaluation teams and technical assistance providers.

A number of key findings emerged from these interviews. In terms of self-evaluation capacity, most sites had some method of evaluating agency performance and, to some extent, the ability to measure one or more outcomes for children involved in their foster care system. However, the majority of the sites had not established (or continued to adhere to) a systematic process for

assessing data related to outcomes for children. As a result, data did not consistently inform the management of agency programs. In most sites, a vast amount of data had been collected by and are available to either the county or state agency; however, sites continue to be challenged in their efforts systematically to evaluate the experiences of families and children who come into contact with their systems. While many can describe changes in outcomes that have occurred prior to and during the implementation of Family to Family, it remains difficult for them to link changes in practice related to the core strategies with ongoing changes in outcomes.

Methodology

The interviews at each site were one-on-one, and generally involved persons with a broad range of experience with data. In all sites, those interviewed represented a mix of top and middle level managers, first-line supervisors, and data analysts (a copy of the topical outline is provided in the appendix). Focus groups were conducted with a representative sample of:

- The Self-Evaluation “champions” who were in charge of the self evaluation efforts and implementation
- Current and former self-evaluation members and data analysts
- Child welfare program office staff
- Supervisors and managers of child welfare programs
- Community partners
- Quality Assurance analysts

Across the 5 sites, 13 interviews and 8 focus groups were conducted, involving 73 people.

Findings by Issue

The following sections provide a description of key findings in several areas. These issues include: access to regular updates of longitudinal data from the state agency; data needs that were difficult to meet; responsibility of the state agency to provide analytical support; the relationship between the federal Child and Family Services Review and Family to Family; capacity for self-evaluation; and the use of data by current management to inform its work.

Access to regular updates of longitudinal data from the state agency. Prior to Family to Family, none of the states reported receiving regular updates of safety and permanency outcomes based on longitudinal data from the state agency. The experiences of sites ranged from the agency director using available data to manage programs, to no use of data (much less longitudinal data) by anyone in leadership positions. In three sites, limited data were used by managers to determine performance within specific programs and work units, but the data were not used to make corrections in policy or procedures.

In all sites, the common denominator that led to the use of longitudinal data was high-level leaders (child welfare administrators) who were committed to using data to drive policy and decision making. The vision of these leaders helped sites commit to the development and use of data. Although most of the agencies faced changes in leadership, when leadership maintained its focus on data, efforts tended to be more successful.

Data needs that were difficult to meet. The sites reported a number of areas in which data needs were difficult to meet. The responses to this question varied among the sites. Central Office buy-in was needed to gain access to analytical resources. One site was the only Family to Family site in the state, and the state agency wanted to provide analytic resources for the entire state, not just the Family to Family site. Three of the five sites had relied, at one time or another, on outside entities, most often a university-based research entity, to provide analytical support for outcomes for children. One site ended the contract with the university because the state wanted to develop internal capacity to do the analysis, as opposed to an outside entity.

Data requests from the Casey Foundation were also listed as data needs that were difficult to meet. One site reported that “Casey expects the site to drop everything and respond to new data requests by a set deadline and often asks for things that are meaningless to the site.” One specific example provided was the request to provide “Data on Experiences of Youth (Age 14+) In Out Of Home Placement.” *Ad-hoc* reports had to be created and some of the data were not available in the requested format. The same site reported not understanding why the Foundation asked for the data, since no explanation is given to the site at the time of the

request. Specific data requests that proved difficult for sites were: obtaining information about sibling placements; obtaining detailed geographic data; data pertaining to the integration of TDM, RDS, and Community Partnerships; ethnicity and racial disparities and disproportionality; data on emancipated youth; problems and inconsistencies of TDM data; and numerous requests for data once the SET began to produce outcome data.

Responsibility of the state agency to provide analytical support. In the area of state provision of analytical support, while acknowledging there is more attention to data by the state and less support, the trends found inconsistencies in analytical support from the state agency. While none of the states provided direct analytical support, local county agency quality assurance analysts or individual data analysts provided some level of support. One state supports TDM and the needs of the county agency. In another site, the state agency has the capacity to do analyses statewide, but can drill down to worker, unit, and child level. The state agency consistently provides support to all regions in the state and can do all types of queries for Family to Family needs.

In four of the five counties, respondents reported receiving assistance from the state in the form of contracts that were awarded to universities that provided data analysis and updated longitudinal outcomes for children. Some sites reported that there is no consistency across the state for analytic support. One site specifically stated that data from the university contractor may not be up-to-date due to the inevitable delays associated with obtaining and processing data. As a result, the data available for analysis or reflected in reports are not always reflective of their current situation.

In one state, the state agency offered training in the use of software that has the capability of analyzing longitudinal data. Classroom training is deemed essential to accurate and effective use of the product, but it had not been available since 2003. The same state has implemented a quality assurance program, but the program does not provide statistical data. Unfortunately, the lack of essential training and staff resources needed to support the ongoing operation of these performance monitoring systems tends to undermine their effectiveness.

One state agency provides a full time continuous quality improvement (CQI) specialist based in the county agency. The site was able to comply with barriers fairly quickly once identified. A self-evaluation course, *Supporting Child and Family Outcomes Through Program Evaluation*, is taught and all CQI specialists must attend this training.

Relationship between the Child and Family Services Review and Family to Family. All of the sites reported a positive relationship between Family to Family outcomes and the Child and Family Services Review (CFSR). Each site reported that they had been able to integrate effort across the two initiatives and, as a result, they were not viewed as operating in competition with each other. The general findings were that the CFSR and Family to Family support each other and sites viewed the CFSR process and Family to Family as complementary efforts.

Human resources devoted to the CFSR Program Improvement Plan (PIP) process, particularly with regard to the development and sharing of performance data was sporadic among the sites. Two of the sites devote human resources to the CFSR/PIP. In one of these two sites, each self-evaluation team member volunteers two-three hours per month to work on the CFSR/PIP. The other site has an analysts dedicated to the CFSR/PIP. The three remaining sites did not report specific human resources that have been devoted to the CFSR/PIP. One site found that CFSR and Family to Family compete for data analysis resources, even though managers do not see the CFSR as conflicting with Family to Family.

Capacity for self-evaluation. Respondents in all of the sites acknowledged some level of internal capacity for self-evaluation, although changes in administration had a negative impact on developing data analysis capacity. One site experienced three changes in structure due to changes in agency leadership. The use of data fluctuated based on leadership.

There is inconsistency among the sites in relation to the structures and processes created to support self-evaluation. While most sites met on a monthly basis, two sites reported periodic meetings of at least once per quarter. For sites who reported meeting on a monthly basis, the meetings were attended by child welfare staff, including deputy directors, managers, supervisors, first-line workers, and data analysts.

The results of the two sites reported to be meeting on a periodic basis were varied. Although respondents in one of the sites reported quarterly meetings, positive signs of data sharing were obvious as the site developed and shared the data through newsletters and posters that could be seen throughout the building. This particular site also provides a slide presentation of their outcome data, which is shared with the community and agency staff. The presentation is updated twice each year.

The second site that was reported to hold quarterly meetings appeared to be less organized than the other sites. Attendance at SET meeting by staff was sporadic, and first-line staff had no incentive to being a member of the SET, since there was no reduction of caseload requirements. First-line staff was asked to participate on the SET while maintaining a full caseload. This issue was unique to this site, since maintaining a caseload and SET participation was not listed as a barrier in other sites. It appeared as though this particular site was overwhelmed by the day-to-day demands of child welfare work.

Three sites reported positive results of management's attention to data. The two remaining sites reported that there has not been a final decision or resolution from top management about data issues. While management has access to the data, the decision to use data to drive policy and make mid-course corrections was found lacking.

Sites reported that it is difficult to get first line staff and the community on the SET. First-line staff members were more apt to participate on the SET during time periods when there were no immediate crises on their caseloads. One site reported that data are lost when workers are asked to input data when their caseloads have not decreased.

Use of current data from the state agency. Respondents reported various experiences with the use of data from the State agency. All of the sites reported that the state agency SACWIS system collects a large volume of data, but did not consistently share it with counties prior to Family to Family. Of the five sites interviewed, two of the sites were county-administered, state funded sites and three were state-administered.

Conclusions Regarding Self-Evaluation

Our interviews revealed that self-evaluation in sites tended to be better established when top leadership was interested in data and involved in the self-evaluation process. Buy-in to Family to Family principles from top leadership and central office is key in order for the self-evaluation team (SET) to be effective. Not surprisingly, findings also revealed that numerous leadership changes impede the progress of the SET.

Self-evaluation is not represented on all strategy groups. Sites encountered difficulty in engaging community partnerships and RDS work groups. RDS data in some sites is still obtained by hand-counts. Data systems were not in place to track the entire RDS process and to capture data at key data points, such as the number of information calls, number of attendees at orientation, number of participants who attended and completed training, and the actual number of resource parents who received a license. Managing TDM data remains a challenge across sites, however, TDM is the strategy that is most involved with SETs across sites.

Most sites reported positive results when sharing data with the community; however, community involvement on the SET remains a challenge. Data presentations made to community groups tended to result in requests for more specific data by the community.

Although all of the sites reported inviting community participation on the SET, participation by representatives from the community is lacking. Community participation was more likely to be found on work groups such as TDM, community partnerships, and RDS.

The participation of frontline workers in SETs is limited due to the competing demands of casework. None of the sites reported decreased workloads or decreased responsibilities as a result of being on the SET. Frontline staff who participate on the SET were employees who were interested in data and expressed a desire to be on the SET.

Conclusions

This analysis was not intended to be a site-specific assessment of progress in implementing Family to Family in individual sites. Rather, we attempted to identify cross-cutting themes related to implementation challenges and common strategies participating agencies have used to address these challenges. The findings from this study largely corroborate conclusions from the 2005 self-assessment. Specifically, sites vary considerably in the extent to which they have fully implemented various strategies and in the degree of progress across the four strategies. Moreover, local history, the administrative structure of agencies, and the unique political climate that prevails in each state and locality have varying effects on an agency's ability to implement Family to Family. Nevertheless, our discussions with participants make it clear that their experiences reflect some common themes.

The findings of this study demonstrate that sites face unique challenges related to their decision to participate in this initiative, but they also have to deal with challenges common to all child welfare agencies, such as worker turnover, limited resources, and a history of over-reliance on institutional care. Yet, these common challenges also produced common strategies for overcoming them, including strong and consistent leadership, fundamental changes in agency practice, more attention to community-based practice, and an emphasis on results.

Common Challenges

Respondents described similar challenges in their efforts to implement specific aspects of Family to Family, but also in dealing with challenges that seem endemic to contemporary child welfare practice. These challenges often relate to limited resources that make full implementation difficult to achieve quickly. For example, frontline workers and supervisors implementing TDM voiced concerns over time constraints and having to attend "another meeting," although many saw how TDMs could save time later in the case process by producing better decisions up front. TDM resource constraints, such as the number of facilitators, adequate meeting space, and scheduling support, also presented problems. Community partners pointed to a lack of funds to hire agency staff to focus more closely on this core strategy. These resource issues likely directly affect many of the common challenges

identified by sites that hinder effective implementation. These challenges include commitment from frontline workers and supervisors, the relationship between the child welfare agency and the courts, and the linkages among the core strategies.

Commitment to TDM from Frontline Workers and Supervisors. A consistent theme emerged from every site: the biggest challenge to TDM implementation involved gaining buy-in from frontline workers, especially investigative and ongoing workers, as well as supervisors. For example, most sites demonstrated a strong commitment to TDM from senior administrators, but this commitment became weaker closer to the frontline. Workers and supervisors consistently expressed concerns over TDM's demand on their hectic schedules, although many expressed that TDMs could save time over the course of the case. Supervisors play a critical role in promoting their caseworkers' commitment to using TDM. New workers accepted the use of TDMs more easily, while more experienced workers tended to resist sharing their decision-making control. Staff members also must be committed to the use of neighborhood placements in order for them to be used effectively. Overall, we found that TDM implementation will not be effective unless the agency is able to make changes in alternative placement resources as well as staff attitudes. To that end, leaders must effectively communicate to staff the overall goals and rationale of Family to Family to facilitate staff buy-in.

Relationship between the Child Welfare Agency and the Courts. Another consistent challenge across sites proved to be the relationship between the child welfare agency and the court system. Many sites reported having difficult relationships with juvenile court judges. Some systems create an inherent tension between the child welfare agency and the courts because funding for the court system is determined in part by the volume of petitions coming from the agency. Many sites are developing strategies to improve this relationship.

Linkages Among Core Strategies. Respondents from most sites expressed some frustration in their agency's ability to integrate the four core strategies successfully. Most sites have some means of measuring their performance through self-evaluation, but many agencies still do not use data extensively in managing their programs. TDM data are not regularly shared with facilitators and staff, and agencies find it difficult to involve frontline staff and supervisors in

self-evaluation work groups. Sites typically do not have the capabilities to produce RDS data and track prospective resource families from initial calls through placement approval. Similarly, most sites have not made direct linkages between TDM and RDS, although staff report that resource families, birth parents and agency staff work together more closely because of Family to Family. Agency staff members do a better job of disclosing information about children to resource families, but these families also report frequently feeling unsupported by staff. Sites indicated that more community-based training is needed to attract more community-based placements, given that these placements and culturally-based foster homes remain a continuing challenge. Community partners also expressed their desire to see more community-based TDM trainings to attract other stakeholders, and stated that more community partners are needed from target neighborhoods rather than from contracted agencies. Some of the biggest challenges identified by community partners involved the frequency of agency staff turnover, and confusion over who was the agency's designated staff or lead contact for community partners.

Key Strategies to Overcome Challenges

From the interviews and focus groups we conducted, a number of themes emerged pointing to the key strategies employed by sites to overcome challenges to effective Family to Family implementation. These strategies are described below.

Strong and Consistent Leadership. In all five sites, Family to Family implementation represents a holistic change in “the way we do business,” rather than simply a trendy program added to existing agency practices. For such an extensive change to be successful, leaders must understand and embrace the initiative, know how to apply these values, principles, and strategies in the context of their communities, and maintain interest and focus on child welfare reform over the long term. At the same time, these leaders must actively build relationships within the administrative tiers of their agencies, as well as with stakeholders in the community, and model this type of relationship-building activity for agency staff.

Nearly everyone interviewed indicated that senior agency leaders strongly supported the goals of Family to Family. There was also considerable consensus among the interviewees over the

critical role that leaders play in ensuring the success of each core strategy. Leaders' active investment in each strategy leads to a greater focus on strategies from mid-level managers, and therefore more successful efforts from supervisors and frontline workers. Yet, for this administrative investment to result in real changes for the agency, leaders must be clear in their communications to staff members and community partners regarding the goals of the initiative, including both why and how each strategy leads to these goals. These efforts may falter if agencies experience a change in leadership.

Fundamental Changes in Agency Policy and Practice. In every site, the decision to pursue Family to Family led to widespread changes in certain agency policies, practices, and procedures. Many of these agencies had previously embarked on reform efforts, sometimes in the face of threats of lawsuits and tense relationships with persons from the communities most affected by the child welfare agency. Not only did participation in Family to Family result in substantial changes in direct practice associated with the adoption of core strategies, but leaders advocated broad changes in policy and programming such as curtailing the use of shelters that created political and public relations challenges. Consequently, these sites succeeded in reducing their community's reliance on shelter care and moved toward a model of family-based care that avoided unnecessary entries to care.

Community-Based Practice. Some sites have moved TDMs to community locations to make meetings more accessible to families and increase participation from community partners. This strategy represents efforts on the part of agencies to engage communities in a positive manner, and makes it easier to community partners to advocate for Family to Family and attract other stakeholders. Community partners also attend work groups for each core strategy, and these participants represent the communities most affected by child removals. Child welfare agencies also have increased their attempts to recruit neighborhood-based resource families by contracting with local agencies and faith-based organizations; however, these efforts tended to be more active early in the implementation process, and have lessened as TA site visits decreased.

A Focus on Developing Relationships. One of the essential components of Family to Family is a strong focus on developing and maintaining relationships among stakeholders. Both the CP and RDS strategies stress the importance of agency staff members' respecting community members and resource families. Community partners expressed their desire to develop a relationship with a consistent agency representative. Resource families felt more empowered when they had stronger relationships with supervisors and administrators. Community partners and resource families wanted training in part to improve their understanding and relationships with the child welfare agency.

An Emphasis on Results. Based on our interviews, agencies are more successful in implementing Family to Family when they are able to use data to communicate positive results to a variety of audiences. When stakeholders understand these data, they are better able to advocate for the initiative and attract other stakeholders. Some sites that lack staff who have analytic skills have compensated by contracting with a local university for such support. In addition, most sites felt comfortable with the dual demands of monitoring CFSR and Family to Family outcomes, and indicated that these demands complemented rather than conflicted with each other.

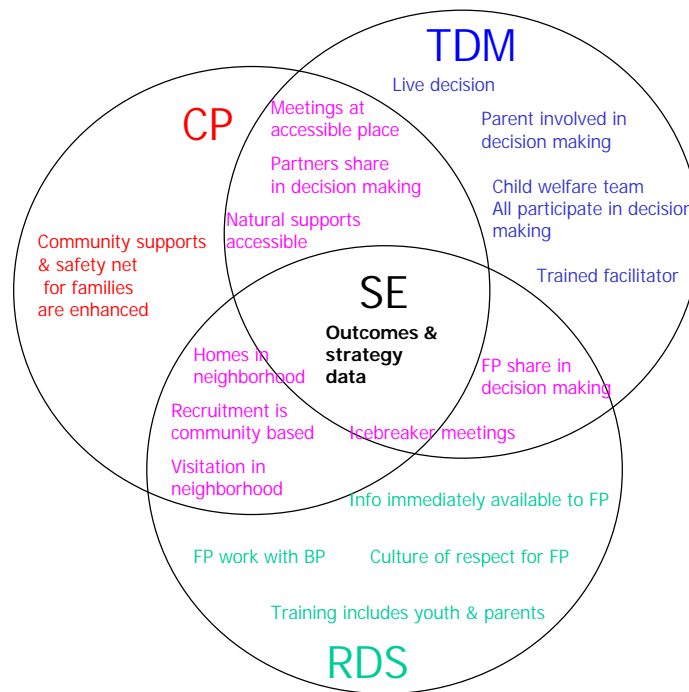
Implications for the Future of Family to Family

The Family to Family sites we visited have made considerable progress in implementing strategies to create child welfare systems that are more family- and community-oriented. Many of the challenges described in this report reflect the frank assessments of participants who have achieved much, but are now attempting to take their work on Family to Family to a new level of sophistication. This is particularly daunting for several in that they experienced a year or more without technical assistance following their initial grant period. As Family to Family “goes deeper” with anchor sites in 2007, these sites will receive renewed support to ensure that any loss of momentum can be addressed.

One aspect of going deeper is integrating work between and among the core strategies. A new awareness has emerged that further progress on implementing any single strategy probably hinges on effectively linking work across strategies. Consistent with the initiative's theory of

change related to the core strategies, full and effective implementation cannot occur until these linkages are established. Once in place, as the following figure shows, these linkages will provide the mutual reinforcement of effort that will produce high levels of performance in each strategy. At this stage of maturity, sites that have attained a moderate degree of implementation of individual strategies should focus effort on integrating strategies, and in turn, on producing the key elements of Family to Family as a whole rather than simply putting into place the key elements of each strategy.

Figure 4



Key Elements of *Family to Family*

This shift in perspective is attributable in part to the self-assessment process, but also to discussions related to the development of an evaluation plan for the initiative.⁷ It has implications, first, for the work of anchor sites as well as the technical assistance team in that it calls for concentrated effort to build linkages across strategies, linkages that seem to be crucial to taking work on the initiative to the next level. Also, with regard to the evaluation, this

⁷ A copy of the plan is available at: <http://www.unc.edu/~lynn/f2fevalplan.pdf>.

perspective suggests that a reductionist approach that merely measures discrete aspects of work in each strategy without measuring work at the intersections of strategies would miss a critical dimension of the broad transformation of policy and practice that Family to Family seeks to achieve.

Finally, through their participation in the Casey Alliance for Racial Equality and the Family to Family Racial Disparities and Disproportionality (RDD) Workgroup, members of the technical assistance team have developed a better appreciation of the pervasiveness of RDD in the child welfare system. Unfortunately, many interviewees did not see a clear connection between agency practices and the pattern of outcomes experienced by African-Americans families and children and those from other minority groups. If the next phase of Family to Family encourages anchor sites to view child welfare policy, practice, and outcomes through the lens of racial equity, it is clear that a new set of challenges will emerge. Our hope is that sites will be as creative in addressing these challenges as they have been in responding to the challenges of implementing the four core strategies. In addition to helping anchor sites to transform their policies and practices, the technical assistance team must help sites become more aware of the daunting problems they face in this area and how Family to Family may help in addressing them.

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APPENDIX

Anchored Scales for Assessing Progress in Implementing Core Strategies

Site: _____ Team Decision Making

1	2	3	4	5
<p>Has not yet begun to hold TDM meetings.</p> <p>Has created a TDM strategy group led by strong champions and charged with developing protocol, training plans, policy change proposals, etc.</p> <p>Has not yet introduced external partners to TDM plans and sought their involvement in planning.</p> <p>Facilitator positions not created, nor capacity needs identified.</p> <p>Plans for collecting and sharing data from each TDM meeting not yet made; top management provides minimal or no support for design of self-evaluation aspect of TDM.</p> <p>Have not begun discussion with larger agency of icebreaker meetings as a natural result of initial removal and change of placement TDM meetings.</p>	<p>TDM meetings are underway for at least one TDM type (e.g. removals, changes of placement, permanency/reunification) and/or in at least one geographic area of the site. There is a clear rollout plan for full implementation of all types of TDM across the site.</p> <p>Policy dictates that except in cases of imminent risk, all meetings are held prior to the child's possible move, and always before court.</p> <p>'Firewalls' have been designed and monitoring mechanisms are in place; intended coverage and proper timing is at least 50%.</p> <p>At least a paper record is kept for each TDM meeting held. Plans underway for collation and sharing of meeting data, with top management support.</p> <p>A plan to work w/ BCP to recruit representatives of the family's own community for TDM participation is in place.</p> <p>Appropriate facilitators (trained, immediately accessible, internal) have been hired and are able to</p>	<p>TDM meetings are held for ALL meetings of one or more of the 3 types. In the alternative, meetings are held for ALL three types in one or more targeted geographic areas. The rollout plan for full implementation is proceeding.</p> <p>Except in cases of imminent risk, all meetings are held prior to the child's possible move, and always before Court.</p> <p>'Firewalls' are in place and monitoring indicates that intended coverage and proper timing is at least 75%.</p> <p>Representatives of the family's community are invited to meetings of at least one type (e.g. removals) at least half of the time and their participation is tracked and discussed regularly.</p> <p>Facilitator capacity has grown to meet the increased need caused by more meetings. Future capacity needs continue to be assessed and planned for.</p> <p>At least manual tabulations of TDM data are done and publicly shared; top</p>	<p>TDM meetings are held for ALL of at least 2 out of 3 intended situations (removals, COP, perm'y) in ALL the site's geographic areas. Good progress toward the end date for full implementation.</p> <p>Except in cases of imminent risk, all meetings are held prior to the child's possible move, and always before Court.</p> <p>'Firewalls' working and monitoring indicates intended coverage and proper timing is over 90%.</p> <p>Representatives of the family's community are invited to ALL of at least one type of meeting all the time; there is steady progress toward increased participation which is tracked and discussed regularly.</p> <p>Facilitator capacity continues to grow without any change in high standards for training, accessibility, etc. There is a clear date for full capacity achievement.</p> <p>The site regularly collects and shares TDM data; sophistication of methods</p>	<p>Meetings are being held for all child removals, changes of placement, and permanency decisions, including reunification, across site..</p> <p>Except in cases of imminent risk, all meetings are held prior to the child's possible move, and always before court.</p> <p>Effective 'firewalls' ensure nearly 100% compliance in intended coverage and timing.</p> <p>Representatives of the family's own community are invited to all meetings, and there is steady progress in achieving full attendance.</p> <p>All meetings are led by trained, immediately accessible, internal facilitators</p> <p>TDM outcome data is collected, widely shared, and regularly used by top management to assess progress and performance and manage change efforts.</p> <p>Every meeting resulting in a child's removal or change of placement also initiates the scheduling of an "icebreaker" meeting.</p>

	<p>fully meet the demand for their services. Assessment of future capacity needs completed and plans for increased staffing are in place.</p> <p>Discussion with RTS about icebreaker implementation has begun.</p>	<p>management and SET utilize this information for self evaluation purposes.</p> <p>As protocol and training are developed for icebreaker meetings, TDM practice supports it by ensuring icebreakers are explained and initiated in removal and COP meetings.</p>	<p>grows; automation explored or attempted; prominence of TDM data in management discussions is apparent, as data are available to describe TDM coverage, results, and the quality of meetings.</p> <p>TDM supports icebreaker practice as in #3.</p>	
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Each point on the scale is associated with progress toward implementing several dimensions of work related to the broad strategy. Raters must use their judgment about the site and its circumstances in weighing progress in each area. Generally, choosing a particular point on the scale indicates that the site has accomplished most of the benchmarks described under that point.

Site: _____		Self-Evaluation		
1	2	3	4	5
<p>Has not provided an extract of placement data from which longitudinal database can be developed.</p> <p>Has not established a self-evaluation team (SET) representing analysis, data management, and frontline program perspectives.</p> <p>Top management provides minimal or no support for self-evaluation.</p> <p>Little or no experience or staff capability in data management or analysis</p>	<p>Extract has been produced and findings from the resulting database have been shared with SET.</p> <p>SET membership has been identified and meetings are being held.</p> <p>Practice strategy teams are working to produce data describing their progress in putting each strategy in place.</p> <p>Agency management has expressed support for self-evaluation and participates directly or through a deputy in SET meetings.</p>	<p>A plan is in place for regular updating of the longitudinal database.</p> <p>SET has developed a plan for obtaining data about sibling placements.</p> <p>SET has developed a plan for producing outcome data at neighborhood (sub-county) level.</p> <p>Data describing the supply of resource families are being compiled.</p> <p>Data about potential resources families track their progress from application to service.</p> <p>At least manual tabulations of TDM data are done.</p> <p>SET is using newsletter or other media to share info with agency staff and community partners.</p> <p>The director and deputies request and receive regular updates from SET.</p>	<p>Longitudinal database is updated quarterly or semi-annually with breakouts by neighborhood.</p> <p>Data are available about rates of sibling placements.</p> <p>Monthly reports describe the inventory of resource families and success in moving potential resource families into service.</p> <p>Data are available to describe TDM coverage, results, and the quality of meetings.</p> <p>SET is making efforts to link progress in implementing key strategies with changes in outcomes.</p> <p>Management team is using data within the agency and in the community to establish a framework for accountability.</p>	<p>Data are readily available to monitor changes in outcomes and performance relative to key strategies.</p> <p>Data management and analysis capabilities permit ad hoc analysis of emerging needs and trends that have budgetary or policy implications.</p> <p>Agency staff and community partners are aware of key outcomes and agency's performance relative to those outcomes.</p> <p>Self-evaluation is integral to or provides a framework for related performance improvement efforts, such as Continuous Quality Improvement, PIP implementation, or consent decree monitoring activities.</p>

Each point on the scale is associated with progress toward implementing several dimensions of work related to the broad strategy. Raters must use their judgment about the site and its circumstances in weighing progress in each area. Generally, choosing a particular point on the scale indicates that the site has accomplished most of the benchmarks described under that point.

RECRUITMENT, DEVELOPMENT AND SUPPORT OF RESOURCE FAMILIES

1	2	3	4	5
<p>Calls to resource families are not returned, lack of support to RF</p> <p>High dependency on shelters, group homes or institutional care, too few RF</p> <p>Non-existent or hostile relationships with neighborhood partners- have not identified potential partners</p> <p>RF are not permitted to have relationships with birth parents</p> <p>Social workers do not engage resource families; antagonistic relationships w/comm.</p> <p>The agency does not consider resource families a valuable resource</p> <p>Resource families are excluded from policy development and placement decisions</p> <p>Training is inaccessible, uninspiring and outdated. No use of teens or parents in class.</p>	<p>Inconsistent support of RF, negative gain in # of RF</p> <p>Use of emergency shelters/foster homes, children placed away from neighborhood</p> <p>Neighborhood and agency staff meet to discuss the need for RF and new services.</p> <p>RF may have relationships but are not encouraged or supported</p> <p>Few Sup. and SW understand importance of relationship with RF & Community.</p> <p>The agency recognizes the value of RF but is paralyzed to act</p> <p>Some staff & RF recognize and request more input in policy development & placement decisions.</p> <p>Training is held at various times but at agency. More lecture & review of rules than involving activities; rigid training rules</p>	<p>Agency recognizes need to support RF and is developing plans</p> <p>Closed shelters, children placed in resource families but few in their own neighborhood</p> <p>RFP for neighborhood contract has developed and new services are being developed.</p> <p>RF are encouraged to have relationships with BP, SW uninvolved</p> <p>Sup. trained to recognize the importance of RF & Community.</p> <p>The agency begins to review/revise policies and personnel practices to reflect the valuing of RF</p> <p>Staff recognizes the importance that RF can provide in placement decisions and policy development and develops plan to allow this to occur.</p> <p>Training held at various times/locations, adheres to adult learning theory, uses many techniques/strategies</p>	<p>Implementation begins to support RF, positive gain in # of RF</p> <p>Children are placed in their neighborhoods 50% of the time</p> <p>Neighborhood partners have contracts but are unsure how to recruit , develop & support RF</p> <p>Staff, RF and BP have a collaborative relationship in many cases</p> <p>Sup. holds staff accountable for their relationship with RF & the Community</p> <p>All staff appreciate the valuable services that RF provide to children and their families</p> <p>Agency assists RF in being able to participate in placement decisions and policy development.</p> <p>Training begins to include youth, birth parents and resource families</p>	<p>Resource families are well supported and recruit other families</p> <p>Children regularly are placed in their own neighborhoods</p> <p>Neighborhood partners are actively recruiting RF & developing services.</p> <p>Staff, RF and BP work collaboratively towards case plan goals</p> <p>All staff, private partners and the community support RF</p> <p>All staff are evaluated on their support & promotions based on level of support/appreciation of RF</p> <p>RF are expected to participate in policy development and placement decisions</p> <p>Training is held in the community, is exciting, vibrant and relevant to parenting the children in out of home care</p>

Site: _____ Building Community Partnerships

1	2	3	4	5
<p>Agency Director and key management staff are being orientated to values, core strategies, and key elements of F2F and the idea of partnering with communities for child safety and permanency.</p> <p>BCP workgroup has not been established and champions have not been identified</p> <p>Data on neighborhoods with the highest # of kids in care has not been identified</p> <p>A job description for the F2F Coordinator</p>	<p>Agency Director understands and values the partnership with neighborhoods and develops a strong internal message to support this belief. Director's message is systematically incorporated into management and supervisory meetings related to the value and expectations of community partnerships.</p> <p>BCP work group is established and chaired by strong champions that understand the value of neighborhood based partnerships. The work group has identified potential community partners and invited them to participate in regularly held meetings.</p> <p>Preliminary data has been identified re: neighborhoods of priority; numbers of children in care from neighborhoods; number of foster homes in priority neighborhoods; number of private provider homes in priority neighborhoods; number of children placed in their own neighborhood.</p> <p>Agency Director creates a position for F2F Coordinator</p>	<p>All agency staff understands and embrace F2F strategies and values of community partnership. Child welfare activities begin to move out into the communities of focus. Geographic assignment of cases is explored.</p> <p>Goals of the BCP work group are outlined in regularly reviewed /measured through strategic or action plan formats.</p> <p>Regular community forums, events, town hall meetings are held to share the neighborhood based data and change in practice. Agency Director is delivering the message and is available to the community for this dialogue.</p> <p>Community partners and BCP workgroup are coordinating</p>	<p>Visitations, TDMS, Agency Departmental and/or supervisory meetings take place in priority communities regularly. Direct line staff is familiar with and known in the community.</p> <p>Neighborhood contracting and collaboratives are established. Neighborhood based work impacts the outcomes of children and family through a continuum of care.</p> <p>Community sees itself as a partner with the agency and is working collaboratively to deliver data and message of agency. Data is provided to community on regular basis regarding neighborhood children.</p> <p>Community partners and private providers are</p>	<p>Agency staff is reviewed through performance evaluations that include F2F values and activities. Staff is promoted accordingly.</p> <p>Neighborhood contracts and collaboratives impact child welfare outcomes. Collaboratives are viewed as infrastructure of neighborhood based work. BCP workgroup serves as a monitor to community based work while geographically assigned managers and staff participate in collaboratives to set new goals.</p> <p>Neighborhood based child welfare activities are measured and impact child welfare outcomes. Data is understood and owned in partnership with child welfare agency.</p> <p>Community partners participate in all four core F2F strategy work</p>

<p>has not been developed</p>	<p>and selects an individual whom understands and values community partnerships and has a strong connection to neighborhood based work. Agency Director and management staff work closely with F2F Coordinator to oversee all strategy groups.</p>	<p>existing neighborhood resources through the development of neighborhood resource guides and are identifying gaps in services to support PCWA workers as they work with families. Private Providers are also engaged to work closer with the community and the PCWA</p>	<p>developing strategies and services to address the needs of neighborhood children based upon data through collaborative partnerships.</p>	<p>groups. F2F Coordinator and management/steering committee have made systematic connections and changes in policy to support the ongoing progress of the building of community partnerships.</p>
<p>No community representation in TDMs is occurring.</p>	<p>TDM strategy is introduced to community and initial recruitment of community reps begins in partnership with TDM workgroup.</p>	<p>Community reps have been oriented and begin to attend TDMs for neighborhood families. An internal mechanism has been developed to notify the reps when TDMs have been scheduled.</p>	<p>Community reps are connected to the neighborhood collaboratives to coordinate and link families to neighborhood supports through collaboratives continuum of care. Community reps are attending removal TDMs and prioritizing other critical TDMs.</p>	<p>Community reps attend 100% of removal, disruption, and reunification TDMs. Families are linked to ongoing supports through collaboratives.</p>
<p>No neighborhood based foster care is available or identified.</p>	<p>An initial recruitment plan for neighborhood based foster care is developed in partnership with RTS workgroup.</p>	<p>Neighborhood based foster care recruitment and training is occurring in priority neighborhoods. Internal placement process is being assessed to initiate kinship care and neighborhood placement as a priority</p>	<p>Neighborhood based foster homes are available through agency and private providers where neighborhood children are placed in their community of origin. Neighborhood based resource families have support groups in neighborhood and are supported/connected to their neighborhood's collaboratives.</p>	<p>Together neighborhoods, PCWA, and Private Providers ensure Child safety and permanence. This is an on going effort. Creating ever widening circles of Influence, opportunity, and funding Possibilities.</p>

Each point on the scale is associated with progress toward implementing several dimensions of work related to the broad strategy. Raters must use their judgment about the site and its circumstances in weighing progress in each area. Generally, choosing a particular point on the scale indicates that the site has accomplished most of the benchmarks described under that point.

Appendix

Topical Outlines for Interviews and Focus Groups

Draft Topical Outline for RDS Across Sites

The following issues relate to the key elements identified in the anchored scales used in the assessments made by the F2F TA team. We need to decide who are the most appropriate respondents concerning each set of questions: case managers, resource managers, resource families, relative caregivers? All of the above?

Under each key element, several topical areas/questions might be pursued, but generally, we need to determine three things in each area:

- What was the status of policy and practice prior to F2F?
- What is the current status of policy and practice?
- What were the major challenges that had to be overcome to make changes in policy and practice?

1. Leadership promotes culture of respect and support for resource families

- Agency process for reviewing /revising policies and personnel practices to reflect the value of resource families
 - *Sample question to determine changes over the years:* In the past 3 years what changes have been made in policies that directly impact on the support available to resource families? On recruitment practices?
- do staff interactions with resource families contribute to promotion decisions?

2. Staff demonstrate respect and support for resource families

- What time frames are established to return phone calls to resource families?
 - Have there been changes in these time frames since F2F began?
- Describe how supervisors hold staff accountable for their relationship with resource families and the community
 - Now?
 - Prior to F2F?
 - Challenges to implementation?
- Describe how supervisors understand the importance of building relationships with resource families and the community
- Is there 24 hours/ 7 days a week support available for resource families caring for children?
 - Has this always been true?
- Describe what happens if a resource family decides that a child can no longer live with them.
 - Now?
 - Prior to F2F?
 - Challenges?

3. Recruitment, development and support accessible to all resource families

- Describe how resource families are currently supported?
 - Have there been changes since F2F began? Please describe.
 - Challenges?
- Describe the services available to resource families
 - Have there been changes since F2F began? Please describe.
 - Challenges?
- How do services available to relative caregivers differ from those available to foster families?
 - Have there been changes since F2F began?
 - Challenges?

4. Neighborhood based resource families

- How would you define neighborhood based foster care? Do you have a neighborhood based foster care system?
 - What were the major challenges to implementing neighborhood based foster care?
- Who are your neighborhood partners? Have these changed over the years of Family to Family? If so, why?
- Describe the role of neighborhood partners in recruiting resource families.
- In the past 3 years approximately how many foster homes have been opened in the targeted neighborhoods?
- How do your neighborhood partners support resource families?

5. Placement services and support based upon needs of child

- How often are children placed in their own neighborhoods?
- What is the primary reason for NOT placing a child in their own neighborhood?
- When deciding where to place a child, what is the first factor considered?
- If there is a choice to place children with a relative OR in the neighborhood, where would the child be placed? So that siblings are living together OR a child is placed in the neighborhood, where would the child be placed?

6. Resource families, social workers and youth and birth families work as a team

- How does the agency assist resource families in being able to participate in placement decisions and policy development?
- Describe the relationship between resource families and birth parents
- Describe the relationship between social workers and resource families.
- Do resource families attend TDMs when there is a discussion about whether to move a child from their home?
- What is the primary reason a resource family might be absent from a TDM that is discussing a move for a child in their home?

7. Child placing agencies practice full disclosure of all information

- What is the agency policy on sharing information about children to be placed with a resource family?

- What changes have occurred during the past 3 years to ensure that resource families quickly receive all available information about children being placed?
- Describe situations that might occur when a resource family does NOT receive all the information?

8. Private agencies work to develop and implement n'hood based foster care

- Describe the role of private agencies in providing foster homes for children in your county.
- Describe how your agency has worked to engage private agencies in developing neighborhood based resource families.
- Describe how our agency has worked to engage private agencies in implementing TDM for all children who must move from one resource family to another.
- What barriers did you encounter during the last 3 years when working with private agencies to implement neighborhood based foster care?

9. Training

- Describe how training is conducted in the community.
- Who is included in the training? Youth? Birth parents? Other foster parent? Relative caregivers?
- Describe the location(s) where training is held.
- What techniques are used during the training?

10. Available data

- Do you regularly receive reports on the number of resource families opened and closed during the month? (Get a sample of this report.)
- Do you regularly receive reports on the length of time it takes to train and license a new resource family? (Get a sample of this report).
- What other type of information about the recruitment, retention and support of resource families is regularly available to you?
- Is there any information about the recruitment, retention and support of resource families that you would like to have that is not readily available to you
- Have you been involved with self-evaluation efforts in your agency?

Team Decision Making Discussion Guide

This guide starts out with open questions and then moves into more specifics. Each section starts with a broad question and then lists prompts for issues that should be raised by the interviewer if they are not mentioned by the interviewee. Bulleted points provide background on TDM and/or site specific information that will help the interviewer understand the context of the question. *The interviewer is not expected to ask about the bulleted points; they should use only the bolded questions and prompts.*

1. What is your relationship to the (relevant public child welfare agency) and how does it relate to Team Decision Making?

2. What do you see as some of the major benefits of implementing TDM?

PROMPT Benefits for Families:

- Focus on strengths as well as needs
- Family appreciates opportunity for their voice to be heard
- Helps assure that only those children who must be placed are placed
- Children are protected with a more comprehensive safety plan
- Families better understand what they are expected to do and better understand the court/legal process
- Families are more efficiently and more quickly connected with services and support and those supports are more “natural,” community-based and accessible

PROMPT Benefits for the Agency and staff:

- Improves internal agency cooperation, communication and teamwork
- Provides support to case carrying worker
- Supervisors can gauge and reinforce the best practice skills of their staff
- Placement decisions are more consistent and accountable
- Decision made at TDM can lead to a better court experience
- Case plans accepted more readily
- Community resources support the family and their case plan

PROMPT Benefits for the Community:

- Greater understanding of the challenges of child protection work
- Facilitates the development of community-based support for families at risk
- A voice in what happens to “their” children and families

PROMPT Benefits for all:

- Broader participation leads to creative ideas and workable solutions
- Fosters positive relationships and open communication

PROMPT Any other benefits we have not discussed?

3. What do you see as some of the major *challenges* of implementing TDM?

PROMPT Support from Agency Director

PROMPT Support from TDM champions within the agency

PROMPT Support from Agency Supervisors

- Concern about their authority being questioned
- Conflict between supervisory direction and facilitator's suggestions

PROMPT Support from case managers

- Time drain
- Challenges of straight talk
- Raises questions about their practice and skills

PROMPT Resources

- Sufficient staff to serve as facilitators
- Space for meeting rooms
- Support staff for scheduling and supporting TDM
- Links to needed resources not immediately available at TDM table

PROMPT Coverage- ensuring cases that should have a TDM, have a TDM

- Training issues
- Supervisors making sure cases are referred

PROMPT Ask what firewalls are in place and how well they work

PROMPT Does their data inform them of their coverage status and does leadership respond?

PROMPT Participation and attendance

- Birth parents
- Extended family
- Community representatives
- Family's own "community" as invited by them (friends, supports but not known to agency)
- Service providers
- Supervisors and other agency staff who are relevant (e.g. home finders, internal specialists such as Independent. Living, family pres, adoption, as appropriate)

PROMPT Facilitation skills

- Initial training for facilitators
- Ongoing training
- Facilitator supervision

PROMPT New facilitators/turnover issues: how are new facilitators trained?

PROMPT Follow-up and implementation of TDM plans

PROMPT Any other *challenges* we have not discussed?

4. What were some of the successful strategies you developed to overcome these challenges?

- After asking generally about strategies, go through your notes and review with them some of the specific challenges they raised and then see if they have specific suggestions for addressing those challenges.

5. How often are you able to convene a removal TDM prior to the child's placement?

PROMPT What are some of the reasons a removal may occur prior to a TDM?

- Imminent risk
- Insufficient number of facilitators
- After-hours crisis

6. What kinds of risk, safety and needs assessments are used in (the relevant public child welfare agency)?

PROMPT when are the assessments completed? Before, during or after TDMs? Who completes the assessments? How do assessments inform placement decision-making in TDM?

7. Next I would like to ask you about the *implementation* of TDMs. Based on your own observation of these events or what you have heard about them, please tell me about the rollout of TDM.

PROMPT The decision to use TDMs

PROMPT The development of a team of people who implemented TDMs

PROMPT The selection and training of facilitators

PROMPT The selection of which type of case should included TDMs (removals, placement change, and permanency) Note: as a F2f site the only issue for them was sequencing; they were required to do all 3 types eventually

PROMPT The initial use of TDMs for this type

PROMPT Mandating that TDMs occur prior to a planned removal

Next I would like to ask you about the *implementation* of TDMs.

PROMPT Do you have enough back-up facilitators to cover all the meetings?

- Are workers ever turned away when requesting a mtg. due to lack of facilitator resources?

PROMPT Implementing and mandating an "icebreaker" meeting prior to removal or change in placement

8. Lastly, I would like to ask you about the integration of TDM with the other Family to Family strategies.

PROMPT Community Partnerships

PROMPT Do community partners help support the plans developed in TDMs?

PROMPT Self Evaluation

- Are they able to use data on TDMs to improve their practice?

PROMPT Find out if they ever see any TDM outcome data, and if so in what context

PROMPT Resource Family Development and Support

- Do resource families participate in TDMs? (disruption/COP and permanency)

Without revealing any confidential information, please tell me about a recent custody TDM you facilitated or attended.

- We are interested in how facilitators describe the meeting without prompts. For example, do they describe it stage by stage, strengths and concerns? Ask for their version, then ask them these prompts:

PROMPT what were the safety concerns

PROMPT who attended

PROMPT the flow of the meeting

- Typically, the stages are
- Introduce the participants and the purpose and goals of TDM
- Identify the concerns
- Assess the strengths, risks, and needs
- Develop ideas
- Reach a decision, ideally through consensus
- Review and evaluate the meeting and determine next steps

PROMPT the plan that was developed

- We are looking for what services are put in place, who is responsible for what, community involvement, was consensus achieved?

PROMPT Are there any other issues that we should consider related to the implementation of Family to Family?

Thank you for your time.

Implementing Self-Evaluation Topics Addressed in Interviews

Access to Longitudinal Data and Other Performance Data

What access does [your site] DHS currently have to regular updates of longitudinal data from the state agency? How is this different from the past? How do participants see the history of the development of this resource and its current status?

Prior

Current

What data needs related to implementing F2F have been difficult to meet? Outcome data? TDM data? RDS data? CP data?

Analytic Support and Development of SE Team for [your site]

How does the state agency view its responsibility for providing analytic support for [your site] and other county child welfare agencies? How has this viewpoint changed over the past 4-5 years?

Are there analytic resources in [your site] DHS that have not been used to support F2F?

Distinct from the availability of data, in what areas has analytic support been difficult to obtain? Outcome data? TDM data? RDS data? CP data?

Structure and Process of Self-Evaluation

Background: How has [your site] linked data to management practices? How is F2F self-evaluation been integrated into county and state performance monitoring related to the Child and Family Service Review (CFSR) and the Program Improvement Plan (PIP) processes?

As the CFSR/PIP process has evolved, does the state see self-evaluation in F2F as competing with it or in conflict with it? Have there been specific efforts to integrate them?

What human resources have been devoted to the CFSR/PIP process, particularly with regard to the development and sharing of performance data?

Does a self-evaluation team exist in [your site]? How would you describe the self-evaluation capacity that existed in each strategy area? What is the role of agency management in self-evaluation? What is the role of frontline workers in self-evaluation?

What data needs related to implementing F2F have been difficult to meet? Outcome data? TDM data? RDS data? CP data?

How does the current management team in [your site] use data to inform its work? How has this increased or decreased since the inception of F2F?

Community Partnerships Topical Outline

Understanding and Describing Challenges in Community Partnerships implementation

1. Do you think the individuals involved in **Family to Family**/Community Partnerships clearly understand their role and how their efforts contribute to the community having influence and a voice in their child welfare system?
2. What are the challenges your site experienced when implementing Community Partnerships?
3. Do you think those who participated in your sites Community Partnerships effort understood why challenges existed.

Changes that have occurred since implementing Community Partnerships in the agency's Structure and Process.

4. Can you mention some changes that have occurred in your Child Welfare Agency's structure since Community Partnerships have been implemented in your site?
5. Can you mention some changes that have occurred in your Child Welfare Agency's process since Community Partnerships have been implemented in your site?

Key element questions:

6. Has the agency created a Community Partnership Work Group to assist the agency leaders in creating, implementing and evaluating this strategy?
7. Is there participation of Community Partners in all four **F2F** strategy work groups, along with the public child welfare agency staff?
8. Does the agency share neighborhood-specific data for the nine **F2F** outcomes with Community Partners, to initiate meaningful dialogues?
9. Has a tracking tool been developed to measure, and assess the impact on outcomes, of Community Partners' attendance at TDM meetings?
10. Does the agency support and empower birth and extended families, leading to reunification or performance?
11. Does the agency provide recruitment and support of resource families in the neighborhoods of focus?
12. Does the agency reallocate funds through contracts with grassroots community groups for the implementation of child welfare activities in neighborhoods of focus?
13. Is there movement of child welfare activities, including family visits, TDMs, PCWA supervisory meetings and family reunification celebrations, in the neighborhoods?

Why certain changes were not implemented?

14. Within your Community Partnerships efforts were there certain needed changes identified?
15. What were the changes identified?
16. Were those changes made?
17. Why do you think these changes were not made?

What specific efforts were made to implement Community Partnerships in your site?

18. Are communities that have been the most affected by child welfare removal practices a part of community Partnerships?
19. Are there relationships with communities and the PCWA (public child welfare agency) staff which allow for services and resources in the communities?
20. Does the agency have a strong network of neighborhood-based resource families?
21. Are efforts made to ensure that community representatives are present at every TDM meeting?
22. Are efforts made to identify and enhance neighborhood services and supports that are accessible, affordable and culturally specific for all families who live there?
23. Are efforts made to raise awareness of the overrepresentation of African-American and other children of color in the child welfare system?