CHILD WELFARE WATCH VOLUME 14 SUMMER 2007

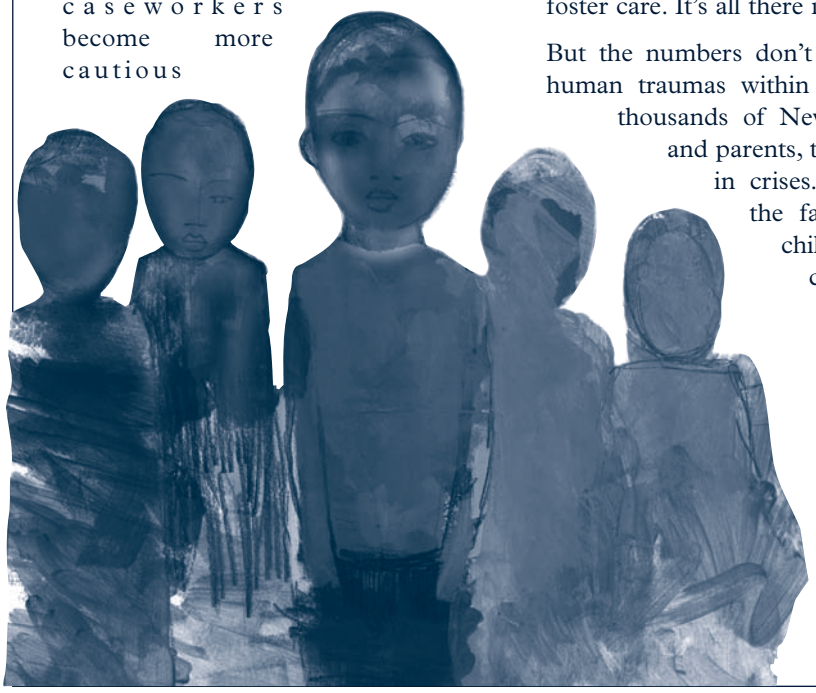
CWW

PRESSURES AND POSSIBILITIES: SUPPORTING FAMILIES AND CHILDREN AT HOME

In social policy, statistical details can easily obscure the real people they describe. There is artistry in getting inside the numbers to discover what's happening in people's lives.

Last year, a surge in the number of children placed in foster care began soon after the January 2006 killing of young Nixzmary Brown. In 2006, foster care placements increased 53 percent, from fewer than 4,800 to more than 7,200. The last time there was such a leap from one year to the next, Rudy Giuliani was mayor, Nicholas Scoppetta was children's services commissioner and they had just created a new agency for child protection in the wake of the horrific murder of a Lower East Side child.

Each time there is a well-publicized, preventable death of a child, people make more reports of abuse and neglect; caseworkers become more cautious and confirm more allegations; city lawyers file more petitions in Family Court; and judges place more children in foster care. It's all there in the data.



But the numbers don't reveal the very human traumas within the psyches of thousands of New York children and parents, their lives reeling in crises. Depending on the family, placing a child in foster care can be either a necessity or a mistake. But in every case it reflects trauma, separation, fear and sadness.

There are two motivational impulses in child welfare.

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A COMMUNITY'S CONCERN

Tracking the impact of family support services can be tricky—especially if the neighborhood isn't part of the equation. An essay by Fred Wulczyn.

Keeping children safe and preserving family ties is complicated work. The work is even more difficult if agencies and practitioners lack a keen sense of what happens to the children and families they serve.

New York City's Administration for Children's Services (ACS) has for nearly a decade been a pioneer in monitoring how well its programs meet their objectives. For the most part, ACS has focused its monitoring efforts on the foster care system. With attention now turning to prevention, the city has an opportunity to improve its scrutiny of preventive service providers.

As with foster care, ACS relies heavily on private agencies for the delivery of in-home services to children and families. Compared to many other jurisdictions, the ACS investment in preventive services is substantial. But what is the return on this investment? This is a question for the system as whole, and one that pertains equally to individual provider agencies.

The dynamics surrounding the city's foster care system have changed a great deal in the last decade. The foster care population is a fraction of what it was when ACS was lifted out of the Human Resources Administration. What has not changed is the difficulty of trying to understand how well preventive services work. Whether a child served by a preventive services agency goes into foster care is easy to determine. However, it is much harder to know if the services provided prevented something that would have otherwise happened.

What, then, can ACS do to monitor the providers of preventive services? First, I recommend that ACS remind its stakeholders that monitoring is an evolutionary process that relies on learning from experience. The process will inevitably change—but it has to start somewhere.

Second, ACS must be clear about the core objectives of its preventive programs. Preventive services agencies are part of a larger child welfare system that has safety, permanency, and well-being as its central outcomes. For preventive services agencies, keeping children safe in their own homes is the most obvious connection to that broader mission. In the realm of safety, preventive service providers play a part in reducing the incidence and recurrence of maltreatment. With respect to permanency, preventive services help children stay with their families and help children who have already been in foster care avoid going back. Post-adoption services have a similar purpose.

However, pinpointing the outcome of child well-being within the constellation of responsibilities undertaken by preventive service providers is difficult. Helping parents nurture their children's development by building their skills as parents is one way to imagine how preventive services support child well-being. If we mean something broader, such as improving educational achievement, then ACS and its partners will have to be very careful. Changing developmental trajectories, such as helping students improve their reading scores, often involves resources that are within the city's span of control but are not within those of ACS. From the perspective of accountability, the challenge is to be crystal clear about what is on the list of outcomes, given the resources of the child welfare agency.

Third, ACS must attend to the process of care and the quality of care. "Process of care" refers to the steps that define how an agency works with children and families. ACS must guard against construing "process" as simply a matter of compliance—although this is certainly a factor—because when it comes to preventive services, a broader perspective is more realistic. The child welfare system and individual providers must demonstrate a capacity to bring clients in, assess their needs, deliver services in response to those needs, and then close the case once the issues have been resolved. In doing so, providers ought to follow best practices and meet minimum standards, and the city's monitoring protocol must articulate what those standards are.

> CASTING A WIDE SERVICE NET OFTEN CREATES THE ILLUSION OF SUCCESS.

The quality of care, the process of care, and outcomes are closely related to one another, and in some respects they are inseparable. Nevertheless, the notion of "quality" has particular resonance that is separate from the process of care and outcomes. Factors that influence quality include best practices, cultural competence, an agency's physical plant (for example, is it family-friendly?), worker access to the resources needed to do their jobs (such as phones, computers, training), the use of appropriate assessment protocols, and so on. Again, it will be up to ACS and its network of providers to define quality. In doing so, it will be important to remember that positive outcomes require quality services—but quality services need not beget

outcomes. High-quality care that fails to achieve positive outcomes is in fact a waste of limited public resources.

Two issues remain. Within the network of preventive service providers, agencies use different approaches and serve different target populations. For its part, ACS will have to understand the former and adjust for the latter. For example, after a substantiated allegation of abuse or neglect, babies are much more likely to be placed in foster care than older children. Agencies that serve families with babies, then, have to be measured against a baseline adjusted for the population it serves. The outcomes are the same—reduce the likelihood of placement—but improvement has to be assessed relative to a unique baseline of the target population.

There are many ways to adjust expectations, but it is essential not to get carried away with the details. Starting out, the list of adjustments should be short. But to proceed without recognizing population differences will ultimately undermine the evaluation process.

A PROVIDER'S SUCCESS DEPENDS ON WHAT HAPPENS AT THE COMMUNITY LEVEL, JUST AS SUCCESS AT THE COMMUNITY LEVEL DEPENDS ON WHAT PROVIDERS ACCOMPLISH.

Ultimately, there is the question of success. To the extent the child welfare system is about safety and permanency, monitoring outcomes is about tracking the incidence of maltreatment and foster care placement. Clearly, for individual providers, it comes down to reducing the prevalence of such incidents within their community. The rub comes from the fact that casting a wide service net often creates the illusion of success. Even in communities where the stress of raising a family is high, the incidence of placement into foster care is relatively low. Yet because families benefit from support, services can and should be provided. However, the question that must be asked is, Did the services prevent placement or did they make the tough job of raising a child easier? Either way, services are vitally important. But in evaluating programs, the city must separate its investment in family support—community by community—from its investment in prevention so that it understands whether the prevention programs are working in the manner intended.

In this context, it is difficult to parse out the contribution of any given preventive provider in quite the same way that ACS does with foster care providers. Foster care is easier to evaluate: children are placed in foster care, agencies have responsibilities in terms of quality of care and regulatory compliance, and the core outcomes—permanency for children, placement stability, and reentry—are clear.

Agencies providing preventive family support services, on the other hand, are far more dependent on outside factors. Family support and prevention are a community's concern. A provider's success depends on what happens at the community level, just as success at the community level depends on what providers accomplish. There is an explicit balance and reciprocity. If all the providers serving a community have low foster care placement rates within their served population and the placement rate in the community rises, it is harder to draw a link between what the providers are doing and the benefit to the broader community. It says nothing about the quality of care or compliance with the standards of care. It merely suggests that the link to safety and permanency is a weak one.

Put another way, service providers are probably fulfilling a family support function rather than a preventive function. ACS, along with the community, will have to decide whether that is enough and, if not, what to do about it. Perhaps they will choose to more explicitly define the valued roles of family support in their community and articulate how these services intersect and partner with other local resources and organizations.

The city's new Community Partnership Initiative—which attempts to draw together a variety of organizations and resources in specific neighborhoods to focus on a few key child welfare objectives—places greater emphasis on local decision making and service coordination. (See "Blueprint for the Future," page 25.) The partnership initiative should go hand-in-hand with the city's monitoring of preventive service agencies. One without the other diminishes both. Participants and ACS will have to reach fundamental agreement on direction and decide what outcomes matter. Safety and permanency have to be at the top of the list. Then, the partners will have to agree on the process of care and the quality of care that matter to them.

Finally, everything has to be pulled together to answer the most fundamental questions: Are children safer and is family life more stable because of the services in place? The process for answering those questions at the community level is collaborative. It requires balance, and success is everyone's responsibility.

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