



The Story of *Family to Family*

The Early Years 1992 - 2006

An Initiative to Improve Child Welfare Systems

By Leila Fiester
Senior Consultant to
The Annie E. Casey Foundation

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THE ANNIE E. CASEY FOUNDATION

MISSION

The Foundation's primary mission is to foster public policies, human service reforms, and community supports that more effectively meet the needs of today's vulnerable children and families.

VISION FOR CHILD WELFARE

We believe that strong, stable families produce good outcomes for children. We believe that a family's ability to be strong and to do its job is affected by how well it is linked to neighborhood, community, and other networks of support. Our vision is for all children affected by the child welfare system to have families and communities that support them and protect them from harm.

PRINCIPLES OF CHILD WELFARE PRACTICE

- Children should live with their families when they can do so safely with support.
- When children cannot be safely cared for by their own family, they should be cared for by relatives or other resource families.
- In order to achieve the first two goals, child welfare agencies must involve birth families, community members, foster parents, and other partners in child welfare decisions and services.
- One of the child welfare system's key jobs is to link birth families, foster youth, and resource families to community networks of support, during and after involvement in the system.

A NOTE ABOUT AUDIENCE AND POINT OF VIEW

This document explains why and how one foundation set out to improve systems and practices across the country in ways that benefit children and families and what the Annie E. Casey Foundation learned in the process. It is part of the Foundation's ongoing effort to distill insights about philanthropic practice from our initiatives. Our intended audience is, primarily, other national foundations and the people and organizations with which they do business. Thus the analyses presented here are mainly by Foundation representatives, contractors, and grantees. Although this report contains some voices of *Family to Family's* community partners, it does not include the views of many people affected by the initiative, including a broader assortment of community partners, resource families, and children involved in the child welfare system. Those perspectives are captured by other *Family to Family* documents, which can be found at www.aecf.org/initiatives/familytofamily.

CONTENTS

| | |
|---|-----------|
| I. SYSTEMS AND CHILDREN IN CRISIS | 1 |
| THE GATHERING CRISIS | 1 |
| CHALLENGES FOR CHILD WELFARE AGENCIES | 3 |
| II. BEFORE FAMILY TO FAMILY: EARLY RESPONSES TO THE CRISIS | 6 |
| III. THINKING DIFFERENTLY: COMPONENTS OF THE FAMILY TO FAMILY APPROACH | 10 |
| FAMILY TO FAMILY'S PREMISE | 10 |
| DEVELOPING THE INITIATIVE | 11 |
| FRAMING IDEAS AND STRATEGIES | 15 |
| TOOLS AND TECHNICAL ASSISTANCE | 17 |
| INTENDED OUTCOMES | 18 |
| SITE SELECTION | 19 |
| IV. INITIATIVE ROLLOUT | 24 |
| V. UP AND RUNNING: GETTING SYSTEM REFORM OFF THE GROUND | 28 |
| MOBILIZING LEADERS | 28 |
| MOBILIZING SYSTEMS | 29 |
| MOBILIZING COMMUNITIES THROUGH PARTNERSHIPS | 36 |
| MOBILIZING FAMILIES | 41 |
| SUBSTANCE ABUSE TREATMENT: A CROSS-CUTTING STRATEGY | 42 |
| VI. OBSERVATIONS ABOUT CHILD WELFARE SYSTEM REFORM | 45 |
| LEADERSHIP | 46 |
| THE ROLE OF A NATIONAL FOUNDATION | 47 |
| GRANTEE AND PARTNER RELATIONS | 47 |
| TECHNICAL ASSISTANCE | 48 |
| COMMUNITY PARTNERSHIPS | 49 |
| THE IMPORTANCE OF DATA | 50 |
| INSTITUTIONALIZING CHANGES | 50 |
| VII. WHY FAMILY TO FAMILY'S EARLY HISTORY MATTERS | 52 |
| AFTERWORD BY PATRICK MCCARTHY | 56 |

I. SYSTEMS AND CHILDREN IN CRISIS

For much of mainstream America, child welfare is an invisible system that commands attention only when something goes terribly wrong. A child freezes to death, alone in an unheated apartment, despite referrals for family intervention. A colicky baby is neglected, or shaken to death. Their stories dominate the news for a few weeks as people lament the preventable loss of life. Prosecutors file charges, child advocates demand reforms, and politicians call for more children to be removed from troubled homes. Caseworkers burned out by heavy workloads quit, and the process of training frontline workers begins again. Officials resign or promise changes. For the rest of the public, life goes on pretty much as usual, and the complex challenges of the foster care system remain a mystery.

For the children and families who need support, the foster families who provide it, and the professionals who bring them together, however, the system and its challenges are a daily reality and a vital link to essential services. Teachers, athletic coaches, school nurses and crossing guards, and others whose jobs involve protecting children report suspected abuse or neglect, triggering interventions before a crisis occurs. Or a relative steps in—often at great personal cost—to hold a family together until the mother or father can resume parenting.

During the 20th century's final decades, these caring adults worked against some grim odds:

- ◆ Between 1990 and 2000, in the 36 states for which multi-year data are available, reports of child maltreatment fluctuated between 1 million and 1.2 million annually. Investigators substantiated more than 400,000 of those reports every year.¹
- ◆ Between 1985 and 2000, the number of children placed in foster care grew from about 300,000 to more than 542,000.²

- ◆ Between 1990 and 2000, the placement rate was especially high for infants (10 to 14 per 1,000 children) compared with children between 1 and 17 years old (about 2 per 1,000 children).³
- ◆ African-American children entered foster care at a much higher rate than white children (almost 6 per 1,000 by the year 2000, compared with 2 per 1,000 for whites). African-American children also had longer stays, in more restrictive settings, and experienced less-permanent outcomes.⁴
- ◆ Once placed in care, a child's chance of being reunited with his or her family within 12 months was less than 1 in 3. The median length of placements in urban communities was 18 months; in non-urban communities, 12 months.⁵

Cheap, toxic, and highly addictive, crack presented a new set of challenges for public health systems and agencies working with troubled families.

An array of social, political, and economic factors fed those statistics, producing a crisis for children in troubled homes, for social service agencies trying to respond, and for families and neighborhoods struggling to nurture and protect their children.

THE GATHERING CRISIS

Factors outside the control of the child welfare system have always shaped the system's priorities and outcomes. In the economically turbulent 1980s, persistent poverty increased the emotional stress of parents who were already pushed to their limit, and many faced homelessness. The recently identified disease HIV/AIDS could, and did, wipe out whole families in a few short years. And increased

dependence on alcohol and drugs, including the newly trendy crack cocaine, brought new miseries and new waves of violent crime to already stricken neighborhoods.

Cheap, toxic, and highly addictive, crack presented a new set of challenges for public health systems and agencies working with troubled families. While they regrouped to help drug-addicted parents, the children needed immediate attention—often leading to removal from their homes.

“The police felt the impact first and the child welfare system felt it second: Kids trying to survive in crack houses; all their furniture and clothing being sold; then children being sold to use as sex objects; the primary caregiver pulled away,” said John Mattingly, who directed *Family to Family* from 1992 to 2004. “We had a caseworker at a house interviewing children when the police showed up to make a drug bust. The kids knew how to duck and cover, but our worker didn’t. Making good decisions in that environment was absolutely insane.”

Interventions typically occurred so late in a family’s crisis that caseworkers had no choice but to remove the children. With no time and few resources to keep a family intact while getting help for the parents, large numbers of children ended up in foster care without much hope of returning.

Moreover, the children coming into foster care and staying there the longest were twice as likely to be African American as white, in part because the undermining effects of poverty, inadequate housing, and drugs hit that population the hardest.

A few systems, including those in Chicago and New York, tried intensive efforts to preserve families but the systems hadn’t been set up to provide addiction treatment. “You couldn’t hold onto [parents] long enough to get them to stop using drugs,” one agency director recalls. Furthermore, systems typically focused on individual problems, not on the multiple

interrelated effects of addiction, poverty, and teen pregnancies that threatened most families.

Between 1985 and 1993, the number of children in foster care skyrocketed. Two factors drove the trend: the high rate of children entering care for the first time (it was not unusual to see a 20% increase in cases over the same period the previous year) and the number of children failing to leave the system.

Where did the children go? Mostly into overloaded and marginally prepared foster homes, group care, or into the homes of relatives who struggled with poverty themselves. Two-parent, middle-class families with stay-at-home moms—the main providers of foster homes for decades—had disappeared as economic conditions and societal norms changed.

Some change in the foster family pool was needed, too, because the traditional providers were predominantly white, and increasingly it was children of color who needed care. But many of these children were the drug-affected offspring of addicted mothers, and the perception that they were hard to care for made it difficult to recruit new foster families. It would take a concerted effort to attract more, and more diverse, foster families to turn the tide of placements away from isolated group settings or overburdened foster families.

Unfortunately, child welfare got little public attention except when a tragedy occurred. The equally heartbreaking but less dramatic problems—children drifting for years without permanent homes, impossible caseloads, or budget cuts that decimated a system’s capacity—received little scrutiny. And when caseworkers couldn’t intervene fast enough and a child died, politicians called for even more children to be removed from their homes, exacerbating the problem.

CHALLENGES FOR CHILD WELFARE AGENCIES

Child welfare systems across the country tried to do what was best for children, in various ways and with varying degrees of success. But they shared a persistent set of problems: overwhelming caseloads, high staff turnover, abandonment of good practices, and faulty decision making.

OVERWHELMING CASELOADS

The influx of child welfare cases in the 1980s, coupled with budget cuts, hiring freezes, and staff burnout, left most agencies running ragged. Frontline staff and managers carried huge caseloads without adequate training, supervision, and support. In New Jersey, for instance, caseworkers handled an average of 41 cases—twice the standard recommended by the Child Welfare League of America.⁶ The problem was exacerbated by drug-related violence in the neighborhoods served. Young, inexperienced caseworkers sometimes had to make life-and-death decisions about removing a child while literally dodging bullets.

Those factors took a heavy toll on the frontline workforce. A former agency director describes a typical scenario:

You have a unit with eight caseworkers and one supervisor. One quits for a better job, another goes on leave to have a baby, and another is fired because she can't do the job. A new mayor comes in and freezes hiring. Even assuming that the same number of cases are coming through the door (and more realistically the number was growing), the eight workers are now five, and they have 25 cases to complete every month. They start putting cases in the drawer because they have new cases coming in that sound more dangerous.

HIGH TURNOVER

Foster parents, caseworkers, and frontline supervisors—the people who worked most directly with children and families—didn't last long. They tended to feel unappreciated and unsupported in systems that just didn't seem to care about troubled children kids and families, much less the people working on their behalf.

“Foster parents might be the only people in the room who knew the child’s eye color, but they never got a chance to help make crucial decisions about the child’s fate...”

With caseworkers quitting in record numbers, supervisors who were hard-pressed to cover the gap sometimes conducted case investigations rather than attending to management matters. Decisions about placing children in foster care were made in crisis mode, with more attention paid to finding quick and temporary solutions than to weighing questions of long-term safety, race, ethnicity, culture, proximity to the birth family, or the child's special needs. Overworked supervisors rarely took time to praise or reward good practices or to question bad ones.

Many foster parents, meanwhile, felt they were treated as employees without workers' rights. They were expected to care for the children 24 hours a day, 7 days a week with minimal information or attention from the system. “Foster parents might be the only people in the room who knew the child's eye color, but they never got a chance to help make crucial decisions about the child's fate,” an observer notes. Frightened children typically arrived at their new foster homes without much preparation or negotiation with the family. Foster parents received only cursory training—yet whenever a crisis occurred, they were easy scapegoats for all that was wrong in the system.

High rates of staff turnover, especially in cities with hiring freezes, led to spirals of failure that also encompassed system leaders. “There would be 100% turnover each year in child welfare investigation and placement offices,” a former child welfare administrator recalls. “The average lifespan for directors of state and large urban child welfare systems was 18 months. The people staying were either those who were tremendously committed or those who couldn’t get out,” she adds.

ABANDONMENT OF GOOD PRACTICES

As frontline workers struggled to meet competing demands, they stopped using the basic tools and practices of good foster care. One was the creation of a Life Book for each child (a scrapbook that captures the history of the child’s birth family, friends, and foster caregivers). The Life Book helps to fill gaps in a displaced child’s memory and provides a vital sense of continuity, but it takes time and effort to maintain. Another abandoned practice was the pre-placement visit. “It used to be that you never just dropped a child somewhere. You introduced her to the foster family and home and then went to McDonalds to talk to her about it,” a veteran says. Without a visit to ease the transition, the chaos of each new placement was magnified.

Other flawed practices were less immediately apparent but just as harmful. Child welfare systems had limited relationships with families and communities. Supervisors measured the system’s effectiveness by the quantity of placements, not by the quality of foster homes or the support given to families. Foster children moved frequently among placements outside their birth family’s neighborhood, which left them isolated from familiar friends, school, and family resources. And states generally failed to invest in practices that could protect children, including drug treatment for addicted parents, licensing of foster homes, kinship care, day care for abused children, and computerized tracking of abuse/neglect cases.⁷

Demoralized frontline workers were not always receptive to new practices, which they viewed as futile under the circumstances in which they worked. Time spent in training sessions cut into their availability for direct contact with families, which was especially frustrating for workers with excessive caseloads.

FAULTY DECISION MAKING

At the heart of effective child welfare services lies the ability to make good, balanced decisions that acknowledge the absolute need for child safety, the immeasurable benefit of keeping families together, and the importance of continuity for children and teens. For instance, a diabetic teenager who refuses to take her insulin may be at risk of death. Perhaps her mother is depressed and struggling to care for the rebellious teen. It’s a volatile situation but one that should trigger family support services, not a foster care placement.

Poor decisions by administrators, supervisors, and people on the front lines of family services have repeatedly undermined the state of child welfare. In the mid-1980s, for example, family preservation workers in one state were supposed to guide families into early intervention services if they were at risk of having a child removed from the home. But when budget cuts forced the state to lay off many of the caseworkers who provided basic services to intact birth families, the child welfare system began to use family preservation workers for less urgent cases. Families that had potential to remain intact entered the family preservation program, but those who were unlikely to be “saved” lost custody of their kids. Because the number of children in placement continued to grow, the system did not, in the end, save the money administrators had hoped to conserve by cutting staff.

A common perception that fed bad decision making was the belief that child welfare systems would

improve if they simply had better tools for assessing the need for placement and for producing exactly the right placement for each child. The long-running *Wilder v. Sugarman* case, filed in New York in 1973, exemplified such thinking.

Wilder was an attempt to gain access for African-American children to the private protective agencies that serve neglected and abused children. In an attempt to remove race as a consideration in placements, experts developed a computerized system that used data on a child's characteristics to calculate the "best" placement for that child anywhere in the city. It sounds appealing on the surface, but to experienced family workers that sort of automated and arithmetic decision making is appalling. Explains one system reformer:

Let's say there's a 9-year-old boy with a 13-year-old sister who cares for him. They live in a crack house in the Bronx with their father. The girl is very fragile emotionally, and the one thing in life that she's holding onto is her brother. The right decision would be to find one placement for both children so they can maintain their relationship. But the way the computerized system works, the 13-year-old would go to a group home because the database says there's no foster home for a child that old. And one child would go to Brooklyn, the other to Staten Island, because we have to be fair to agencies and rotate placements.

The combination of factors outlined above led to frequently disrupted placements, longer stays in foster care, and fewer successful family reunifications. Either children were removed too quickly from their homes—which led to years spent drifting through the system—or they weren't removed fast enough. The systems faltered on both counts: they neither protected children nor supported family permanence and reunification. Meanwhile, public debate was so sharply divided between the two approaches that it failed to recognize the need to address both issues.

The problems faced by child welfare services ultimately led to legal action on behalf of children already in foster care. (Federal law does not give children legal rights to protection from their parents by a public agency until they are in public custody.) Class-action lawsuits were filed against child welfare systems in Alabama, New Mexico, Tennessee, Utah and the cities of Atlanta, Baltimore, Chicago, New York, Kansas City, Philadelphia, and Washington D.C.

The lawsuits were motivated by a desire to force systems to face their problems and find solutions. But the need to keep up with the compliance requirements further sapped the attention of system leaders. Although some public agencies reached settlements and compliance, in many other locations the disputes drag on.

Faced by the day-to-day urgency of the child welfare crisis, no one questioned the breakdown that was occurring somewhere between policy and practice. If a foster child died and people learned that he hadn't been visited by a caseworker for six months, system leaders created or began enforcing a policy that every child had to be visited monthly. Perhaps they also held a staff training on the importance of follow-up visits.

No one stopped to ask: Why aren't workers making visits, and what can we do about that? What processes will we put in place to make sure supervisors know whether kids are getting visited? How can we find and keep more qualified foster families? How can we ensure a better balance between child protection and family preservation? As a seasoned system reformer observed, "People were so busy running around trying to control the next disaster, making case decisions two years too late and trying to decide between 20 different bad choices, that the re-engineering of the system never happened." Chapter II looks at the early efforts and circumstances that set the stage for the re-engineering effort known as *Family to Family*.

II. BEFORE *FAMILY TO FAMILY*: EARLY RESPONSES TO THE CRISIS

During the 1970s, contradictory lines of reasoning shaped the ideology behind child welfare. One, embraced by proponents of family-centered services, held that troubled families need help—sooner rather than later—and that children will, over time, do better when raised by their own parents. These advocates of family preservation and parental rights argued that child welfare agencies should ensure a child’s bond with at least one parent and should support the parent(s) with services and assistance. Public systems should place a priority on quickly preserving, repairing, and reuniting birth families or placing the child in a relative’s care.

Traditional child-centered advocates, meanwhile, held that poor families—especially those on welfare and struggling with multiple problems—undermine their own children’s potential to become productive members of society. These “child rescue” advocates viewed the family preservation effort as a naïve way of sustaining families incapable of providing for and protecting their children, by simply giving them a caseworker. They further argued that placing a child in a relative’s care enables drug-addicted parents to keep using drugs without risk of losing their children. Children should be removed from those families, placed quickly in foster care, and made available for adoption by stable families living in better neighborhoods, the traditionalists argued.

Both perspectives emphasized the importance of finding permanent homes for children, but they led to very different decisions about services and placement. Moreover, the reunification vs. adoption debate was racialized by the fact that so many of the children being removed were African American.

The family reunification trend faltered temporarily in the 1970s as fiscal pressures pushed some child welfare agencies to “export” their charges to other states in an effort to make or save money. Children

placed far from their birth families had little chance to repair bonds with their birth parents. But proponents of adoption from foster care were frustrated by African-American caseworkers’ reluctance to place African-American children with white adoptive parents who might live closer to the birth family.

By 1980, members of Congress had become concerned about the large number of children who drifted through foster care without achieving permanence through either reunification or adoption. That year, the federal Adoption Assistance and Child Welfare Act renewed the push for family reunification by requiring state child welfare agencies to make reasonable efforts to prevent inappropriate placements, reunify families and support their efforts to stay together, or seek adoptive care. The legislation called for juvenile courts to guarantee parents’ rights to safely keep their children and to help birth families deal with the problems that led to a child’s placement so he or she could return safely. The law also called for an annual court review of foster care placements to determine whether agencies had acted appropriately.

The changes established a legal basis “for the philosophy that the best place for a child to be raised is in a family environment, and that keeping children and families together, and affirming the right of every child to have a permanent home, leads to the best possible outcomes for children.”⁸

Through the early 1980s, the number of children in out-of-home placements declined nearly 50% from 1977’s high of 500,000.⁹ The trend coincided with a renewed push by progressives to help families resolve the issues that put them at risk of losing their children. At the forefront was the *Homebuilders* family preservation model, begun in Tacoma (WA), which called for caseloads of no more than two families at a time and for caseworkers to spend up to 20 hours

a week with families, helping parents learn basic life skills and good parenting practices. The model blossomed nationally when the Edna McConnell Clark Foundation disseminated it.

Unfortunately, relative caregivers require more support than foster families, not less, especially when it comes to understanding the child's needs and negotiating a new relationship with the child's parent, who is also the caregiver's kin.

Homebuilders designer Jill Kinney began with an assumption that abused or neglected children should be removed from their homes and placed in well-supported foster homes. “We were glued to the idea of saving children, with much less realization of the importance of the family, the extended family, and the community,” Kinney says. But as she worked to connect troubled families with better resources, Kinney realized that most kids could stay at home as long as their parents got help resolving urgent crises and the family learned new ways to live together.

Homebuilders developed a large base of information and resources that child welfare workers could use with birth parents, with an emphasis on life skills and drug abuse treatment. In the crack era, however, drug addiction destroyed families faster than they could be preserved. Agencies concentrated on investigating the explosion of abuse and neglect cases and removing children from drug-addicted families. Less urgent cases, in which intervention might have succeeded, languished until placement was the only option. (There were a few exceptions. Detroit's child welfare system was not overwhelmed by crack, perhaps because a *Homebuilders*-style program, *Families First*, was fully institutionalized there before the epidemic hit.)

New challenges also emerged in the form of union opposition to changes in caseworkers' contracts and some agencies' unresponsiveness.

With more children coming into care and fewer caregivers available, child welfare systems began to place more foster children into their relatives' care. Sometimes a belief in the power of families triggered this shift, but it also was motivated by a desperate need to find homes for children whose immediate caregivers were debilitated by drugs.

Unfortunately, relative caregivers require more support than foster families, not less, especially when it comes to understanding the child's needs and negotiating a new relationship with the child's parent, who is also the caregiver's kin. And, too often, the relatives' struggles were as serious as those of the birth parents. Yet agencies were not prepared to assist foster children's relatives or even to require their licensing. Caseworkers routinely placed children in a relative's home, closed the case, and moved on—leaving the caregiver without support and the children at risk of needing yet another placement.

As kinship care spread, child advocates in New York and Chicago sued public child welfare agencies for failing to provide children in kinship care with foster families. The agencies countered that kinship care is an extended form of family preservation—a good thing—without acknowledging that the placements lacked the follow-up checks required of standard foster care placements. The legal challenges succeeded and the courts required child welfare systems to pay relative caregivers as if they were “regular” foster families. But the child welfare agencies established dual certification tracks so relative caregivers could meet minimal requirements, and rarely provided any additional support.

The growth of kinship care without adequate support and licensing further undermined fragile families. Imagine, for example, that a birth mother who was jailed on drug charges is about to be paroled. Her

only place to live is with her mother, who receives \$700 a month to care for her grandchildren. If the mother comes home the grandmother loses the income, which is significantly higher than the per-child benefit the mother would receive from public assistance. Thus there is a financial incentive to keep the children in their grandmother's care rather than reunite the family.

By 1990, it was clear that public welfare systems were not acting on the principles of the Adoption Assistance and Child Welfare Act. The largest portion of federal and state money for child welfare still went for congregate and institutional placements (in shelters, hospitals, psychiatric centers, correctional facilities, residential treatment programs, and group homes) rather than to family reunification and preservation services, even though two-thirds of children living in out-of-home placements were in family foster homes.¹⁰

The growing allocation of money to group care gave people like Douglas W. Nelson, president of the Annie E. Casey Foundation (AECF), a strong argument to support calls for reform. "I believed that public systems could pay for more investment in family preservation, reunification, and foster/kin families by redeploying the costs of over-reliance on congregate care," Nelson says:

Whether we were winning or losing the war on family preservation, I was aware that we had too many kids in care and too few foster families or high-quality foster kin to place them with. We didn't have enough good choices to make [about placement]...so the public costs of foster care were concentrated in remote, institutional, group care at a high cost per kid. I thought there must be a way of using all that money to recruit and incentivize a broad array of better placements.

Traditionalists, meanwhile, defined the problem as a crisis of adoption. Their goal was not to preserve the birth family but to get young children out of the

foster care system and permanently placed with new families. In 1996, they successfully argued for passage of the Adoption and Safe Families Act (ASFA), which reiterated an emphasis on rapid return to the birth family or permanent placement and made safety a paramount concern. ASFA gives the system six to 12 months to decide whether a child will return to the birth home. If a child has already been in foster care for 15 of the last 22 months, he or she *must* be brought to the court's attention for possible termination of parental rights. ASFA also banned the dual system of licensure, which meant that child welfare agencies had to give relative caregivers more training and support.

Legislators passed a second law that accelerated out-of-home and permanent placements. The Multi-Ethnic Placement Act (MEPA) stipulated that race (of the child or adoptive parents) cannot be a consideration when placing a child for adoption, opening the door to more adoptions of African-American children by white families.

Both ASFA and MEPA had solid concepts at their core. MEPA has been interpreted inconsistently across federal regions, however, with some states choosing to give equal weight to time in care and to the child's need to remain connected to his or her own culture. In some states, ASFA resulted in fast dual tracking of children for adoption at the expense of reunification services.

On the other hand, reunification isn't a universally appropriate solution. The baby born to a crack-addicted mother who has lost four other children in five years *should* be fast-tracked to adoption while service providers help the mother get well. That baby has a right to gain a permanent home without waiting five or six years, and he or she should be placed with a foster family that is willing to adopt from the outset. If such a family cannot be found within the child's racial or ethnic group, his or her need for a family should be the foremost concern.

The belief that child protection equals removal from the child's family gained ground with *Marisol v. Giuliani*, a case brought in 1995 by child advocacy lawyers who charged the City of New York's child welfare system with failing to fulfill its legal responsibilities. In 1998, The Annie E. Casey Foundation negotiated with the city and court to create a panel of child welfare experts to advise the city's Administration for Children's Services on system reforms. The resulting New York City Special Child Welfare Advisory Panel gave support to neighborhood-based foster care and reorganized the foster care system around results-based accountability, but it also set a high standard that birth parents had to meet to regain custody.

AECF funded the advisory panel and staffed it with Nelson; *Family to Family* Director John Mattingly; Carol Wilson Spigner; and two other veterans of AECF-funded child welfare reform, Judith Goodhand and Paul Vincent, who had directed child and family services for Cuyahoga County (Cleveland, OH) and the state of Alabama, respectively.

Other philanthropic activity around child welfare was still evolving. The W. K. Kellogg Foundation sponsored *Families for Kids*, which focused on children waiting to be adopted. *Families for Kids* did help clean up the backlog of stalled adoption applications in some states but it did not focus on building a strong network of foster families, which might have ensured a smoother flow of children into permanent families.

In addition to sponsoring *Homebuilders*, in 1996 the Edna McConnell Clark Foundation launched the *Community Partnership for Protecting Children (CPPC)* initiative. CPPC established partnerships in four cities (Jacksonville, FL; Cedar Rapids, IA; Louisville, KY; and St. Louis, MO) through which community members worked with public agencies to help families at risk of abusing or neglecting their children. It also helped local organizations form child safety networks. After six years, the Clark Foundation transferred leadership of the initiative to the newly

created Center for Community Partnerships in Child Welfare, which is funded by AECF.

As America approached the 21st century, the number of children in foster care continued to rise but with less urgency. Fewer new children were entering the systems, and some were aging out (becoming emancipated from foster care the year they turned 18). The assumption that child welfare couldn't be fixed was giving way to a sense that there were some principles of good practice that could be applied, if only we could figure out how to implement the ideas on a large scale. As Chapter III explains, it was in that fertile ground that *Family to Family* took root.

III. THINKING DIFFERENTLY: COMPONENTS OF THE *FAMILY TO FAMILY* APPROACH

By 1992, developers of the Annie E. Casey Foundation's child welfare agenda had reached two conclusions: (1) Child welfare systems across the United States, especially in big cities, were in serious trouble; and (2) the knowledge and experience needed to improve child welfare existed in a few places that had participated in system reforms, either with AECF or independently, but had to be framed, introduced, and supported in ways that could engender broad-scale reform.

At the core of the planners'¹¹ motivation was a sense that both ideological factions in the child welfare field were deeply right *and* deeply wrong. Children were drifting permanently in foster care without families, which was bad. But assuming children would be better off in limbo or in adoptive homes than with their birth families was also wrong. It was right to make placement decisions speedily, but not unless frontline workers were trained to know when to remove children and when to preserve the family—and would be supported in their decisions. And, unless troubled families got intensive help, the number of children needing placements would always be higher than the number child welfare agencies could handle.

Family to Family's ideas were gleaned from the field, which made them likely to succeed in practice. Some came from the experiences of Casey Family Services, the direct-services arm of AECF, which provides long-term foster care, post-adoption, family preservation, and reunification services. Other ideas came from innovative leaders in a handful of states and counties who had cultivated high staff morale, good decision making, and strong collaboration with the public health and law enforcement systems—people who led systems in which managers and frontline workers believed in what they were doing and did it well.

The desire to help states and localities think and act differently about child welfare soon coalesced into *Family to Family's* theory, assumptions, goals, core components, and site selection process.

***FAMILY TO FAMILY'S* PREMISE**

The core premise of *Family to Family* is that the child welfare system's job is to protect children from danger, meet their basic physical and emotional needs, and attach or re-attach them to caring, safe families. The initiative further assumes that:

Child welfare systems need frontline capacity for making good decisions.

Decisions about when a child should be removed from home, returned, moved between placements, or separated from a sibling must be made in a timely way and in the child's best interests, not for reasons of organizational expedience.

Families are at the center of child welfare.

"The problems that precipitate removal of children from their home often are family problems that need to be addressed so that children can return," the initiative's framers wrote in 1992. A good birth family is the best option, and family preservation and reunification services should be used when appropriate. Birth parents should receive help with housing, employment, drug addiction treatment, and other issues that affect their ability to provide a safe and loving home.

When reunification isn't possible, there should be a network of families available to support the birth family and, when necessary, serve as surrogates. Children's relatives should be helped to develop the

skills and commitment needed to provide permanent care. Children also should have faster access to adoption, when appropriate, and adoptive families should be supported after placement. Above all, children should not be placed in group care.

Good foster care is neighborhood-based and culturally sensitive.

Family reunification becomes easier when children stay in the same community as their parents, siblings, and extended family members while in foster care. Neighborhood-based placements also reduce the amount of disruption experienced by the child and keep the financial resources that follow children (for foster care, education, and other services) in the community.

Family to Family holds that those key elements, which are missing or broken in most child welfare systems, can be “fixed” not by merely supplementing current operations but by revamping policies, organizational systems, and frontline practices.

DEVELOPING THE INITIATIVE

The inspiration for *Family to Family* originated with AECF President Nelson, a long-time advocate on behalf of disadvantaged children and vulnerable families who had taught and conducted research in American social history at the University of Wisconsin. It was there that Nelson developed an interest in “disparities in opportunity... [and] efforts to try to narrow those disparities,”¹² before becoming administrator of the Wisconsin Department of Health

CORE ASSUMPTIONS OF FAMILY TO FAMILY

Children identify almost unbreakably with their families. Society has no practical, reliable replacement for a caring family.

Reform of the child welfare system requires changes in practice, policy, and organizational systems.

The ability to respond well to child welfare needs comes from having a network of families that are ready, willing, and able to care for children in crises, are linked to their communities, and are living in the neighborhoods where children need care. Much of what happens as part of Family to Family is organized around finding those families, training them, and giving them ongoing support.

Virtually all families feel a special obligation to their children, and many vulnerable families try to do right by their kids. Abuse and neglect cases often are the product of temporary family failures or changeable parental behaviors. These families need support to provide the stability, continuity, and permanence that are critical to their children’s healthy development and well-being.

Foster families should take on a new role as supporters, mentors, and extended family for birth families. In Family to Family, a birth mother who needs emergency child care or has a personal crisis can turn to her foster family mentor for help; a birth mother who can’t stay off drugs can let the foster “auntie” adopt her children so the family can remain in touch. Of course, there are some birth parents who need to be kept away from the foster family. Making that decision becomes part of the Family to Family team effort.

There is no single model for success, but there are good ideas and tools that can help systems and their stakeholders make significant improvements. Each Family to Family site uses the initiative’s tools and strategies to make the ideas work locally.

and Social Services, which sought to reduce poverty and improve outcomes for children and families.

In 1986, Nelson became deputy director of the Center for the Study of Social Policy, an organization in Washington, DC that studies and facilitates human service reform. There, as head of an effort to strengthen the child welfare system, Nelson pushed nationally for changes in policies and frontline practices that would make social services more family-centered, community-based, and culturally responsive. Along with Jill Kinney, Nelson zealously promoted the potential of smart family preservation.

One of the foundations that supported Nelson's work was the Annie E. Casey Foundation, an operating philanthropy that since 1948 had worked on behalf of disadvantaged children. By 1990, AECF's trustees had decided to move into grant making, with an expanding focus not only on disadvantaged children but also their families and the policies and systems that affect them. The trustees hired Nelson that year to guide the transition as AECF president. Under Nelson's leadership, AECF's emphasis on system reform grew more sophisticated and more central to the Foundation's work. AECF was turning from its *New Futures* initiative, which used governance reform and local collaboration to reduce risk factors for disadvantaged urban youth, toward more direct efforts to help public systems achieve their goals. Nelson's basic requirement for *Family to Family* was that it focus on the heart of the problem—the core functioning of child welfare agencies and foster care—rather than on the related issues of adoption and family preservation. Nelson also was dedicated to the idea of foster families serving as resources for troubled birth families, a concept that led directly to the new initiative's name.

“There was something in this partnership idea that actually mediated the family preservation vs. foster care war going on,” Nelson explains. “You didn't have to be for one and against the other if you recognized

that at least for some kids these things could work in tandem.”

Nelson's personality fit the demands of an initiative that required sweeping, and sometimes contentious, systemic change. He had a reputation as a problem solver who presented innovative ideas in practical ways. He was skilled at eliciting a person's rationale for behavior and then using it to suggest changes. He tended to draw people into his circle of activity rather than making them feel estranged. Although he was passionate about reversing the rotten outcomes experienced by many children in the child welfare system, colleagues found him slow to show anger on a personal level. And, rather than pointing out others' errors, Nelson looked for positive elements of their work and used that as the basis for constructive partnership.

From the beginning, Nelson worked closely with Kathleen Feely. Like Nelson, Feely had a long-standing interest in social justice. A Chicago native, she came of age during the anti-war and civil rights movements. Her first job was with a New Jersey organization that helped incarcerated men craft résumés and, after release, interview for jobs. That work led Feely to graduate studies in community and labor organizing.

Feely had a gift for piecing together comprehensive, successful programs. At age 24, she had created and directed *Project Ready*, a multi-site, federally funded program for ex-offenders that was one of the country's first formal workforce development programs. An opportunity to develop a model literacy program for court-involved youth drew Feely to New York, and in 1982 she began a seven-year stint as the city's deputy commissioner of juvenile justice.

The experience of revamping that deeply dysfunctional system convinced Feely that system reform was both possible and necessary. Moreover, the work had a family preservation component—and

that brought Kathleen Feely and Doug Nelson into the same orbit.

In 1989 Feely joined Nelson at the Center for the Study of Social Policy. With funding from the Edna McConnell Clark Foundation, she worked with Nelson to apply family preservation principles to juvenile justice policy and practice. When Nelson accepted the AECF presidency in 1990, Feely accompanied him to the Foundation. Her portfolio included child welfare and juvenile justice.

Colleagues describe Feely as having an uncommon ability to gauge people's commitment to a principle or value. She insisted on knowing the story behind every issue in the sites where her programs operated, which gave her the knowledge needed to work with state and local leaders. And she maintained a conviction that there are people willing to be resources for children and families in need if they just get the right training and support.

To get the ball rolling for *Family to Family*, Feely and Nelson organized two consultative sessions with

FAMILY TO FAMILY'S THEORY OF CHANGE

To improve results for at-risk children, public child welfare agencies need to make the following systemic reforms:

- ◆ Deploy resources to routinely serve families in their own homes and communities.
- ◆ Better screen children being considered for removal to determine what the family needs to keep its children safe and what help the children need to flourish in placement.
- ◆ Provide the services needed by birth families and children early, to prevent more serious trouble and to speed reunification.
- ◆ When children must be removed, place them with culturally sensitive families in their communities.
- ◆ Reduce the system's reliance on shelters, group homes, and institutions.
- ◆ Build partnerships with the communities whose families are most affected by the system.
- ◆ Use outcome data to track the impact the system is having on children and families.
- ◆ Decide in a timely manner when reunification is not possible.
- ◆ Hold family permanence as the overarching goal of the work.

Through *Family to Family*, AECF will provide resources and technical assistance to help child welfare systems and community partners make the necessary changes. AECF's assistance focuses on four core strategies:

- ◆ Establishing and cultivating community partnerships;
- ◆ Making decisions as a team that includes parents, caseworkers, birth families, and community representatives;
- ◆ Recruiting, developing, and supporting resource families (both foster and kinship families); and
- ◆ Building capacity for self-evaluation, so that hard data are collected and used to assess needs and progress.

grantees from states participating in AECF's existing child welfare reform initiative (North Dakota, Missouri, Connecticut, and Maryland). After culling lessons from that group, they convened a broader group of leaders from both troubled and successful child welfare systems around the country, academia, the advocacy arena, system reform efforts, and influential organizations such as the North American Council on Adoptable Children, the National Foster Parents Association, the National Governors Association, and the Child Welfare League of America. Nelson and Feely posed the question, "If we were to develop a large-scale, multi-year, multi-site reform and wanted it to have the greatest possible impact on child welfare, where would we start?"

Feely facilitated the meetings and Charles Bruner, a former Iowa legislator and director of the Child and Family Policy Center in Des Moines, crafted the comments into a framework. Recalls a participant:

There was a lot of focus on piloting efforts to change things, to show that you could do the right thing in a small setting and then figure out how to "bridge" to a change in systems. And there was a very broad-ranging sense of pessimism—hopelessness, almost—and anger. What was most striking was the lack of consensus on the part of experts, from the federal government to the advocates, about what needed to happen. There was agreement about what was wrong...but not about what, if anything, could be done or how to translate ideas into actions.

Not long after planning for *Family to Family* began, Doug Nelson asked his colleague Ira Schwartz whom Schwartz would entrust with a major role in child welfare reform. Schwartz, an internationally recognized authority on youth policy issues and juvenile justice, was the founder and director of the Center for the Study of Youth Policy at the University of Minnesota's Hubert H. Humphrey Institute of Public Affairs. An advocate of less incarceration and more intervention for juvenile offenders, Schwartz

suggested someone with similarly progressive views on child welfare: John Mattingly, the executive director of Lucas County (Ohio) Children's Services. Under Mattingly's leadership, that agency was developing an approach to foster care that put it on track to achieve many of *Family to Family's* goals.

At about this time, John Mattingly contacted Kathleen Feely to request AECF support for a voucher system that would fill the gap between Medicaid reimbursements and private doctor's rates, so that clients of the child welfare system could select their own providers of substance abuse counseling and other services. It would be a pilot project to see if people experienced better outcomes when they had some control over their medical care.

Feely liked the idea, flew to Toledo to meet Mattingly, and found the child welfare system he headed "the best thing I'd ever seen," with both good practices and a healthy ambiance. Recalls Feely, "I had never been in a child welfare system where there weren't parents and babies crying in the hallways and staff crying in the bathrooms. I was totally amazed." Eager to benefit from Mattingly's experience and his infectious sense that the work, while hard, was doable, Nelson and Feely invited him to join AECF as director of the fledgling *Family to Family* initiative.

Mattingly, a former seminarian who was waging his own campaign against bad decision making in child welfare, accepted the opportunity to try reforming the system on a larger scale. His personal commitment was acute. A few years earlier, while director of a settlement house in another Midwestern city, Mattingly and his organization had referred a 9-year-old boy to the child welfare agency. But before investigators acted the boy froze to death, chained to his bed. A task force found that the agency typically failed to investigate reports in less than 30 days, even though a 24-hour response was required, or to tap community resources that could help families in crisis. Mattingly was determined to change those aspects of child welfare, and more.

Like Doug Nelson, Mattingly inspired loyalty in the people who worked with and for him. Colleagues praised his vast knowledge and integrity; grantees found him a good listener. His leadership style was easygoing, humorous, and open to change but also authoritative and persistent. “He knows when to push on the letter of the law and when to push on the spirit of it,” said one colleague. Those qualities were crucial to an initiative that required fundamental, and therefore threatening, systemic change.

Three other early collaborators helped translate *Family to Family*'s concepts into action. Ira Barbell, then the director of child welfare for North Carolina, was a family preservation advocate who had participated in an earlier attempt by AECF to reform child welfare systems. Barbell was an unofficial advisor to *Family to Family* and later joined the Foundation's senior staff. Laura Morrison Downs, a senior associate at AECF who had experience in the field of child protection and served on the staff of *New Futures*, helped organize the planning process for program design and co-wrote an implementation guide with Mattingly. Marsha Wickliffe, who joined Casey as a program associate in 1992, had been a child welfare attorney and deputy director of Cincinnati's child welfare system. A strong child advocate, Wickliffe brought an intense focus on African-American families and the disproportionate effect that the child welfare system had on them.

FRAMING IDEAS AND STRATEGIES

Family to Family's framers started with an assumption that the child welfare system was too big to take on all at once. Instead, they began with one piece of the system, foster care, which fit both the Foundation's mission and the planners' professional expertise. Nonetheless, they viewed foster care as an entry point to what should become system-wide reform.

After experimenting with a menu of strategies for improving foster care (and, hopefully, all of child welfare), *Family to Family* would focus on four core strategies and one overarching one. First, the initiative would help systems recruit, train, and support resource families (guardians and adoptive parents) in the neighborhoods where most of the children needing care lived. Second, it would help systems and communities build working partnerships. Third, it would establish Team Decision Making for removals, potential disruptions in placement, and reunification. Fourth, it would help systems evaluate results. Through each strategy, *Family to Family* would revamp frontline practices in ways that build and sustain the skills workers need to help families protect and nurture their children.

1. RECRUITING, TRAINING, AND SUPPORTING RESOURCE FAMILIES IN CHILDREN'S NEIGHBORHOODS

The decision to focus on neighborhood-based foster care was influenced by Sister Mary Paul of the Center for Family Life in Brooklyn (NY), who participated in early advisory discussions. The Center provided neighborhood-based foster care using a model developed by Patsy Glazer for New York City in the wake of *Wilder v. Sugarman*. Sr. Mary Paul spoke eloquently about how much better foster children did when kept in their neighborhoods and when placement and reunification decisions were made by neighborhood-based planning groups. The nun's words resonated with AECF leaders. They obtained a concept paper from Glazer and shared it with Casey advisor Charles Bruner. “That really turned the corner for *Family to Family*,” Feely said.

Working within neighborhoods, the initiative would enlist birth, kinship, and foster families as partners in child protection. Birth parents had first rights to their children but foster parents should be positioned as a temporary extension of the child's family, the planners

reasoned, and for that reason they should be selected carefully and given adequate training and support.

Family to Family planners specified that:

- ◆ Recruitment should respond to the demographic characteristics and special requirements of the children needing placement, and it should occur in concert with recruitment for adoptive families.
- ◆ Training should occur before, during, and after placement to help resource families move smoothly through the self-screening, certification, and placement processes. It should emphasize the values of good caregiving rather than agency rules and regulations, and it should involve experienced foster and/or adoptive parents as co-trainers. (In later years, the initiative promoted the inclusion of foster youth and birth parents as members of the training team).
- ◆ Support programs and staff should give resource families a sense of appreciation and respect as well as practical, easy-to-access help with routine care giving and crises, professional development, and emotional support.¹³

2. BUILDING COMMUNITY PARTNERSHIPS

The framers knew from experience that better outcomes for children require the help and involvement of the communities in which children and families live. That meant reaching out not only to important and necessary mainstream entities (the organizations and agencies involved in education, health, mental health, and law enforcement that refer children to child welfare agencies) but also to grassroots organizations that normally are not connected to “the system” or feel ignored by it. The key was to build trusting relationships with those groups because they could link agencies with resource families.

By tapping community organizations and families, *Family to Family* would involve a broader array of

stakeholders than ever before in steering committees, joint pre-service training of child welfare workers and community members, and the assignment of caseworkers to specific communities.¹⁴ It also would make early help more available to troubled families so that children could safely stay in their own homes and communities.

3. MAKING PLACEMENT DECISIONS AS A TEAM WITH FAMILIES AND COMMUNITIES

Team Decision Making or TDM required caseworkers, foster parents, birth parents, and community members to confer, in person, every time a decision about a child’s removal or placement had to be made—even in the midst of a crisis. *Family to Family’s* developers expected TDM to encourage broad ownership of and responsibility for child welfare decisions. It also would help connect birth parents to a network of supporters and services, and it would enable decision-makers “to develop specific, individualized, and appropriate interventions for children and families.”¹⁵

Team Decision Making “means you can’t decide tonight what you’re going to do, put the kid in a shelter, and go to court tomorrow morning,” Mattingly explains. “You have to set up a team, bring the family in, and [discuss the problem from all angles].” The process isn’t easy but it works, and placement rates in some *Family to Family* sites dropped significantly after TDM was implemented.

4. EVALUATING RESULTS AND USING DATA TO GUIDE POLICY AND PRACTICE

Feely, Nelson, Mattingly, and Bruner had worked in environments that valued accountability for results, but most privately funded initiatives of the period were not results-focused. Most child welfare data only provided a snapshot at one point in time: the total number of children in foster care on a specific date, for example, or the average length of stay for

a specific population. The data didn't show what happened to children while in foster care.

Knowing how many children go home after one month or six, or more than a year, can, over a 10-year span, suggest what might be done differently to get children to permanence faster. The knowledge also can reveal fundamental flaws in a system that point-in-time data tend to obscure—such as heavy reliance on emergency shelters, a common characteristic of systems that report short lengths of stay and low rates of disrupted placements.

With a priority on building systems' capacity to track and use such data to change policy and practice, *Family to Family* planners turned to Dr. Lynn Usher, who had studied programs in Maryland, North Dakota, and Connecticut. Usher believed that initiatives should not only have an independent evaluation but should also help site-based grantees develop their own capacity for collecting and using data. In mid-1992, AECF awarded an evaluation contract to Research Triangle Institute (RTI), where Usher directed the Center for Policy Studies.¹⁶

In addition to the independent evaluation RTI would conduct, it was decided that each site would establish a self-evaluation team composed of frontline program staff, data analysts, and information system managers. The teams would offer a forum for interpreting and using data. Expert advisers provided by the initiative would help local child welfare managers obtain baseline information and comparable data from non-*Family to Family* sites. The initiative also would provide analytic tools to help sites track children over time, as they cycled in and out of placements, to gauge the effects of new policies or practices, and to identify populations needing intervention.¹⁷

TOOLS AND TECHNICAL ASSISTANCE

Family to Family's developers were convinced that information on good practices and how to implement them was nearly as important as grant money. Thus the initiative would include a cadre of technical assistance (TA) providers—AECF staff and consultants with expertise in data, evaluation, child welfare policy and practice, and organizational management and change—who could help local partners as needed with every aspect of the work. Ultimately, *Family to Family* would devote as much money to technical assistance as to implementation grants.

The Center For Applied Research (CFAR) helped John Mattingly design the TA strategy and delivered much of the early assistance to sites. CFAR's Tom Gilmore, Mal O'Connor, Alida Zweidler-McKay, and Larry Hirshhorn were among those who helped state and local directors build teams, organize staff to work more effectively (both across the agency and with community partners), and develop strategic plans to cultivate senior managers' skills and capacities. They frequently facilitated retreats at which senior managers from changing child welfare agencies talked about their roles, expectations, and concerns. As the initiative grew, CFAR also organized conferences where participants could learn and network with their peers.

The national TA team consisted of Lynn Usher and Judith Wildfire of the University of North Carolina; Stan Schneider, Fran Schorr, and other staff from Metis Associates; and others with expertise in research and evaluation. It also included experienced administrators of child welfare systems and programs such as Marsha Wickliffe and, later, Judith Goodhand and Patricia Rideout. *Homebuilders* creator Jill Kinney joined the TA team in 1994.

The TA providers and *Family to Family* developers believed that people need more than information and advice; they also need ways to make reforms

concrete and actionable. So the experts developed a set of tools including booklets, brochures, videotapes, case studies, and one-page summaries, all of which are available electronically online (often in Spanish as well as English).¹⁸

The tools encompass strategies, models, and innovative approaches. Some target frontline workers, while others are aimed at supervisors and agency directors. A booklet on “Building Support for Innovation Inside Child Welfare Agencies,” for example, takes leaders and managers through the process of systemic thinking: diagnosing relationships, managing transfer points in the system, and promoting dialogue and feedback.

The tools address such practical issues as: recruiting and training resource families; using data to guide policy and practice; developing community partnerships; and planning, facilitating, and supporting Team Decision Making. Many were developed by *Family to Family* grantees, or at least firmly grounded in their work.

The TA process, like the initiative itself, evolved through several stages. During the first years, the national TA team focused on building awareness of the importance of data, improving data capacity, and incorporating data into strategic planning. Local partners were gathering data but not using it to manage processes, or they had trouble extracting the data from other governmental departments. Sometimes the person assigned to coordinate *Family to Family* ranked too low in the system’s hierarchy, and the data analyst’s status was even lower. So CFAR and Usher’s team tried to help sites “get unstuck” on the data piece.

Eventually, the TA focus shifted to helping site leaders better coordinate their efforts, develop effective relationships with stakeholders and partners, and become more helpful to constituents.

As AECF began orienting toward long-term initiatives

rather than the traditional two- to three-year grant cycle, *Family to Family* had an opportunity to go deeper in its efforts to engage community partners—an activity that takes a great deal of time and attention. As the relationships deepened they also grew more honest and productive. Noted a TA provider, “At cross-site conferences now, instead of trading glowing reports and talking in general terms about the benefits of ‘partnership,’ people are helping each other work through the challenges.”

In the mid-1990s AECF began developing a broader, place-oriented strategy known as Neighborhood Transformation/Family Development. The Foundation’s overall investment in TA grew but the resources available to *Family to Family* decreased. Reduced funding for sites sharpened the need to sell people on the concept of neighborhood-based, family-supporting foster care and find alternative ways to hold sites accountable for results.

As AECF’s approach to systems change matured, TA began to focus less on working from the agency outward and more on working from the ground up. In addition, site-specific TA expanded into multi-site engagement.

INTENDED OUTCOMES

Family to Family’s developers believed that the strategies and tools, if implemented well, should result in better outcomes for children and families, including:

1. A reduction in the number and rate of children placed away from their birth families
2. Among children coming into foster care, an increase in the proportion placed in their own neighborhoods or communities
3. A reduction in the number of children served in institutional and group settings (shelters, hospitals, psychiatric centers, correctional

facilities, residential treatment programs, group homes); a shift in resources from group and institutional care to kinship care, family foster care, and family-centered services

4. A decrease in the length of stay for children in out-of-home placements
5. An increase in the number and rate of children reunified with their birth families or adopted
6. A decrease in the number/proportion of unplanned re-entries into foster care
7. A reduction in the number of placement moves that children in care experience
8. An increase in the number and rate of brothers and sisters placed together
9. A reduction in any disparities associated with race/ethnicity, gender, or age in each of the previous outcomes¹⁹

Before publicizing the framework, *Family to Family* planners brought their ideas before AECF's Initiative Planning Committee to solicit reactions, guidance on data, and advice about potential sites from their colleagues. The intent, Feely recalls, was "to stand on the shoulders of people who had gone before."

SITE SELECTION

Mattingly, Feely, and Nelson drew on their knowledge of child welfare systems across the country to select potential sites for the new initiative. They looked at both cities and states, with the stipulation that any state joining the initiative would have to target its largest local child welfare system. If state leaders wanted to include other jurisdictions they could, as long as they didn't take any resources away from the areas of highest need.

Above all, Feely and Mattingly looked for places where key leaders shared an understanding that the system wasn't working, a sense of what was

broken and needed to change, and a commitment to fixing it. The leaders didn't have to accept all of *Family to Family's* ideas, but the concepts would have to resonate—and they would need to align their policies, and practices with the core strategies.

Feely and Mattingly received two tips about site selection from their colleagues at AECF: Aim high when soliciting governmental support; and conduct in-depth assessments of potential sites. "If the governor's office or the human services director gets it, you can make the idea work. If they don't honcho it, you usually can't," a program officer advised.

ENGAGING TOP POLICYMAKERS AND ASSESSING THE LEVEL OF SUPPORT

Feely, who had worked in the New York City mayor's office, knew her way around big-city government. But colleagues told her to engage governors, too, so that a highly placed state official was equally invested. That was hard to do, Feely recalls:

"You reach out to the governor's office and they send you to the child welfare office, and they send you to foster care, and suddenly you're pretty far down the hierarchy. How do you catch the imagination of someone high enough to keep it at the governor's level?"

Mattingly and Feely visited seven potential investment sites—Baltimore, Baton Rouge, Harrisburg (PA), Lansing (MI), Montgomery (AL), Sacramento, and Springfield (IL)—to present the *Family to Family* concept to governors, human service commissioners, and child welfare directors.

Each site had a long history of complicated political relationships, high demand for services, struggling agencies, and demoralized staff. "We knew that if we wanted to reform the child welfare system in this country we had to go to the big cities, the places with the highest rates of [child] removal, not the marginal sites" that just needed a little help, Mattingly recalls.

Starting with the top leaders of those states or cities was an important strategic choice. AECF planned to give up to five states \$1.5 million each, spread over three years and bolstered by technical assistance, but the leaders had to buy into the concepts and the level of change required. *Family to Family* was designed for places where people were ready for new ideas and tools, because of strong leadership or the recent settlement of a lawsuit—not places seeking money to continue the status quo. “Do these ideas make sense to you?” Mattingly and Feely asked. “Can you help us grow them?”

Mattingly and Feely began by describing the severity of the national child welfare crisis and then presented local data on *Family to Family*'s target outcomes. They noted the city or state's strengths—a strong human resources commissioner, perhaps, or a signed consent decree already in place—and used *Family to Family*'s goals to spark discussion about how the site might improve its child welfare outcomes.

Without exception, two concerns quickly surfaced. Some people had difficulty understanding why *Family to Family* wanted to keep foster children located in their troubled neighborhoods. And state leaders were nervous about starting in their big cities, places with multiple social problems and sources of conflict (such as strong unions that might fight the reassignment of caseworkers). Understandably, leaders didn't want to launch programs in places where failure was likely; but Mattingly and Feely insisted that the initiative could only show results if implemented in places where the children and families who were most affected lived. “Let's figure out together how to make it work in these places,” they urged the state leaders.

Ultimately, site selection was as much instinctive as it was objective, Feely says:

One of the things we looked for was whether the Medicaid director was open to thinking about the use of targeted case management for kids [involved in] child welfare. . . . I

looked for how well people understood the concepts. It was a pretty foreign idea in those days—having foster parents be mentors to the biological parents. Did they have the will to do it? I looked to see if the leaders viewed clients in terms of families. If I saw any empathy, that was worth a lot.

If the assessment team, system leaders, and agency directors agreed to move forward together, *Family to Family* sent local leaders a summary of the discussion and an invitation to submit a plan.

PLANNING FOR CHANGE

Some sites opted out of consideration. Chicago and Detroit chose to participate instead in another AECF opportunity, the Urban Children's Mental Health Initiative, whose narrower focus seemed more achievable. But Alabama, Georgia, Maryland, New Mexico, Ohio, and Philadelphia were invited to submit brief summaries of the changes they wanted to make in their systems. Successful applicants would receive \$125,000 to support a nine-month planning process, after which they could apply for the full implementation grant.

Within each site, a team of state leaders in juvenile justice, child welfare, children's mental health, and human services helped to develop the broad *Family to Family* plan. Each state also designated a *Family to Family* coordinator. AECF staff were loathe to dictate who the coordinator should be, but they did stipulate that he or she should have easy access to the child welfare director and should not be a consultant or other person outside the chain of command. Many states designated the child welfare director to be the *Family to Family* coordinator, which neatly solved the access problem but left the initiative vulnerable to competing demands.

Family to Family's relationship with each site began with an in-depth assessment, including a visit by the initiative's staff and consultants to gauge local

OHIO: FAMILY TO FAMILY'S FLAGSHIP SITE

Ohio wasn't on *Family to Family* planners' list at first because its rate of foster placement, while high, was not among the highest nationwide. AECF added Ohio, however, because John Mattingly's experience in Toledo had shown what was possible in the state and because Mattingly knew that Cleveland and Cincinnati's child welfare leaders were capable champions of *Family to Family's* vision.

Ohio's child welfare system is administered at the county level by local directors, who typically receive at least half their budget from local funds and 10% or less from the state. County leaders therefore drive planning and implementation choices. Cleveland's child welfare system was headed by Judith Goodhand, who had been Mattingly's deputy director in Toledo. Jan Flory was the director of child welfare in Cincinnati.

Goodhand's approach formed during the 1970s when, as a graduate student, she interned in community mental health services. It was a time when social workers went knocking on doors to educate people about the resources available to them; family preservation, in the form of Homebuilders, was gaining momentum, and services emphasized early intervention. Goodhand also worked with the federal Head Start program for disadvantaged preschool children, which emphasizes parent involvement in classrooms and governing councils. Through those experiences, Goodhand developed values that resonated with *Family to Family*: Make good decisions about removal and placement. Work to unify families. And, above all, "Don't do to families; do with them."

Goodhand was working at a small child welfare agency in Knox County, Ohio in 1986 when Mattingly recruited her to head up his foster care placement division in Toledo. She stayed on as deputy director until 1992, when Mattingly joined AECF. Goodhand left to become director of Cleveland's child welfare system, and reforms flourished under her leadership. Then, in 1998, Goodhand retired and became one of *Family to Family's* primary consultants. Her successor in Cleveland recognized the need to continue a partnership between the child welfare system and communities, and he gave community members a role in developing the system's strategic plan. Other parts of Family to Family received less attention, however, and staff turnover accelerated.

Then Goodhand's successor left to launch a political campaign. *Family to Family* consultants considered halting the planning process temporarily, but local participants didn't want to stop. So the consultants helped the incoming director build a data team, get middle managers back out into community collaboratives, and open up new conversations about foster care reform. They also created a Website on sustaining leadership during transitions, which enabled other sites to learn from Cleveland's experience.

Cincinnati, meanwhile, had been through its own cycle of system failure and reform before *Family to Family*. Child Welfare Director Jan Flory was recruited to clean up a system rocked by allegations of sexual abuse against children in its care. Flory had extensive experience in community-based work, including settlement houses, and she eventually became a deputy for administrative services in Cleveland. Flory brought with her Marsha Wickliffe, a community lawyer who provided legal aid at the settlement house where Flory previously worked. Wickliffe became Cincinnati's assistant deputy director of child and family services.

Flory and Wickliffe visited John Mattingly in Toledo before he joined AECF to learn how he had organized staff, introduced Team Decision Making, and made other changes. As they rolled out their own reforms, Flory and Wickliffe borrowed heavily from Mattingly's ideas and innovations. And when Mattingly moved to AECF in 1992, he recruited Wickliffe to the Foundation and the national Family to Family team. With such a history of crossed paths and shared effort, Cincinnati was a natural choice for the new initiative.

practices, policies, capacity, and resources. The visits were very illuminating. In one state, visitors learned that only two people had authority to accept or reject applications for adoption out of foster care. Those sole arbiters could hold up the process for years over technicalities, such as a poorly executed termination of rights, even though a good, permanent home was ready and waiting. In other sites they found that on nights and weekends when caseworkers were off duty, police officers routinely removed children from families and neighborhoods and sent them to private shelters, where the children might stay as long as

three months. Such discoveries often became areas of focus for system reform within *Family to Family*.

The initiative's site visitors quickly realized that the framework paper, list of target outcomes, and sites' brief summaries were not enough to help the coordinator and teams translate their ideas into plans for action. Wickliffe, who spent most of her early months traveling to planning sites, recalls:

We'd go in January and meet with somebody from the state and somebody from the county, and rarely were foster parents or caseworkers

LOCAL PERSPECTIVES ON SITE SELECTION

MICHIGAN — Susan Kelly, Division Director for Community Supportive Services at the Michigan Department of Human Services from 1987-2001, was drawn to *Family to Family's* neighborhood focus and its emphasis on bringing birth and foster families together. She found the effort to give families a voice appealing because it meant “we could make decisions *with* [families], not on them.”

Kelly, who initiated her state's intensive family preservation effort, knew that Michigan had reduced its number of out-of-home placements to a reasonable level and kept it there. But new data-tracking capabilities showed that children of color were still removed from home at a disproportionate rate, stayed in care longer, and were less likely to rejoin their families. “Once children were in care... the system wasn't being creative about addressing their needs or those of their families,” Kelly recalled. She saw *Family to Family* as a vehicle for addressing those problems.

CUYAHOGA COUNTY, OHIO — Judith Goodhand, former Director of Child Welfare in Cuyahoga County, recalled AECF's presentation to Ohio leaders as “extremely appealing” because of its emphasis on family and community. But the idea of starting a new initiative was overwhelming. New caseworkers needed training, agency staff weren't getting out to visit homes, and the system needed more foster families. The ACLU was preparing to file a class-action lawsuit against the agency; in desperate moments, some staff considered helping them if it would bring funding and support to their beleaguered agency.

“We needed to get some protocols, training, structure in place, and I didn't see how that could possibly be done while taking on a new initiative,” Goodhand said. “I was concerned that [participating in *Family to Family*] would be putting frosting on a cake that didn't exist.”

But in those early days, the initiative consisted primarily of values and target outcomes; the strategies and tools had yet to be developed. And the more Goodhand talked with Mattingly and Feely, the more she realized that Cuyahoga County could build its strategic plan around *Family to Family's* values and outcomes. The initiative wouldn't be an add-on, it would become the norm, Goodhand realized. The state's top leaders signed on, and Cuyahoga County became one of *Family to Family's* first sites.

in the room. We'd go back in February and see the same group of people looking at us with blank faces, hoping that what they said was what we wanted to hear.

Clearly, local planners needed help. So Mattingly and Wickliffe jump-started the process with a two-and-a-half-day strategic planning session at each site. They outlined who needed to be involved, from foster families to frontline workers, supervisors, and middle managers, and what authority those players would need to achieve the initiative's vision. They encouraged planners to give each other permission to disagree and to take on new roles. And they focused planning around *Family to Family's* target outcomes.

"What will it take to reduce the number of placement moves?" they might ask at a site with a high proportion of disrupted placements. "When a foster parent reaches the end of his or her rope and asks that the child be moved, could you convene a team meeting and see what can be done to save the family?"

"We inserted ourselves into the middle of the planning process," Mattingly explains. "It was an art form to let them focus on their issues but at the same time make sure the *Family to Family* vision and strategies didn't get lost."

A second problem surfaced early in the planning stage. Top administrators from the governor's office and the divisions of child welfare, human services, drug and alcohol treatment, and juvenile justice might sign off on an agreement to collaborate. But when it came time to plan specific strategies, they sent low-level representatives without authority to make commitments. Some agencies refused to participate out of pique that the child welfare department "owned" the grant. Or they sent a different representative to each meeting so there was no continuity.

Again, the TA team intervened and managed the planning process until it had legs of its own. As

former system leaders, Mattingly and Wickliffe were more than facilitators of the planning process. "We could probe for what foster families thought, and if they weren't at the table we could point that out because we knew it was an issue," Mattingly recalls. He and Wickliffe were admittedly pushy. They knew what could happen if the work was done well, and they weren't about to accept a plan that didn't deal with the issues. That insistence on quality made all the difference as the initiative took root across the country.

IV. INITIATIVE ROLLOUT

F*amily to Family* rolled out in several phases, although they were not designated at the time. Phase 1, which began in 1992 and lasted five years, involved the recruitment of potential sites and early planning activities. Phase 2 (1998-2000) featured a growing amount of technical assistance in planning for outcomes, tools, and strategies.

With planning assistance from CFAR consultants, five states won grants: New Mexico, Alabama, Ohio, Pennsylvania, and Maryland. Four Georgia counties also were funded. In 1996, Los Angeles joined the initiative, followed by New York City in 1998.

Sites that joined *Family to Family* received three visits annually from initiative staff and consultants to assess progress, gauge whether the system's capacity had grown, and revisit the level of resources. The visits continued through the life of the grant, and in some cases even after the grant period expired.

Phase 3 (2001-2005) involved expansion and self-assessment. *Family to Family* expanded to Michigan (Detroit and one other county); Louisville; California (14 counties including Los Angeles, San Francisco, and Santa Clara); North Carolina (5 counties); South Carolina (5 counties); Colorado (Denver and Colorado Springs); Oregon (Portland, Klamath Falls, and Medford); Illinois (Chicago and Peoria); Missouri (St. Louis); and Tennessee (Memphis and Nashville). Pennsylvania exited the initiative in 2000. Georgia also left but rejoined in 2003.

Near the end of this phase, *Family to Family* developers realized that their array of tools for child welfare reform addressed so many issues that the initiative lacked a clear identity. In consultation with grantees and TA providers, they pared the menu down to four core strategies: Team Decision Making; the recruitment, development, and support of resource families; community partnerships; and self-evaluation.

Phase 4 emerged in 2005-6 as AECF sought to help local partners deepen and realign the impact of the reforms and evaluate outcomes. Sites received from \$75,000 to \$300,000 each, spread over three years.

During Phase 4, *Family to Family* expanded to Arizona and, to a lesser extent, Washington State and Alaska. New Mexico rejoined the initiative, while Alabama exited. In California, the work in San Francisco and Santa Clara expanded to many more counties through a partnership with the Stuart Foundation and other funders. Some North Carolina sites did not receive additional support after 2004, but *Family to Family* continues a relationship with North Carolina and still provides funds and technical assistance to Wake and Guilford counties.

All in all, by the end of 2004, 62% of children in foster care lived in a state actively participating in the *Family to Family* reform effort.²⁰ In California alone, 79% of the state's foster children lived in a county using *Family to Family* strategies—a milestone development since those children represented 20% of foster children nationally.

Family to Family unfolded differently across sites and phases. Several sites made significant strides. For example:

- ◆ Louisville's changes in policy and practice shut down the emergency shelter,²¹ expanded kinship care, and broadened the use of Team Decision Making. Between 2000 and 2003, the proportion of Louisville children placed in a private facility fell from 45% to about 19%, and the proportion of children in kinship care grew from about 7% to 35%. *Family to Family's* principles are now central to the child welfare system, and Louisville is a host for *Family to Family* peer visits.
- ◆ Eighteen months after Michigan joined the initiative and parents were included in decision

making, the number of children entering foster care in Detroit dropped by 1,000. The proportion of children who were removed during a family crisis stabilized around 50%, and of those placements about 20% were in relative care. The number of licensed resource families located in children's neighborhoods also grew dramatically—from 3 to 15 during the first 30 months in a targeted community.²²

- ◆ Before Oregon became a *Family to Family* site in 2000, about 7,000 children entered or re-entered foster care each year. Three years later, the number was down to 5,632. Three Oregon counties used community partnerships to increase the number of available foster homes.²³
- ◆ In the early years of the initiative, New Mexico's regional child welfare managers brought more caseworkers on board and encouraged the system to recruit and retain culturally diverse foster families. In rural areas, family conferences helped parents solve problems, such as lack of transportation to drug abuse treatment. Grassroots community partners found a place at the Team Decision Making table, and members of Native American tribes and other ethnic groups were consulted when a family from their community was involved. With help from researchers, local partners used data to find patterns in placement and reunification.

Other *Family to Family* sites had isolated but important glimmers of progress. Two Georgia counties reformed their child welfare systems' income maintenance, child support, and other divisions at the same time as foster care, for instance. One of the counties also arranged for monthly visits by therapists to children and families in foster care, and for a short time no new children came into care.

Not surprisingly, the sites that struggle with *Family to Family* usually have high demand for child welfare

services but insufficient human and financial resources and disinterested or distracted leadership:

- ◆ One state had financial problems in the years preceding *Family to Family*, accompanied by a lawsuit against the largest county's foster care system. To keep up with caseloads despite a ban on hiring, administrators created a shadow staff of contractors who worked alongside full-time child welfare employees. Turnover was high, which prevented reforms from taking root.
- ◆ In another state, the commissioner of child welfare dismissed all of the regional administrators and then lost his own job, leaving the local systems without focus or a clear trajectory toward results.
- ◆ A third state reduced the number of children in foster care through adoptions and subsidized guardianship. As caseloads fell, the state director moved to close the central child welfare office, which halted reforms. *Family to Family* leaders regrouped and were seeing progress when the state leader resigned, and relationship-building had to start anew.

Leadership issues pose other challenges. Many sites struggle to build enough consensus within leadership teams that the reforms can continue when a key leader moves on. When the *Family to Family* grant is coordinated locally by the child welfare agency (a natural choice since foster care is the entry point for reform), it can be hard to build ownership in other agencies. And even when leadership remains stable, collaborative, and committed, political dynamics can interfere with progress. In one state, a strong network of care providers lobbied successfully for a rotational placement system that assigns children according to which provider is next on the list rather than by taking the child's interests into account. State leaders are ambivalent about changing that practice, which has slowed *Family to Family's* progress.

All sites struggle with organizational development, especially the challenge of knitting many strategies and priorities into an overarching plan that uses *Family to Family* practices to improve the foster care system. “Some [pilot] sites saw this as a stand-alone initiative, and then when funds ran out it didn’t become an integral part of what they do,” observed *Family to Family* consultant Lisa Paine-Wells.

It is more typical for *Family to Family* sites to experience a series of successes and setbacks than a linear progression. For example, New Mexico was very successful until 1997, when the governorship changed hands, a new secretary of human services was appointed, and state involvement in *Family to Family* dropped considerably. (New Mexico rejoined *Family to Family* under new leadership in 2004.)

All sites struggle with organizational development, especially the challenge of knitting many strategies and priorities into an overarching plan that uses Family to Family practices to improve the foster care system.

North Carolina’s director of child welfare used *Family to Family* to expand a reform agenda into the state’s five largest metropolitan areas. In Durham alone, the number of children entering foster care dropped from 134 to 60 in the two years after Team Decision Making began. But the state wanted to treat each *Family to Family* site separately, which meant having five separate TA teams. The sites weren’t eager to share the Foundation’s money, and they jockeyed over the right to participate in national conferences. In 2003, the state director’s job was eliminated by budget cuts. Most of the sites remain committed to making reforms and measuring outcomes, however.

Family to Family flourished in Alabama for a while.

When the initiative began, Birmingham had only one hotline for abuse/neglect reports; most child welfare workers lasted less than eight months on the job; and there was a permanent backlog of uncompleted cases. But state and local partners took the reforms seriously. After a few years, out-of-home placements were likely to be in family-like settings, children experienced fewer placement disruptions, the length of time children spent in care did not increase despite a drop in resources, and the state developed an outcomes-based data system to monitor the child welfare system’s progress.²⁴

In 1996, however, a new governor appointed a new commissioner of human services, who froze hiring. The child welfare director for Birmingham, a strong ally of *Family to Family*, resigned and the initiative stopped for four years until a new governor took office. AECF and Birmingham partners began to rebuild, and by 2003 the reforms were nearly back to their status of seven years earlier. A lack of resources continued to undermine progress, however, and in 2004 AECF and Alabama mutually ended the partnership.

In 2004, John Mattingly left his position as AECF’s director of human services reform and head of *Family to Family* to become commissioner of the Administration for Children’s Services (ACS) in New York City. Mattingly had helped to embed *Family to Family*’s principles in ACS’ practices as a member of the New York City Special Child Welfare Advisory Panel and was committed to expanding and protecting the initiative’s reforms.

Mattingly was replaced as director of *Family to Family* by Wanda Mial, the former Chief Deputy Commissioner of Program and Planning for Philadelphia’s Department of Human Services. Mial, who grew up in the Germantown neighborhood of Philadelphia, came from a family steeped in social reforms, community organizing, and youth ministry. Although Mial’s training was in public management, she worked extensively for community-based

nonprofit organizations and an earlier AECF system reform effort that operated in Germantown, the Rebuilding Communities Initiative.

Although Philadelphia was not a *Family to Family* site, Mial sought John Mattingly's advice on children's services through AECF's Urban Child Welfare Leaders Group, of which she was a member. Struck by her energy, intelligence, and experience at the grassroots and system levels, Mattingly encouraged Mial to apply for the position he was leaving.

Despite the ups and downs of initiative rollout, almost all of the states and cities that have participated in *Family to Family* achieved important reforms, including:

- ◆ Fewer unnecessary placements;
- ◆ More children placed with families;
- ◆ Improved stability of placements;
- ◆ Improved reunification rates;
- ◆ Increased rates of adoption;
- ◆ Reduced rates of re-entry into foster care (in sites that made use of kinship care); and
- ◆ More children placed with relatives.

Chapter V explains how *Family to Family's* strategies produced those results.

V. UP AND RUNNING: GETTING SYSTEM REFORM OFF THE GROUND

During the first five years of Family to Family, its creators, TA providers, and local partners developed and launched many methods for improving child welfare systems. Their experiences reaffirmed the relevance of the initiative's core strategies and many design elements. This chapter looks at the strengths and weaknesses that emerged as *Family to Family* sites used the strategies to mobilize leaders, systems, community partners, and foster families and to change the way these crucial players think and act.

MOBILIZING LEADERS

Knowledgeable, committed, and powerful leaders—of child welfare systems and of state and local governments—proved crucial to *Family to Family's* success. Layers of bureaucracy typically separate them from the frontline workers who touch children's and families' lives, and if the leaders are distant or uninformed, those workers feel as powerless and unsupported as their clients.

The best leaders share *Family to Family's* core values and principles, have the skills to move their systems in a new direction, possess the political power to implement necessary changes, and are in it for the long haul. "Good leaders know what an adoptive worker should be able to say to a 12-year-old about the possibility of being adopted, and can blend that with knowledge about systems," Mattingly says. "They go out now and then on the crisis hotline calls with their workers, so they know what the experience is like." But those qualities are hard to find in one person, Mattingly adds:

... In this work, you are always trying to balance out [leaders'] strengths and weaknesses in different ways. You can have a leader who believes in the core vision but can't leverage her colleagues to move in

that direction, or is so [distracted] she can't stay on target and move forward over time. You can have a situation where a new political leader comes in and doesn't provide enough [political authority] or fires good people. Or, quite frequently, you have someone who has the political 'juice' and the ability but doesn't share the same values.

Two of *Family to Family's* strongest early sites, Alabama and New Mexico, experienced real trouble when new leaders took charge. In New Mexico, an incoming governor who favored small government eliminated the regional directors who championed *Family to Family*, leaving it up to the less powerful state and county directors to carry on. The work dissipated, although AECF returned to a partnership with New Mexico in 2004 that re-energized the *Family to Family* work and achieved better outcomes for children in Bernalillo County (Albuquerque).

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Top-level buy-in usually starts during *Family to Family's* pre-contract assessment visits, when TA providers spend a few days onsite talking with child welfare staff, clients, and community members. The feedback generated by these visits, which is presented to the local system management team, focuses on the special challenges they faced and how *Family to Family's* tools and strategies might help overcome them.

There are times when local leaders react to the assessment by defending everything they think they were doing well and arguing that they just need more money and time. This is most likely to happen when the system leader has been in place for many years, and it is a warning sign that leaders aren't open to realistically examining the situation. Indeed, in two *Family to Family* sites that greeted the leadership assessment with hostility, the initiative never really took root. So the opportunity to gauge leadership buy-in and capacity during the assessment stage has become one of *Family to Family*'s strengths; leaders who don't like what they hear can opt out at that point or aren't invited to proceed.

The leadership engagement strategy also has a flaw, however, stemming from *Family to Family*'s theory that good ideas and resources can be “given” to local actors who will eventually come to “own” and believe in them. At what point should local leaders assume full responsibility for the initiative? “It's extremely important for the people who bring the strategies and tools to the table to maintain a strong sense of what the work is, [tempered by] the fact that it will look somewhat different in every place,” Mattingly warns:

There's a danger in handing it off too soon, when the plan only reflects *Family to Family* values about 35%. It's better to build a plan over 18 months of engagement and press people to figure out how the ideas will work best in their site.

MOBILIZING SYSTEMS

Family to Family sites mobilize systems to: establish and enforce high expectations for agency staff, managers, and leaders; help frontline staff and managers make better choices and use better practices; and give staff better opportunities to use good practices. Three primary examples, which evolved over time, are (1) the organization of managers and staff into work groups and steering committees that identify and resolve barriers to

system reform; (2) improved recruitment, training, and support for caregivers; and (3) assistance in gathering and using data effectively.

WORK GROUPS AND STEERING COMMITTEES

Family to Family needs a way to transfer a leader's vision to all the people working under the child welfare umbrella, including department managers, supervisors, and frontline staff. Somehow, system leaders have to let workers know that while they insist on changing practices, they won't do it arbitrarily. They really do want to know how the system is failing to support its workers and clients and how those problems can be fixed.

But when a leader is trying to simultaneously address policies, training procedures, and all the broken aspects of a big system, it's difficult to send that message. When Judith Goodhand took charge of Cleveland's child welfare system, for example, she resurrected the practices of keeping Life Books and making pre-placement visits—even though many placements happened after hours, on an emergency basis, and workers were seriously overloaded. Cleveland caseworkers knew Goodhand's motives were good. But they were used to being told they were doing their jobs wrong—by the courts, pediatricians, birth and foster parents, children, and now their new boss. The workers' only recourse was to get mad at the system.

The solution, in Cleveland and other *Family to Family* sites, was to form work groups to address the initiative's core strategies (which eventually crystallized into the concepts of Team Decision Making, community partnerships, recruitment and training, and self-evaluation). In the work groups, interested and enthusiastic staff could come together to plan and carry out strategies for addressing policy and practice issues.

Family to Family is reasonably prescriptive about the need to form such groups but flexible about

membership, although each group has to contain the individuals with decision-making authority for the strategy in question. Sites also are free to form additional workgroups on any issue of interest, such as coordination between caseworkers and the police. The workgroups report first to a broader local planning group, where grassroots representatives put forward community members' wishes; and then to a steering committee, a management team for leaders of all local (or state) human service agencies, which meets monthly to address specific goals. The configuration of internal and external committees and oversight groups varies from site to site.

Caseworkers and resource families are the best resources a child welfare agency has and should be treated with the utmost respect, yet systems often fail to do so.

In most cases, the work groups and steering committees help focus and mobilize child welfare systems. Occasionally, however, they have drifted off track. For example, a working group on community partnerships might come up with the idea of creating more after-school programs instead of maintaining *Family to Family's* focus on foster care. The key to success is the ability of each work group's leader to catalyze his or her team, to forge a good relationship with the system leader, and to interact with the larger planning group.

RECRUITMENT OF CAREGIVERS

It was tempting for the child welfare systems that first adopted *Family to Family* to assign the task of incorporating new tools and ideas to their foster care placement divisions. That approach established a locus of ownership and accountability for improving the number and quality of caregivers, but it didn't do enough to help the systems get and keep good caregivers. Better recruitment and retention results

required changes in how the entire agency perceived and treated foster caregivers. Explains Mattingly:

Real change has to start with a commitment throughout the organization that families are the core of what we can do for children, that our work as child protection agencies is to keep kids connected to their families or to other good families in their neighborhoods. The pieces of the system—getting the call, going on the investigation, placing the child, setting up the court date—are just the basis for providing families for kids.

Caseworkers and resource families are the best resources a child welfare agency has and should be treated with the utmost respect, yet systems often fail to do so. We need to retain those families who do their job well, which means giving them the support they need, and we need to help good families come to us, which means helping them get oriented, licensed, trained, and supported after they receive their first placement.

Family to Family's greatest success was its emphasis on better responsiveness, respect, and support for resource families. The idea of improving retention and recruitment of resource families was so new when the initiative started that techniques had to emerge in the field and find their way into the initiative's toolbox rather than the other way around. Denise Goodman, an Ohio-based consultant and trainer who is a national expert on foster care and adoption issues, also helped *Family to Family* develop recruitment methods.

Among these was the "Wednesday's Child" technique, which uses local news media to feature a specific child seeking a foster or adoptive family every week. In some communities, local reporters who were adopted as children have taken this on as a personal mission.

Word-of-mouth outreach proved very effective if targeted to specific audiences. Thus child welfare agency directors participating in *Family to Family*

make presentations on the need for neighborhood-based foster families at pastor's associations and ecumenical ministries. Agency staff who belong to churches talk to their fellow congregants and attend church socials in the neighborhoods where they need more foster families. Style shows are popular in many African-American communities, so agencies arrange to have foster children model the clothes.

Family to Family targets recruitment to families that are willing to serve children with special needs or adolescents. Agencies also work to improve follow-up

to people who express interest in being foster care parents. One agency hired three new hotline workers who were unusually warm, engaging, and responsive. Their duties expanded to include advocating for incoming clients who didn't yet have a caseworker. The same agency also reorganized the workers who conducted foster families' home studies. These workers received extra training to serve not only as the home visitor but as the ongoing advocate and point of contact for the family.

As child welfare workers begin to think more

TOP LEADERS SET THE TONE: JUDITH GOODHAND AND THE CAMPAIGN AGAINST SLEEPOVERS

System leader Judith Goodhand's approach to Cleveland's shelters illustrates why *Family to Family* thrived when it mobilized strong leaders. Goodhand, who had helped John Mattingly reform the Lucas County child welfare system, served as director of child welfare in Cuyahoga County during *Family to Family's* pilot phase.

When Goodhand assumed leadership, she noticed that a line of children and babies formed at the agency every evening around 5 p.m. It was the group leaving one foster placement and awaiting another, and the children ended up sleeping in the lobby when a better place couldn't be found. Goodhand's staff told her the children were coming in so fast they couldn't keep up with the paperwork, and they couldn't find families to take the infants. The directors of private group homes and residential treatment centers, meanwhile, told her they required extensive documentation on each child and would never take a child who didn't want to come. "There was a pervasive sense that there was nothing we could do," Goodhand says.

One night the agency's hotline workers came to Goodhand and said they couldn't get anyone to take their calls. Goodhand had just returned from a *Family to Family* meeting at which Kathleen Feely encouraged grantees to discover what they might do with the stroke of a pen, simply by creating a different policy. "I have no idea what gave me the courage, but I pulled together my top management and said that starting the following Monday, no one in the chain of command—including me—was going home until all the children were placed," Goodhand recalls.

After a month of very long nights, the lobby was empty at night. Goodhand and her deputies had uncovered problems that could be addressed, such as private agencies that didn't answer phones after 5 p.m. and foster parents who disciplined children by disrupting their placement instead of using better techniques. Everyone dug a little deeper to get the job done.

"I ran the risk of alienating my brand-new staff," Goodhand says. "But the fact that it worked was a big win. It said to frontline staff and middle management, 'Things can change but not unless I'm a part of it.' People began to see what the choices were for themselves."

holistically, rather than in terms of their narrowly defined jobs, many start to view their jobs as continuous opportunities for recruiting families. For instance, a case investigator who works in the field with a police officer might recruit her as a foster parent after noticing that she likes children and treats them well.

Family to Family sites make a point of not separating the recruitment of families specifically for foster or adoptive care, for several reasons. Because family reunification is a clear goal, and one that is achieved more often than not, the initiative doesn't want to sell families just on adoption. The initiative's creators also knew that many adoptive families begin as foster families, and they wanted families to have a chance to evolve in that direction.

Instead of focusing on bureaucratic procedures, Family to Family's trainings emphasize partnership between the child welfare agency and the foster family and between the birth and foster families.

Moreover, they had seen many bad decisions flow from the forced designation of families as “adoptive,” “emergency foster,” or “foster-to-adopt.” The designations tend to produce either temporary caregivers who are afraid to bond with the children or families focused exclusively on adoption, with few options in between. And the staff charged with placing children either in adoptive or foster care often argue over where to place potentially “adoptable” children because they categorize caregivers—instead of placing the child where he or she will receive the best care. Thus *Family to Family* recruits “families for kids,” period, and allows them to decide after training which service they want to provide.

TRAINING OF CAREGIVERS

Traditionally, child welfare systems have viewed recruitment as the end of the agency's work with families. But for *Family to Family*, recruitment is just the beginning. Next comes training, which is designed to both orient families to the job and help them augment or develop necessary skills.

Notably, *Family to Family* does not use training as a screening process; it promotes positive framing of the strengths and challenges involved in foster parenting and uses a self-selecting “screen out” process prior to service. That is a major change from the practices of most child welfare agencies, which may screen out potential resource families during the initial contact with the agency by stressing how difficult the children can be to care for.

Family to Family uses the training process to bring families deeper into the foster care partnership. Training occurs promptly after recruitment, because the longer it takes to schedule orientation the more likely it is that the family will drop out before ever entering the system. The first meeting is followed immediately by short-term weekend and week night training, using a strong curriculum and engaging trainers.

Instead of focusing on bureaucratic procedures, *Family to Family's* trainings emphasize partnership between the child welfare agency and the foster family and between the birth and foster families. All of the curricula used in *Family to Family* sites feature presentations by birth parents who were reunified with their children, by current foster parents, and by teens who spent time in foster care. The trainings also provide guidance on child sexual abuse and sexual activity, common experiences for many children removed from their birth homes, and inform recruits about the process used to investigate allegations of abuse made by foster children.

Finally, *Family to Family* training sessions use engaging, well-qualified facilitators—people who truly care about children, like foster families, and speak honestly about children’s needs in a way that invites new caregivers to join in instead of scaring them away. The facilitators also are highly skilled educators who know how to work with adults.

SUPPORT DURING PLACEMENT

In many child welfare systems, new foster families are expected to learn everything they need to know during training, and the day they receive their first placement they are declared “trained.” But when relationships start to fall apart with an individual caseworker, or foster child, or supervisor, the system gets tested. Imagine, for example, that a new family comes on board, gets trained, and receives its first placement only to discover that the child needs medical attention. The caseworker may move on to another investigation, but the resource family continues to need support.

Family to Family addresses the challenge by crafting a system in which foster families with problems can move easily up the chain of command until they receive help. Some sites try to achieve this by creating a peer network of foster parents who help each other. That is always useful, but foster parents don’t have much leverage over agency staff. “You need people within the system who are committed to the family vision and have the ‘juice’ to make things happen,” observes Mattingly. “You have to move the entire chain of command on behalf of this vision. It takes time, and it isn’t easy.”

The solution for *Family to Family* sites is to assign every foster family a child welfare worker charged with their care. That staff person attends the foster family’s training, oversees licensure of their home, is present when the family gets its first placement, and is prepared to intercede with the caseworker if a crisis occurs that the family can’t handle on its own. Having agency staff personally invested in

foster families’ success for the long haul, no matter which child is in their care, helps *Family to Family* sites recruit and retain families. It also simplifies the support process for families who have several foster children and thus several caseworkers. The “family worker” provides one centralized, integrated point of contact with the child welfare system.

SUPPORT AFTER PLACEMENT

Family to Family implementers at the highest levels of each agency make a point of sitting down with caregivers (kin and foster families) to find out what does and doesn’t work for them. They listen to concerns about obtaining clothing for the children, getting broken glasses fixed, and being included in the birth family’s reunification planning. Those meetings send a clear message to caregivers that the agency wants to hear from them and is willing to address their concerns. When the meeting ends, some agency directors give out their phone numbers so families have an option if they can’t get help from frontline staff and supervisors.

“You need people within the system who are committed to the family vision and have the ‘juice’ to make things happen...”

Often, the supports that caregivers request are not complicated and can be resolved with planning or change in practice. One agency director, for example, learned the main reason foster families quit the system was because agency staff didn’t return their phone calls. The agency hired a new secretary to receive foster families’ calls, gauge their urgency, and direct them to the appropriate staff for follow up. That solution took some pressure off overworked, burned-out caseworkers while also bolstering the foster families’ sense of support.

Another tool *Family to Family* uses to support foster parents is the icebreaker meeting. Birth and foster parents are invited to this meeting (which in itself is a novel idea). At this first meeting between parents, which usually occurs within 72 hours, caseworkers encourage the foster parent to ask the birth parent about the child's habits and preferences. Does he like to sleep with the light on? How is he doing in school? What would you like him to call me? The message is that the foster parent just wants to help during the family's crisis, not replace the birth parent. The meeting gives the birth parent, who may be angry or feel like a failure, some empowerment and a positive role in the process.

GATHERING AND USING DATA

Family to Family built capacity for collecting, analyzing, and using data in two ways. First, Lynn Usher and his colleagues helped each site develop a longitudinal database that described the experience of children living in out-of-home care—who they were, how long they spent in care, and what kind of care they received. This introduced child welfare professionals, often for the first time, to analytical practices and concepts that could help them understand and serve their clients better, including the tracking of cohorts (groups of children who enter or exit care at a specific time) and survival analyses. (Survival analyses estimate the length of time until a specific event, such as exit from out-of-home care, occurs.²⁵)

The analyses helped *Family to Family* partners estimate the probability that children would leave out-of-home care, examine differences in the length of time children remained in care linked to the type of placement made, analyze re-entry rates, and identify critical points in the process by which cohorts of children exited the system.²⁶

Family to Family's emphasis on longitudinal data stems from two chronic flaws in the child welfare field: lack of good data before 1995—when the

PREEXISTING DATA SYSTEMS MISSED IMPORTANT INFORMATION

The problems with data accuracy at one *Family to Family* site were typical of child welfare systems that relied on point-in-time data. When state leaders applied to join *Family to Family*, they submitted data showing that on any given day 8% of the children in foster care were in emergency shelters. But when evaluators developed a longitudinal database, they found that 44% of children who came into foster care had entered through a shelter. Moreover, the shelters typically were in urban centers near Indian reservations, and a disproportionate number of Native American children were affected.

The longitudinal data also showed that two-thirds to three-quarters of the children in shelters were reunited with their families after just a few days. The very low rate of children's reentry into the system indicated that the shelter stay was an unnecessary trauma that might be avoided through kinship care or emergency family services.

federal government began requiring states to submit out-of-home placement data through AFCARS (Adoption and Foster Care Analysis and Reporting System)—and the misuse of cross-sectional data to describe outcomes. Until recently, the vendors who designed child welfare data systems were oriented only to the data needed for audits (e.g., which children were in care on a given day, where they were located, how much their care cost). Their systems did not track, over time, the experience of every child who came into care.

This problem was compounded by a focus on the relatively few extreme cases involving the children with the longest stays in care, the greatest number of disrupted placements, and the greatest probability of reentering care. The caseload profile for a child welfare system on any given day is systematically

biased toward children with the longest stays in foster care and tends to under-represent children who have shorter-than-average stays.

By insisting on development of a longitudinal database, *Family to Family* made possible a truer and more useful analysis of children's situations. In one state, for instance, data revealed that the disparity in length of placements for African-American and other children was much lower than reported in a consent decree document (three months' difference, compared with 26 months).

Family to Family's emphasis on data revealed that most child welfare systems had data they were not using at all or could use more effectively.

The emphasis on longitudinal databases is not always popular. System leaders recognize the value of tracking children's experiences over time but have argued that their managers need to gauge the system's status every week, which means they need to be able to use point-in-time data accurately. The dilemma underscores the need for *Family to Family* to demonstrate how different forms of data can aid system management, and TA providers try to help sites with data reflecting different perspectives.

Next, Usher's group helped sites create self-evaluation teams that include frontline caseworkers, data analysts, and data managers—players who traditionally haven't worked well together. "We were pretty prescriptive about who should be involved and what data they should emphasize first," Usher says. Among the pilot sites, few local child welfare agencies had data analysts on staff, and even in the most successful sites it was hard to identify staff with expertise in both technical analysis and child welfare. AECF paid for the first round of *Family to Family*

grantees to hire data analysts, in part to show how helpful it was to have such a person on staff.

Usher and Mattingly urged state commissioners and local agency directors to let the person who headed the self-evaluation team spend 15% to 20% of his or her time on the task, making it a significant commitment. They encouraged system leaders to select as the self-evaluation coordinator someone who could detach from the day-to-day cases enough to see patterns in the work. Self-evaluation teams also had to be able to present data in a form that reflected the challenges families face in communities, such as easy access or addiction to crack cocaine, and the increasingly broad role of relatives in caring for children at risk of abuse or neglect.

Family to Family's emphasis on data revealed that most child welfare systems had data they were not using at all or could use more effectively. For example, Terri Ali (now the *Family to Family* site team leader for Tennessee) worked for the Cuyahoga County Department of Children and Family Services during the initiative's early years. She often prepared one-page data summaries that began with the number of open child welfare cases in a specific ZIP code area and then specified which cases involved children still living with their birth parents; which children had been removed from their homes; what type of care they had gone into; and what services the children and families received. Community partners took the summaries to planning sessions, where they stimulated discussion about issues specific to the neighborhood.

Family to Family introduced three other analytical tools to sites. One was the population profile, required during the initiative's planning phase, which examined the characteristics of children living in out-of-home care across all systems (child welfare, juvenile justice, mental health, education, etc.). The goal was to make sure that reforms in the child welfare system didn't simply push children into another system.

The population profile included data on the number of children in out-of-home care for a specific date or period of time and the following information, sorted by type of care and by service provider: demographic characteristics of children, birth families, and placement families; community or neighborhood of origin; reasons for placement; unit cost per service; and preservation attempts prior to placement.

The population profile was only moderately successful. It encouraged the child welfare system to put a bigger emphasis on arranging mental health and substance abuse services for families, but it was hard to maintain the ties needed among systems. People were willing to work across agencies during the planning process, but after the child welfare department received its *Family to Family* grant, they drifted apart again. However, the concept of looking at families' needs across departments, especially at the county level, remained important. As the initiative progressed, therefore, it dropped the emphasis on full systems integration in favor of more targeted coordination with specific services, such as substance abuse and mental health. Data activities today reflect that change in focus.

The second analytical tool is statistical forecasting. In the handful of sites that used this method, system managers used information that predated their participation in *Family to Family* to forecast state- and county-wide changes in the number of children in various types of placement, the cost of different placements, the number of slots required in each placement category, and other variables.²⁷ The estimates made it easier to project resource needs.

The third analytical tool is desktop mapping software, which enables child welfare workers to see where the children in out-of-home care come from and where they are placed, down to the Zip Code level. The goal is to illustrate the geographic distance between the birth family's home and the placement, establishing it as a target for change. Agency staff then take the neighborhood maps to community leaders to illustrate

the problem of children being placed far from the neighborhood. The data usually present the issue quite starkly and engender a collaborative response, no matter how poor the relationship between community leaders and the agency.

One of *Family to Family's* TA providers recalls that "getting people to count" dominated all early activities, perhaps delaying work on other issues. But it wasn't easy in 1992 to get staff from an agency's data and program offices to work together. Most data analysts were accustomed to doing fiscal analyses but not analyses by program area; most program staff dropped out after only a few meetings.

When it worked, the data piece paid off. In Cleveland, for instance, a member of the program staff established a permanent link to the data unit. That prompted several useful data reviews, including one that found a large number of children placed outside the county—a practice that was both expensive and unsupportive of family reunification.

MOBILIZING COMMUNITIES THROUGH PARTNERSHIPS

A strength of the *Family to Family* model is its clear message that the child welfare agency is the focus of improvements to foster care and that there are strategies for achieving those changes. The agency has to be the primary focus because of its responsibility for good stewardship. It is, after all, the system's legal obligation to protect children from danger, to meet their basic physical and emotional needs while in care, and to attach or re-attach children to caring, safe families.

The weakness of the model is that it puts the agencies at the center of activities, when in fact the best results occur when the system shares its authority with the community. Thus *Family to Family* sites need to draw community members into a partnership, one in which everyone has something to teach and no one is an expert in all things.

Although community partnership became a strong component of *Family to Family*, it didn't start out that way. For one thing, community members didn't necessarily *want* to work with the child welfare agencies. The agencies first had to prove they intended to change. Furthermore, the initiative's designers, TA providers didn't all know how to go about building the partnerships. "I was struck by the power of having community and high-level state people at the same table, but it was very top-down in the beginning," Feely said.

One reason for the top-level focus was that Feely and her colleagues were busy cultivating support among state political leaders. Another was that states with strong state/weak local systems often had years of sour relationships to overcome before people could turn their attention from the dysfunctional hierarchy to the work of reforming foster care. (An exception was Ohio, where the strong county-based system of child welfare helped to localize activities right away.)

Ultimately, *Family to Family* sites cultivated partnerships through three activities: outreach to stakeholders and champions, joint pre-service training for caseworkers and families, and neighborhood-based assignments for child welfare workers.

REACHING STAKEHOLDERS AND CHAMPIONS

All agencies that participate in the initiative allow communities to hold them accountable. Agencies convey the message that they need help getting and keeping good resource families in the neighborhood and want community members to participate in decisions so that the right choices are made.

The most successful *Family to Family* sites don't stop there; they also designate someone at the agency to serve as the point person for community stakeholders and champions. So, for example, if a man approaches his pastor to say his family is interested in providing foster care, the pastor

knows whom to call at the agency. That person can approach the family the same night, provide basic information, and invite them to a neighborhood meeting. In contrast, agencies that expect community members to come forward but don't clarify how the partnership will work or identify outreach workers usually fail to improve their recruitment, training, and support processes.

For Family to Family sites, effective partnership means not only teaching child welfare workers about the community but educating community members about the system.

For *Family to Family* sites, effective partnership means not only teaching child welfare workers about the community but educating community members about the system. Observes Mattingly:

You could put [child welfare] workers on a bus and have community leaders show them the neighborhood in a way they'd never seen before. But when you take that community leader to the agency to see all those little babies in a holding area, waiting for a home, that's what brings them to the point of partnership—being confronted with how many kids' lives are being affected.

Family to Family sites draw like-minded community members into grassroots "collaboratives," some of which become powerful and enduring groups. In one city, the collaborative that formed through *Family to Family* has lasted more than a decade. It is so well respected that the state-mandated council that allocates funds for children and families gave the community collaborative \$1 million to disburse.

Family to Family uses several other tools to encourage community partnerships:

- ◆ *Walking Our Talk in the Neighborhoods*, offered both as a publication and a workshop, focuses on partnerships between child welfare professionals and “natural helpers”—neighborhood residents whose skills and knowledge can be mobilized for self-help, mutual aid, and support to families.²⁸ The tool explains the rationale for neighborhood-professional partnerships and offers tips for overcoming obstacles. Through the process of developing and using the tool, *Family to Family* showed “it is possible to develop close working relationships across professional/para-professional lines and between public and private agencies.”²⁹
- ◆ *People Helping People*, a program to develop partnerships between child welfare professionals and natural helpers in Tacoma (WA) helps *Family to Family* sites define roles for paraprofessionals, hire appropriate staff for blended drug treatment/child welfare services, and monitor results.³⁰ The teams formed by *People Helping People* recruit foster families in the target neighborhoods, address drug abuse, and offer individualized help to families in the child welfare system. The tool reaffirms *Family to Family*’s premise that community members have many skills that, when combined with those of service professionals, help families help themselves.
- ◆ *Partnerships between Corrections and Child Welfare*, a publication developed by the Women’s Prison Association, outlines the steps in developing a collaborative relationship between child welfare and criminal justice officials, building awareness of the need to help incarcerated parents and their children, and identifying resources for a comprehensive service strategy. *Family to Family* sites use the tool to foster interagency commitments to collaboration, help incarcerated mothers manage their parental

responsibilities, improve the conditions under which children visit incarcerated mothers, and reduce the trauma suffered by children of incarcerated parents.³¹

Community partnership is difficult to initiate because caseworkers and their agencies often don’t know the neighborhoods well, and it is hard to know where to begin. Community representatives, on the other hand, are angry about years of bad decision making that have led to children being placed far from home and to babies being separated from older siblings.

The key to eliminating those barriers is to help each side realize that everyone involved has something to teach and something to learn. *Family to Family*’s TA providers also listen to the underlying concerns of community members and leaders and emphasize how partnership will serve their interests while improving foster care. Caseworkers will feel safer as they get to know residents, and community members who have problems with the agency will be more willing to talk them out with caseworkers they know.

Familiarity often breeds support for the reforms. In one site, a child welfare director was called before county commissioners to report on all of the children involved in child welfare who had died that year. Community members lined up to testify; many had not supported *Family to Family* at first but had become members of community collaboratives. Each gave the same message: “We want to keep going with these reforms.”

JOINT PRE-SERVICE TRAINING OF CASEWORKERS AND FOSTER FAMILIES

For all of the agencies that participate in *Family to Family*, real partnerships with the community require changes in how caregiver families are treated. Foster parents have to know that their requests for help will be heard and acted upon, and workers need to know they can hold the families accountable.

COMMUNITY PARTNERSHIP BUILDS TRUST ON BOTH SIDES

LaJean Ray, director of the Fatima Family Center in Cleveland's Hough neighborhood, heads a collaborative group of 32 community organizations that partners with the county's Department of Children and Family Services. She remembers when the county first approached neighborhood groups to talk about implementing Family to Family in their neighborhood.

"We were not at all interested in being their partner," Ray says. "They had a reputation in the community that was not a very positive one. As a grassroots organization, associating with them was something we had to weigh. Besides, we didn't know what [the partnership] meant, what it would look like. We didn't know what the rules and laws of child protection were or what the consequences were for our families."

But Ray did know and trust Terri Ali, the agency's family coordinator. Ali had had to overcome reservations of her own. A community resident herself, she had spent 17 years as a community advocate and family service provider, with an emphasis on keeping families out of the child welfare system. Although some of Ali's contracts came from the Department of Children and Families, "no public system had really reached out to the black community" until Judith Goodhand arrived, Ali says.

Goodhand invited Ali to a community meeting where she shared foster care data. "It affirmed what all of us already knew: African-American children were overrepresented in the system, and the neighborhoods we knew and loved were the places many of those children were being removed from," Ali says. "That immediately gave [Goodhand] credibility, because she said 'This is wrong.' That's when I began to sit at the table."

Soon Ali accepted Goodhand's request to join the agency's staff. She helped introduce Family to Family to three other neighborhoods, over three years, before coming to Hough. During that time, Goodhand spearheaded efforts to close the local emergency shelter where children got stuck in limbo between placements—a reform that demonstrated to Ali the agency's commitment. "I knew that children belonged in families but I didn't really understand until I heard Judith say in public that we had to close the shelter so that children could be in families," she says. "I knew intuitively it was a risky statement because there was a lot of money and [political power] tied up in that shelter."

By the time the agency reached out to Hough, Ali knew Family to Family was serious about results. "This initiative is the most revolutionary thing I've ever heard of or been part of," Ali told Ray. "They're actually placing our children back in the community—so now we have to ante up the community."

Ray was willing to listen, but she was sure the agency's caseworkers viewed Hough as negatively as Hough viewed the agency. So she organized a tour of the community "through our eyes." It included stops in residents' homes, churches, and neighborhood organizations and a meeting with local council members. The agency reciprocated with a tour of its facilities for the community representatives. Then both sides sat down with data on Hough's families. "The recognition that things were happening to our families that we weren't aware of, that their children were going into protective custody—and recognizing that if we worked together we could support families so that didn't happen—that was what convinced us to move forward together," Ray says.

Staff from the child welfare agency and the community groups began attending each other's training sessions. Community members participated in Team Decision Making and hired a site coordinator, who joined the city-wide Family to Family planning group. For quite a while, Judith Goodhand personally attended every community forum—along with a staff person designated to work out the problems experienced by residents whose family members were involved in the system. All of these actions reinforced and deepened the community partnership.

Today, child welfare social workers are permanently stationed in LaJean Ray's offices. "Having relationships with them has enhanced their respect for us, our families, and the community, and it has certainly changed our perception about the Department," Ray says. "We share home phone numbers and have mutual respect for the work we both do on behalf of families. I see that the decisions they make create stress for them as well [as our families], which I didn't realize before. I see them as professionals trying to make the right decisions and do a good job."

The message has to get not only to new foster parents and caseworkers but also to veteran staff who may be cynical, burned out, and disinclined to change. *Family to Family* theorizes that the best way to do this is to bring agency staff and foster families together for in-depth orientations.

“We heard from the youth who had moved 16 times, bundling his clothes in plastic bags, never told where he was going. We heard birth parents talking about the first time they heard their child call another person ‘mother.’”

It isn't easy, because veteran staff and new caregivers operate on very different tracks. Orientations, designed to fit foster families' schedules, occur on nights or weekends—times when it is hard to get caseworkers to participate. When the strategy works, however, it underscores the vision that families are the center of child welfare services.

The use of moderated panel discussions to orient staff, a practice developed in Cleveland and spread widely by *Family to Family*, is a good example. The panels occur at the third training session for prospective foster parents. Child welfare supervisors convene volunteer panels of birth parents, foster parents, and youth in foster care to talk about their experience with child welfare: How it actually worked, how they wished it worked, and what was painful about the process. After panelists describe their general experiences, they address a topic of special interest (e.g., being separated from siblings) and answer questions from the audience.

The panel format encourages staff to view situations from their clients' perspectives. It is a way to convince veteran staff they need to change without

pointing the finger of blame and to expose new staff to important issues. The conversations are emotional, a participant says: “We heard from the youth who had moved 16 times, bundling his clothes in plastic bags, never told where he was going. We heard birth parents talking about the first time they heard their child call another person ‘mother.’”

Family to Family also created training tools specifically for frontline workers that enabled them to work more effectively with families:

- ◆ The two-day RESILIENCY WORKSHOP for workers and supervisors lessens burnout by helping workers “clarify their values, strengths, and goals...improve their ability to provide mutual aid and support ...[and] clarify choices in responding to troublesome aspects of the human services environment.”³² Site leaders follow up on issues raised during the workshops.
- ◆ SAFETY FIRST is a reference guide to strategies for keeping child welfare workers, and the children and families they serve, safe. It contains advice from family preservation workers, neighborhood representatives, and police on such topics as assessing the potential for violence during home visits and deciding when to remove a child from his or her home.³³

NEIGHBORHOOD-BASED STAFF

Family to Family's goal in getting caseworkers assigned to specific neighborhoods is not only to ensure that foster children stay in their neighborhoods. It also is to ensure that child welfare workers operate from a neighborhood perspective and that partnerships grow between the child welfare system and the community—not just at an agency level but through personal relationships. The practice also proves to neighborhood residents that caseworkers aren't disinterested outsiders.

The impact on frontline staff can be remarkable, Judith Goodhand found. The agency she headed

in Cleveland, with more than 1,000 child welfare workers, was typical of most big-city systems in that staff had always operated out of one huge building. Many had never visited the city's poorest areas.

Goodhand decided that all new caseworkers should spend a week at a neighborhood-based resource center to shadow Head Start teachers and Healthy Start (community health) workers. That helped the caseworkers learn how their professional peers connected families with agencies and neighborhood service providers. Goodhand also engaged data experts at Case-Western Reserve University to identify the needs of specific Cleveland communities.

Goodhand wanted her chief supervisors to have the experience, too. Most had risen through the ranks and were thoroughly imbued in traditional practices; they excelled with paperwork, but Goodhand didn't expect them to forge personal relationships with neighborhood residents easily.

"I couldn't have been more wrong," she says. "People exceeded their best selves in finding new ways to become a partner. Staff realized that if we knew and shared the data they gained credibility and . . . an explosion of neighborhood resources became available that we didn't even know existed."

The neighborhood orientation isn't a magic bullet, however. One site spent three years searching for a building from which it could provide neighborhood-based services, and during that time little else happened. Other sites that zeroed in on neighborhoods without addressing the complexity of community relationships ever got beyond establishing an outpost in the community. "You need a deeper strategy into which the neighborhood-based stuff fits," an initiative developer concluded.

MOBILIZING FAMILIES

Team Decision Making (TDM), *Family to Family's* signature tool for mobilizing families, was an

important but optional strategy at the beginning of the initiative. It soon became a required part of the reform process. TDM established a process by which decisions about placement were well-informed, child- and family-centered, and inclusive of all interested parties. Without that structure for making informed decisions, it isn't realistic to expect inexperienced caseworkers or weak, bureaucratic supervisors to make good decisions about removal, reunification, and placement moves.

Team Decision Making prevented child welfare workers from simply deciding in one night what they would do, putting the child in a shelter, and going to court the next morning. Instead, the agency had to create a team of interested stakeholders and workers and get the family to participate in discussions. The underlying idea was that good decisions require input, understanding, and support from a variety of people, including relatives, community service providers, family support staff, and placement workers.

TDM also put the family front and center, which helped to change the culture of child welfare agencies faster than any other strategy. As Feely noted, "When you get families in the mix you *have* to respond. Things change in the agencies because of who is calling the shots."

Unlike *Family to Family's* foster family recruitment and retention efforts, which involved reconfiguring existing strategies, TDM had to be built from scratch. In most sites, it took about 18 months before all agency staff were trained in the team process and facilitators were identified and trained. Moreover, TDM had to generate real teamwork. Notes Mattingly:

If you don't have these meetings in the community and require community representatives, the staff who make decisions about placements, and the people who make decisions about family preservation to all be in the room—even if you have a trained facilitator—it will be a very bureaucratic sort

of meeting. What's the family going to say to the worker and a senior agency person?

Despite the challenges, many *Family to Family* sites choose to develop TDM right away, perhaps because it was such a concrete strategy and there were many tools available to guide the way. The first hurdle to overcome was logistical. Because most removal meetings occurred in emergency situations when the invested workers were about to go to court. In many systems, placement decisions were made by the caseworker and supervisor without input from families or other partners. Overcoming this practice required establishing a norm and a process for holding TDM meetings prior to the child's placement or, if that was not possible, prior to going to court.

The second challenge was to facilitate meetings that engaged many people in making (and following through with) good decisions, often in the face of turf issues. During TDM discussions, tensions surfaced between frontline workers and supervisors, between child welfare agents and court representatives, and between private attorneys representing the birth parents and agency staff. In early sites, some mediation providers feared the process would bypass them. Lawyers accused the teams of trying to extract admissions that could be used against the birth parents in court. Family support and placement staff and representatives of private agencies with children in group care, meanwhile, resented having to come to the table as often as TDM requires.

Moreover, until there were enough volunteers trained to participate in TDM, the community representatives who served on the teams were stretched thinly to cover decisions for their entire neighborhoods. Court-appointed special advocates, guardians *ad litem*, and medical professionals generally liked the opportunity to contribute to decisions but preferred to give their opinions directly to the courts. Foster parents, meanwhile, were glad to be heard but not eager to delay intervention, as the TDM process does, when they were desperate to have a problematic child removed from their home.

As *Family to Family* progressed, a data tracking system enhanced Team Decision Making. The database contains each meeting's purpose, location, attendees, and outcomes. Site leaders use the data to assess TDM's effect on such quality measures as reunification rates and length of stay in foster care and to ascertain whether outcomes changed after community members joined in decision making.

The results of Team Decision Making have been good. Families feel more supported, and the choices available to them improve. The story of a Cleveland youth, recounted by LaJean Ray, is not unique: The troubled 16-year-old had been in many foster homes and transitional housing when her caseworker decided to send her to a residential facility outside of town. Community members rallied and found three neighborhood residents willing to serve as foster parents. The young woman stabilized, finished high school, and attended college.

In some sites, out-of-home placements dropped 50% to 60% within six months after TDM was instituted. Consultant Jill Kinney observes that TDM, along with community partnerships and efforts to improve caseworker morale, has deepened understanding of the community's role in foster care reform and of what it takes to help families change. "We assume families are always ready for action, but in reality people are often not even contemplating change," Kinney says.

SUBSTANCE ABUSE TREATMENT: A CROSS-CUTTING STRATEGY

The more *Family to Family* worked to mobilize systems, communities, and families, the clearer it became that troubled families could only be healed and reunified if child welfare addressed the root of their troubles—which, increasingly, was the abuse of crack cocaine and other substances. Frontline workers needed the capacity to assess families' need for treatment, persuade active drug abusers to get help, and arrange access to a variety of family-

friendly, flexible treatment options. Often, those activities had to occur in emergency situations.

Family to Family's primary approach to the challenge of drug abuse in child welfare, known as Sobriety, Treatment, and Recovery Teams (START), cuts across the initiative's strategies for supporting families, building community partnerships, and improving decisions. The model began as a program called ADAPT, which was conceived and implemented before *Family to Family* existed. It was the brainchild of Judith Goodhand; Syd Wiford, program director of Compass drug treatment facility in Toledo; and the late Sr. Dorothy, a nun and the director of a transitional living facility for women.

START marks a dramatic departure from past practices by child welfare systems. "In the past we ignored substance abuse because we didn't know what to do about it and we didn't have access to many resources," Mattingly says.

Goodhand, Wiford, and Sr. Dorothy were concerned about the lack of cooperation among staff from their respective agencies, so they developed a set of tenets to guide activities ranging from family visits to information sharing. Then they modified policies to reflect the tenets. The major change was to deliver services by working in teams and to reach parents through advocates who really understand their struggles. Using public assistance funds, START recruits parents who once lost custody of their children because of drug misuse but have been sober and reunified with their children for at least two years. Those parents are paired with the child welfare workers who investigate cases. When a newborn tests positive for drug toxicity, the caseworker and recovering parent together investigate the situation,

persuade the mother to enter treatment, and identify community resources available to the family.

START marks a dramatic departure from past practices by child welfare systems. "In the past we ignored substance abuse because we didn't know what to do about it and we didn't have access to many resources," Mattingly says:

If we couldn't ignore it we would automatically remove the baby and tell the mother to get help. An investigator would go to her home and look to see if there was a refrigerator with food in it, a crib, a grandmother around who could protect the kids if the mother went out. If the answer was yes, we would give the mother a list of resources and tell her to report back when she could show she was clean. Then we would close the case and move on.

By the third or fourth tox[icity-exposed] baby, we would remove all the kids and tell the mother she had to go to court, where the judge would tell her she needed help. She might follow up or not. By that point, anyway, the damage had been done. Whereas what families really needed was immediate intervention and assessment, straight talk, and access to a treatment system that could respond to their individual needs—and then they needed to be held strictly accountable.

START produces better child welfare decisions by acting immediately and simultaneously to remove children from the dangerous setting *and* to help the drug-addicted caregiver. The children usually go to a relative's home, although some enter foster care.

The partnerships that START requires among public systems and service providers aren't easy to arrange. It works best when partners take time to negotiate and agree upon a set of basic tenets. For example, is complete sobriety required or will occasional drug use be tolerated if the parent stays in control of herself? Is it acceptable for the parent to use methadone to

treat his addiction? Partners may also disagree on the value of removing children from the home. Child welfare workers want to keep families together or reunify them as quickly as possible, while substance abuse workers may view children as stressors that interfere with parents' recovery.

Despite the logistical challenges and the proliferation of cases spawned by the crack epidemic, START has demonstrated that drug-abusing parents can recover their lives and their children and that their children need not suffer permanent damage. It further showed that drug treatment providers and child welfare workers can work closely together to design and implement an integrated response, and that paraprofessionals are valuable partners for public agency workers.³⁴ Evaluation data show that parents get treatment more quickly and stay in treatment longer when START is used.

Family to Family offers several other tools to help child welfare systems respond to drug-addicted families. "Back from the Brink: Women, Crack, and the Child Welfare System" is a paper distributed widely in *Family to Family* sites that examines research "on women and crack cocaine, on treatment programs that are working and not working, on drug programs for women, and on the effect of crack on infants and children."³⁵ It also analyzes the changes needed in child welfare systems' frontline practices, administration, and policy making to improve results for families struggling with crack addiction.

Family to Family's local partners use "Back from the Brink" to shape and implement much of the training for caregivers and agency staff. They report that "people are hungry for information on this topic, and...for the most part they are very willing to examine their stereotypes and respond to the data."

Family to Family's successes and frustrations in mobilizing leaders, systems, community partners, and foster families reinforced the belief that the initiative's four components—Team Decision

Making; the recruitment, training, and support of resources families; community partnerships; and self-evaluation—were the right strategies. Moreover, it became clear that the strategies were intimately connected. Lasting improvements in child outcomes are unlikely to happen unless sites develop and use them simultaneously and in a strategically integrated way. It is a crucial lesson, one of many that guided *Family to Family* into its second decade. Those lessons are summarized in Chapter VI.

VI. OBSERVATIONS ABOUT CHILD WELFARE SYSTEM REFORM

By 2005, *Family to Family* had spread to 20 states. Fifty-five percent of the nation's foster children lived in states implementing Family to Family. The number of children *entering* foster care had slowed (although the number of children *living in* foster care had increased),³⁶ and the number of children adopted out of foster care was growing.

Family to Family had stimulated data collection and use, both within state and local systems and through the Multi-State Data Archive, precursor of the Chapin Hall State Center for Data. Increasingly, local child welfare staff could obtain data online to produce their own analyses, which they used to assess progress, develop strategic plans, compare local results to state and national trends, and inform decisions about policies and practices.

In most *Family to Family* sites, community and family members became integral and respected participants in decision making, from the removal of children to the selection of new child welfare commissioners.

The initiative's national influence was large and growing.³⁷ The Child Welfare League of America incorporated *Family to Family* principles and values into its foster parent training curriculum, and trainers began to use the curriculum nationwide. Several states incorporated the principles into their federal program improvement plans. Hundreds of system leaders and staff visited Cleveland to learn how to implement *Family to Family*, and leaders from the initiative's early sites moved to similar positions in other states, taking the reforms with them. In 2004 alone, the Foundation's \$5.7 million investment in *Family to Family* leveraged \$12.2 million in funding for child welfare reforms from public and private sources.³⁸

The state of child welfare nationwide remained troubling, however:³⁹

- ◆ In 2000, five million children were reported as possibly abused or neglected, and about three million cases were investigated. Of those, about 879,000 children were found to be victims of maltreatment.
- ◆ By Sept. 30, 2002, there were 542,000 children in foster care across the United States. The number of foster families, however, had shrunk by more than 5,000.
- ◆ Nationally, fewer children were reunited with their families. A growing number of older children appeared likely to age out of the system without rejoining their birth families or finding a permanent home.
- ◆ Children of color continued to be disproportionately represented in child welfare. African-American children entered foster care at a rate of almost six per 1,000 compared with less than two per 1,000 for whites. African-American children with open child welfare cases were least likely to be served at home, most likely to remain in care longer, and least likely to be reunified with their families compared with other racial/ethnic groups.
- ◆ Infants comprised the largest percentage of children in foster care. By 2000, they were placed at a rate of almost 10 per 1,000 children, compared with about two per 1,000 for older children. African-American infants, in particular, were disproportionately represented in the foster care system.
- ◆ Overloaded public child welfare systems continued to find it difficult to recruit, train, and retain enough workers.
- ◆ The complex federal funding structure for child welfare promoted foster care rather

than prevention and support services, and an economic downturn further strained state and local budgets.

In that context, *Family to Family's* experiences have important implications for ongoing and future efforts to reform child welfare systems. The following observations about child welfare reform at a broad level—that of the multi-site, system-level initiative—reflect insights by some of *Family to Family's* developers, consultants, funders, and grantees.

LEADERSHIP

System reform requires “an exceptional degree of sophistication, strategic vision, honesty, discipline, and willingness to learn from mistakes.”⁴⁰ “It is easy to do right-sounding things badly,” Doug Nelson says. “Family preservation that is carelessly targeted, or poorly executed, or carried out in isolation from the rest of the system will not prevent placements or avoid out-of-home costs. [And] family support services that disproportionately serve low-risk rather than high-risk families will have little or no impact on reducing the rising demands on the child welfare system.”

The support of state child welfare leaders gives the initiative crucial status and scope. Support from state commissioners gives *Family to Family* extra prominence at the local level—and when commissioners change jobs, they tend to carry the ideas with them, expanding the initiative’s sphere of influence. When Kentucky’s commissioner moved to a similar position in Tennessee, for instance, she brought with her a familiarity with and commitment to *Family to Family* principles based on her work in Louisville. When private providers resisted the reforms, she supported the public agency’s work. Other leaders from the first generation of sites moved on to Arizona, Alaska, and Washington State, and requested assistance from *Family to Family*.

Agency buy-in is developmental, and the planning stage offers a vital opportunity to begin the process. *Family to Family* is, as one of its developers says, simultaneously “exciting, educating, and challenging people in sites.” People may hesitate to raise questions about process or expectations, “but if they swallow something they don’t believe in, there won’t be adequate buy-in.” The nine-month planning process helps to create a sense of ownership among local leaders.

People may hesitate to raise questions about process or expectations, “but if they swallow something they don’t believe in, there won’t be adequate buy-in.”

The personalities and operating styles of leaders play a pivotal role in an emotionally charged, high-stakes field. As this report’s brief profiles of Doug Nelson, Kathleen Feely, John Mattingly, and Judith Goodhand illustrate, the personal conviction, vision, strategic ability, and savvy of a key leader can determine whether an initiative gains support and traction or not. That is especially true when the initiative involves fundamentally changing the way people think and act.

TA providers found that leadership styles and values are equally important at the site level, especially among state commissioners of social services and local directors of child welfare agencies. “You can do this if you have a weak leader but it’s going to be incredibly hard, because when you have to stand up to a judge or a community you can’t stick your finger in the wind to see which way it’s blowing,” Marsha Wickliffe says. “You need people who are visionaries, who are passionate about this.”

The downside of leadership’s role is that child welfare leaders, even good ones, rarely stay in place very long. “*Family to Family* is a top-down, bottom-up

thing,” observes Lynn Usher. “If you have a political change at the top [and support disappears], it can become very difficult for folks on the front line to do their work.” In such a transitory environment, initiatives like *Family to Family* must be prepared to maximize every opportunity.

Be prepared for a long-term commitment. Child welfare systems take a long time to improve.

People who have already changed their thinking and behavior need a way to come together in mutual support and leadership. The people who can see the meaning of change, even in the midst of a critical situation, can build a critical mass of support.

THE ROLE OF A NATIONAL FOUNDATION

Deep-seated, systemic changes require a nontraditional approach to grant making. *Family to Family*, more than any previous AECF initiative, aimed to produce results by instilling better ideas, values, and principles in public systems. System practices are unlikely to change, however, simply because more money is available. So *Family to Family's* developers learned to downplay the financial aspect and emphasize the conceptual piece. AECF became a provider of ideas, technical assistance, learning opportunities, and emotional support to sites, as well. The initiative's developers created a team of staff whose credibility came from the trenches, who could serve as genuine partners of their grantees. And they hired consultants to help grantees redefine and improve their organizations. “Leading with ideas, not money” was a revolutionary concept for national foundations at the time, but it was so effective it became the mantra of later AECF initiatives.

Be prepared for a long-term commitment. Child welfare systems take a long time to improve. Pilot projects and short-term funding will not produce the level of change needed to improve outcomes for children, families, and communities, and a foundation has to stick with the work until it really takes root.

Calculated risks pay off. The nontraditional design choices made by *Family to Family's* developers produced some of the most innovative and enduring results. For instance, it was risky to blend the evaluator's role with technical assistance and to shift the emphasis of evaluation from independent assessment to self-evaluation, but the decision may have done more than any other activity to build long-term capacity for good decision-making in most sites.

GRANTEE AND PARTNER RELATIONS

Grantees need frequent and genuine opportunities to influence the work. “One thing we didn't do well in the beginning was get input from grantees on what they needed,” Feely acknowledges. “We had the first conference without asking what sites wanted to know. Within a day, [participants challenged us]. It felt very top-down to them, as if we were telling them how to do their jobs. So we redesigned the whole conference, right then and there.” Feely now suggests establishing a council of grantee advisors at the very beginning of the initiative.

Family to Family's developers and TA providers struggle to protect the initiative's defining characteristics without being overly prescriptive. Since 2001, every participating state has been required to adopt the four core strategies, and new sites understand that when they start. However, TA providers also try “to open the doors to the sharing of decisions, data, resources, and credit so that we [don't] put forth the idea that we can respond, on a solo basis, to the complex issues that arise in child welfare,” Judith Goodhand says.

Marsha Wickliffe believes the initiative has been appropriately prescriptive, overall. One reason *Family to Family* succeeded was that AECF insisted the states involve counties with the greatest need, she points out: “They never would have done it otherwise. And if we hadn’t insisted that they collect and analyze data, that they develop a team to decide what’s best for kids and get them there as quickly as possible, it wouldn’t have happened.”

If the Foundation’s expectations are unclear, partners cannot envision reforms or gauge their system’s capacity to change. *Family to Family*’s strategies evolved along with the initiative. “We realized they were critical [strategies] but we didn’t make it explicit, initially, that they were essential strategies. They appeared to be optional,” Goodhand recalls.

On the other hand, the concreteness of *Family to Family*’s outcomes helped establish boundaries for AECF’s work with grantees. It is easier to think about reforming systems and improving the lives of families in disadvantaged neighborhoods when the initiative focuses on a discrete piece of work, such as foster care, than when it tries to take on multiple issues.

It becomes more important to “market” the initiative’s concepts, than to require them, as the Foundation’s financial investment decreases. As the original grant cycle wound down, it grew harder for AECF to insist that sites make the four core strategies the centerpiece of their work. “It’s a very different discussion now than it used to be,” long-time TA provider Mal O’Connor said in 2004. “A leader can now say, ‘This is *part* of my agenda.’ On the other hand, [local leaders] can own it more because it’s not all paid for by Casey.”

It is a continuing challenge to provide basic structure while remaining flexible and open to sites’ experimentation. Alida Zweidler-McKay, a former CFAR consultant, recalls that for some grantees “the lack of clarity was frustrating. They wanted to be told what to do. They weren’t sure what the ‘it’ was

or why one element was in or out.” That experience led *Family to Family*’s TA team to fine-tune the four core strategies and begin to figure out how far along sites should be with each strategy at different points in time. By 2004, Zweidler-McKay said, the initiative had reached a point where “we run the risk of not having enough room for people to tailor [*Family to Family*] and make it their own. Part of my work is helping people find that space, but it’s an ongoing challenge to balance clarity and flexibility.”

TECHNICAL ASSISTANCE

Hands-on, assertive leadership by site leaders makes a real difference. With other initiatives, sites were used to having the funder visit once or twice a year and sending in a progress report—a very limited amount of interaction. With *Family to Family*, Marsha Wickliffe said, “John [Mattingly] and I were constantly on the phone and visiting them. We were always looking at what was going on, how to help people take up the work, answering questions, helping TAs coordinated what they were doing.” The active participation by Foundation staff and consultants kept the initiative alive while establishing roots in the site.

The most effective TA providers have some professional experience in child welfare. John Mattingly loaded the technical assistance team with people “whose hands were still dirty from the field,” such as Marsha Wickliffe, Patricia Rideout, and Judith Goodhand. Their intimate knowledge of the foster care system, the factors that influence it, and the hurdles that stand in the way of reform was as important as their skills in relationship building, coaching, facilitation, and community outreach. Even so, the TA providers encountered resistance from agency leaders and staff who saw them as foundation representatives rather than as peers.

Agency directors need written tools to help them convey a consistent message. This is especially true when the reform involves significant changes

in practice. Until *Family to Family* developed and disseminated tools, it was difficult to engage a critical mass of people for whom the concepts resonated.

TA needs the support of a solid infrastructure for management and delivery. It took several years to build the infrastructure needed to organize and support up to 50 technical assistance providers serving 19 *Family to Family* anchor sites in eight states. At first, Mattingly worked directly with every local *Family to Family* leader and a small pool of TA providers. As the initiative expanded and the number of assistance providers grew, that approach became unwieldy. So Mattingly and Feely designated “site team leaders”—senior consultants with the most experience on specific elements of *Family to Family*—who could oversee all of the TA for each site.

The site team leaders meet monthly to discuss sites’ progress, diagnose new needs, and plan follow-up, and they hold periodic retreats to address thorny issues. CFAR helps the site team leaders augment their content knowledge with general consulting skills, such as techniques for helping agency directors stay focused on the big picture.

“Child welfare changes that fail to take into account the extensive interdependence between the child welfare, education, juvenile justice, and mental health systems will tend not really to solve problems...”

Team-based assistance, rather than contacts with individual experts, facilitates learning and diminishes confusion. When *Family to Family* began, each site worked with a separate consultant for each aspect of the initiative. The succession of advisors dropping in and out confused local partners, and their work was not well integrated. The current practice of working

in teams creates a better learning environment. Providers say they get to know their colleagues onsite, and members of the team “start to think more organizationally . . . about the integration of parts into a whole.”

TA works best when the organization being assisted has a culture of learning. In the early days, before *Family to Family*’s ideas took root, TA providers sometimes felt caught between two clients, the Foundation and the grantees. Local change agents didn’t want their dirty laundry aired before a grant maker, but AECF staff needed to know what was wrong so they could design a helpful TA strategy. Under those conditions, it helped if the site had a confident leader, someone who was comfortable learning and exposing the system’s flaws to outsiders in order to fix them.

As this type of initiative unfolds, sites often need help with organizational and leadership development. *Family to Family* wasn’t set up to provide that sort of TA, but it can be difficult to develop core strategies without good structures in which to ground them.

COMMUNITY PARTNERSHIPS

Successful system reform requires concerted efforts by the leaders of various institutions that provide services to children and families. As Doug Nelson explained in 1993, “Child welfare changes that fail to take into account the extensive interdependence between the child welfare, education, juvenile justice, and mental health systems will tend not really to solve problems but simply to transfer the locus of those problems to other systems. To fix *systemically* any part of our child-serving system it is necessary to engage—in both the planning and implementation—key actors from state and local levels, public and private sectors, from parallel systems, from every major component within the continuum of existing services.”⁴¹ Other crucial partners include birth and resource families, legislators, and members of the media.

Community representatives need leeway to develop their own style of partnership. “I was nervous about finding the ‘right’ model to engage the community at first,” Kathleen Feely says. “Now I think it matters that the state is clear about expectations and about what decisions the community is and isn’t allowed to make, but beyond that it doesn’t really matter.” (This presumes, of course, that everyone understands the partnership is about improving child welfare and achieving *Family to Family*’s core outcomes rather than other reforms.)

A community collaborative only works when each partner has something genuine to do. *Family to Family* designers wanted sites to form collaborative steering committees, but in the early days the basic infrastructure needed so much attention that key institutional players, such as the public health department, often got bored and faded from the scene. “Don’t form a collaborative unless you’re ready to use it,” Feely now advises.

Some aspects of partnerships can be fostered through mentoring; others may require training. After *Family to Family*’s first decade, initiative leaders shifted from primarily mentoring sites—a very time-consuming endeavor—to distilling their knowledge into training sessions for child welfare workers. With her TA colleagues, Jill Kinney identified seven stages of community partnership for which she will develop training materials. One challenge is to teach people how to do something the trainers—who are affiliated with universities and other organizations—may never have actually done. A solution is to pair professional trainers with experienced community partners.

THE IMPORTANCE OF DATA

Data are an essential tool for understanding what needs to change, measuring progress, and keeping people focused on priorities. *Family to Family* has shown how powerful data can be in a community context, especially for social workers who are

unaccustomed to examining data. “We’ve seen data have a significant impact on the way in which an agency operates and help workers gain insight into how their work influences children’s experiences,” evaluator Lynn Usher says.

Yet it has been extremely difficult to create useful information systems for child welfare. Caseworkers need real-time data to guide immediate decisions about removing a child from danger. Managers and supervisors, however, need longitudinal data to assess how well a strategy or policy works and, if necessary, make in-course corrections.

INSTITUTIONALIZING CHANGES

Long-lasting change requires the commitment and support of professionals at all levels of the system—top leaders, mid-level managers, and frontline workers—so that turnover in staff or leadership has only a minimal effect.

Agencies must embed the new practices in their regular performance standards, policies, and procedures. When reforms are deeply enconced in the system they stop being pilots or models for change and are reinforced as the natural way of conducting business. In Cleveland, for instance, system leaders institutionalized a sense of respect toward foster families by setting new standards of practice, training caseworkers to meet them, imposing sanctions, reducing case loads, and publishing a newsletter about caseworkers whose relationships with families embodied the value.

It is especially important to embed reforms in state policy. “I remember saying early on that self-evaluation was going to be the longest-lasting contribution of *Family to Family*, and I still think that’s true,” Kathleen Feely said in 2005. “But it didn’t translate into becoming the policy of each state except in Ohio, California, and maybe Alabama. It stayed at the initiative level as a practice innovation rather than a real system change.” Since all but two

of the states where *Family to Family* initially operated had county-administered child welfare systems, the state's influence was limited unless a practice was codified in the state regulations.

Personnel practices must reflect the reform principles. A criterion for being promoted within the child welfare system should be the demonstrated commitment to, and use of, the principles and practices promoted by *Family to Family*. That expectation, accompanied by the end of the civil service promotion structure, needs to be publicly stated by the system.

System reform is not static or time-bound. The changes we seek to institutionalize are constantly adapting in response to the environment. "If you try to crystallize something, to create a model, you can choke the life out of it because the world keeps changing around it. I think we face a delicate balance of trying to institutionalize things while realizing we can't predict what will happen," Jill Kinney said.

VII. WHY *FAMILY TO FAMILY'S* EARLY HISTORY MATTERS

The experience of developing and honing *Family to Family*, and tracking the results, taught some valuable lessons about what system reform should “look like” and what it takes to make real change happen, in child welfare and other human service systems. *Family to Family* showed that systems can be improved with the right ideas, a little nudging, and some money:

[G]ood foster families can be recruited and supported in the communities from which children are coming into placement. . . . Dramatic increases in the overall number of foster families are possible, with corresponding decreases in the numbers of children placed in institutions. . . . Child welfare agencies can effectively partner with disadvantaged communities to provide better care for children who have been abused or neglected.⁴²

These results are striking when one realizes that on any given day in the United States 550,000 children are in foster care, and over the course of the year an additional 220,000 children cycle in and out of care.

In 2007, people talk about child welfare from a different perspective and with different core elements in mind than they did 17 years ago, and much of that change is attributable to *Family to Family* and the successes of its sites. The initiative significantly, although not exclusively, contributed to a deeper awareness of how important continuity and proximity to home are when it comes to foster family recruitment and placements. It made the concepts of neighborhood-based services and links between the birth and foster families more prominent in child welfare values and practices. And it made a broader population of mainstream decision makers rightfully apprehensive about congregate and group care.

Family to Family strengthened the technologies of the child welfare field. It did not invent Team Decision Making but it made the process more widely accepted. It established as standard practice new ways to measure and evaluate the success of foster care systems. It gave states new tools, including community partnerships and data, to gather information needed to comply with federally mandated Child and Family Services Reviews. It recruited and trained countless residents to:

...provide outreach, parenting education, respite, foster family recruitment and support, crisis response and follow-up, and reunification. [It located] child welfare functions and personnel in neighborhood family resource facilities and community centers. And, in almost every site, *Family to Family* [forged] new collaborative relationships among system social workers, community providers, local school personnel, foster families, volunteers, and community leaders.⁴³

Family to Family affirmed that the family-centered approach works: If the birth family is inadequate, a network of other families who are ready and able to serve as mentors, supporters, and surrogates can fill the gap. That approach, Doug Nelson has said, is accelerating responsiveness. According to Nelson:

It is making help more accessible and approachable; it is contributing to greater continuity in service; it is increasing the effectiveness of family preservation and family reunification activities; and it is facilitating more formal and informal support to foster families as they seek to meet the care, treatment, and developmental needs of multi-problem kids.⁴⁴

Family to Family reinforced the belief that the decisions frontline workers make and the knowledge they use are crucial to positive outcomes. The

initiative demonstrated that certain approaches—self-evaluation, direct involvement with families and community members, and a commitment to data-based accountability—produce results. It proved that the public sector has much to offer when it comes to neighborhood-based services and that the public sector’s involvement is crucial.

Family to Family’s impact on The Annie E. Casey Foundation extends beyond child welfare reform. The successes and frustrations of this initiative shaped AECF’s strategies and methods for all kinds of human service system reform. It became a prototype approach for using data to frame a problem, accumulating a few crucial principles for change and good examples of how they work, developing a model to test the hypothesis for systems change, using technical assistance and peer learning exchanges to spur progress, institutionalizing change, and leveraging ongoing support. *Plain Talk*, the *Juvenile Detention Alternatives Initiative*, *Making Connections*, and other AECF initiatives benefited from *Family to Family’s* experiences.

The Foundation leaders, staff, and consultants closely involved with *Family to Family* are pleased with its accomplishments and by the way the link between policy, practice, and data has endured. Still, they see challenges for the years ahead, including:

1. Getting to scale while managing growth

During the third phase of *Family to Family*, AECF’s strategy was to saturate the child welfare field with the initiative’s ideas and strategies so that even people who haven’t had direct contact with the initiative could embrace its values and practices. But with 19 anchor sites in eight states, the challenge became to gain national prominence without sacrificing local successes. The initiative’s 50 TA providers could not give the same deep level of assistance to every site.

One option might have been to reserve the full treatment for places that were implementing all four *Family to Family* strategies successfully and with fidelity. Other sites—those with an interest in part of the *Family to Family* approach but not yet ready for full-scale reform—could have received tools and information based on lessons learned at the full-implementation sites. And a third set of sites—those that intended to fully implement all of the strategies but were struggling to make the transition—could receive yet another level of support.

Family to Family’s impact on The Annie E. Casey Foundation extends beyond child welfare reform. The successes and frustrations of this initiative shaped AECF’s strategies and methods for all kinds of human service system reform.

“We’re at a critical point in what I think of as a market penetration issue,” Patrick McCarthy, AECF’s Vice President for Service and System Reform, observed in 2005:

If we really want to penetrate it, we have to be a lot more strategic than we have been. . . . The reason some sites with a lot of kids aren’t in [the initiative] is because we determined they weren’t willing or ready enough, or there were too many other sites that *were* willing and ready. But if we really want to tip the field, we have to figure out how to bring those sites on board.

2. Preventing model drift

The challenge of preventing dilution or drift from the *Family to Family* framework is related to the issue of scale, especially in large states like California where 25 counties have joined the initiative.

To accommodate their financial concerns and constraints, *Family to Family* tried regional training and evaluation meetings for clusters of sites. The expectation was that participants would teach their colleagues at home, but there also was a concern that key ideas might be lost in translation, diluting the Foundation's key strategies and diminishing its control. The potential for model drift also grows as other foundations and local partners (such as the Stuart and Walter S. Johnson foundations in California) begin to invest in *Family to Family*.

3. Using limited resources effectively

Traditionally, AECF assisted *Family to Family* sites on an open-ended, as-needed basis. As the number of sites grows (but funding does not), one option is to offer support through a project-specific TA plan that includes an exit strategy. Instead of working with a site indefinitely as long as it is making some progress, the Foundation needs to consider limiting assistance to those sites that reach agreed-upon goals within an agreed-upon timeframe.

4. Improving partnerships

Family to Family's progress in involving family and community members in policy, planning, and system reform has been considerable but not sufficient. "A couple of system leaders and community organizations coming together with agency staff is a first step but it's not a finished vision for partnership," initiative director Wanda Mial has said. "What does it really mean to have families at the center of the table, and how do we get there in a way that's authentic?"

5. Evaluating results

In addition to its ongoing evaluation of each *Family to Family* site, in 2006 AECF began planning for a cross-site evaluation of the initiative's outcomes. AECF also embarked on a comprehensive self-assessment of *Family to Family*. In consultation with

each other, Foundation leaders, site representatives, and other friendly critics, the team considered these questions: How can *Family to Family* make the biggest difference for kids and families using current resources? In how many sites should *Family to Family* operate? What does it really take to transform practice in a site? How do we make the tradeoff between working where there is the greatest need and working where there is the greatest readiness and potential for positive change? What is the optimal way to organize and manage the TA team for greatest impact?

6. Integrating *Family to Family* with *Community Partnerships for Protecting Children (CPPC)*

CPPC is a national child welfare initiative operated by the Center for Community Partnerships in Child Welfare, part of the Center for the Study of Social Policy. Although it began as an initiative of the Edna McConnell Clark Foundation, it is now funded primarily by AECF. To maximize the value of CPPC and *Family to Family*, and to minimize confusion in places where both operate, Wanda Mial and CPPC founder Susan Notkin are beginning to integrate the two initiatives.

There are many similarities between the two. CPPC revolves around values similar to those of *Family to Family*, including: "(1) Children's safety depends on strong families, and strong families depend on supportive connections with a broad range of people, organizations, and community institutions; (2) children's safety does not depend on public systems alone; and (3) keeping children safe is everyone's business."⁴⁵ Like *Family to Family*, CPPC also tries to involve community members and agencies in supporting families in crisis; to give families a voice in decision making; to intervene more effectively when abuse and neglect occur; to keep foster children in their neighborhoods; to improve the child welfare system's policies, programs, and practices; and to

forge partnerships between child welfare and other human service agencies.⁴⁶

But there also are differences between CPPC and *Family to Family*. For example:

- ◆ Philosophy of reform. *Family to Family* is a child welfare system reform strategy. For CPPC, reforming the system is just a piece of the overall strategy. “Our question is not ‘How do you reform child welfare,’ it’s ‘How do you keep children safe,’” Susan Notkin says.
- ◆ Entry point for reform. Historically, CPPC focused on preventive services and the “front door” of child welfare—the investigation and intake processes—while *Family to Family* began with foster care. This difference lessened over time as CPPC ended up serving children in foster care and *Family to Family* works with families to keep them out of foster care.
- ◆ Clarity of outcomes. *Family to Family* has clear, measurable outcomes. CPPC’s key outcomes (reductions in child abuse and neglect, for instance) are harder to gauge, Notkin acknowledges, because they can only be measured by proxies such as reported cases.
- ◆ Frontline practice and training. While *Family to Family* has tried to change the way people make key decisions about foster care, largely through Team Decision Making, CPPC has tried to train as many frontline staff and supervisors as possible to use better practices—for making assessments, partnering with parents, building a family-centered team, etc. CPPC also is more detailed in its training. Its Family Conferencing approach has an explicit protocol for engaging families, while *Family to Family* does not prescribe a method for partnering with families.

An integrated framework could encompass the entire child welfare continuum, from prevention, child protective services, and intake to foster care,

adoption, and transitions out of care for young adults. “It would be a mistake to think of either *Family to Family* or CPPC as isolated initiatives. We need to look at them, and all other child welfare work, as part of our effort to develop a strong continuum of systems and services that value the principles of inclusion, community, [and] partnership with families in new ways,” observed one *Family to Family* site coordinator and former agency administrator.

Many challenges remain for the child welfare field. Financing structures need reform; systems need to do a better job of respecting, listening to, and partnering with families; public will is weak when it comes to keeping vulnerable families out of the child welfare system—or, for that matter, taking public responsibility for child welfare. Neither system insiders nor reformers really know how to help families that are chronically in crisis.

Certainly, there are many lessons yet to learn. But just as certainly, *Family to Family* offers a solid and proven base on which to build better outcomes for children, families, and systems.

AFTERWORD: FAMILY TO FAMILY BEYOND 2007

By Patrick McCarthy, Senior Vice President
Annie E. Casey Foundation

The *Family to Family* story continues to unfold. As *The Story of Family to Family: the Early Years* describes, the initiative began in 1992 with five initial sites. By early 2007, the Initiative had been launched in over 60 sites and 17 states around the country, and it was contributing to a national movement for change in the child welfare system.

We are now working to apply 15 years of learning in a rigorous way in selected sites and to evaluate the results, to build toward the next generation of Casey's child welfare reform agenda. But our site partners have demonstrated that the core principles of *Family to Family* remain critical to the work, beginning with the principle that all children need lifelong connections to strong families, but also affirming that child safety is paramount; families need strong communities; and public child-welfare systems must build partnerships with the community and with other systems to achieve strong outcomes for children.

We are now focusing on deepening the *Family to Family* work, emphasizing fidelity to the program model, and completing an evaluation of implementation to capture the lessons sites have taught us, and share them with the field.

From our work thus far, we have found that four interdependent strategies are essential for success in implementing *Family to Family*. Each represents a good practice on its own, but it is the joint and mutually reinforcing effects of the four strategies together that produce the strongest impact.

- ◆ **Community Partnerships:** establishing relationships with a wide range of community organizations in neighborhoods where referral rates to the child welfare system are high, and

collaborating to create an environment that supports families involved in the child welfare system;

- ◆ **Team Decision Making (TDM):** involving not just foster parents and caseworkers but also birth families, including youth, and community members in all placement decisions to ensure a network of support for the children and for the adults who care for them;
- ◆ **Recruitment, Development and Support of Resource Families:** finding and maintaining foster and kinship families who can support children and families in their own neighborhoods and bring safety, well-being and permanency to their lives; and
- ◆ **Self-Evaluation:** collecting and using data about child and family outcomes to find out where we are making progress and to show where we need to change.

We now have 15 Anchor sites and an array of Network sites with a F2F "network of support," which includes technical assistance and grant support from the AECF as well as peer-to-peer learning. Anchor sites are receiving intensified financial and technical assistance support as well as heightened performance accountability, through formal evaluation. At the same time, the broader set of Network sites is nurturing and building the *Family to Family* movement, emphasizing peer learning through a regional support network of technical assistance.

Our focus continues to be on positive outcomes for children and their families, as evidenced by the following specific target indicators:

- ◆ Reducing the number and rate of children placed away from their birth families;
- ◆ Increasing the number of and rate at which

children who must be placed in foster care are placed in their own neighborhoods and/or with kin;

- ◆ Reducing the number of children served in institutional and group settings, shifting resources instead to kinship care, family foster care, and family-centered services;
- ◆ Decreasing lengths of stay of children in placement;
- ◆ Increasing the number and rate of children reunited with their birth families;
- ◆ Decreasing the number and rate of children re-entering placement;
- ◆ Reducing the number of placement moves children in care experience;
- ◆ Increasing the number and rate of siblings placed together; and
- ◆ Reducing any disparities associated with race/ethnicity, gender, or age in each of these outcomes.

To help sites achieve these outcomes, we have continued to support: 1) technical assistance to our Anchor sites; 2) peer learning; 3) parent and youth engagement; 4) reduction of racial disparities and disproportionality in child welfare outcomes; 5) frontline practice reform and 6) evaluation of the results of our efforts. Secondary aspects of our work include a focus on child welfare financing policies; domestic violence; immigrant and refugee families; education for youth in foster care, children of incarcerated parents; and facilitation of a collaboration among urban child welfare leaders.

As a set of principles, strategies and outcomes, *Family to Family* is intended to change “the way we do business” in child welfare. In some sites, it has provided a framework for an overall reform effort; in others, it has enhanced existing reforms. We hope that in all instances, *Family to Family* has contributed usefully to the hard work and commitment to reform shown by our many partners across all levels of the child welfare arena.

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- ²⁰AECF Foundation Investment Summary, 2004.
- ²¹Temporary shelters tend to become long-term holding tanks for children who can't get into foster homes, and in communities where they exist they are constantly filled. When shelters are eliminated, however, it becomes much harder for caseworkers to find placements for children, at least in the short term. Thus the effort to close shelters indicates a much deeper effort to redefine what the child welfare system is and what it stands for.
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