Philadelphia's child welfare system is poised to provide more accessible family-centered services under Improving Outcomes for Children (IOC), according to a new evaluation that describes the program as a critical cultural shift for the City’s Department of Human Services (DHS). Evaluators indicated the City and its partners must continue to build on current momentum to recruit, develop, and retain quality staff and ensure families are safe and thriving.

**IOC BACKGROUND**

IOC started its change of Philadelphia’s child welfare system four years ago. The approach is community-based, with more clearly defined roles for DHS oversight and for agencies working directly with children and families. The goal is to keep more children and youth safe in their own homes and communities; reunite more children with their families or if needed, find permanent homes for them elsewhere; reduce the use of group homes; and help families work better together.

IOC changed how cases are managed, from a dual system involving DHS and contractors where it was often unclear as to who was responsible for what actions to a single-case approach using neighborhood-based Community Umbrella Agencies (CUAs) that became the primary contact for families in the system. This allowed DHS to concentrate on critical functions including intake and investigation, support for the CUAs, data and performance management, and prevention services.

**IOC EVALUATION**

At the start of his administration, Mayor Kenney asked the Office of the Deputy Managing Director for Health & Human Services to look at how IOC was doing. The Child Welfare Policy and Practice Group, a nonprofit technical assistance organization with over 30 years of experience in child welfare, led the evaluation beginning in September 2016.

The evaluators interviewed more than 200 people and spent a day in each CUA and one DHS intake unit to observe daily work experiences. They reviewed data, policies, case documents, and external reports. They shared a draft report and received feedback from over 250 individuals.

The IOC evaluation identified both strengths and challenges in the current system. Among the strengths were a high rate of placing children with kin (46% here compared to 30% nationally), caseload reduction, and improving performance measurement and management. Challenges included a high rate of children in out-of-home care (16.4 children per 1,000 in Philadelphia; 5.5 per 1,000 nationally) and the lack of an integrated data system.

**PRE-IOC**

- Multiple case managers; multiple plans
- Center City location

**POST-IOC**

- Staff support
- One case manager; one plan
- Community-based
The evaluation made recommendations in three categories: Immediate Practice, Intermediate, and Ongoing System strategies.

IMMEDIATE PRACTICE STRATEGIES

1 Strengthening the Practice Model

There should be a single, consistent resource throughout IOC that defines practice, principles and outcomes. This should guide decision-making, service delivery, and staff development at all levels.

2 Strengthening the Family Team Conferencing Process

Meetings should be scheduled so that case managers, service providers and others can work with families to craft the best plan for their children. The family team meeting process needs more youth and family participation. Families need better preparation for the process and assistance during the session. CUAs, instead of DHS, should schedule and coordinate meetings.

3 Strengthening the Role of Parents

IOC practice should put greater emphasis on engaging and supporting parents and caregivers, who may have endured trauma, struggle with social and environmental challenges, or had experiences creating distrust of social service organizations.

4 Reducing Rate of Children in Out-of-Home Care

Among large U.S. urban areas, Philadelphia has the highest rate of such placements. A change in early assessment and planning approaches might result in more children staying safely at home. The evaluation supports new DHS policy requiring management-level authorization for removal. The system also needs: timely team decision-making; better training and guidance on working with families; efficient sharing of case information; strengthened connections to behavioral health; and more staff coaching from experienced practitioners.

5 Decreasing the Number of Youth Who Age Out of Foster Care Without Permanent Families

When a child has been placed in out-of-home care, the goal is first to return the child to their family of origin, or when needed, to find a relative, adult or family to make a lifelong commitment to the child. This is a challenge everywhere, including locally, particularly for adolescents placed in care. More aggressive efforts are required to understand the youth’s needs, how to meet those needs and connect them to family. Rapid Permanency Reviews, now in pilot in Philadelphia, should be expanded as should other strategies such as intensive efforts to find extended family and kin, support for youth behavioral health to reduce barriers to permanency, and greater advocacy for adoption or guardianship.

Youth finding permanent families increased 53% since 2013, going from 81% to 84% of total exits from care.

Out of Home Care rates increased 47% since 2012
INTERMEDIATE STRATEGIES

6. Increasing Contract Budget Flexibility

IOC’s swift implementation left some CUAs unprepared to handle some of the contracting requirements. The situation has improved, and DHS should grant CUAs greater flexibility in adjusting their budgets within a contract year. This would strengthen the relationship between CUAs and DHS, and make CUAs more nimble in responding to local conditions.

7. Recruiting, Preparing, and Retaining Resource Families

There are not enough families to meet the need for child placements. Resource families need better information about what is expected of them, such as managing doctor visits, school activities and court appointments. DHS should work with provider agencies to offer this. There is a need to increase support staff for general foster care families; ensure resource families are promptly provided information about the child who is placed with them; and provide more peer support.

8. Measuring Performance and Results

DHS and the CUAs have taken major steps forward in measuring how the welfare system makes a child’s life better and safer, but improvements are needed. The quality service review (QSR), which assesses outcomes through information received directly from families, children and staff, should be increased from 48 randomly selected families annually to 120 with a representative sample from each CUA. DHS should ensure that the CUA Scorecard, a performance measurement tool being developed by DHS, looks at child safety, permanency, well-being, quality practice and outcomes. The evaluators support efforts to develop DHS and system performance scorecards.

9. Supporting the Direct Service Workforce in CUAs

DHS and the CUAs should work together on preservice preparation and ongoing professional development to ensure supervisors and direct-service staff have the skills to successfully work with families to achieve positive outcomes. Incentives should be developed at the CUAs to enable promotion and pay increases that will retain quality staff working directly with families. CUAs should create ways for supervisors to weigh in on barriers to quality performance and good outcomes for children and families.
Interfacing with the Courts and Legal System

There is a high level of court involvement in Philadelphia child welfare practice, but families and caseworkers often lack information they need to navigate the legal system. CUA personnel need better preparation, parents should be better informed, parent representation should be held more accountable, and there should be timely sharing of information across all parties to support the judicial decision-making process.

Child Welfare Data System

Child welfare systems cannot operate effectively if they cannot readily access and analyze case data. DHS needs continued financial resources and information technology support to develop and maintain an integrated case management system; a data center that responds to all users’ needs; a new data warehouse; and new internal and external DHS websites. The lack of such a system is a critical handicap to DHS’s ongoing system improvement efforts.

More Effective Approaches for Families with “Non-Safety” Needs

IOC serves many families with no identified child safety needs. Those families might benefit from less stigmatizing and intrusive approaches. This would also reduce the workload and allow staff to focus more on child maltreatment. DHS should consider funding services more tailored to non-safety needs that can be made available to families outside of the formal child welfare system.

Among the families with “non-safety” needs, truancy is often an issue. State law makes DHS largely responsible for truancy. The Philadelphia community should undertake serious study of the systemic contributors to truancy. The school system, the court, behavioral health, DHS and state elected officials all share responsibility for addressing chronic truancy and behavioral issues.

Ensuring a Reasonable Workload for the Case Managing Workforce

Caseloads across the CUAs have been dropping, but DHS must watch carefully to ensure that the new standard of 10 families per case manager is manageable. DHS and the CUAs have formed a work group to look at how to reduce case managers’ duties. DHS, the State and CUA leaders should re-examine current policy, look at other urban systems, and conduct a small study of court-related time and out of county travel time for case managers to reduce time spent away from directly working with families.

CONCLUSION

As with any large-scale transformation, Improving Outcomes for Children’s massive reorganization of the child welfare system in Philadelphia resulted in unanticipated consequences that have required ongoing review and revision. DHS, in partnership with the CUAs, has made considerable progress, however. There is widespread endorsement of IOC’s principles of community-based services, and work continues to realize IOC’s goal of providing more accessible, family-centered services. There are many strengths in IOC, along with some notable challenges. Addressing these challenges will require systemwide support and meaningful oversight. Adopting the recommendations should strengthen the system and improve outcomes for children and families in Philadelphia.