



ACS' Community Partnership Initiative: Approach and Preliminary Findings

Introduction

The Administration for Children's Services (ACS) has asked Chapin Hall Center for Children to serve as the evaluator of the Community Partnership Demonstration Initiative (CPI). Chapin Hall is an independent, not-for-profit research center affiliated with the University of Chicago.

The CPI is currently underway in eleven communities across New York City¹. The primary goal of the Initiative is to promote "a rethinking and reorientation" of child welfare work toward integrated, localized service models that can be tailored to the unique needs and resources of individual communities. It is hoped that community-based partnerships, once cultivated, will lead to better coordinated, more accessible, and increasingly effective services. Lessons learned during the 2007-2008 pilot year will help inform ACS' strategy going forward as it works to support the development and capacity of neighborhood-based coalitions. In this document we situate the CPI model historically as it relates to larger reform trends in the human services and offer some preliminary findings from the field. A brief overview of the evaluation design is provided.

Community partnerships in context

The "community partnership" approach to child welfare is based on the belief that neighborhood coalitions can play a positive role in the challenging work of reducing maltreatment and promoting stable, healthy families. It assumes that the core child welfare outcomes of safety, permanency, and well-being² are best achieved when residents, agencies, and other local institutions work in conjunction with the public agency to address the needs of children and families. The community partnership approach has its antecedents in the "system of care" movement that grew out of the field of mental health in the 1980s, and which is becoming increasingly adopted by child welfare agencies across the U.S.

Policies that call for localized service systems make sense from an epidemiological perspective in that poverty in U.S. cities tends to be concentrated in discrete geographical areas. In New York City, the community districts that have the highest rates of child welfare system involvement also have high proportions of low-income households. This strong spatial correlation points to the

¹ The 2007-2008 pilot period has been rolled out in three phases: The phase one communities (Highbridge, Jamaica, and Bedford Stuyvesant) began implementation in July; The Phase two contracts (East Harlem, East New York, Staten Island, and Lower East Side) are active as of November and December; Phase three (Bushwick, Mott Haven, Soundview, and Elmhurst) are anticipated to begin in February or March 2008.

² Improved child welfare outcomes would include reduced instances of maltreatment, fewer foster care placements, shorter lengths of stay, higher rates of reunification, and the increased availability of alternative permanency options for children unable to return to their biological parents.

need to design services at the community level, and to the value of drawing on local supports for families at greatest risk of system involvement.

Typically, families who come in contact with the child welfare system have multiple needs that cut across systems, such as health, housing, and education. The system of care philosophy contends that outcomes for families will improve when agencies work together to address system gaps, reduce duplication, and coordinate care so that services can “wraparound” families who possess a unique set of needs. A similar strategy was invoked by the Mayor’s Interagency Task Force on Child Safety, created in 2006, which called for increased communication and collaboration among school, hospital, law enforcement, and ACS staff.

In this context, the term “community” extends beyond public and private social service agencies to include local residents, faith-based organizations, businesses, and other nonprofit institutions, all of whom have a stake in the well-being of children residing in their community. The opportunity to draw on community resources through coalition partnerships adds great value to ACS’ ability to keep children safe. ACS has often offered the “we cannot go it alone” theory as an essential motivating factor behind the CPI approach. Through community partnerships, providers both within and outside ACS can draw on the experiences of local staff and residents to better understand how policies and procedures can be improved. More positive relations between the community and ACS can lead to greater trust, enabling both ACS and the community to be more effective in the work of protecting children and families. In addition, the CPI promotes the engagement of community partners to support families as they try to navigate the system, increasing the potential for child safety and family reunification. Engaging residents in the work has the additional benefit of investing human and social capital within the community.

Examples from the field

Our evaluation of the CPI coalitions began in July 2007. As highlighted below, we have observed many examples of interagency collaboration, partnership cultivation, and broad community engagement in the field. The coalitions have focused their work on four mandated tasks: 1) to coordinate services that bridge the gap between Head Start, Child Care and community-based preventive services; 2) to implement innovative approaches to family team decision-making conferences traditionally facilitated by ACS child protective staff; 3) to support existing foster and adoptive parents and recruit neighborhood-based foster homes; and 4) to improve the quantity and quality of visits between parents, children and siblings in foster care. Though only preliminary, our findings to date point to noticeable shifts in how agency staff are approaching the work and the coalitions are drawing on community resources to provide innovative supports for families.

Coalition partners working together. In each of the coalitions we see high levels of collaboration between agencies. Partners are working together to build coalition capacity and share in decisions about the kinds of strategies that can improve service coordination, case conferencing models, and the quality of family visits, to name a few. The coming together of local foster care agencies to recruit foster parents is a key example. Traditionally in competition over foster home recruitment, agencies are collaborating to remedy the extensive problem of out-of-community placements by co-sponsoring recruitment events, co-facilitating foster parent trainings, and working collaboratively with ACS staff to brainstorm around new strategies. On the issue of improving case conferences, local preventive-care agencies are working closely alongside ACS field office staff to coordinate decision-making meetings so that the community is represented.

Increased service coordination. With the heightened degree of interagency collaboration being cultivated comes new potential for increased service coordination. We expect this potential to grow as trust builds between local agency staff and coalition leaders. Service coordination is happening most explicitly in the coalitions' work with Child Care and Head Start programs and preventive service staff. Community partners are working diligently to build formal referral processes as well as informal networks so that families in need of preventive care can receive help before problems arise. Conversely, families receiving preventive services often have a difficult time obtaining high quality child care and services that can adequately address the developmental needs of their children. The dedication of resources to interagency coordination is an example of how the CPI coalitions can provide wraparound services to community families.

Engaging community supports. The CPI coalitions are drawing on community resources to support the work in unprecedented ways: from providing meeting space to social networks and staff expertise. In an effort to recruit foster parents, several of the coalitions have begun partnering with faith-based organizations to appeal to their congregations for support and to raise awareness of the child welfare needs of the community. The coalitions are also reaching out to beauty salons and other local shops, community boards and libraries, to publicize what the coalitions are doing. There is also an attempt to de-institutionalize child welfare work by holding family visitation meetings and family team conferences in community-based locations. Local recreation centers and restaurants are offering their locations as sites for family visits, and free membership services to children in foster care. In one example, a local hospital engaged in the CPI is offering free walk-in medical care for teens affiliated with participating foster care agencies.

Families helping families. The majority of CPI sites have already begun to engage or employ community partners to support their implementation. These resident "advocates" are acting as "visit hosts" to help facilitate family visits and provide supports to biological and foster parents; they are being trained to participate in case conference sessions, specifically to help families to decide whom from the community can and should attend; they are acting not only as advocates but mediators between staff and the family to increase parents' comfort level and help them understand their rights; in many of the CPI sites, community partners have taken leadership roles and are actively engaged in coalition governance and decision-making. The real community engagement we observe reflects movement toward a more honest, open dialogue between ACS and the community.

As we have learned from our experience in other initiatives, community coalitions take time to get off the ground. We are seeing great strides being made in the pilot communities. At the same time, each stage of growth in membership and capacity is a building block for future accomplishments. Buy-in from a large group of agencies, and the community at large, takes time to cultivate. In addition, many practical issues have been arising as to how procedures and programs can best be facilitated through a coalition-led model of community partnership. We are watching these new developments as they unfold, documenting the challenges the coalitions are facing, as well as the sites of success.

CPI Evaluation: An Overview

Our evaluation of the CPI builds on our previous research in two of the phase one CPI communities: Highbridge and Bedford Stuyvesant. Over the past four years, we have studied these coalitions, which serve as mature examples of the kind of integrated, community-based service models that will be brought to scale in coming years.

We are working closely with ACS to provide ongoing feedback that may be used to advance the work on the ground. In June 2007, ACS and Chapin Hall co-sponsored a forum entitled, “Community Collaboration: Lessons Learned.” The event provided an opportunity for service providers, leaders, and advocates who have worked within community coalitions to share their knowledge and experiences. A report summarizing the learning that took place during the forum is currently being shared with the phase two and phase three communities. In March 2008, Chapin Hall will provide a primer-type document for agencies not involved in the pilot phase of the CPI to be used as a planning tool to guide their response to the upcoming Request for Proposals.

Three main questions guide our evaluation of the CPI. First, we aim to understand the degree to which true “partnerships” (as defined by the stakeholders) are being established. Second, we are studying the viability of the coalitions, i.e. their ability to manage the work as independent, self-governing organizations with enough capacity to achieve their goals. Third, we are examining what the coalitions are able to contribute to the work related to the four mandated tasks they have been asked to address. In this sense we are looking to see how partners are responding to the innovations taking place, and their potential impact on children and families.

We are using a multi-method strategy that includes observation, surveys, interviews, and content analysis to capture the variety of information. Data collection around the three research themes is primarily focused in the phase one sites. However, we are using several methods to follow progress in the phase two and three sites so that we can achieve a broader understanding of the stages of coalition development and operating context. We aim to capture a wide cross-section of stakeholders and perspectives, including ACS staff, coalition staff, community residents, and families touched by coalition programs. In addition, we will analyze service utilization (using administrative data) in the demonstration communities so that we fully understand the community/ecological context of services delivery.

Additional Information

Additional information regarding the evaluation design and findings is available upon request.