

A black and white photograph showing two women in profile, facing each other. The woman on the left is wearing a dark, buttoned-up jacket and has her hands clasped together, holding a pen. The woman on the right is wearing a light-colored, long-sleeved top and a dark headscarf. They appear to be in a meeting or discussion. The background is dark and out of focus.

Community Partnerships for Protecting Children

Lessons, Opportunities, and Challenges *A Report to the Field*

First in the heart is the dream —
Then the mind starts seeking a way . . .

The eyes see there materials for building,
See the difficulties, too, and the obstacles.
The mind seeks a way to overcome these obstacles.
The hand seeks tools to cut the wood,
To till the soil, and harness the power of the waters.
Then the hand seeks other hands to help,
A community of hands to help—
Thus the dream becomes not one man's dream alone,
But a community dream.
Not my dream alone, but *our* dream.
Not my world alone,
But your world and my world,
Belonging to all the hands who build.

An excerpt from "Freedom's Plow," by Langston Hughes

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Setting the Stage:

The History of the Initiative

In 1995, the Edna McConnell Clark Foundation invested in a new vision, a first step on the path to better support vulnerable families and children and reduce child maltreatment. This investment grew into a multi-year, multi-site child welfare reform initiative called Community Partnerships for Protecting Children (CPPC).

The guiding premise of the Community Partnership approach is that keeping children safe from abuse and neglect should not be—and, from a practical view, cannot be—the sole responsibility of public child welfare agencies. Raising children safely necessarily involves parents, relatives, neighbors, schools, health care providers—whole communities—coming together to create networks of support that include extended family, friends, local nonprofits, and other state and local agencies that share the responsibility of helping families and protecting children.

The CPPC initiative began in specific neighborhoods in four mid-sized cities. The goal was to keep a consistent focus on child safety through a family-centered approach to child welfare that would weave together a number of strategies to redesign and strengthen child protective service agencies and to mobilize communities to support families. New roles and responsibilities were envisioned for social workers and community organizations, as well as new interactions between the child welfare agency, other partners, and families themselves.

The stakes were high for everyone involved—politicians, social workers, agency leaders, families, and children. Implementing a family-centered, community-based approach was

going to require a sequence of complex and interconnected changes. Change was needed at nearly every level of the public- and private-sector service systems, as were enhanced new capacities of community partners. The obstacles confronting change of this magnitude were formidable.

The CPPC sites would have to work on their new approach while dealing with significant state budget cuts, inflexible child protection approaches that were mandated in state and federal law and cemented in frontline practice, national economic downturns and job loss, and agency and state leadership changes—not to mention the challenging task of engaging community residents around the deeply personal and private issue of child abuse and neglect. Together as partners and colleagues, the sites, which were asked to make substantial investments in time, resources, and enthusiasm; the Center for the Study of Social Policy (CSSP), serving as technical assistance intermediary; and the Foundation, providing financial resources and advice, committed themselves to bridging the divide that too often separates child welfare agencies from the communities they serve.

This report shares lessons learned from the CPPC initiative during the years 1995–2005—its development and challenges, what was learned from the sites' perspectives, and what needs further study and evaluation. Included are findings from internal and external evaluations and reflections from those who worked on the initiative and other child welfare experts. The Chapin Hall Center for Children at the University of Chicago conducted an independent evaluation of the initiative's early implementation and of its outcomes, using

data collected through 2003.¹ The findings are reflected in this report. In addition, each of the four sites self-evaluated their efforts, and those findings are incorporated in the lessons discussed here as well.

It is hoped that this report will contribute to a thoughtful and continued dialogue in the child welfare field about Community Partnerships, explain why some strategies proved more successful than others, and provide an understanding of what else is needed to achieve the goals that parents, communities, and child welfare agencies all seek: safer children and stronger families. The report highlights four areas where CPPC's experience was particularly rich with lessons and advice:

- ▶ **Changing frontline practice;**
- ▶ **Building neighborhood networks;**
- ▶ **Governing a community partnership; and**
- ▶ **Improving child safety and family functioning.**

CPPC at a Glance

Community Partnerships for Protecting Children (CPPC) grew out of the Children's Program at the Edna McConnell Clark Foundation, which had a long history of supporting child welfare reform. In 1995 and 1996, the Foundation's trustees made planning grants to four sites—Jacksonville, FL; Cedar Rapids, IA; Louisville, KY; and St. Louis, MO. The goal was to transform child welfare agencies and communities to better serve vulnerable families and their children and to reduce abuse and neglect.

Each site developed its own approach to the effort but included four specific strategies:

- ▶ **Family-centered practice, including an individualized approach to support each family's unique needs;**
- ▶ **Child protective services agency reform;**
- ▶ **Neighborhood networks of organizations and leaders—including public and private agencies and local residents; and**
- ▶ **Local decision-making bodies to keep the networks moving forward, assessing and learning from the work.**

In 1997, the Foundation made a firm commitment to the implementation of Community Partnerships in these sites by launching a multi-year process of technical assistance and support as the four partnerships put their plans into action. In 2001, the Foundation continued to support the work through a grant to the Center for the Study of Social Policy to create a new Center for Community Partnerships in Child Welfare.

The State of the Field:

Why Change Was Necessary

No one—whether legislators, administrators, social workers, community members, or families themselves—defended the status quo.

In the early 1990s, the nation's child welfare system was failing the children and families who needed help the most. On an average day, over 400,000 children across the country were either in foster care or residential institutions; removed from their families; separated from their siblings; and placed far from their homes, schools, and communities. Child protective service (CPS) agencies were overwhelmed, under-staffed, under-funded, and lacked the knowledge and range of services to support families who were struggling with a variety of problems that are intertwined with child maltreatment, including domestic violence, substance abuse, and poor mental and physical health.² Families and children of color were overrepresented in the child welfare system compared to their proportion of the general population, and the type, quality, and quantity of services they received differed in important ways from those that white families and children received.³

CPS agencies' mission to protect children was further compromised by service delivery weaknesses. Too often, services were fragmented and rarely customized to each family's needs. Families had to work with multiple agencies to get help for their increasingly varied and complex problems, and in dealing with multiple agencies—each working on an issue in isolation—the families often received conflicting advice. More and more families were in crisis, and more and more children were endangered. And the problems of families were greater than anyone really knew. The third National Incidence Study on Child Maltreatment from the

U.S. Department of Health and Human Services suggested that much abuse and neglect was going unreported.⁴

As groups of child welfare experts, foundation staff, and national, state, and local leaders considered what type of change was necessary, a set of principles and strategies to guide a new way of thinking about child welfare began to emerge. The new vision recognized that community support systems for families were an essential ingredient for child safety and thus recommended a supportive, community-based approach to child welfare. In 1990, the U.S. Advisory Board on Child Abuse and Neglect strongly recommended the development of plans for the “coordinated, comprehensive community-based prevention, identification and treatment of abuse and neglect.”⁵ In 1991, the National Commission on Children released a report containing a blueprint of a new national policy for children and families.⁶ The Commission similarly recommended that programs be restructured to include community-based family support networks offering access and referrals to a broad range of services, comprehensive interventions to assist families before problems become acute, and extensive child welfare services for families in crisis.

Small, community-focused child protection experiments were emerging in several states where public and private agencies worked alongside community organizations and local residents. In 1992, the Annie E. Casey Foundation launched its *Family to Family* initiative, an innovative foster care reform effort that

built on community networks to keep children safe and in their own communities. With Clark Foundation support, the John F. Kennedy School of Government at Harvard University convened an Executive Session on Child Protection, comprised of researchers and child welfare policymakers and practitioners. In 1997, the Executive Session report recommended that child safety required a new type of partnership between child welfare agencies and communities.⁷

These varied reports, commissions, and study groups created a conceptual foundation as well as momentum for trying a new approach. However, translating the new principles into practice required a different type of work with a strong commitment to “learning by doing.” From the beginning, the pioneers of CPPC knew that valuable lessons would emerge as sites began the work and that adjustments would be necessary many times along the way. By the same token, it was clear that the answers would not be simple.

Values: At the Heart of Community Partnerships

Community Partnerships are based on a set of fundamental values and principles that are critical to the field of child welfare:

- ▶ **Government alone cannot protect children from abuse and neglect; child welfare agencies and courts must share responsibility for safety with community partners, residents, and with families themselves.**
- ▶ **There is no substitute for a strong and permanent family to help children and youth grow into responsible adults.**
- ▶ **Families are stronger when service plans are built on strengths, not solely focused on deficits, and when these plans respond to specific needs identified by the family.**
- ▶ **Families are stronger when all members, including parents and caregivers, are safe from abuse.**
- ▶ **Children can best be kept safe when families, friends, neighbors, and local organizations work together on their behalf.**
- ▶ **Families need services before there is a crisis, and those services should be linked to the communities where families live.**
- ▶ **Efforts to reduce abuse and neglect must be linked to existing and related priorities and activities in the community.**
- ▶ **All families need services that are culturally appropriate.**
- ▶ **Each community needs to shape its partnership according to its own resources, needs, and cultures.**

The Vision:

Community Partnerships for Protecting Children

For many years, the Edna McConnell Clark Foundation had supported improvements to the nation's child welfare system, funding both adoption reform and the development of intensive family preservation services. By the early 1990s, the Foundation concluded that a more fundamental change was needed at the "front end" of the system—in that part of child welfare known as child protective services. After an extensive research, exploration, and planning period, including a systematic review of best practices, the Foundation set a course for implementing changes in child protective services and for building preventive approaches.

In 1995, trustees made small planning grants to organizations in Jacksonville, Florida; Cedar Rapids, Iowa; Louisville, Kentucky; and St. Louis, Missouri to develop the Community Partnership approach. These four cities had previous experience with community-based, family-focused reform efforts and/or new approaches to child welfare services. Each site had backing from leaders in its child welfare agency. Missouri and Florida had legislation that mandated a "differential response" to child abuse reports, in which families with less risk would be steered to a more informal assessment of their needs at the community level, while families in more serious situations would receive a traditional CPS investigation. Iowa had legislation calling for family-centered assessments. Louisville had a network of "Neighborhood Places," where different agencies and workers offered services in the same community setting.

The four sites set out to find local allies for the child welfare agencies, develop a consensus and a structure for change, and build a

broad community partnership focused on the safety and protection of children. Each city identified a specific community in which to work—neighborhoods struggling with high rates of poverty and high rates of child abuse and neglect, but also with assets and leadership eager to build a better future for the families and children who lived there.

Theory of Change

As the work progressed, the sites, the Foundation, and CSSP increasingly learned about what their efforts to promote child safety should entail. They worked together to develop a "theory of change" that established a specific direction for reform and formulated a hypothesis about how successful outcomes could be achieved.⁸ The hypothesis addressed four general aspects—or strategies—of the work. Once the theory of change was developed, reviewed, and refined through a series of meetings in the four sites, each site was asked to include the four strategies in its work, with the understanding that local site leaders would shape their own individual approach to implementing them. The four strategies were family-centered practice, child protective services policy and practice change, neighborhood networks of organizations and leaders, and shared decision making.

FAMILY-CENTERED PRACTICE

Because a one-size-fits-all service plan does not address the reality of individual family dynamics, the partnerships were asked to implement a different approach to families called an "individualized course of action" or ICA. Instead of social workers following old practices, which often meant telling families what they need, CPPC's family-centered practice and ICAs encouraged child welfare

workers and community organizations to engage families as active partners in change. In this approach, a family's strengths are as important as their problems. A member of the St. Louis partnership put it simply, "Families know better than we do what they need." One part of the ICA process is a family team meeting (FTM), in which caseworkers, extended family members, neighbors, and other local contacts and service providers meet with a family to help them create, carry out, and monitor a plan that addresses their needs and helps keep their children safe. Family team meetings are held as needed during the course of the ICA process to ensure continuous support for the family in achieving its goals. Family team meetings are just one critical element in a longer-term process of customized support for each family. The ICA, involving skilled family-centered practice, is a process of engagement and intervention that extends throughout the child welfare agency's—or a local community organization's—contact with a family.

CHILD PROTECTIVE SERVICES POLICY AND PRACTICE CHANGE

To foster family-centered practice and work more effectively with communities, the child welfare agency's policies and practices have to change—and in some cases, the agency needs to transform its culture to support community-based approaches. These approaches are designed to help ensure child safety by establishing and enhancing connections to the neighborhoods where families live by locating CPS staff in these communities and working closely with local service providers to support children and families. To work in neighborhood settings and in ways that more genuinely and productively engage families, training

often needs to be redesigned. In addition, the Community Partnership approach envisions that initial assessment and investigation processes are flexible enough to respond to the specific circumstances of families.

NEIGHBORHOOD NETWORKS

Because families often have multiple needs that require a range of services, each site seeks to create a network of local organizations and services. These networks include representatives of CPS and other relevant state agencies; members of faith-based institutions and other community groups; police; schools; and organizations that offer services to address domestic violence, substance abuse, and mental health problems as well as provide other support that families need, such as transportation and respite child care. Parent leaders and local volunteers are part of the network and are often leaders within the network. The networks spread messages about prevention of abuse and neglect and help develop creative services to support families. Key service providers within the network can be stationed at a common location in the community—a place where families want to come because support, fellowship, and a welcoming reception are present. These "hubs" promote collaboration among network members and improve access to services for families.

SHARED DECISION MAKING

Traditionally, the child welfare agency made all the decisions about service delivery and resource priorities. In the Community Partnership approach, however, each site develops a local decision-making body that includes community members as well as agency staff. This decision-making body looks at service availability and service gaps in the community.

THE VISION

Members reach out to engage the public around the issues of child protection. They use data to set priorities for the partnership and determine the use of resources. It is the job of this body to look at what works in the partnership—and what doesn't work—and to advocate for new policies and services and funding when necessary.

The Community Partnership initiative combined a complex mixture of reform ingredients. It is not a program, nor is it a uniform, prescribed model that is replicated identically in every community. Rather it is an approach to supporting vulnerable families and to addressing the safety needs of each child in a family and, as such, it touches many aspects of the child welfare agency, the community, and families.

The initiative's four strategies were intended as conceptual and practical building blocks, each influencing and necessary to the success of the others. Family-centered practice, for example, is part of both the CPS agency's and community agencies' approach to families. And changing the culture of the child welfare agency means extending its work into the community, which in turn means changing the way community residents and organizations relate to the agency. CPPC hypothesized that all four strategies had to be present to better support families, transform communities, and keep children safe. Further, the CPPC theory of change argued that these strategies, if implemented fully and effectively, would lead to:

- ▶ Child welfare agencies that are visible and respected in the community and that employ skilled workers that collaborate with families and other service providers to

find the appropriate level of support for each family they serve;

- ▶ Accessible and high-quality services tailored to each family's needs and located in the communities where families live;
- ▶ The best possible support for families, even when a lack of resources means that not everything a family needs (e.g., more adequate housing or full-time child care) is immediately available;
- ▶ Resident input in decision making about how to use resources to keep children safe;
- ▶ Neighbors who are able to support families when help is needed and families who are able to seek help for themselves when necessary; and
- ▶ Communities with heightened awareness of the symptoms and risks of abuse and neglect and the knowledge and willingness to take action to protect children.

The hypothesis further articulated that this new approach to child welfare would result in positive outcomes for children and families; that by strengthening families, parents and caregivers would be better equipped to keep children safe. In addition, connecting families to community resources would break down their isolation, give them the opportunity to determine what they need and get appropriate services, and help them learn how to get help before a crisis takes place. As a bottom line, the initiative sought to produce three outcomes: to ensure that children would be less likely to be abused and/or neglected; to ensure that children who came to the attention of child protective service agencies would be less likely to experience repeat abuse and/or neglect; and to reduce the rate of serious injury to children due to abuse and/or neglect.

Implementation

In 1995, the Foundation began a long-term commitment to this far-reaching change effort, and over the next five years, it made regular grants to the local partnerships and four states to develop, implement, and expand Community Partnerships. The Center for the Study of Social Policy (CSSP) was the key managing grantee, providing and supporting on-site technical assistance to all four communities and brokering connections with outside experts.

Leaders and participants of potential CPPC sites often ask what it costs to develop a community partnership. This is a question without a clear answer because a partnership is dynamic, and so much of what goes into it is time and existing personnel and resources specific to the site. A study by James Bell and Associates found that the St. Louis Community Partnership had a \$2.7 million operating budget, but almost 90 percent came from existing resources.⁹ The Clark Foundation awarded each site a grant of \$350,000 per year, a relatively small sum when compared to a state's child welfare budget or a whole community's resources and needs. However, the flexible funding grants were useful because they provided the partnerships with the freedom to plan, the capacity to hire core staff to develop the partnerships, and the ability to act quickly and with more flexibility to support training and visits to other CPPC sites. When it comes to implementing a Community Partnership, the political will to deploy and reinvest existing resources is essential to make these changes permanent.

To document progress and identify obstacles, CSSP and a network of technical assistance

providers made technical assistance available to the four sites to implement self-evaluation. Sites tracked administrative and program data, developed case histories of families served, and through all of these data sources found the stories behind the statistics. Sites implemented Quality Service Reviews (QSRs), which look at the outcomes for individual families and children and use them to assess how well the system and community service networks are working to help families. CSSP and the Foundation conducted site visits and regularly brought local teams together to exchange experiences. There also were national meetings of experts and lead organizations to exchange information about the partnerships and provide support and advice. CSSP and the Foundation shared the lessons widely as they were learned and made adjustments to policies and practices at the site level.

Over eight years, the CPPC initiative dedicated \$3.2 million to an outside evaluation by the Chapin Hall Center for Children at the University of Chicago. Chapin Hall examined implementation at each site when CPPC strategies were still evolving (1996–2000). Subsequently, Chapin Hall conducted a cross-site outcome evaluation that examined the impact of the work, using data collected between 1999 and 2003; surveyed workers, managers, and families; and analyzed state administrative data to assess four outcome areas: child safety, parental capacity to access supports, changes within the child welfare agency policies and practices, and community network efficiency.¹⁰ Chapin Hall planned to examine a fifth area, community responsibility for child protection, but the data collection process it designed for this area proved to be ineffective.

OUTSIDE INFLUENCES

A number of events, movements, and trends influenced Community Partnerships for Protecting Children, positively and negatively, directly and indirectly. For example, the crack/cocaine epidemic of the 1980s was still being felt in the 1990s with the result that many more children were in out-of-home placements. By the early 1990s, the shortage of foster homes was so acute that there was even a dialogue among experts about reopening orphanages.

Nightly news programs regularly reported stories of children known to the child welfare system who were harmed, neglected, or even killed. These stories bred an atmosphere of blame that targeted child welfare agencies and were clearly not in the interest of the children, the families, or the systems involved. Commissioners came and went so fast that they hardly had time to set an agenda much less enact reform. Annual turnover of frontline workers nationally rose above 20 percent.

Most child welfare leaders knew they had to find a better way to help children and families. During the 1990s, there were several landmark pieces of legislation that affected the lives of families served by the child welfare system:

- ▶ **The Family Preservation and Support Services Act of 1993** built on a growing family support movement that focused on family strengths. The Act offered support for short-term, intensive, in-home services to keep families together safely and provided ongoing support services to help stabilize families. It also required community input and planning for use of federal funds and brought resources to prevention activities.
- ▶ **The Adoption and Safe Families Act of 1997** was aimed at preventing children from languishing in foster care. It set strict deadlines for removal of children and termination of parental rights. This Act also required the U.S. Department of Health and Human Services (HHS) to develop standards of performance to assess the child welfare programs of all 50 states. Through Child and Family Service Reviews (CFSRs) of each state, HHS reviewed state child welfare agencies' status in achieving the outcomes of safety,

permanency, and well-being. No state adequately achieved these outcomes. All states were then required to develop Program Improvement Plans (PIPs) to show how they would improve their service delivery systems to achieve these outcomes.

Other legislation, while targeted to a broader population, directly affected families who came into contact with child welfare. For example, welfare reform and Temporary Assistance to Needy Families (TANF) passed in 1996. In some cases, the legislation helped parents get jobs, and reduced welfare rolls resulted in some states amassing TANF surpluses to use on programs for families. But jobs with wages to cover even basic needs were hard to come by, and the bottom line of TANF was that few families managed to escape poverty even when they were successful in finding employment.

Reforms in parallel fields also influenced child welfare: community policing, a community movement in mental health, and the family therapy movement all embodied a new respect for the community and brought families in as partners. Lawsuits against child welfare agencies led to consent decrees that focused on results and required greater engagement of families and children and more collaboration with other agencies and local organizations.

Mixed in with a new and more hopeful promise of child welfare policy was a constant reminder of why the system needed to be rethought in the first place. Each of the four CPPC sites faced its share of crises. Florida became a focus of national outrage when a foster child was literally "lost" by the system. Crisis-driven policy resulted in high turnover of commissioners as well as caseworkers. Iowa faced a huge budget cut that led to major layoffs of social workers, leaving those left behind with even higher caseloads.

The economy and related state and local budget cuts affected all four sites. While an economic boom in the late 1990s helped some families on welfare get jobs, by 2001, the dot com bubble had burst and the events of 9/11 sent state and community economies reeling. By 2004, TANF caseloads had increased and states had exhausted their surpluses, resulting in the elimination of many of the family-support programs the surpluses funded.

Lessons of Reform:

What Was Learned

“The reforms called for here are radical, but the problems of the child protective service system require radical solutions. Millions of children are at risk of abuse or neglect each year, and the current system is woefully ill equipped to meet their needs. A full measure of protection is the birthright of every child, and we must strive to make this a reality. A better system of child protection is not beyond our resources or our knowledge. Getting there will take hard work, community by community, but our children deserve no less.”

—Jane Waldfogel¹¹

There are hosts of lessons that the sites, CSSP, the Clark Foundation, and the external evaluators can now articulate from the experiences of the last ten years. These lessons provide reassurance that this direction is the right one, but they are also instructive about areas where additional thinking is needed, particularly in areas that did not meet initial expectations, to determine how communities can be better assisted to implement a CPPC approach in the future.

With ten years of experience behind them, the national, state, and local site leaders of the CPPC initiative are convinced by the evidence from the sites and from the Chapin Hall evaluation that child protection agencies can work as partners with neighborhood groups and other organizations, and that Community Partnerships can engage families and neighborhoods. Moreover, practitioners and leaders implementing the Community Partnerships approach have demonstrated that the CPS agencies, community, and parents can come together to build on the strengths of families to help keep children safe. Their optimism is bolstered in a number of ways, including Chapin Hall’s finding that in over 90 percent of the cases examined, families’ lead caseworkers said that using an individualized course of action (ICA) process (the primary vehicle for identifying and responding to a family’s strengths and direct service needs) is helpful in

addressing child safety.¹² At the same time, the evaluation of CPPC recognized that, looking across all four sites, implementation to date showed mixed results in the pursuit of child safety for an entire community or of change on a large scale in a child welfare system. Consistent positive results on reducing the incidence of child abuse and neglect of the desired scope and scale will take persistence to materialize and are likely to require interventions even more fundamental than the strategies embedded currently in the Community Partnership approach. There is much to be learned—and frankly, reassessed—before that type of result can be achieved. That is not surprising given the formidable and not yet fully understood factors that contribute to the problem that is labeled child abuse and neglect.

The initiative’s complexity and local flexibility also posed challenges that likely affected the evaluation. During the course of the evaluation, the theory and the work continued to evolve, with sites hitting their stride in crucial areas such as family team meetings near the end of the Chapin Hall evaluation. Possibly, the period between 2001 and 2003 was too soon to collect reliable data for an outcome evaluation. A better tact might have been to hold off on an outcome evaluation until the initiative’s strategies were more fully developed and implementation had reached sufficient scale to create a better possibility for achieving impact

The timing and focus of evaluations are critical decisions. With any community change effort, the work has to reach sufficient scale and depth before it can be expected to generate communitywide outcomes. Designers of the initiative were perhaps overambitious in their expectations for overall progress in the sites and may have conducted a cross-site outcomes evaluation too early in the implementation process.

on reported child abuse and neglect for an entire community or on a large enough scale for a child welfare system. Implementation varied greatly among the sites due to efforts to tailor the work to local circumstances, differences in local capacity, and variations in contextual factors such as economic and social conditions. The Chapin Hall evaluation looked at outcomes produced across the four sites as a group. What is needed now, however, is a closer look at the relationships between implementation, contextual factors, progress, and outcomes within each site to accompany the cross-site results.

The Chapin Hall evaluation was not able to cover all aspects of the Community Partnerships approach, including “the full range of community engagement activities” that were ongoing in each site.¹³ Nonetheless, the Chapin Hall evaluation offers many lessons about how to support families in keeping children safe from abuse and neglect. These lessons, as well as observations from experiences and self-assessments from the sites and technical assistance providers, are presented in this paper.

This report focuses on four categories of lessons. Three of them—changing CPS policy and practice, building and sustaining community networks, and developing a framework for shared decision making—involve the work of the sites. A fourth category focuses on outcomes—the initiative’s impact on family functioning and child safety.

Fundamental Reform: CPS Policy and Practice Change

Child welfare system reform was the underlying goal of everything the sites took on—from implementing individualized services for families to engaging the community. It was not possible to alter the relationship of child welfare agencies to their local communities and simultaneously to retool practice of the CPS agency without leadership commitment at the highest levels, buy-in throughout the agencies (and particularly among line supervisors and workers), and systematic development of new skills and expectations for each partner. Within this wide range of needed change, CPPC was especially clear about its focus on improving the quality of practice as it affects children and families. From early on, everyone involved recognized that real change must start at the point of interaction with families. Thus, a focal point of CPS agency change in each site became the nature and quality of frontline practice.

Learning to Love Family-Centered Practice

Sandy Lint of the Iowa Department of Human Services describes a pattern of growing awareness that occurs once workers and community members are introduced to Community Partnerships and the idea of family-centered practice:

“People go through three stages of commitment,” she says. “The first stage is: ‘Oh, we’re already doing that.’ As they learn more about what it really means, they get to the second stage: ‘There’s no way we could ever do that.’ Then, finally, they get to the third stage: ‘We can’t *not* do that for our children and families.’ ”

All of the Community Partnerships aimed for the third stage.

Changing the practice of child welfare agencies to serve families more effectively requires leadership at the top, buy-in from all levels of the agency, and sustained attention to training, supervision, and quality service at the point that matters most—where services are provided to families. This amounts to culture change, which takes place over many years.

The Changing Role of Caseworkers

Family-centered practice introduces a new way of doing business for social workers in which the opinions of parents and caregivers matter. In the four sites, caregivers rated their lead caseworkers¹⁴ on their availability, openness, ability to listen, and whether they recognized family strengths as well as problems—all critical values of a family-centered approach. The caregivers used a scale of 1 to 4, with 1 representing “rarely or not at all” and 4 representing “all or almost all the time.”

Jacksonville caseworkers received an average rating of 3.7, Cedar Rapids and St. Louis caseworkers received a 3.3, and Louisville caseworkers a 3.1. Given the importance—and the challenges—of changing workers’ attitudes and practice, these results are encouraging.¹⁵

The sites initially embraced the idea of family-centered practice with enthusiasm. But it did not take long to realize that translating the concept into measurable action required more effort than initially anticipated. Family-centered practice is more than a change in language. It is more than one family team meeting. As one frontline worker told Chapin Hall during the evaluation, “Deciding whether a family is safe within 10 minutes of walking in the door isn’t the job anymore.” High caseloads of agency workers slowed adoption of this new approach. Caseworkers had to use it to believe in it, and getting started was a key hurdle. Expanding this new practice within the public child welfare system was a challenge and sites needed help to introduce, support, and sustain the new way of work with families. For frontline workers, family-centered practice requires training, commitment, and understanding from their supervisors and managers. It means, too, that workers are respected within the agency, just as they respect the families. It means setting goals for completion of initial and follow-up family team meetings, service plans, and other procedures, so that they become routine practice. And it means implementing an ongoing self-assessment process to track and evaluate progress. Sites learned that workers, supervisors, and managers—and ultimately the top leadership—must be held accountable for implementing change.

DEFINING AND INTEGRATING FAMILY-CENTERED PRACTICE

With its emphasis on services tailored for each family, family-centered practice calls for a radical shift in both thinking and performance on the part of child welfare agencies. It demands more of workers who must become true partners with families and who must build connections to neighborhood residents, organizations, and agencies in order to help families better address their concerns. Family-centered practice means significant people in the life of a family are integrated into the picture and participate in family team meetings (FTMs), supporting the family every step of the way. It requires that adequate time and emphasis be placed on engagement, assessment, and building a team to support families. Family-centered practice may require follow-up FTMs to develop and implement services plans that address families’ changing needs and to track progress and the effectiveness of intervention.

PROGRESS: In the four CPPC sites, hundreds of agency workers and community-based partners were trained to engage families and facilitate family team meetings, the backbone of this new approach to service delivery. Hundreds of families benefited and continue to benefit. The sites came close to meeting a goal of using the approach for one-half of their open CPS cases, although not every case was done at the level of quality that was desired.¹⁶ In Louisville, for example, all

Workers understand the full power of family-centered practice when they experience it. An effective strategy to implement frontline practice change is to train a core group of supervisors and workers who use the new approach and become “practice champions” and mentors to their peers.

of the Neighborhood Place multi-service centers throughout the city now use family team meetings. This represents a major accomplishment since the Neighborhood Place centers include health, mental health, juvenile justice, education, housing, and public assistance offices—along with child welfare services. Louisville also regularly holds FTMs with families who have domestic violence, mental health, or substance abuse problems. The staff of Hubbard House, Jacksonville’s domestic violence shelter, received extensive training to hold FTMs with its families. And the State of Missouri requires FTMs for all families who are approaching the cut-off point for their TANF benefits. In Cedar Rapids, the probation department uses FTMs. The sites have come to recognize that this approach can be useful in situations all along the continuum of child welfare service and support. For example, the Jacksonville site adapted the approach for use with youth transitioning from foster care. Their model, called Circle of Friends, has been received well by the youth and their supporters. Louisville and St. Louis decided to join their CPPC efforts with their *Family to Family* foster care reform initiatives.

CHALLENGES: In both its implementation assessment and outcome evaluation, Chapin Hall found that sites held relatively few follow-up FTMs, one of the critical components of an ICA.¹⁷ There are, of course, many reasons families may not have multiple meetings, such as lack of resources, insufficient staff time, or the fact that some families do not need them. The Chapin Hall finding suggests a need to offer workers and supervisors better guidance so they will know when follow-up FTMs are appropriate. FTMs may be particularly important at specific transition

points during the life of a case, such as when it is transferred from an investigative worker to an ongoing worker or when decisions must be made about whether to remove children from or return them to the home.

BUILDING SUPPORT FOR POLICY AND PRACTICE CHANGE

At the outset of CPPC, the plan was to train *all* staff in each site on family-centered practice. Sites quickly realized that this ambitious goal did not foster strategic implementation. A more effective approach that sites used was to train a few workers intensively, supporting them more directly as they began implementing the approach, and helping them to become “practice champions” or mentors within their agencies. Sites also found that supervisors’ strong support was essential if practice was to be improved. Supervisors also must be trained, or they will not support change. Furthermore, practice champions, mentors, and supervisors must reinforce training on an ongoing basis. In fact, experience suggests that supervisors should be trained first—or at least at the same time as workers. Top administrators, too, need to understand the role and importance of family-centered practice for it to actually take root in the agencies.

PROGRESS: Once workers actually began to use the approach and see results, they were very supportive of it. Chapin Hall reported that 93 percent of the workers interviewed were somewhat or very satisfied with the approach, and two-thirds were very satisfied.¹⁸ Workers were confident that respecting family strengths and helping families develop their own service plans meant caregivers would be more committed to following these plans, which would lead to greater

Outcomes of Community Partnerships were most positive when families participated actively in the development of their own service plans and were connected to services that met their needs. These include results in areas that are pervasive and difficult to change, such as parental depression and parental functioning.

child safety. The states grew increasingly more confident. By 2003, Missouri, for example, adopted new state-wide guidelines that embraced the concept of both individualized services and community partnerships.

CHALLENGES: When service plans addressed a family's needs and when new services were provided in response to those needs, that family was more likely to see a reduction in depression and parental stress as well as an increase in overall progress.¹⁹ However, when a service plan did *not* deal with a family's concerns, or when the worker was not responsive or services were not provided, the results were not as positive. This finding may appear obvious, but it clearly speaks to the impact of the quality of frontline practice, as well as the importance of adequate service availability from the system and within the community.

While not all case plans in the four sites were family-driven and responsive to parents' needs, a large percentage were, which is an encouraging finding. Parent and caregiver surveys showed that the four sites provided from 65 to 85 percent of the services families needed.²⁰ St. Louis provided the lowest, and people there believe this finding reflects the fact that St. Louis had fewer services available. On average, case plans responded to about one-half of the most pressing needs that families identified.

In terms of specific needs, service plans were most responsive to concerns over issues such as public assistance, parenting, mental health, special education, health care for children, and substance abuse. They were less successful in meeting needs such as flexible funds for emergencies, housing, job training, child care,

and medical care—core concerns of many families and exactly the kinds of concrete services that are often scarce in communities with high levels of poverty and unemployment.²¹

With the exception of Cedar Rapids, the sites were less successful than expected in attracting support from extended family members and neighbors, a lesson suggesting the need for more effective strategies to boost outreach, engagement, and participation of these individuals in family team meetings.²² The Chapin Hall evaluation did not identify why it appears to be so difficult to reach a broader group of supporters and relatives. This is an important area to explore more deeply with the sites and with the field.

The data from the sites support the belief that family-centered practice improves the chances of success for families. But this approach also can make things more complicated. For example, as families begin to open up and discuss their concerns and needs, workers get a clearer, more in-depth view of their situations than from traditional investigations. This sometimes leads workers to identify *more* service needs. However, availability of services was inconsistent across the sites, particularly given the fiscal and political constraints during the period surveyed. For the initiative, the reality of service gaps suggests the need to pay more attention to creating a political climate that leads to the development and expansion of adequate services. Not all of the service issues were the obligation of the formal child welfare agency, of course. Much of the responsibility was a joint one with other agencies or community providers, making the relationships among these organizations and individuals very important.

Workers who were out-stationed in neighborhoods found that to be an effective base of operations, but agencies struggled to take this approach to scale. Barriers to “neighborhood-basing” of workers included initial worker resistance, defining the role of off-site supervision, the need for new lease arrangements in some sites, and difficulties with information technology. Caseload assignment based on geography can be a useful first step.

LOCATING WORKERS IN THE COMMUNITY

If workers are to become part of the community fabric, they must be located in the community. All four sites posted out-stationed caseworkers in the community and assigned some cases on a geographic basis. Workers liked being out-stationed, and many rated it as the most important reform strategy for changing their practice.²³ It made a real difference for families, too. A worker in Cedar Rapids noted, “Having the resources in the building makes a huge difference for families being ready, willing, and able to access them, as opposed to telling them, ‘It’s across town and they’re open from 1 to 3’.”

St. Louis: Keeping Workers Based in the Community

Despite challenges, the sites were intent on getting child welfare workers into the community. In St. Louis, after two years of planning, all direct-service staff were moved out of the downtown building, meaning that all of them took on geographic case assignments. Ironically, St. Louis did *such* a good job at spreading staff out that it generated a lively debate in the media about underutilized state office space.

After months of meetings and rumors of retrenchment back to the central office, the issue was settled, and the workers stayed in the community. A local 7-Eleven store where some of the workers shopped was ready with a petition to keep CPS in the neighborhood. Now *that* is community support.

PROGRESS: Each of the sites had at least one unit of caseworkers placed in the community; some had both intake and ongoing units. Louisville initially based its partnership at Neighborhood Place Ujima, one of eight community-based centers in the city that house a variety of different services from CPS to school social workers. By the time the Chapin Hall evaluation was conducted, Louisville had based its partnership activities in other Neighborhood Places as well. According to Chapin Hall, 87 percent of CPS workers surveyed throughout Louisville shared offices with other service providers.²⁴ Child welfare staff there speak of the value of being able to walk parents down the hall and introduce them to a mental health counselor or a food stamp advisor. In St. Louis, different services were co-located at a school; in Cedar Rapids, they were co-located at a family support center and a settlement house. Jacksonville chose to geographically assign cases instead, with fewer workers actually based in community offices.

CHALLENGES: Decisions about where workers are housed are made by agency leaders, and thus, it is important to get the leaders’ support for this change. CPPC sites found that out-stationing workers as a normal way of doing business was a difficult hurdle. This type of change was initially expensive, since state agencies often had to find and rent multiple offices and solve logistical issues such as providing furniture and phone and computer lines. Supervisors and managers were not always out-stationed with the frontline workers, which hindered staff communication. And families themselves move in and out of the neighborhoods, making caseload continuity difficult regardless of where workers were based. Geographic assignment of cases, however, can

Regular assessment of the quality of work is essential to continual learning and effective implementation. Consistent use of Quality Service Reviews (QSRs) that examine the experience of children and families and the effectiveness of specific intervention allows leaders, management, and workers to better identify practice strengths and necessary improvements. QSRs also can point to the need for more resource development.

be a first step in building a greater and more supportive CPS presence in the community.

Although Louisville met with some success, the other sites struggled to take the placement of workers in the community to scale. But they managed to achieve limited success despite logistical and financial challenges. The overall difficulties sites faced suggest the need, at least in the short term, to find additional ways to achieve a CPS community presence that can be accommodated more easily by public agencies encumbered or constrained by bureaucratic procedures.

INTEGRATING QUALITY SERVICE REVIEWS

The sites were expected to engage in regular self-evaluation. Sites were given some information from Chapin Hall's research at particular points, although frequently "after-the-fact." The sites also needed regular, ongoing information about what was or was not working, so they collected their own data and held public conversations about results. Sharing such information with the community was a huge departure from tradition. With so many variables and so many participants, sites faced significant unknowns when it came to assessing the partnerships. How do you measure prevention? How do you assess the effectiveness of a community network or the role of volunteers? Site leaders asked for help in measuring practice change so they could know whether their effort was effective. Consultants developed and introduced Quality Service Reviews (QSRs), tools for practice improvement that utilize trained teams of reviewers to assess case records and interview all the parties involved with the cases examined.

QSRs reveal the stories behind a state's aggregate data on abuse and neglect. They show the difference between quality family-centered practice and something that just sounds like it. For example, QSRs assess the degree of team building with a family and how well the team functions. They show whether families are truly engaged in the process and the degree of individualized planning that honors the families' strengths and responds to their needs. Results can provide specific feedback around a case [see sidebar below].

A Quality Service Review in Action

In Cedar Rapids, a QSR helped refocus the work in a case. A blended family was struggling to integrate a teenager into the household. The youth's behavior had precipitated a crisis in the family that brought the involvement of child welfare, along with juvenile justice and the schools. After some initial community-based intervention on an outpatient level, the severity of the teen's behavior led workers to refer him to a residential treatment program. The hope was that intensive treatment might enable him to live successfully with his family. He went and was described as making good progress in the program.

A QSR with everyone closely involved with this case revealed that while the youth was indeed making progress in the residential program, there was little progress toward overcoming the conflicts with his family. The residential treatment program was located so far from the family's home that visits were rare, and when they did occur, everyone was on their "best behavior."

The disconnect between what this teen and his family really needed and what they received became clear. The QSR helped refocus the case on the family and its desire to keep this challenging teenager at home. It also helped the community recognize and address the need for intensive services to help families in their own communities.

But more than that, results of QSRs, when looked at collectively and over time, can help communities assess the system's performance, benchmark outcomes, and ensure that their family-centered practice is more than just a change to family-friendly language. QSRs also can be an opportunity to inform the community and the service network about systemic problems and resource needs, such as job training, housing shortages, etc.

The initiative's leadership had expected that sites would adopt QSRs and use them regularly. Dozens of child welfare workers were trained in the methodology, as were staff of community organizations. But the implementation experience with QSRs was mixed. For one thing, the methodology is labor-intensive. In addition, at the same time sites were being asked to use QSRs, Chapin Hall evaluators were visiting to gather data for their research, which also was time-consuming for staff. In the face of competing demands, QSRs sometimes were lost in the shuffle.

PROGRESS: Among the four pilot sites, Cedar Rapids used QSRs most strategically, looking at results as a way of learning about outcomes and system needs. Iowa's child welfare agency is introducing QSRs statewide. Nationally, the most extensive use of the QSR methodology is in Utah, where the child welfare system is under court order to improve its practice. The state conducts QSRs on a regular basis, doing approximately 170 reviews a year, and using case stories as a learning tool to verify state data and understand the assets and needs of the system. Other states, such as Missouri, New Jersey, Tennessee, and the District of Columbia, are integrating QSRs into their statewide quality improvement activities.

CHALLENGES: Sites were encouraged to incorporate self-evaluation into their efforts, but they were not sufficiently pushed to track state administrative data for their CPPC neighborhoods. Chapin Hall's evaluators were collecting this data. However, a greater emphasis on sites' own responsibilities to collect and use data—including both QSRs and longitudinal cohort data—with enhanced technical assistance and resources dedicated to self-evaluation, would have given the sites more timely information and allowed them to use it to monitor outcomes and drive decisions during the implementation phase.

THE BOTTOM LINE ABOUT CPS POLICY AND PRACTICE CHANGE

As Chapin Hall reports, acceptance of a family-centered approach to working with families indicated that CPPC work set "a foundation for broad cultural change within CPS."²⁵ A critical lesson learned is that sites cannot simply drop a new and even popular practice into a system and expect it to take hold. For example, out-stationing workers alone is not enough; workers based in the community must be committed to using this new approach to working with families. Assessment workers cannot use different approaches from ongoing workers. Furthermore, the process of crafting a service plan developed in a family team meeting cannot differ from that used to create a permanency plan for a child—despite the fact that these may occur at two separate points in the life of a case. To resolve such contradictions, a site must have strong leadership and a systemwide commitment to change that holds people accountable for consistent family-centered practice up and down the line.

Improved access and availability to essential services—especially mental health and domestic violence services—can be achieved through Community Partnerships, but remain a challenge to sustain. In addition, agency funding is limited and is often restricted to specified populations, presenting powerful barriers to effectively connecting families in the child welfare system to the services they need.

QSR: A Powerful Tool for Quality Improvement

“The reviews were extremely helpful as a diagnostic tool, showing us clearly what had and what hadn’t changed at that stage of reform. They helped us see progress—which can be hard to see day-to-day, so that helped us keep going—but at the same time, they pointed out very, very clearly how much was left to do.”

—Olivia Golden, Former Director, District of Columbia Child and Family Services Agency

Building Community Networks: Support for Families Where It Counts

Child welfare leaders have long sought to build a system that is more responsive to families and their needs. Until recently, the community was rarely part of the picture. CPPC’s innovative approach asked child welfare agencies to work as partners with other agencies, local service providers, neighborhood residents, and with families. The initiative also broke new ground by asking all of the community networks to work on the prevention of child abuse as well as treatment interventions. New roles and responsibilities for all partners were part of the vision, as was a more positive image of CPS in the community. During the course of the initiative, however, the networks did not reach as deeply into communities as originally hoped, indicating that more specific strategies were needed to achieve and sustain this change.

SHARING RESPONSIBILITY FOR SAFETY

The sites formed and maintained community networks that became the busiest but the most undefined part of the CPPC initiative, at least in the beginning. The networks included a range of members, from local nonprofits

and provider agencies to parent volunteers, police, and teachers. CPS agency staff were core members of the network.

Sharing responsibility for child safety with other state agencies was a reach for some child welfare officials, who found it difficult to define what “sharing responsibility” meant in practice or to penetrate other agencies in order to share the work. All involved in this initiative realized that child abuse and neglect know no boundaries and are connected to a score of problems addressed by different agencies. Yet figuring out how to consistently engage these partners in the ongoing work will be a continuing issue.

PROGRESS: The initiative focused most on addressing domestic violence issues, where the overlap with child abuse was evident and where it seemed important to close the long-standing communication gap between the two fields. One of the core accomplishments was to raise the visibility of this connection and highlight that children can only be kept safe when their caregivers also are safe. The initiative also developed and distributed a curriculum and training program to prepare social workers to respond effectively when they suspect battery is present.²⁶ The curriculum presents an approach to child protection practice in which identifying domestic violence is critical to the safety of children; helping battered women and providing services to them is necessary in order to keep children safe; and holding perpetrators of domestic violence accountable for stopping the violence is essential to protecting children. Jacksonville and Cedar Rapids worked closely with domestic violence programs in the beginning. Cedar Rapids even included

reduction of domestic violence as an outcome for its partnership and brought in mental health experts to work with children who had witnessed violence. It trained a cadre of mental health professionals in issues of child abuse and neglect. Susan Schechter, a national expert on the connection between child abuse and domestic violence, held monthly brown-bag luncheons where workers presented tough cases that crossed the traditional lines dividing child abuse and domestic violence, as well as mental health and substance abuse. These gatherings helped workers develop strategies for future action with families by drawing on the suggestions of both their peers and outside experts.

St. Louis and Louisville were slower to take on the issue of domestic violence. Louisville, for example, did not recognize the impact of domestic violence until a community organizer did some door-knocking; then the stories about domestic violence and child abuse came tumbling out and the Partnership began to develop joint strategies.

CHALLENGES: To put both the challenge and the accomplishments in context, the site neighborhoods faced extensive poverty that in some cases worsened over the years of the initiative. Not only did the sites need to collaborate with mental health, substance abuse, and domestic violence agencies, they also needed to intensify their work with organizations dealing with hunger, job development, housing, Medicaid, etc. Sustaining all of these network ties and using them strategically to help families proved an enormous challenge. In some cases, however, exemplary collaboration appeared, providing synergistic, if perhaps odd, bedfellows.

In Cedar Rapids, for example, the partnership provides training in family team meetings for staff of the city's housing department. The training is specifically focused on helping families at risk of losing their government-funded Section 8 housing vouchers because of domestic violence. Jane Benning, director of Cedar Rapids' Housing Department, explains, "While joining family team meetings and Section 8 housing support might seem like an odd partnership, the end result is often more long-term self-sufficiency of families, which is the goal of any agency that works with families".²⁷ There were pockets of innovative collaboration such as this in all four sites, but the Partnerships were asked to reach and involve every relevant partner, to try everything, and this was, perhaps, too broad and unrealistic an expectation. The networks lacked consistency, with partners retreating periodically into their silos for various reasons. Over time, the networks came to focus on families currently involved in child welfare rather than on families outside the system.²⁸ Site leaders, upon reflection, believe that more time should have been spent in the beginning determining who needed to be at the table, why, and how to get and keep them there. In addition, the strategies for engaging other agencies and organizations may have been too thin. There were not enough concrete training tools or examples. Some important partners, such as the child care and early education providers and maternal and child health services, were not included consistently. The leaders agreed on the need to find additional strategies to create and sustain the comprehensive community networks so essential to address the needs of their families.

Neighborhood networks generated creative grassroots initiatives to fill service gaps and connect families to sources of support. But neighborhood networks found it difficult to generate the resources that could significantly expand the services available for families over the longer term.

DEVELOPING NEW SERVICES IN THE COMMUNITY

One of the first things each network did was to assess existing services—and service gaps—in its community. The sites wrestled continuously with service availability. During the implementation period, states faced major fiscal crises that affected the budgets of the child welfare agencies and those of partners and providers at the community level.

One logical response to service gaps was to expand family-centered practice into the community using family team meetings as the focal point. These meetings theoretically committed the networks to providing the services families identified in their plans despite sites' knowledge that not all of the necessary services would be available all of the time. Sites also knew that states could not always be expected to find funds for new programs, even if they recognized and documented the need for them. Nevertheless, CPPC leaders hoped that the sites would find ways to provide informal support to families, even on an interim basis. For example, if a mother needs treatment for substance abuse, but none is available when her service plan is completed, an appropriate response would be to patch together informal services to stabilize the family while the mother waits for a treatment bed. Such services could include someone coming to the home to make sure the children are dressed and out to school each day, or a respite caretaker who helps with the kids after school and on weekends.

Over the years, the networks developed a number of creative grassroots programs and services that augmented what was available from traditional providers. For example:

- ▶ Cedar Rapids' Neighborhood Partners provides "Welcome Baby" baskets to new, often young and stressed, parents. In addition to giving the parents items for the new infant, the baskets serve as an introduction and an engagement strategy to reach caregivers who need help at a very vulnerable time in their lives.
- ▶ Louisville initiated "Talk Shops," 10-week sessions run by community residents on topics such as first-time parenting and raising grandchildren. Louisville also has support groups run by foster or adoptive parents or kinship caregivers.
- ▶ Through its Families as Partners program, Louisville holds family team meetings with families who have children under age three and who have had two unsubstantiated reports of abuse or neglect. Each Neighborhood Place uses a pool of flexible funds to address the needs identified in these meetings.
- ▶ Jacksonville's "Call for Great Ideas," a small grantmaking program, funded a number of local projects, including a baking class for teens sponsored by a grandmother who added conversations about self-respect to the recipes. In another case, a woman turned her home into a "safe place" for women subject to domestic violence.
- ▶ Residents in the sites received training in the American Humane Association's Front Porch project, which teaches citizens to recognize and intervene in instances of abuse or neglect.
- ▶ In Louisville, the network makes contact with families screened out of CPS, sending a community liaison to the home to ask what the family needs.

A core assumption of the Community Partnership initiative was that prevention efforts would become a strong component of the community's response to child abuse and neglect. While prevention activities grew in each site, their development was overshadowed by the attention required to bring about practice and policy change within the child protective service system.

- ▶ In St. Louis, the church to which an out-stationed Children's Division worker belongs donated school supplies and hygiene products to the Sigel Hub.
- ▶ All of the networks developed communication strategies and learned to talk to the media with new messages focused on preventing abuse and helping families. The sites incorporated public education and outreach campaigns to remind neighbors that "keeping children safe is everybody's business."

The networks were strongest and most inclusive when each of the partners felt it was giving to and getting something from the relationship. Cedar Rapids' work with the probation department is a good example. Probation became a partner in the network and received training in facilitating family team meetings, which they used with their families.

PREVENTION: WHERE CPS AND THE COMMUNITY MEET

The community networks were charged, in part, with building an understanding of abuse and neglect at the local level and identifying families who needed help early enough to refer them to appropriate services before abuse or neglect became an issue. Prevention is at the heart of the Community Partnership vision, and many of the grassroots programs developed by the sites had a preventive component. Nevertheless, prevention was hard to define, even harder to sustain, and almost impossible to evaluate.

In fact, the intersection of the community network's role in prevention and the child welfare system's responsibility for safety was one of the most perplexing and interesting parts of the initiative. In most communities,

Finding Informal Services to Support Families

A pregnant mother in Cedar Rapids was put on bed rest. She had two children and lived in an unsafe, cluttered home that was badly in need of repair. She had financial and emotional problems and no family support.

An elder in her church called the Community Partnership. Together, the elder and the family developed a list of possible resources, including a food bank, a school nurse and teacher, other church members, and the volunteer coordinator from a local college. They held a family team meeting and put in place a plan that provided support for the children; food, repairs, and cleaning for the home; and a place for the kids to go when their mom delivered the baby.

At a follow-up FTM, the team reviewed the family's progress: the mother delivered a healthy baby; the roof was repaired and the home was cleaned with supplies donated by the school; and volunteers from the college assisted the mother on an ongoing basis. CPS was no longer concerned about safety issues around the condition of the home, and a team was ready to work with the mother on financial matters and the educational needs of her kids.

The mother shared her appreciation, noting that she had remained in control throughout the process. "It wasn't someone telling me what to do," she said. "Families in situations like mine know we have problems, but don't know who can help us. I met a lot of people through the family team meeting who were in the community that...I didn't know were there before. It was a huge help for me."

The partnerships made significant progress toward improving the image of child welfare agencies in the community and increasing the level of trust extended to them.

many families who need help are screened out of the system, and many families whose problems could be addressed in the community are screened in. CPPC never intended that child welfare agencies take on a larger preventive role in the community, nor was there an intention to retreat from the system's mandated responsibility for safety. But it was important for CPS agencies to be critical players in the community networks and to work with the partnerships to redefine what it takes to support families.

Prevention is part of a continuum of services for families, including both primary prevention and early intervention. The CPPC vision included a family-centered approach for families at all stages of the continuum—for those served preventively within the community, as well as those requiring protective services from formal systems.

The sites partially met their prevention goals. They developed some excellent programs, as previously noted. Over the years, they connected from time to time with some traditional primary prevention programs, such as Healthy Start and other home-visiting programs aimed at supporting new parents. But the sites gravitated toward placing their greatest emphasis on families who had already come to the attention of the child protection system, and even here, they found it difficult to replicate the programs and keep them going consistently. The sites needed to sustain and expand programs for families already deep into the system, while also paying more attention to the kind of primary prevention that builds strong, stable families in the first place. This proved to be extremely arduous. Leaders of the initiative now believe that a

more specific framework around prevention is needed to bolster this goal of the work.

CHANGING THE IMAGE OF CPS IN THE COMMUNITY

It is an understatement to say that the strengths of child welfare agencies are not always appreciated in the community. Their negative reputation is exacerbated by the lack of a positive CPS presence in the community and parents' fears of having their children removed. Initially, the four CPPC pilot sites were no exception to this rule.

The partnerships were successful in building understanding and respect for CPS. Agencies developed public education programs to help explain their new goals and approach. Outstationing staff meant more community people got to know CPS workers—and vice versa. The partnerships also led to greater familiarity among provider agencies with each other's work.²⁹ Family-centered practice led to more respectful treatment of families by CPS, which in turn led to an improved community image.³⁰ A Jacksonville worker noted a distinct difference in how families responded: "They're more open with me. They're like, 'Well, you're not that big bad wolf that we thought you were.'"

A true test of a partnership is community support for CPS if the agency faces a public crisis. Fortunately, there were few child abuse tragedies in the four cities, but the sites did deal with the aftermath of several cases. In Louisville, the partners utilized their original set of principles—to keep on meeting, no matter how big the conflict, and to hold to the belief that the solutions the partners develop together are stronger than those they develop

Most costs associated with a Community Partnership are covered by existing federal, state, and local resources. However, the Clark Foundation funding available to each site was instrumental in seeding new practices and giving sites greater flexibility to respond to unique community needs.

separately. When a child died, the network met and dealt with the tough internal questions and conflicts first. Then they stood up publicly—the agency and the community partners together—to acknowledge the principles they held in common and the work they were doing. They held a community meeting to answer questions from the public and chart a course of action.

ENGAGING COMMUNITY RESIDENTS

A Community Partnership without involvement of residents is a partnership in name only. Residents are on the front lines of child protection. They are often more welcome in a family's home than CPS workers. Families traditionally turn to relatives and neighbors first when they need help and, with training, they can help identify parents who need support. Sites recruited neighborhood volunteers and trained them to reach out to parents through door-to-door surveys, organized community picnics and block parties, and much more. Residents were involved, at one point or another, in almost every aspect of the partnerships.

Cedar Rapids had the most sophisticated effort to recruit, train, and retain local volunteers. Called Neighborhood Partners, this program includes families who were in the system and know first-hand why CPS practice needs to change. The Cedar Rapids partnership developed a program to link volunteers with family support workers. It also connected with Iowa State University Extension Services, which ended up overseeing recruitment, training, support, and material development. Cedar Rapids recognized that volunteers burn out and that they need support and a place to receive training and to express concerns.

Volunteer programs like Neighborhood Partners also need access to flexible funds to support and to celebrate the volunteers' work. Cedar Rapids developed a sound structure, and it paid off with results. The other sites struggled to keep community residents engaged. All of the sites tried to recruit families who were, or had been, involved with the system. This was the right goal—after all, who better understands what the experience is like when CPS comes knocking on your door? But the child welfare agencies did not easily accept these families as true partners, nor did some of the nonprofit providers.

There are a number of network roles for parents and community members in such areas as planning, decision making and evaluation:

- ▶ Organizing community events;
- ▶ Identifying existing neighborhood services and other sources of support;
- ▶ Recruiting other community volunteers;
- ▶ Spreading the message about prevention of child abuse;
- ▶ Identifying families at risk of abuse or neglect;
- ▶ Serving as mentors to families;
- ▶ Collecting and using data;
- ▶ Advocating for additional resources;
- ▶ Determining community priorities and service direction; and
- ▶ Holding the system accountable for change.

The goal of partnerships is to involve families and neighborhood residents in all these activities. As the partnerships grew, they gained better understanding of how to engage the community and the importance of having a

Neighborhood residents, parents, and youth are essential partners in Community Partnerships. However, to be effective, efforts to recruit, support, and sustain resident helpers and leaders need structure and management. It is a full-time responsibility to assist volunteers to focus on the most critical activities and integrate their work with other partnership efforts.

structure to sustain community participation. As a result, a variety of roles for residents developed. The biggest challenges sites faced in this area were how best to train and support residents so they could effectively assist their neighbors and how to incorporate residents into all aspects of the work, including leadership and decision making.

There is an interesting footnote to the work with volunteers in the neighborhoods. The partnerships were successful in increasing residents' work skills and some of the volunteers ended up with jobs in family support centers and local service organizations. This is good news, of course, but it means that recruitment of new volunteers must be a constant priority.

THE BOTTOM LINE ABOUT COMMUNITY NETWORKS

The CPPC sites, in Chapin Hall's words, "...successfully implemented local partnerships and created a context for improving collaboration among public and private service providers."³¹ The main result in this area took the form of increased familiarity among child welfare agencies and other local service providers. This is a major advance over previous reform efforts where different agencies and community organizations not only were reluctant to collaborate, but sometimes blamed each other for problems. That said, the sites found it challenging to achieve active service collaboration on a number of levels, particularly in times when service availability was decreasing.³²

Moving from increased familiarity among agencies to actual collaboration and then to true service integration, as the sites pointed out, was an additional challenge. Too many people at the site level believed they had an

effective network simply because they had network meetings that involved a wide range of service providers who were communicating about the issues. This is a start, but it is not enough. Local leaders and workers were not clear enough about why a community network was so important. Partners sat in the same office buildings and were often based in community settings. They learned about each other's work and programs. They developed positive relationships. Some of this resulted in better help for families. But it did not go far enough. Going forward, partnerships need to explore ways to move beyond communication and co-location, which should translate into more effective services and support for families.

Local Decision Making: Holding the Work Together

In any child welfare system, in any community, it is all too easy to be consumed by day-to-day decisions and crises. The CPPC sites attempted to be strategic about reaching long-term goals—and this required getting past everyday skirmishes and bringing the communities and the CPS agencies together as teammates. The initiative asked each site to create a governing body consisting of representatives from the child welfare agency, the community, parents, and diverse service providers—public, private, and civic. This group was expected to run the partnership and maintain connections so that all the components would work smoothly to support families and each other. The group was also expected to make decisions about priorities, determine the use of resources, analyze data, engage the community around abuse and neglect, and advocate for more services and funding when necessary.

Having too many collaborative efforts with separate decision-making bodies can diffuse effectiveness and confuse a community. The work of different governing groups must be connected closely to maintain coherence of effort, set appropriate goals, and hold each other accountable for results. Local decision-making bodies must build relationships with state and local leaders to influence the allocation of resources to support their work.

The sites' experiences show that, in some cases, preexisting structures or processes for coordination among human service providers can serve as a foundation for the type of collaboration that the CPPC approach requires. Cedar Rapids, for example, was able to build on local decision-making processes used in Iowa's established system of decatergorized funding. More recently, eight of Georgia's Family Connection collaboratives that mobilize community partners to improve conditions for children and families have incorporated the CPPC approach and serve as the local governing bodies.

One of the most difficult challenges for the sites and their decision-making boards was accessing the resources needed to support community needs. The local networks were limited in their attempts to improve service availability for families in need.³³ A number of factors contributed to this situation, from the increase in state funds needed for foster care and adoption services to tight state budgets overall to fiscal uncertainty among service providers.³⁴ Initiative leaders learned that the sites' governing bodies will need a more sophisticated skill set that includes political advocacy and the ability to influence the allocation of resources to and within public agencies. They also will need to be better able to build a diversified funding base so the partnership can sustain itself over time.

THE ROLE OF COMMUNITY RESIDENTS

Putting local residents on the decision-making board was a fundamental aspect of the CPPC initiative, one that sometimes required patience in practice. It was not uncommon, especially in the early days of the initiative, to hear agency or provider group staff question whether local residents would understand the complexities of the child welfare system. In Jacksonville, however, community leaders were at the front of the pack. From the beginning, Jacksonville residents were valuable participants in discussions about self-evaluation, state data, and the legal definitions of abuse and neglect. They asked profound questions and offered catalyzing observations in meetings of the governing body. But when the partnership's leaders became more absorbed with Chapin Hall's formal evaluation and data collection, it was difficult to sustain the community's involvement in self-evaluation. In the end, the composition of Jacksonville's governing body was changed, and resident participation fell off, which created a significant loss. An important lesson, however, emerged. Sites need to improve their efforts to keep residents and community leaders involved so that their participation and observations can continue to benefit the partnerships.

When residents have information, they can be effective advocates for families, for services, and for change. Information helps residents become an essential part of the partnership's decision-making process, a critical step in holding both the community and the system accountable for improved outcomes.

A Network Committee Takes on Data and Outcomes

The governing bodies in the sites assume a variety of responsibilities and tasks. For example, the CPPC Steering Committee in Louisville has an "Outcomes Committee" that tracks survey results, trend data, daily self-assessment forms completed by families, and more. The committee looks at outcomes such as improving the health of mothers and babies, improving student performance, and reducing substance abuse, child abuse, domestic violence, and the number of youth in the juvenile justice system.

The CPPC Steering Committee presents its findings at the Neighborhood Place annual meetings. They use PowerPoint presentations, charts and graphs, as well as data maps that give a geographic picture of services and needs.

There are still barriers to overcome, however. Not surprisingly, it has been difficult for multiple partner agencies (both public and private) to develop compatible data systems. In addition, the geographic boundaries of the Neighborhood Places do not necessarily match traditional data collection boundaries such as census tracts or zip codes.

Louisville's Neighborhood Place Centers: Moving from Co-location to Integration

Louisville's Neighborhood Place system relied on the development of supportive partnerships. The collaboration process was a key feature of these partnerships. This process went through several stages of interaction, from (1) initial **coordination** of the involved partners, to (2) measurable goals and objectives centered on **collaboration** and assessment, to (3) a fully **integrated** service delivery system.³⁵

THE BOTTOM LINE ABOUT LOCAL DECISION MAKING

In the end, local decision making needs to be just that: local. And, as large as the CPPC initiative was, it was not the only game in town. Members of the sites' governing bodies were involved with numerous other reforms that demanded their time and attention. In some ways, this was good news because it meant funding and support might come from a number of sources. At the same time, if these efforts and the work of CPPC were not integrated, the energy of the partners was drained. It was important to reach out and make sure each of these related efforts was supportive of CPPC and to collaborate whenever possible.

Nesting CPPC within other compatible initiatives worked best. In Louisville, the CPPC steering committee became a subgroup of the overall management committee of Neighborhood Place. Louisville also built a synergistic relationship with the Annie E. Casey Foundation's *Family to Family* initiative that has a compatible focus on building community support for families.

Outcomes: Increased Child Safety and Improved Family Functioning

Both national and state leaders of the CPPC initiative had ambitious goals for the communities and families. They aimed to reduce the likelihood of abuse and neglect among children in the targeted communities, reduce the likelihood of re-abuse for children who had previously been reported to CPS, and reduce the rate of severe injuries to children. They also sought to increase the stability of families in the CPS system and in the community with an array of interventions that support families in a manner commensurate with their needs.

When looking at results across the board—the sites’ own information and that from Chapin Hall’s evaluation—there is no single consistent story. Based on its analysis of multiple indicators, Chapin Hall found no consistent, positive trends across all four sites. On a site-to-site basis, there are mixed results. The sites’ tendency to focus on families who had long-term involvement with the child welfare system probably affected their ability to make progress toward the initiative’s child safety goals during the time period covered by the evaluation. Children in these families face higher risks of abuse and neglect.³⁶ Therefore, efforts to prevent subsequent child maltreatment among their families met with additional challenges. In deciding to focus on these more troubled families, sites might have limited their ability to achieve positive outcomes in key safety areas. The initiative’s leaders are most encouraged about progress in some of the intermediate outcomes that showed families who received help improved their skills and their situations.

IMPROVEMENTS IN CHILD SAFETY

There were both hopeful and disappointing results concerning child safety that emerged from the Chapin Hall evaluation and other data related to Community Partnerships. A substantial majority of frontline workers, those in a position to know, believe that the ICA process effectively addresses safety issues. Chapin Hall evaluators found that more than 90 percent of the workers surveyed in the four sites rated FTMs as “excellent” or “good” in addressing child safety.³⁷ In addition, children in 68 percent of the cases in which safety was a concern were rated by workers as being “somewhat more safe” or “much more safe” as a result of the Community Partnerships’ intervention.³⁸

Overall, the Chapin Hall evaluation provides no clear evidence of child safety improvements (as measured by subsequent reports of abuse or neglect and out-of-home placements of children) among families who participated in family team meetings. Results across the four sites varied. In Cedar Rapids, families who participated in FTMs were actually more likely than other families to be reported subsequently for child abuse or neglect and to have children removed from their homes. In St. Louis, the likelihood of subsequent maltreatment reports or of out-of-home placement of children did not differ for families who participated in FTMs and families who did not. Louisville families who participated in FTMs were less likely to be reported subsequently for child maltreatment. In Jacksonville, families who participated were less likely to have children removed from their homes. A previous local study of the Jacksonville partnership found subsequent maltreatment reports to be

High levels of depression among caregivers mean that any child welfare reform effort must pay close attention to responding to mental health concerns. Individualized case plans and services can significantly improve parental functioning and the overall well-being of families, but follow-up mental health services are essential.

nearly 30 percent lower for families who engaged in family team meetings.³⁹

The Chapin Hall evaluation also analyzed state administrative data on abuse and neglect reports, subsequent reports, and placement rates in all four sites. No consistent pattern of results emerged for the sites as a group. But in St. Louis there were promising indicators of progress. St. Louis had fewer reports of child maltreatment and fewer placements. Because the evaluation concentrated on overall results for all four sites, it did not explore factors that might explain why a site performed better or worse on a particular indicator.

Chapin Hall viewed decreases in foster care placement rates as a measure of success. A decrease in placements as such, was not one of the initiative's primary goals, although one would expect that with increased family stability, removal would eventually become less necessary.

IMPROVEMENTS IN FAMILY FUNCTIONING

Here, too, the results were mixed. The evaluation looked at the impact of family team meetings on family functioning. Six months after their initial FTMs, both parents and workers rated families' situations as better than they were at the time of the meetings. About 40 percent of parents and workers said they were "much better" than before.⁴⁰ In Cedar Rapids, caregivers reported improvements in depression, their sense of empowerment as parents, and their ability to find services and supports to help them meet their goals. Jacksonville caregivers reported improvements in depression, parental stress, and empowerment.⁴¹ A 2005 study of FTM use by Georgia's ten

Community Partnerships provides similar findings.⁴² Data about perceptions of caretakers who participated in FTMs, CPPC staff, child welfare workers, and others indicate that participation in FTMs may be associated with increased feelings of empowerment among caretakers. In addition, FTM participation may be linked to improved awareness of, access to, and use of informal and formal community support and service systems.

High-quality intervention matters when it comes to improving results for families. "Committed and responsive" caseworkers play key roles.⁴³ A worker, for example, who does not engage the family prior to a family team meeting or does not support parents in developing and carrying out their own service plan will not make much of a difference in outcomes for that family. When services were available, the Chapin Hall results show that they seem to have made a difference. Depression among caregivers, for example, is a widespread, debilitating problem identified by parents and workers alike. The promising news is that when a family's case plan responded to the needs parents identified, they experienced significant decreases in depression and stress and increases in overall empowerment, and in their ability to access additional social support.⁴⁴ In fact, Chapin Hall found that a change in levels of depression was a strong predictor of improvements in a family's overall situation.⁴⁵ The ability to respond to caregivers' mental health needs is a critical factor in developing and monitoring an adequate range of services. This finding reinforces the importance of service integration, particularly with mental health providers.

Conclusion

“...Translating vision into action requires discipline, clarity, and a realistic assessment of what can be accomplished within a specified time period. We know that significant neighborhood change typically takes decades rather than years, so we have to be willing to make that kind of sustained investment or live with more modest goals.”—Prudence Brown⁴⁶

The Community Partnerships for Protecting Children initiative has been one of the most significant efforts to improve the quality of child welfare services in the past decade. As this report describes, much has been learned from the four sites that were the leaders in this work, as well as from the related state level policy and practice change that accompanied the partnerships in Florida, Iowa, Kentucky, and Missouri. As a result of the Community Partnerships work, better evidence and experience now exists that:

- ▶ Child welfare agencies can indeed work more collaboratively and in a climate of mutual trust within their communities. They can build enduring partnerships and productive working relationships with community agencies, private providers, and neighborhood leaders, and these partnerships in turn can help connect families to resources they need.
- ▶ Families within the child welfare system benefit from family-centered practice. High quality, well-supervised, and well-supported family-centered services can make a difference on important indicators of family functioning. These differences may be modest and small in scale for some families, but they can be crucial for families in crisis.
- ▶ Specifically, family team meetings are a component of child welfare practice that pays off—from families’ point of view, from caseworkers’ perspectives, and in their impact on family functioning. As with any high-quality service, the benefits of family team meetings are achieved most fully when this practice is done by well-trained workers and supported by good supervision, Quality Service Reviews, and an agency culture aligned with the principles of this work.
- ▶ The Community Partnership approach has a major impact on child welfare workers. They believe this approach makes children safer. When workers adopt this approach, they are more satisfied with their jobs and they benefit from the added degree of community trust toward child welfare agencies that is engendered.
- ▶ A neighborhood focus for child welfare services can be developed and maintained along with a strong focus on families, but this approach requires constant support at many levels of the child welfare agency and presents a continual challenge. Creating “hubs” in the community where multiple services can be accessible to families is a promising approach and brings services closer to residents.
- ▶ When the goal is not to change practice within an agency on a small scale, but to take higher quality, family-centered practice to scale and sustain it, strong and effective leadership and buy-in are needed at all levels of the agency and from

state leaders. Practitioners and administrators using a Community Partnership approach are clear that it needs system-wide support to thrive.

- ▶ The resource needs of families in the child welfare system remain challenging and the evidence suggests they are only partially addressed—and not nearly well enough—by the implementation of Community Partnerships to date. Mental health and domestic violence issues are particularly prominent for families receiving child welfare services. Many other resource needs also are not fully met, even when service plans are well developed with extensive family engagement. This remains an ongoing challenge for any child welfare agency. Communities need more effective strategies to address fundamental family needs caused by poverty and to assist families to move out of poverty.
- ▶ The evidence about the impact of Community Partnership policy and practice on child safety is mixed. This approach has not yet shown consistent community-wide impact on rates of reported child abuse and neglect. Available evidence suggests that Community Partnerships generate positive results on several indicators that are associated with child safety—such as workers’ belief that children are made safer. The work for the future is learning how the benefits of Community Partnerships, in combination with strategies to address more fundamental economic and social needs of families, can create consistent improvement in child safety.

What do the lessons learned from the experience so far suggest for next steps in developing the Community Partnership approach?

The most important next steps are those that will be taken by local and state child welfare agencies implementing this approach. The good news is that the Partnerships, begun with Clark Foundation funds, are continuing in each site even though the Foundation support has ended. Already, leaders in Florida, Iowa, Kentucky, Missouri, and many other states are assessing the evidence from the Chapin Hall evaluation, from their own self-evaluations, and from their accumulated experience over a decade, and they are using this information to improve practice. The “real world” implementation of Community Partnerships is a process of ongoing learning, improved action, and then more learning. That process is continuing at the local and state levels.

In addition, what we know so far suggests areas in which both the theory and practice of Community Partnerships can be improved and in some cases must be reassessed. Specific areas where more attention is needed include maintaining high quality family-centered practice in the face of resource shortages and other organizational barriers; developing neighborhood networks that can be even more effective both in engaging community resources on behalf of families and developing new resources; ensuring that practice interventions are not thought of as “events” but as sustained approaches to effective use of

CONCLUSION

services and support on families' behalf; ensuring that mental health, substance abuse, and domestic violence services are more integrally connected to child welfare services and accessible to families needing them; and finding ways to mobilize resources in a neighborhood both for quality services for families in crisis and for strong prevention efforts.

One challenge in particular emerges from the lessons learned through Community Partnerships: the urgent need to help families with long-term involvement in the child protective service system. The agencies participating in the Community Partnership initiative, like most others, devote a large share of their resources to families with multiple, chronic problems. All four Community Partnership sites chose to focus on these families who have been known to the CPS system for years. Helping these families stabilize, become stronger in their ability to care for their children and attend to their own economic needs, and eventually thrive is at the heart of child welfare agencies' mission.

The Community Partnerships approach has demonstrated that it has some of the ingredients these families need. Family-centered practice can assist families through formal and informal supports that help them achieve goals for themselves and their children. Neighborhood networks can ensure that services are not episodic and in fact are attuned to families' real needs. Experience suggests, however, that many of these families need even more. Jobs, housing, educational opportunities for their children, effective and readily accessible substance abuse and mental health services—the next generation of Community Partnerships needs to be able to furnish support in these areas more readily and reliably than has happened to date.

The current stage of Community Partnerships' development emerges as a time to take stock, reassess based on evidence and experience, learn from all that has come before, and commit to even more focused and strategic efforts to benefit families and keep children safe. The principles on which Community Partnerships are based are sound and the evidence generated to date gives no cause for policymakers or practitioners to doubt those principles. Many aspects of the implementation have produced encouraging results. What remains to be done is to determine what additional theory and practice must be developed in order to build on what already has been achieved and formulate strategies that can be even more productive.

Nothing about the development of the Community Partnerships has been simple or free of risk, either for the people who took the pioneering steps or for those who institutionalized this approach into agency policy and practice. The lessons emerging from their work and described in part in this paper constitute one form of thanks for their tireless effort. The challenge for the next phase is to use these lessons to promote new experience and knowledge about supporting vulnerable families and keeping children safe.

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Lessons Learned

- ▶ The timing and focus of evaluations are critical decisions. With any community change effort, the work has to reach sufficient scale and depth before it can be expected to generate communitywide outcomes. Designers of the initiative were perhaps overambitious in their expectations for overall progress in the sites and may have conducted a cross-site outcomes evaluation too early in the implementation process.
- ▶ Changing the practice of child welfare agencies to serve families more effectively requires leadership at the top, buy-in from all levels of the agency, and sustained attention to training, supervision, and quality service at the point that matters most—where services are provided to families. This amounts to culture change, which takes place over many years.
- ▶ Workers understand the full power of family-centered practice when they experience it. An effective strategy to implement frontline practice change is to train a core group of supervisors and workers who use the new approach and become “practice champions” and mentors to their peers.
- ▶ Outcomes of Community Partnerships were most positive when families participated actively in the development of their own service plans and were connected to services that met their needs. These include results in areas that are pervasive and difficult to change, such as parental depression and parental functioning.
- ▶ Workers who were out-stationed in neighborhoods found that to be an effective base of operations, but agencies struggled to take this approach to scale. Barriers to “neighborhood-basing” of workers included initial worker resistance, defining the role of off-site supervision, the need for new lease arrangements in some sites, and difficulties with information technology. Caseload assignment based on geography can be a useful first step.
- ▶ Regular assessment of the quality of work is essential to continual learning and effective implementation. Consistent use of Quality Service Reviews (QSRs) that examine the experience of children and families and the effectiveness of specific intervention allows leaders, management, and workers to better identify practice strengths and necessary improvements. QSRs also can point to the need for more resource development.
- ▶ Improved access and availability to essential services—especially mental health and domestic violence services—can be achieved through Community Partnerships, but remain a challenge to sustain. In addition, agency funding is limited and is often restricted to specified populations, presenting powerful barriers to effectively connecting families in the child welfare system to the services they need.
- ▶ Neighborhood networks generated creative grassroots initiatives to fill service gaps and connect families to sources of support. But neighborhood networks found it difficult to generate the resources that could significantly expand the services available for families over the longer term.
- ▶ A core assumption of the Community Partnership initiative was that prevention efforts would become a strong component of the community’s response to child abuse and neglect. While prevention activities grew in each site, their development was overshadowed by the attention required to bring about practice and policy change within the child protective service system.
- ▶ The partnerships made significant progress toward improving the image of child welfare agencies in the community and increasing the level of trust extended to them.
- ▶ Most costs associated with a Community Partnership are covered by existing federal, state, and local resources. However, the Clark Foundation funding available to each site was instrumental in seeding new practices and giving sites greater flexibility to respond to unique community needs.
- ▶ Neighborhood residents, parents, and youth are essential partners in Community Partnerships. However, to be effective, efforts to recruit, support, and sustain resident helpers and leaders need structure and management. It is a full-time responsibility to assist volunteers to focus on the most critical activities and integrate their work with other partnership efforts.
- ▶ Having too many collaborative efforts with separate decision-making bodies can diffuse effectiveness and confuse a community. The work of different governing groups must be connected closely to maintain coherence of effort, set appropriate goals, and hold each other accountable for results. Local decision-making bodies must build relationships with state and local leaders to influence the allocation of resources to support their work.
- ▶ When residents have information, they can be effective advocates for families, for services, and for change. Information helps residents become an essential part of the partnership’s decision-making process, a critical step in holding both the community and the system accountable for improved outcomes.
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