1.0 INTRODUCTION

In 1992, the Annie E. Casey Foundation awarded planning grants to six state child welfare agencies to assist them in developing plans to implement an initiative called FAMILY TO FAMILY. After evaluating plans submitted in June 1993, the Foundation offered implementation grants to the states of Alabama, New Mexico, and Ohio. Approximately six months later, grants also were made to Maryland and Pennsylvania. Although important aspects of the initiative were statewide in focus, efforts in each state were concentrated in urban areas—Birmingham, Alabama; Albuquerque, New Mexico; Cincinnati and Cleveland, Ohio; Baltimore, Maryland; and Philadelphia, Pennsylvania—because they accounted for a large proportion of the children who were entering foster care. Some smaller localities in several of the states also made a commitment to the principles of the initiative and sought to implement changes in policy and practice associated with it.

This report assesses the progress that has been made toward the objectives set forth by the Foundation when it embarked on FAMILY TO FAMILY. The findings of this report provide a firm basis for some general conclusions about the impact of the initiative on the operation and impact of the child welfare systems in which it was implemented. This report does not provide information on the FAMILY TO FAMILY implementation process nor the many “how to” lessons learned during the past four years. Information on these facets of FAMILY TO FAMILY are provided in several other documents written by FAMILY TO FAMILY technical assistance staff and staff of the Annie E. Casey Foundation.

This introductory chapter begins with a description of FAMILY TO FAMILY and outlines the conceptual framework that guided the evaluation. It also explains how this report fits within the context of the self-evaluation strategy that was integral to the initiative. It concludes with an overview of the remaining chapters of the report.

1.1 Overview of FAMILY TO FAMILY

Underlying FAMILY TO FAMILY was a set of premises about challenges confronting the child welfare system, a set of values and principles concerning the effective operation of child welfare programs, and a statement of objectives that should be attainable if those
principles were put in operation. Its conceptual foundation is set forth in *FAMILY TO FAMILY: Reconstructing Foster Care – A Framework for Planning*, a strategic planning guide initially issued in August 1992 and distributed to planning grantees the following month. The guide identified six key challenges facing the child welfare system (p. 16):

1. Increased demand for foster families—because of increased reports of child abuse/neglect; because of increasing poverty and substance abuse, and because of changes in the needs of children coming into care.

2. The diminishing supply of foster families able to meet these higher demands.

3. The continuing lack of a clear policy focus by child welfare systems on the essential nature of families for healthy child development.

4. Lack of support for foster families.

5. Lack of support for child welfare staff.


To meet these challenges, the Casey Foundation presented a vision of a “reformed family foster care system” (*Strategic Planning Guide*, pp. 43-61). This vision encompassed three sets of reforms aimed at children and their families; foster families; and state systems of services for families and children. The reforms affecting children and their families included:

- Clear and explicit guidelines should exist for removing children from their families and for later reunifying them.

- A comprehensive family assessment should be done in every case to ensure that the unique needs of each family and child are addressed and that their strengths are acknowledged.

- Individualized family service plans should be culturally sensitive.

- Parents should be included in the planning for their children.

- When a child is placed in foster care, the goal should be to reunite the family as soon as it can safely care for the child.
• When children need to be separated from their family, they should be placed with a family in their own neighborhood or community, preserving relationships with family, other relatives, friends, school, and service providers.

• Placement should be made only after careful consideration of how well the foster family can meet the child’s and family’s preferences and developmental needs and can help maintain the child’s racial and cultural identity.

• Continuity of care and avoidance of multiple placements is important.

• In making decisions about reunification, a family should not be expected to meet unrealistic goals that go beyond the reasons the child was removed.

Reforms related to foster families included:

• Foster families should be part of a team, working in partnership with the child, family, caseworker, and other service providers to develop and implement the child’s permanency plan.

• Foster parents should work cooperatively with the child’s parents toward reunification.

• Recruitment, selection, training, supervision, support, and retention of foster parents should be tailored to the role outlined above.

Reforms related to state systems of services included one set focusing on the state level and another set concerning regional and local levels. State-level reforms included:

• The governor, key legislators, and top administrators must be committed to reform.

• New policies and practices should reflect respect for ethnic, racial, and cultural differences among children and families using foster care.

• Judges should be involved in and supportive of reform goals and practices.

• States should make maximum use of federal child welfare and Medicaid resources, and permit flexible use of those resources.

• Reform principles should be reflected in state quality control procedures, training programs and materials, and foster care review board guidelines.

Regional and local reforms included:
• Line staff and supervisors should work in partnership with foster parents, other providers, and the child and family.

• Line staff and supervisors should have reasonable workloads.

• Managers at the regional or district level should receive training and orientation to reform principles.

• Community and neighborhood ownership of family foster care for local children should be established.

• Staff from the child welfare agency, community-based service agencies, and neighborhood organizations should develop collaborative relationships that improve foster care services to children in the neighborhood and ultimately strengthen the neighborhood.

Service system reforms also emphasized the principle of integrating services, both across systems that serve families and children (child welfare, mental health, juvenile justice, substance abuse, etc.) and across service areas within the child welfare agency (child protective services, home-based services, kinship care, family foster care, group care, etc.). Foundation staff described family foster care as the entry point for reform of the entire child welfare system. Their expectation was that efforts to improve foster care would address inefficiencies and ineffectiveness elsewhere in the system (e.g., in the availability of home-based services that might make it possible for children to avoid out-of-home placement or in making it possible for children formerly served in group care to be placed in less restrictive foster homes).

In promoting the reforms outlined above, the Foundation articulated nine underlying values:

1. Children need a stable and continuing relationship with a nurturing person or persons in order to develop; they should have every opportunity to grow and develop within their own families, or when that is not possible with another family; institutional care is not a substitute for a family.

2. Maintaining connections among family members is crucial if children are to return home.

3. Services should be family-centered.
4. Placement of children into family foster care should occur only when their safety is jeopardized and services to the family cannot remove this jeopardy.

5. Foster care is meant to be a temporary service.

6. All service providers must take into account the individual developmental needs of the child and the physical, psychological, social, and cultural needs of the child, the child’s family, and the foster family.

7. Foster care must be community-based so that services are anchored in the community and take advantage of informal supports that naturally occur there.

8. Foster family care should be based on a team approach involving the foster family, the child welfare worker, the child’s family, and the child.

9. The team approach should extend to the interaction among all the systems in a community that serve families and children, regardless of where a family or child first encounters the public system of services.

Capping off these values and reform principles was a statement of seven priority outcomes that the Foundation believed grantees could achieve through FAMILY TO FAMILY. They include:

1. To develop a network of family foster care that is more neighborhood-based, culturally sensitive, and located primarily in the communities in which the children live.

2. To assure that scarce family foster home resources are provided to all those children (but to only those children) who in fact must be removed from their homes.

3. To reduce reliance on institutional or congregate care (in hospitals, psychiatric centers, correctional facilities, residential treatment programs, and group homes) by placing children who must be removed from their families in family foster care.

4. To increase the number and quality of foster families to meet projected needs.

5. To reduce lengths of stay of children in out-of-home care.

6. To reunify children with their families as soon as that can safely be accomplished, based on the family's and children's need, not simply the system's timeframes.
7. To decrease the overall number of children coming into out-of-home care.

The evaluation team participated in visits Foundation staff made to each grantee and in meetings in which grantees gathered during the planning phase and early stages of implementation. These outcomes, as well as the underlying values and reform principles, were consistently and clearly enunciated.

1.2 Conceptual Model

While the focus of FAMILY TO FAMILY is family foster care, the Foundation and its grantees view it as part of a broader system of highly interdependent components. A basic assumption is that many families of children now in family foster care could be served more effectively by home-based family preservation programs, but family foster care will remain the most appropriate service for some children. It is thus necessary to refine assessment procedures and develop home-based alternatives, but simultaneously to strengthen and maintain family foster care so that the needs of children who do require out-of-home care can be met effectively and efficiently. Depending on the values and principles that prevail at the national, state, and local levels, however, such a continuum of care may not exist and the matching of services to families' and children's needs and strengths may not be appropriate.

From this perspective, any given program or service is but one component of the system each community develops—consciously or not—to respond to the needs of its families and children. Therefore, in evaluating changes in a specific child welfare service and assessing its impact as part of a systemic reform effort that transcends individual programs and services, we must understand the policy, programmatic, and organizational context within which such a service fits.

Exhibit 1.1 outlines a conceptual framework within which the FAMILY TO FAMILY reform effort fits. This framework recognizes that child welfare policy is formulated and implemented within a complex, multilevel system. To improve outcomes for individual families and children and to have a positive impact on neighborhoods and communities, many highly interdependent changes must take place within that system. In planning, implementing,

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1 This section draws from Usher, Gibbs & Wildfire, 1995: 863-868.
and evaluating reforms, therefore, consideration must be given to four broad sets of planning
and evaluation "domains:"

1. The **Public Policy Context** includes the values and principles held by the public and
copolymakers (elected officials, judges, administrators, etc.) as well as the legislation,
regulations, and budgets that translate attitudes and opinion into programs. The
resource allocations and operating policies that define policies toward families and
children are determined within this domain.

2. **Program Management and Structure** defines the way in which child welfare
services are organized into programs, the channels through which funds are
allocated, and the way in which the staff and other resources are organized to
provide services. Decisions made within this domain determine the types of services
that are available and how they interact.

3. The **Program Operations** domain describes the continuum of child welfare services
in a state or community. Family assessment and gatekeeping, which may be formal
or informal processes, are also within this domain. These processes affect the
volume and mix of services and the patterns of service that are likely to be provided
to families with a given set of needs and capabilities. Program operations also
include ancillary programs, such as training, that affect the quality and availability
of services.

4. **Program Impact**, the last domain, includes outcomes for individual families and
children and the cumulative impact of reform on neighborhoods and communities.
This involves the experience of families and children served by the system as
measured by conventional permanency outcomes such as the frequency and
duration of out-of-home placements, patterns of family preservation or reunification,
and the re-emergence of service needs over the longer term (for example, reentry
into out-of-home care for children who have been reunited with their biological
families). More broadly, program impact involves aggregate effects such as changes
in the quality of life in communities and in how communities respond to the needs
of families and children. Indicators, such as the proportion of children entering out-
of-home care who are placed in their own neighborhood, may point to the growing
strength of a community to meet the needs of its residents.
Exhibit 1.1: The Policy and Program Context of Child Welfare Services

Planning and Evaluation Domains

Public Policy Context

- Prevailing Values and Principles
  - Legislation and Regulations

Program Management and Structure

- Program Structure
- Funding Arrangements
- Staffing and Organization

Assessment of families' needs, capabilities, and their likely responses to specific approaches to service; resulting patterns of use among child welfare services

Program Operations

- Home-Based Services
- Foster Care Placement
- Congregate and Institutional Placements

- Relatives
- Non-Relatives

- Family Foster Care
- Therapeutic

Intermediate Outcomes for Families and Children
- Stability of the family or probability of reunification
- Children's length of stay away from home
- Disruptions in care while away from home

Long Term Outcomes for Families and Children
- Permanent homes in which families are able to nurture children and promote their safety, well-being, and healthy development

Program Impact

- Neighborhood and Community Impact
  - Families and children maintain attachments to neighborhoods and communities
  - Neighborhoods and communities build capacity to support families and children
  - The quality of life in each neighborhood and community improves

Viewed from this perspective, the challenge of reform is easy to appreciate. Significantly better outcomes for vulnerable families and children will be realized only if changes occur in public opinion, public policy, administrative organization, and frontline practice. For example, if a community defines the role of its child welfare agency in narrow terms of “rescuing children” rather than “supporting and strengthening families” (which may be reinforced by the tone of child abuse media used in community education), elected officials will be less inclined to sponsor or support efforts to expand home-based services. Similarly, if state and local officials do not develop financing mechanisms to support the expansion and redeployment of resources from out-of-home care to case management and other front-end services, local practitioners will not be able to offer home- and community-based alternatives to placement. In assessing progress toward the objectives set forth by FAMILY TO FAMILY, therefore, it was necessary to monitor activity and accomplishments in each planning and evaluation domain.

1.3 Self-Evaluation in FAMILY TO FAMILY

The Strategic Planning Guide developed by the Foundation emphasized the requirement that each grantee state and community make a significant investment to learn more about the families and children they served and how their child welfare systems operated (pp. 67-71). Each grantee was provided financial resources from a planning grant to make such an assessment and up to nine months to use it in formulating its implementation plan. As the initiative moved beyond the planning phase, the Foundation continued to emphasize that the ongoing implementation of the initiative should be guided by clear and specific goals, and that grantees needed good performance data to guide them toward those goals.

The Guide also recognized that the assessment conducted during the planning phase could be used “to establish baseline data for evaluation purposes.” (p. 67) The Foundation’s commitment to evaluation was already apparent in its commitment of resources for an independent evaluation. It was reinforced by explicit expectations that each FAMILY TO FAMILY grantee build a capacity for “self-evaluation.” The premise of this requirement was that information required for the evaluation would be essential to the effective implementation of the initiative and would ultimately enhance its evaluability (see Usher, 1995).

The thrust of this capacity-building effort was threefold: first, to build databases that tracked children through their experiences in out-of-home care by drawing on data already
being collected in routine program operations; second, to compile information about children in out-of-home care from a variety of agencies other than child welfare that served families and children (mental health, special education, juvenile justice, etc.); and third, to build self-evaluation teams that would pull together information on an ongoing basis, and more importantly, use it to improve child welfare policy and practice. Consistent with this approach, the evaluation team played two roles in the initiative— independent evaluator and technical assistance provider helping to build capacity for self-evaluation.

This evaluation strategy led to an open and relatively steady flow of information between the evaluation team and grantees throughout the initiative. Members of the evaluation team conducted numerous briefings with each grantee’s self-evaluation team as well as with larger groups, such as statewide county directors’ associations. They also participated in discussions about the implications of findings with self-evaluation teams and with management teams representing each state and local grantee. In turn, the team’s interpretation of findings benefited significantly from the perspective and contextual knowledge of members of the self-evaluation teams and other participants in the initiative.2

1.4 Evaluation Design

The FAMILY TO FAMILY evaluation used a quasi-experimental approach that can be characterized as a nonequivalent control-group design. It relied on pre- and post-implementation comparisons between matched demonstration and comparison sites in those states where comparable sites were available and data systems allowed. This design offered a significant degree of control for most threats to internal validity while offering a high degree of implementation feasibility.

The evaluation incorporates a series of baseline comparisons across multiple years within sites, and between demonstration and comparison sites. Pre-implementation data captures experiences of children entering child welfare placement for the first time prior to 1994, the first year of implementation of FAMILY TO FAMILY. The actual number of years in which data are available varies from site to site. In Alabama pre-implementation data are available from 1989 through 1993. However, in Ohio, New Mexico, and Philadelphia similar data are available beginning in 1990 and pre-implementation data are not available for
Maryland. Data that characterize the post-implementation years of FAMILY TO FAMILY span the period from 1994 through 1996. Thus, the analyses presented in this report compare FAMILY TO FAMILY outcomes across multiple years and multiple sites.

Diverse existing data sources support the evaluation. Additionally, stakeholder interviews and focus group discussions provide different perspectives for the evaluation. The evaluation sought to capitalize on the vast amount of data that are already collected in child welfare agencies and that would continue to be produced after the initiative formally ended. Using existing administrative data about custody experiences of children and payment records for caregivers, the evaluation team built a series of data files that described the experiences of children entering out-of-home placement for the first time, hereinafter referred to as entry cohort data. These files essentially tracked children from their initial placement in out-of-home care through subsequent placements, termination of custody, and re-entry into care.

Another type of information used in the evaluation were program operations data that are collected by child welfare agencies. For example, during the course of FAMILY TO FAMILY many sites implemented systems to collect information on the recruitment, training, and licensure of foster parents. Additionally, evaluation team members interviewed stakeholders at three times during the FAMILY TO FAMILY planning and implementation periods. Stakeholders included child welfare agency staff, staff from other child and family serving agencies, such as departments of juvenile justice and mental health, foster parents, members of child advocacy groups, and community representatives.

Finally, focus group discussions were conducted at two different time points during the evaluation. Midway through the implementation period, the evaluation team convened separate focus groups with foster parents and social workers, in both implementation and comparison sites. During the last year of the project, focus groups were organized with foster parents and social workers in most implementation sites.

Since the results presented in this report rely heavily on the use of entry cohort data, it is important to comment upon the evaluation team’s decision to use these data to support the evaluation. Historically, the field of child welfare has used the experiences of the children in

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3 For an in depth discussion of the focus group process and results, see Implementing Change in Child Welfare: Lessons from FAMILY TO FAMILY (1997) available from the Casey Foundation.
care on a given day (such as the last day of the fiscal year) to describe all children in out-of-home care and their experiences while in agency custody. Unfortunately, such caseload profiles are inherently biased toward the experience of children who have the longest lengths of stay because these children have a higher probability of being included in this type of “sample.” The only accurate way to depict the experiences of all children who are placed in out-of-home care is by following cohorts of children who enter care for the first time in their lives. The FAMILY TO FAMILY entry cohort data files accomplish this.

1.5 Overview of the Report

While most of the data presented in this report are not new to FAMILY TO FAMILY participants, here they are presented in a different context than earlier briefings and reports. Initial evaluation reports concerning each state were largely descriptive and sought to establish a baseline that could be used to compare current outcomes and operations against the goals set forth by the Casey Foundation. This report describes changes in the public policy context and in program management and operations and assesses the progress each state has made toward the outcomes being pursued in the initiative. It also examines the efforts made by each FAMILY TO FAMILY state and community to become self-evaluating and concludes with a summary assessment of achievements and identifies barriers that remain to be overcome.