Family to Family Outcomes and Strategies

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. This paper describes the outcomes and practice strategies that guide work on this 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 1, it begins with a report of maltreatment that the system deems to require investigation.\(^1\) 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

\(^1\) 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.
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.

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. 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

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2 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.
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.

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 “tools” to assist partner sites in implementing them. While 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 Decision Making**, 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 2 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.

Community Partnerships are connected to the Team Decision Making (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;
Core Strategies Are Linked

**BUILDING COMMUNITY PARTNERSHIPS**
- Community aids in identifying strong families
- Neighborhood families—new supports from natural community

**RECRUITMENT, TRAINING & SUPPORT OF RESOURCE FAMILIES**
- Tracking from first inquiry through placement experience
- Mapping of foster home’s/child’s home of origin

**TEAM DECISION MAKING**
- “A place at the table” for community
- Natural supports surface
- Long-term safety net develops

**SELF EVALUATION**
- Immediate info on participants/location impact
- Opportunity to examine impact on child/family outcomes

- Neighborhood-specific data assists in engaging as partners
- Measurement of outcomes specific to community
- Partners in decision making placements to prevent moves
- Resource families—true
- Team approach to preserving
- Prevention in decision making placements to prevent moves
• 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 build upon each other to create an opportunity for sites to better align their practice with their values, and achieve more positive outcomes for children and families.

REFERENCES


