



EXECUTIVE SUMMARY

# Review of Grantmaking in Out-of-Home Care

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## Background

The Duke Endowment solicited a detailed review of grant-making in out-of-home care from 2006-2015. This report synthesizes qualitative and quantitative data, including child welfare trends, interviews, document reviews, and literature reviews, to arrive at (1) an overview of the child welfare context during the review period (2) a summary of funded projects (3) a description of implementation progress and barriers and (4) key themes related to the impact of funded work in this area. The report reflects the work that was conducted by the Endowment's grantees as part of 222 funded projects.

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## Findings

Today, the Endowment is faced with a key decision – whether to continue to work toward the set of identified strategic goals, or, in recognition of the substantial contextual barriers to achieving these aims, to scale back efforts in the area of out-of-home care and instead concentrate efforts in the area of prevention. This decision should be informed by an inventory of the progress and accomplishments of projects funded in the area of out-of-home care, as well as a set of recommendations based on the data described in the accompanying report.

1. The Duke Endowment advanced the field's understanding of evidence-based practice and implementation science, increased the prevalence of accredited agencies, and expanded the availability of post-permanency and transition services.

2. In line with changes occurring on a national scale, the Endowment shifted from unrestricted to strategic support for initiatives aligned with the Endowment's theory of change and offered by accredited providers. Similarly, the Endowment shifted toward supporting practices and approaches that have empirical evidence of effectiveness, and has encouraged providers to move beyond traditional (now outdated) notions of long-term residential care by broadening the service continuum to provide community- and family-based services, as well as those aimed at preparing for and fortifying permanency.
3. The Endowment's strategic focus on promoting quality, through accreditation and the use of evidence-based practices, has achieved substantial success. Beyond accreditation, the Endowment supported the infrastructure necessary for smaller agencies to merge or for larger agencies to absorb smaller agencies. This strategic approach to promoting quality may be unique in the child welfare space; while measuring its effect on the number and size of existing agencies is straightforward, gauging the effect of the strategy on child well-being is more difficult and will require a coordinated research effort in the years ahead. The strategy is based on the idea that economies of scale, both in operating expenses and in service array, will bring about efficiencies and enhance the care provided to children. The accumulated impact of funding strategies that have rewarded providers who (A) are accredited, (B) are willing to provide services beyond traditional residential services and (C) have demonstrated the capacity to implement and sustain evidence-based practice has reshaped the landscape of providers, and raised the level of sophistication of many agencies in approaching the selection and implementation of new program models. The collective strategy has promoted the growth and sustainability of those willing and able to innovate and grow, in breadth, depth, and quality. Yet, it does not appear that the Endowment's focus on and identification of quality providers has been entirely effective in shifting placement distribution and casework responsibilities away from non-accredited agencies.
4. The Endowment has also promoted quality in out of home care by enhancing the competency of the agencies and staff who serve children and families. This has been accomplished directly by funding positions, or indirectly by funding evidence-based

practice and raising awareness of the complexities of implementing evidence-informed strategies in the child welfare context. The self-reported experience of the agencies who have received Endowment grant funding to implement evidence-based practice suggests that the impact of this work has been tremendous. Awareness of the complexity of implementation and the strategic levers that can help or hinder successful initiatives is remarkable; providers seem to have internalized the importance of fidelity, careful planning, and ongoing outcomes monitoring. Similarly, by funding the development of data systems *and* activities to build competence in the use and application of data and evidence, the Endowment has raised the capacity of agencies to engage in continuous quality improvement and accountable, effective practice.

5. Additionally, the Endowment's support has prompted the proliferation of service array elements that were simply not available ten years ago. Programs to serve intact families, to promote independent living skills and readiness for independence, and to provide therapeutic alternatives to congregate care have been successfully installed.
6. The accomplishment of strategic aims has been challenged by the fragmentation of the child welfare systems in North Carolina and South Carolina, where county jurisdictions, state agencies and private providers find it difficult to work in concert with one another. Each struggle to manage competing priorities, share data and work toward a common set of outcomes. While the level of innovation and best-practice approaches advocated by the Endowment may be beyond the current capacity of public child welfare agencies in both states, Endowment strategies provide an invaluable complement to the guidance and support that is provided by the state agencies.
7. For a group of providers who (for the most part) identify as faith-based organizations charged with housing and caring for youth in out-of-home care, reductions in reliance on congregate care are a source of anxiety and disagreement. Despite research and policy that support the shift away from long-term congregate care placements, many providers and advocates maintain that congregate care should retain a prominent place in the child welfare service continuum. These contextual challenges, while not insurmountable, should also inform the Endowment's direction moving forward.

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## **Recommendations**

There was a time when financial support alone was a lever sufficient to obtain provider agreement and alignment. However, with a turn toward strategic grantmaking that seeks child well-being outcomes, influencing public sector agencies to improve or change their practices given the issues noted in the findings above will require the Endowment to identify and build upon other levers—namely engagement, communication and the implementation of evidence-based models. Examples of each of these activities are summarized below; a detailed list of recommendations can be found in the Recommendations section of the report.

### **Engagement**

1. The Endowment should develop state-specific strategies that leverage expertise among and build the capacity of providers, counties and each state. Possible examples include:
  - (a) Assisting South Carolina to implement the terms of the settlement of the lawsuit between Children’s Rights and SC DSS, which require the state to make improvements to the child welfare system, as well as to develop strategies to help providers understand the implications of the ruling.
  - (b) Assisting North Carolina to develop a state strategic plan for child welfare and create a sound implementation and sustainability plan.
  - (c) Working with counties to obtain flexible funding for a broader array of services, as Catawba County has done with the Success Coach program supported by the Endowment.
2. In both states, the Endowment should consider strategies to promote engagement between providers and biological families. Biases about families influence provider views on the viability of relatives for placement and permanency options. Other states have approached this issue using the licensing of relative foster parents to enhance fiscal incentives and to broaden knowledge and capacity of relatives to provide trauma-informed care to their related children, thus leveraging the tremendous potential of those families to provide stable homes for youth who cannot live with their parents. The Endowment’s efforts to promote and spread Family Finding represent a strong foundation in this area.

## **Communication**

1. While some messages around the Endowment's strategic shift, such as the focus on outcomes and the move away from residential care, have reached the field of provider partners clearly, others, like the importance of discerning quality providers, relying upon evidence and engaging in ongoing data monitoring, have been less easily understood. This suggests that communication could be enhanced to clearly impart the aims, goals, and strategies that are now prioritized by the Endowment. This may entail not only a full articulation of Endowment's priorities, but also an ongoing dialogue about the vision and where partners fit within the larger strategic approach.
2. In addition to communicating about the Endowment's own strategic goals and plans, the Endowment should leverage existing relationships and communication pathways to play a key role in enhancing communication between state and local child welfare oversight agencies and private providers. This might include the development of communications materials that promote providers' understanding of the implications of big policy shifts, such as the consent decree or the move to managed care.

## **Evidence-Based Models/Implementation**

Some of the most striking successes noted by providers as well as state and county leadership have been the deep impact of funding more methodical approaches to implementation. Given the Endowment's success in the area of heightening capacity and awareness around sound implementation of evidence-based practices among private providers, building upon this work may be the most promising opportunity. This could include providing a forum for providers to talk about their own lessons learned from implementation successes and challenges, as well as helping to build this capacity at the state and local level. The Endowment is well positioned to support training and opportunities for networking among providers and possibly between the two states. Furthermore, peer-learning opportunities are often sought after and generally regarded as effective strategies for information sharing and promoting collaboration.

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## **Conclusion**

The Endowment should continue to fund in out-of-home care. Broadly, the Endowment should continue to model best practices in the use of data to drive innovation, implementation and practice refinement. Pursuit of this strategy may require a transition from addressing *technical*

challenges (which requires concrete solutions in the form of resources, technology, and tools) to addressing *adaptive* challenges (which requires engagement, leadership, and culture change).

Working with the public sector will require continued patience and perseverance to adopt a vision that includes assessment, quality providers, evidence-based models and long-term supports for families. A focused funding strategy that includes engagement, communication strategies and emphasizes evidence-based models and implementation support presents an opportunity to improve child well-being outcomes for at-risk children in the Carolinas.