Variability in the implementation of Team Decisionmaking (TDM): Scope and compliance with the Family to Family practice model

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Abstract

Team Decisionmaking (TDM) is a method of making child welfare placement decisions that draws from the perspectives of family members, community representatives and agency staff members to determine the best placement options for children. This article compares three communities which had different experiences in their implementation of TDM. During the time of this study, the first experienced uneven TDM implementation due to changes in leadership; the second had enthusiastic implementation due to strong agency support; and the third had mature implementation because of a long history of TDM use. The three communities are compared in terms of qualitative analysis of interviews with key informants and quantitative analysis of TDM statistics and foster care placement trends. The study highlights the value of examining implementation from multiple perspectives to better understand what leads to effective implementation.

Keywords: Team Decisionmaking, Implementation, Child welfare, Foster care

1. Introduction

In contemporary human services research, outcome evaluations of a program or intervention should begin with an implementation or process study to ensure that the program is being implemented in accordance with its design (Gilliam, Ripple, Zigler, & Leiter, 2000; Wind & Brooks, 2002). The purpose of this study is to measure the extent to which Team Decisionmaking (TDM), an innovative approach to child welfare decision-making, is being implemented in accordance with its design across three sites. Implementation analyses are important for a number of reasons. Findings can be used for ongoing program refinement and to provide information to funding sources regarding how resources are being used. Implementation studies can also document successful strategies for future replication and demonstrate program activities to the public before outcomes are achieved (Substance Abuse and Mental Health Services Administration [SAMHSA], 2000). Shortcomings in implementation make it impossible to determine an intervention’s intrinsic effectiveness. While full implementation should lead to the intended goals of a program, program staff and researchers need to monitor agency practice to ensure that implementation is executed in close alignment with the practice model before they evaluate program effectiveness (Gilliam et al., 2000; Usher, Wildfire, & Gibbs, 1999).

A variety of reasons exist for a policy or program’s failure to follow its intended guidelines. A recent study of concurrent planning implementation in California combined quantitative data extracted from case files of children who entered out-of-home care before and after concurrent planning implementation with qualitative data from interviews and focus groups with child welfare professionals who worked with the children (D’Andrade, Frame, & Berrick, 2006). This study found wide support among
agency workers for simultaneously planning for reunification or other permanency options. Yet, despite this support, implementation of concurrent planning was thwarted by several impeding factors, such as conflicting priorities for workers, confusion for children, and emotionally overwhelming challenges for birth families under strict timelines. Moreover, by law, California counties had wide discretion in how to implement concurrent planning, such that implementation differed greatly across counties in emphasis and intensity.

Successful implementation may also be hindered by fiscal and administrative limitations. A study of Shared Family Care demonstrated that despite some positive outcomes for the agency and community, the lack of agency administrative infrastructure leads to such inconsistencies in treatment and service structure chaos that county workers became reluctant to refer clients to the program (Simmel & Price, 2002). Such challenges are not uncommon, though agencies vary in their responses. For example, when the Commonwealth of Kentucky implemented a multidisciplinary assessment center for children entering foster care, the demand for services threatened to exceed agencies' capacity to cope effectively. Agencies responded by a variety of strategies, such as securing additional funding, developing a priority response system, and educating and developing important linkages among stakeholders. The success of the program was directly related to the degree of financial and political support it enjoyed at the state level (Sprang, Clark, Kaak, & Brenzel, 2004).

The findings of implementation literature across a wide range of fields suggest that implementation is most successful when it targets multiple levels. That is, implementation strategies must take into consideration both micro- and macro-level barriers, as well as particular strengths within a site to aid successful implementation (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005). These multilevel considerations also apply to the field of child welfare. In presenting a conceptual framework for child welfare reform, Usher, Gibbs, & Wildfire (1995) identified these key concerns:

...Any given program or service is but one component of the system each community develops – deliberately or not – to respond to the needs of its families and children. Therefore, in evaluating changes in specific family and children’s services and assessing their impact as part of a systemic reform effort that transcends individual programs and services, we must understand the policy, programmatic, and organizational context within which such services fit (p. 893).

The interdependence of these different levels requires program developers and evaluators to consider multiple domains, including the context and values driving public policy; the management and structure of the child welfare program; program operations, including the prevailing gatekeeping processes and available services; and the impact of the program for children, families and communities (Usher et al., 1995). In addition, child welfare reform research highlights the need to communicate with frontline staff about the need for change. As noted by Wells (2006), involving frontline child welfare staff in changes that affect them may both make those changes more substantive and reduce potential initial negative effects of the changes on client services.

Following the recommendations of this review, the evaluation of the Family to Family Initiative and Team Decisionmaking began with an implementation and process evaluation. This assessment included analysis of both quantitative data related to placements and TDM service delivery as well as qualitative analysis of the attitudes of managers and frontline staff who are implementing the changes. This article reports on this assessment and highlights varying levels of implementation in three different communities.

2. Implementing Team Decisionmaking

Team Decisionmaking (TDM) is a core strategy of the Family to Family child welfare reform initiative, sponsored by the Annie E. Casey Foundation, an initiative that has been implemented in approximately 60 sites across 17 states. Team Decisionmaking includes six key elements:

1. A TDM meeting, including birth parents and youth, is held for all decisions involving child removal, change of placement, and reunification/other permanency plan.
2. The TDM meeting is held before the child’s move occurs, or in cases of imminent risk, by the next working day, and always before the initial court hearing in cases of removal.
3. Neighborhood-based community representatives are invited by the public agency to participate in all TDM meetings, especially those regarding possible child removal.
4. The meeting is led by a skilled, immediately accessible, internal facilitator, who is not a case-carrying social worker or line supervisor.
5. Information about each meeting, including participants, location, and recommendations, is collected and ultimately linked to data on child and family outcomes, in order to ensure continuing self evaluation of the TDM process and its effectiveness.
6. Each TDM meeting resulting in a child’s removal serves as a springboard for the planning of an “icebreaker” family team meeting, ideally to be held in conjunction with the first family visit, so that the birth–foster parent relationship can be initiated.1

Whatever promise TDM offers in seeking input from multiple stakeholders, its ability to produce better placement decisions is also a function of the extent to which the strategy is implemented effectively (Usher et al., 1999). TDM has a clear conceptual framework for engaging family members, relatives, community partners, and service providers (DeMuro & Rideout, 2002), a necessary precondition for examining the effects of any program (Holden et al., 2002). It is also clear that the effectiveness of a

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1 The key elements are listed in the Family to Family website: [http://www.aecf.org/Home/MajorInitiatives/Family%20to%20Family/Resources.aspx](http://www.aecf.org/Home/MajorInitiatives/Family%20to%20Family/Resources.aspx).
program like Team Decisionmaking (TDM), which emphasizes a collaborative effort involving the agency, service providers, and supports in the extended family and community, necessarily involves targeting multiple levels.

Currently, the Annie E. Casey Foundation is sponsoring an external evaluation of TDM and the Family to Family initiative that will conclude in 2009. Before proceeding with an outcome evaluation, researchers conducted an implementation analysis using interviews and focus groups at 5 sites to measure barriers to implementation and to identify strategies to overcome these barriers (Batterson et al., 2007). The present study examines variability in the scope of TDM implementation across three sites involved in the implementation analysis, and also measures patterns of TDM usage and placement dynamics that may be associated with these patterns. Then, for each site we focus on the extent to which the TDM practice model is filtered through agency program management and structure to influence resource allocation and practice-level support from frontline and supervisory staff. The results of this study directly inform the extent to which TDM is being implemented in accordance with the Family to Family practice design, and thus the appropriateness of conducting an outcome evaluation.

3. Research questions

The research questions in this study focus on (1) the broader commitment of agencies to rolling out TDM to achieve patterns of usage that conform to the Family to Family practice model; and (2) the level of support expressed by senior administrators as well as evidence of the allocation of sufficient resources and support from frontline staff.

3.1. TDM processes: scope and compliance

The first step in examining TDM implementation issues involves measuring the broad patterns of usage and compliance with the TDM framework. Here, the primary concern is the extent to which meetings are being implemented on a system-wide scale, and how this implementation may be reflected in the overall placement experiences of children within sites. Specific research questions include:

1. How rapidly did each site adopt TDM meetings for each meeting type, when did they write their TDM protocol and when did they have a sufficient number of facilitators?
2. What is the number of children entering care for the first time in each agency?
3. What are the types and numbers of TDM meetings held within each site, and how do these numbers relate to initial placement dynamics?
4. To what extent is TDM implementation reflected in the types of placements most commonly experienced by children?

3.2. Strategies and barriers to implementation

This set of research questions is evaluated using focus groups and interviews and examines some of the factors that may promote or impede effective implementation of TDM in practice. Particular research questions include:

1. What is the level of commitment expressed by agency administrators in practicing TDM consistently?
2. Does the agency allocate adequate resources to implement TDM effectively?
3. Do supervisors and frontline workers perceive TDM as being a valuable and critical aspect to daily practice?

3.3. Site selection

The communities included in this study were chosen from a list of anchor sites identified by the Annie E. Casey Foundation. These anchor sites were selected for more intensive support from the foundation based on the depth of their previous commitment and their potential to implement many of the core strategies of Family to Family. In 2005, technical assistance providers for Family to Family undertook an assessment of sites’ progress in implementing the four core strategies (Batterson et al., 2007). This assessment provided a basis for the Foundation to target technical assistance resources to a smaller number of sites. In 2006, prior to conducting a full outcome evaluation, the research team selected five anchor sites in which to conduct interviews and focus groups, with the purpose of identifying challenges and strategies in implementing Family to Family. These locations were selected as examples of sites that had experienced some success in implementing the four core strategies of Family to Family (Batterson et al., 2007).

The three sites selected for the current study were among the five participating in the Family to Family implementation analysis. To avoid revealing confidential information through deductive disclosure, sites in this paper must remain anonymous and will be referred to as “Agency A,” “Agency B,” and “Agency C.”

3.4. Methods and data sources — scope and compliance

3.4.1. TDM meeting and protocol implementation data

The first set of data used in this study simply but importantly reviews when each site began holding TDM meetings for each placement decision and when they wrote their own TDM protocols. These data provide an overview of the steps taken in implementing TDM in each site.
3.4.2. Longitudinal placement data

In child welfare systems, the use of longitudinal data serves to build statistical case histories for children upon entry to the system. The use of longitudinal data is important in that children with long lengths of stay are disproportionately represented by data sets that rely on “point-in-time” data (Usher et al., 1995). A longitudinal database provides data about all children served by a particular agency over the course of several years. These data include a series of entry cohorts for children who enter out-of-home care for the first time during a designated period of time. For this study, we used longitudinal placement data to examine cohorts of children initially entering care as well as their placement experiences.

3.4.3. TDM administrative data

Agencies in each of the three sites collect process-related data for all TDM meetings held. Following each meeting, facilitators enter a variety of information about the meeting into a database as part of agencies’ self-evaluation efforts. These data allow agencies to examine the breadth of TDM use across meeting types (removal from home, change of placement, and permanency or reunification). For this study, the TDM administrative data were used to examine the types and numbers of convened meetings.

3.5. Methods and data sources — strategies and barriers

3.5.1. Interviews and focus groups

In each of the three sites, interviews and focus groups were conducted with agency staff members, legal professionals, and community partners, to capture the unique characteristics of TDM implementation with each site. A team of three researchers who are very familiar with the TDM model visited each site to conduct interviews and focus groups. Prior to visiting sites, these researchers collaboratively created semi-structured interview scripts. Based on the team’s request for representation of managers, staff, and community partners representing different organizational perspectives, a staff person at each agency scheduled interviews and focus groups, and issued invitations to staff members and community partners. Whether or not respondents chose to participate remained confidential in accordance with our human subjects research protocol. When asked, participants did not believe they were selected because of their particular enthusiasm about TDM or Family to Family. Yet, the fact that an agency staff person recruited participants raises the possibility that our respondents were not representative of the larger group from which they were drawn.

Interviews were conducted with the following participants: (1) the TDM “champion” who most actively promoted initial implementation; (2) full-time and part-time “backup” facilitators; (3) workers in charge of scheduling meetings; (4) the director or deputy director(s); and (6) court personnel. Focus groups were conducted with: (1) initial and ongoing caseworkers; (2) initial and ongoing supervisors; and (3) members of neighborhood associations and community liaisons who attend meetings. To reduce potential contamination within focus groups, these groups were designed such that participants were of equal ranks (e.g., not combining workers and supervisors together). Each participant received an explanation regarding the purposes of the study and signed an informed consent form in adherence to IRB protocols from all three participating research universities. Across all three sites, the sum of agency staff members, court and legal personnel, and community partners participating across 31 interviews and 13 focus groups totaled 89. The discussion guide for interviews and focus groups began with open-ended questions and narrowed into more specific issues using prompts to ensure that comments related directly to critical implementation issues (interested readers may contact the authors for a complete list of the study questions). Using the questions as a guide, interviewers asked participants for their perspectives on the benefits and challenges of implementing TDM. With participants’ permission, interviews and focus groups were audiotaped for later cross-referencing with notes taken during the sessions.

3.6. Analysis

Measurement of the scope and compliance of TDM processes at each site used descriptive statistics to summarize TDM data and placement outcome data.

3.6.1. Variability of TDM implementation across sites

Sites varied in the speed and phasing with which they implemented TDM meetings. The TDM implementation status for F2F sites refers to their progress in TDM implementation — first implementing TDM meetings for all removals from the home, then moving to meetings for changes of placement (COP), and finally, to reunification or other permanency decisions (see Table 1). Agency B followed an ideal TDM implementation process by beginning with one type of meetings (removals), writing their TDM protocol soon after starting TDM meetings, and then rapidly expanding TDM to the two other meeting types. In contrast, Agency A moved much more slowly in these steps.

Table 1 also shows that Agency C employs significantly more facilitators than either Agency A or B. In addition, this agency began implementing Family to Family in 1995, compared with 2002 and 2003 for the others. As such, Agency C has significantly more experience than the others. Agency A relies on 3 full-time facilitators, as well as 2 part-time and 6 backup facilitators. Agency B relies on 4 full-time facilitators plus 4 backup facilitators for removals and changes of placement. Agency C relies on 18 full-time facilitators for removals and COP; however, in addition to TDM, these facilitators also cover non-Family to Family cases such as semi-annual case reviews, a situation that in part accounts for the higher number of facilitators in this agency. The number of facilitators in the sites again shows how Agency C has the most experience and Agency B allocated sufficient resources for facilitation while Agency A did so much more slowly.
3.7. Analysis of placement data

Each year, agency analysts, technical assistants, and university-based researchers analyze placement outcome data for every site implementing Family to Family. These analyses rely on each site’s longitudinal placement database, and the results are summarized in outcome profiles reports submitted yearly to the Annie E. Casey Foundation. These reports serve as the basis for this portion of the analysis.

First, the numbers of children entering foster care for the first time (initial entries) were plotted for each site, stratified by year of entry (entry cohort). The purpose of this analysis is to answer the second research question by providing a broad understanding of the aggregate placement dynamics operating in each site. Next, using data from administrative TDM databases from each site, the numbers of total meetings, as well as children and families involved in meetings, were generated for meetings occurring between January and December of 2005. The number of TDM meetings was further broken down by TDM type (Removal, Change of Placement, Reunification/Permanency, Non-traditional). Initial entries and the numbers of children for whom TDM meetings were convened are compared for 2005 to estimate the extent of TDM coverage and the numbers of children diverted from entering care. Lastly, using outcome profiles, the placement settings of children exiting care were graphed over the same 5-year period to compare placement patterns within and across sites.

Assessing the Strategies and Barriers to Implementation across the sites is an examination of the common challenges agencies face in pursuing implementation, as well as the strategies sites have developed to address these challenges. This part of the study utilized qualitative methodologies, specifically interviews and focus groups that were conducted between May and July of 2006 for the Family to Family implementation analysis (Batterson et al., 2007). The TDM interview guide served as the tool for data collection. Researchers took extensive notes during interviews and focus groups, and all interviews and focus groups were audiorecorded for later cross-referencing with notes. Once qualitative data collection was completed in all three agencies, all audiorecorded interviews and focus groups were downloaded onto desktop computers. Each interview and focus group was then cross-checked with notes, and researchers condensed these findings in 2-3 page summaries of each interview and focus group. These summaries included information pertaining to: (a) high-level administrative commitment to implementation; (b) the allocation of adequate resources to promote full coverage; (c) the maturity of the site as pertains to broad practice changes following the Family to Family program model; and (d) the perspectives of supervisors and frontline workers regarding the value of TDM as a decision-making process. Once summaries were completed, researchers color-coded the common themes emerging across the summaries within each category. Findings were then summarized in a final document when they emerged in 2 or more summaries.

4. Results

4.1. TDM processes: scope and compliance

4.1.1. Initial placements

An examination of the pattern of first entries into foster care highlights markedly different patterns across sites (see Table 2 and Fig. 1). The most striking pattern is evident in Agency C, the site having the most experience with TDM. While data are not available for FY 2000, Agency C witnessed 2407 entries to foster care in 2001. These entries dropped by 17.4% to 1988 entries in 2002, and this pattern continued into 2005, whose 891 entries represent only 37.0% of the overall volume experienced in 2001.

### Table 2
Initial entries to care

<table>
<thead>
<tr>
<th>Agency</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency A</td>
<td>na</td>
<td>526</td>
<td>704</td>
<td>795</td>
<td>678</td>
<td>954</td>
</tr>
<tr>
<td>Agency B</td>
<td>733</td>
<td>649</td>
<td>769</td>
<td>707</td>
<td>467</td>
<td>na</td>
</tr>
<tr>
<td>Agency C</td>
<td>na</td>
<td>2407</td>
<td>1988</td>
<td>1362</td>
<td>976</td>
<td>891</td>
</tr>
</tbody>
</table>
While less dramatic in form, Agency A also appears to follow a distinct pattern in initial entries to care. Beginning in 2001, Agency A begins a slow upward trajectory that culminates in 954 entries in 2005, a 44.9% increase in initial entries over the course of 5 years. The pattern for Agency B is more difficult to discern. Agency B decreased initial entries from 2000 to 2001, but experienced an up tick in 2002 before declining further in 2003 and 2004. Yet, by comparison, Agency B experienced substantially lower rates of entry to care in 2004 than either Agency A or C. Since a goal of TDM is to reduce unnecessary removals, these data may indicate that full TDM implementation is reducing inappropriate removals, confirming this is the explanation of these trends would be complex.

4.1.2. Scope of implementation

Relational administrative TDM databases contain data at multiple levels, pertaining either to meeting characteristics or factors related to individual children. On a meeting level, multiple children may be involved in one meeting (e.g., sibling groups). The current analyses focus on unique meetings for each child (e.g., one child may have multiple meetings). This unit of analysis allows for a direct comparison with entry cohort data in these sites.

For Agency A, the TDM administrative database was not available to the researchers to calculate overall numbers of meetings, families and children. Using data provided by the agency in reports to the Casey Foundation, an analysis of TDM types indicates that Agency A implements slightly fewer meetings than its counterparts in this study (Table 3). In 2005, this agency convened meetings for 1016 children pertaining to decisions regarding removals from the child’s birth home and 611 involving placement change decisions for children already in foster care. Only 36 involved decisions around reunification with the child’s birth family, or some other permanency option. When compared with the numbers of children entering care in 2005 (Table 2), the 1016 children having removal meetings in 2005 represent a number that is 6% higher than the 954 children who entered care during this period. In other words, this evidence suggests that most children entering foster care in Agency A likely have had a TDM prior to entering care, but that few children appear to be diverted from entering care following a TDM.

In 2005, Agency B held 1139 TDM meetings for 1473 children from 814 families. Most meetings involved removal decisions (1226), with similar numbers pertaining to placement change (336) and permanency decision (375). It is important to note that these aggregate numbers do not total either the number of meetings or the number of children. This apparent discrepancy is due to the fact that multiple children can be involved in a single meeting, and each child potentially may have a different placement recommendation within each meeting. Compared with the data in Table 3 that shows 707 children entering care in 2003 and 467 entering in 2004, one estimate may be that around 500 children would likely enter care in 2005 (entry data are not available for Agency B in 2005). Given the validity of this assumption, the 1226 children for whom removal meetings were held in 2005

Table 3

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of TDM meetings</td>
<td>n/a</td>
<td>1139</td>
<td>4111</td>
</tr>
<tr>
<td>Children</td>
<td>n/a</td>
<td>1473</td>
<td>4658</td>
</tr>
<tr>
<td>Families</td>
<td>n/a</td>
<td>814</td>
<td>2598</td>
</tr>
<tr>
<td>TDM types *</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Removals</td>
<td>1016</td>
<td>1226</td>
<td>3369</td>
</tr>
<tr>
<td>Change of placement</td>
<td>611</td>
<td>336</td>
<td>1061</td>
</tr>
<tr>
<td>Reunific./Perman.</td>
<td>36</td>
<td>375</td>
<td>1001</td>
</tr>
<tr>
<td>Non-traditional</td>
<td>n/a</td>
<td>23</td>
<td>952</td>
</tr>
</tbody>
</table>

* The unit of analysis is a unique meeting for each child (termed a meeting/child combination).
represent a number 2.5 times that of the children who actually enter care. In other words, meetings apparently are being convened for the appropriate number of children and 40.8% of these children will enter foster care following a TDM meeting. The remaining 59.2% will likely remain at home or be diverted to an alternative placement resource.

Agency C far exceeds the other agencies in terms of the volume of children served and meetings convened. One caveat to these data, however, is that there likely exists an unknown number of removal meetings held for reentries to care, with the result being a higher number of recorded removal TDM meetings than meetings held for initial removals. In 2005, this agency held 4111 meetings for 4658 children within 2598 families. Similar to the other agencies, the majority of children had meetings involving a placement decision (3369), with similar numbers of placement change and reunification/permanency TDMs. Agency C is also distinct from the other agencies in the number of children having non-traditional meetings (958). These meetings include follow-up meetings and meetings pertaining specifically to safety planning. Yet, perhaps the most striking difference is the comparison of the numbers of children entering care in Agency C (see Table 2) with the number of children receiving removal meetings. This number represents a proportion that is 3.78 times the number of children entering care. Thus, the 891 children who entered care in 2005 represent 26.4% of the number of children receiving removal TDMs, such that nearly three quarters of children involved in removal TDM meetings in Agency C are diverted from entering care. Again, some caution must be used in this interpretation given the unknown number of reentries to care recorded in the removal TDM category.

4.1.3. Placement settings

As an additional means of measuring the scope of TDM implementation within sites, this study also includes an analysis of aggregate placement outcome data. These data track the placement settings of children entering care for the first time in each agency between 2000 and 2005 (Table 4). Possible placement outcomes for children include placement in a foster home, placement with a relative, placement in a group home or shelter, or some other type of placement setting. Examining these aggregate patterns will help complete our systemic examination of TDM implementation within these sites and the extent to which implementation may be reflected in overall placement outcomes for children.

Based on these aggregate data, it is difficult to discern a stable placement pattern for children entering out-of-home care in Agency A (Fig. 2). The proportion of children entering foster homes declined from 57.9% in 2001 to 45.2% in 2002, rose again to 55.1% in 2004 and declined to 51.1% in 2005. This pattern appears to be an inverse of the pattern of children being placed with relatives, with decreases in foster home placements coinciding with increases in relative placements. The percentage of children entering group care appears to be declining overall, with 20.6% of children being placed in an initial group setting in 2005.

Of the three agencies under consideration, Agency B displays the most striking changes in patterns of initial placements (Fig. 2). The heavy use of an emergency shelter in Agency B resulted in 70% of all children experiencing an initial placement in group care. Yet, this percentage dropped from 61% in 2002 to 30% in 2003 (the same year as the rollout of Family to Family), and then dropped to 0% in 2004, the last year for which aggregate placement data are available. This pattern also coincides with a dramatic upturn in the number of children entering family-based care during their initial placement. Initial foster placements doubled from 20% in 2002 to 40% in 2003, and tripled to 60% in 2004. A small proportion of children in Agency B are placed with relatives, but these numbers point to a slight increase of kinship placements over time. The closing of the shelter appeared to have such a marked impact on placement patterns that no conclusions about the association of TDM implementation with these patterns can be ascertained.

Agency C displays perhaps the most stable, aggregate placement patterns of the three sites (Fig. 2). Initial placements in foster homes hover just above 40% between 2001 and 2005. Relative placements appear to decline slightly, such that the proportion of children placed with relatives has declined by 11%, comparing 2001 and 2005. However, the numbers of children placed in group homes or shelters are quite small in Agency C; only 12% of children entering care experience their first placement in a group setting in 2005, and this pattern appears to be stable over time. The stability of these aggregate placement patterns may also be a function

<table>
<thead>
<tr>
<th>Placement settings (%)</th>
<th>Year of initial entry to care</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>2000</td>
</tr>
<tr>
<td><strong>Agency A</strong></td>
<td></td>
</tr>
<tr>
<td>Foster home</td>
<td>n/a</td>
</tr>
<tr>
<td>Relative</td>
<td>n/a</td>
</tr>
<tr>
<td>Group</td>
<td>n/a</td>
</tr>
<tr>
<td>Other</td>
<td>n/a</td>
</tr>
<tr>
<td><strong>Agency B</strong></td>
<td></td>
</tr>
<tr>
<td>Foster home</td>
<td>13</td>
</tr>
<tr>
<td>Relative</td>
<td>10</td>
</tr>
<tr>
<td>Group</td>
<td>70</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
</tr>
<tr>
<td><strong>Agency C</strong></td>
<td></td>
</tr>
<tr>
<td>Foster home</td>
<td>n/a</td>
</tr>
<tr>
<td>Relative</td>
<td>n/a</td>
</tr>
<tr>
<td>Group</td>
<td>n/a</td>
</tr>
<tr>
<td>Other</td>
<td>n/a</td>
</tr>
</tbody>
</table>
of the maturity of Agency C in implementing TDM. Of the three sites, this agency has the most experience pursuing Family to Family, having rolled out the approach several years before the other two agencies (see Table 1).

4.2. Strategies and barriers to implementation

4.2.1. Administrative commitment and support

Qualitative data from all three sites indicate a strong commitment from senior agency administrators to supporting TDM practice (the use of quotation marks denotes a direct quotation from a participant). These administrators expressed this support directly within interviews, and most other respondents agreed that administrators support full implementation of TDM. Agencies differed somewhat, however, in the extent to which administrators supported the practice historically. In Agency C, according to senior administrators, there was “always unwavering support from leadership,” whereas Agency B experienced breaks in the implementation process with a previous change in agency administration. Despite past setbacks, each site enjoys strong TDM support from current administrators.

One of the ways in which administrators promote effective implementation is through early training and clear communication regarding the goals of TDM practice. Administrators in both Agencies A and B trained all facilitators in TDM practice as specified by the Casey Foundation, and went further to educate foster parents and community partners to maximize early buy-in to the process. These agencies likely learned lessons from TDM implementation in Agency C several years before. Agency C began TDM before the Casey Foundation had developed a curriculum. As a result, the initial trainings tended to be “hurried” and were “more of an orientation” that led to some confusion among agency staff who wondered, “How does this relate to our job here?” Based on the recollections of agency staff persons who were present during early TDM implementation, staff often tended to be skeptical and even hostile over the paradigmatic change in practice. Yet, over time, agency administrators learned that “communication from leadership is key to implementation,” and adopted the strategy of speaking to individual units about the importance of TDM.

Beyond mere communication, agency administrators across all three sites also mandate TDM practice as agency policy. At each agency, leaders expect meetings to be held before any placement recommendation, placement, or change of placement. Even with this expectation, agencies undergo a significant period of adjustment transitioning to a new practice model:

All the teams knew (about TDM), but not all the teams bought in (laughing)....It wasn’t very long period before (staff) bought in because it became policy. So, there was not much room for, ‘no, I’m not going to do it’ type thing. (Leadership said), “You WILL do this.”

One of the ways in which leadership mandates TDM practice is by instituting “firewalls,” or backup methods of ensuring that meetings are held at each decision point in case normal supervisory controls fail. In one site, for example, a case-carrying worker cannot file a petition with the court to removal a child from home without holding a TDM first. The agency drafted a memorandum

![Fig. 2. Changes in pattern of initial placements by year of implementation and agency.](image-url)
of understanding with the courts such that this policy would be enforced. These types of structures help ensure systemic compliance with the practice model.

Yet, workers are also rewarded by management for this participation. At each site, good TDM practice is reflected in performance appraisals, and rewarded by promotion. Managers select facilitators “from among the ranks” of caseworkers “based on whether they believe in teams.” As such, pursuing effective TDM practice is “a way for workers to move up” the ranks of the agency. Similarly, facilitators are a “nice breeding ground for supervision,” with the effect that facilitators “act as TDM champions” within the agency. Conversely, those who oppose TDM practice typically find little foothold. In this way, the intent is to infuse TDM within the agency culture and structure to such an extent that the practice becomes self-reinforcing over time.

4.2.2. Presence of adequate resources

One of the biggest challenges to effective TDM implementation is a problem perhaps endemic to many social work practice settings: an overall lack of resources related to budget constraints that limit the number of staff members an agency can hire. In this respect, Agency C is at a more advanced stage of development than the other agencies, with 18 facilitators (see Table 1). Agency B has 4 facilitators with plans of adding 2 more. Agency A appears to be the agency most under strain with only 3 facilitators. The problem of few resources also appears to be exaggerated by the fact that positions have been eliminated through state-level budget cuts, and a perception among agency staff that the numbers of children coming to the attention of child welfare services have increased, thereby increasing their workload.

The convergence of these two problems, a perceived increase in workload and fewer resources to address it, appears to place considerable strain on agencies’ abilities to conduct meetings effectively at every decision point. This problem is more pronounced in settings with fewer facilitators:

The volume sometimes is just so difficult to keep up with, and I’ve seen that go up recently….When you have that much volume, mentally you can get exhausted sometimes because you’re running from one meeting straight into another without any break in between….If we’re ill or something comes up, we have to be at work.

In this particular site, facilitators perceive heavy scheduling demands that offer little flexibility in terms of taking time off. Objectively, the Casey Foundation assists sites in determining the number of facilitators needed based on the numbers of children and families involved with CWSS, and the related number of meetings needing to be held. Even with increased facilitators, however, the agency is then faced with the problem of providing adequate supervision for these facilitators. To address the workload issue, the Casey Foundation encourages sites to calculate the number of facilitators needed based on the number of cases, recommending that facilitators should average approximately 3 meetings per day (Patricia Rideout, personal communication, May 16, 2007).

Another challenge that emerged across sites is related to agencies’ ability to schedule TDM meetings in advance, and provide adequate screening for special circumstances. These circumstances include a large numbers of attendees for a particular case, or the presence of domestic violence in the home which would require holding separate meetings for both the victim and the perpetrator in the interest of safety. Sites varied in the extent to which they provided thorough advance screenings. Yet, many agreed that scheduling TDM meetings proved to be a challenge in coordinating the schedules of participants quickly:

I think the biggest challenge sometimes is just getting the people there. It’s very difficult sometimes, you have to schedule again and again because people don’t show up….It’s also really very difficult, and time-consuming, for workers to try and schedule TDMs that everybody can come at a particular time. It’s a huge time issue, trying to get as many people as you can there….it’s a scheduling nightmare, really, in a lot of different ways.

This scheduling issue is perhaps of central concern to holding an effective TDM. The meeting is intended to promote a decision-making process resulting in a placement recommendation, drawing from the input of various attendees, especially those close to the family. This directive, however, is largely dependent on an agency’s ability to ensure these participants’ attendance. The Casey Foundation recommends that agencies hire a full-time scheduler, and to establish an infrastructure that accommodates emergency meetings through adequate space and facilitator assignments. Yet, in emergency situations, meetings will be convened even if key participants cannot attend. The alternative scenario, waiting to convene meetings until key participants can come, creates a potential incentive for workers to avoid meetings by not strongly encouraging these participants to attend.

Given the above-named issues, full TDM implementation places considerable demands on an agency’s resources. TDM meetings take time to schedule in advance, and place further time demands on staff’s already tight schedules. These meetings also require hiring additional staff to facilitate meetings and supervise facilitators’ activities. Yet, even with this increased demand on agency resources, most staff members with whom we spoke expressed their belief in the importance of the TDM process. The reason staff members appear to believe strongly in TDM is that “through TDMs, (community) partners get to give immediate resources to families and be engaged in solutions.” TDM meetings help promote “emotional bonding” between family members and community partners, help “plug families into community structures and supports,” and “make connections with family advocates” in the community.

The central theme of respondents’ comments appears to be that TDM allows agencies to move beyond their resource limitations to connect family members with resources in their neighborhoods and communities. While TDM meetings take “more time on the front end,” they also “make things more efficient because all the players are at the table” and they “promote a common language” between community partners and the agency. Thus, staff members believe that taking the time to connect families to community supports, early in the life of a case, will result in an optimal placement decision that will ultimately save time and agency resources later.
4.2.3. Support from caseworkers and supervisors

In general, interviewees expressed their belief that caseworkers and supervisors supported TDM practice. This level of support, however, appears to be the result of a gradual process of accepting practice changes that challenge traditional approaches to child welfare casework and supervision. In contrast to upper-level administrators, who have consistently expressed their support for TDM meetings and mandated their usage, staff members closer to the frontline appear to be slower to accept the change in practice. While currently supportive as a whole, workers and supervisors appear to have undergone a process of accepting TDM as a paradigm of decision-making. As such, some workers currently appear to be very supportive of the process, while others seem to value it less.

Some interviewees, especially those who participated in the early stages of implementation, characterized supervisors as being “not at all supportive early on” during initial TDM implementation across the three sites. Much of this initial resistance resulted from an overall feeling among supervisors that TDM diminished their authority and power as decision-makers. Indeed, as a model of shared decision-making, TDM promotes group discussion and consensus as the driving factors behind determining placement recommendations. Beyond this issue of power and control, supervisors also complained that TDM meetings were “one more thing to do,” and wondered “why are we doing this, we’re the decision-makers, this is more complicated.” Yet, despite this resistance, and with continued TDM practice, the culture of each agency seems to have changed over time, such that facilitators and administrators feel that “most of them (supervisors) are on board” currently. Agencies appear to have experienced increased support from supervisors, but the perception among staff remains that some supervisors value TDM more than others.

Similarly, caseworkers experienced a gradual process of accepting TDM as an overall practice model. One issue behind their initial resistance is the perception of meetings taking time out of already busy schedules. Another frustration cited by caseworkers is that meetings are sometimes held after the fact, when a placement decision has already been made. This problem may be related to an inability to schedule a meeting because of booked facilitator schedules, a problem that is more apparent in sites with a lower facilitator-to-case ratio. Of course, this situation goes contrary to the TDM practice model specifying that meetings must be held prior to a child being removed, or in the case of emergencies, prior to a court hearing (DeMuro & Rideout, 2002). However, most interviewees believed that caseworkers generally support TDM as a practice model. This level of support is higher among newer workers for whom TDM has always been expected practice. In general, older workers more frequently resist the collaborative decision-making model in favor of traditional methods. Yet, this issue represents one instance in which the typical high turnover rates in child welfare agencies may work to agencies’ advantage: as older workers leave, newer workers become acculturated in TDM practice more easily, as TDM is simply the practice standard.

Despite some measure of resistance on the part of caseworkers and supervisors during early implementation, these staff members eventually seemed to appreciate TDM as an effective practice model. For the most part, these workers feel strongly that family members should have input into the placement decision-making process, and that a well thought-out decision will save everyone time and energy over the long term. Yet, meetings also serve another function for caseworkers that may be equally important — workers and supervisors expressed their appreciation of having team accountability during a crisis, especially one that garners public attention. TDM involves shared decision-making but also shared accountability, such that as a caseworker, “it’s nice not to be the only person on the line.” In collaborative decision-making, workers must relinquish some control but also gain valuable perspectives that help mitigate the risks to children, families, and ultimately themselves:

I think some of (the resistant workers) have been brought around by the practice itself...(Some workers) were not at all interested in doing the Team Decisionmaking model, who...interestingly enough, were very attached to the control that they had, while at the same time (they felt) out there all by themselves, and really frightened of having all of the decision-making line with the staff person and them...(TDM) is sound practice. As (workers) began to do TDMs and began to use that process, and began to see what impact that had, they really came around.

Sharing decision-making control entails sharing responsibility for the outcomes related to the decision. In this way, caseworkers and supervisors find they are not isolated by being individually responsible for families’ and children’s outcomes.

5. Discussion

The aggregate quantitative data presented in this study provide some preliminary evidence that not only is TDM being implemented on a wide scale, but that this implementation may be associated with changes in placement patterns for children over time. Of course, caution must be used in interpreting these findings, as causality between TDM and these placement dynamics is impossible to establish with these limited data.

One of the most interesting findings is the rapid decrease of initial entries to care in Agency C, the most mature site under consideration. It is unknown whether this decrease is due to TDM’s ability to access community resources effectively, or whether there is another unmeasured effect in play. Anecdotal reports from administrators in Agency C suggest that the agency has experienced no surge in reports of repeated abuse or neglect associated with this decrease in entries. At the very least, this finding points the way towards more rigorous analyses of placement dynamics in this agency, particularly regarding numbers and rates of reentries to care following a diversion.

The scope of TDM implementation varies somewhat across these three sites. Agency A appears to hold meetings for all of the children entering care in 2005, but only at a rate that is 6% higher than the number of initial entries. On the other hand, Agency B is
estimated to hold 2.6 times as many meetings as children entering care and Agency C holds nearly four times the amount of meetings compared with initial entries. In these two sites, it seems that a large number of cases are being covered. Further analyses are needed to examine more directly the relationship between TDM and placement outcomes.

In examining placement settings for children in these sites, the greatest change over time is evidenced in Agency B. The drastic drop in shelter care use and the related increase in family-based care are at least contemporaneous with TDM implementation, if not directly attributable to it. Yet, these changes (e.g., closing the local shelter) are likely related to Agency B’s adoption of the Family to Family approach to system reform as a whole. As agencies implement Family to Family, they commit to pursuing placements that are family-based and least restrictive. The closing of the shelter in Agency B reflects this change in administrative ideology, such that children’s first placements are now in family foster care versus a congregate care setting. The placement patterns in Agency C appear stable over the 5-year period; this stability may be a function of the site’s maturity in implementing TDM and Family to Family, such that these dynamics have reached a level of equilibrium. On the other hand, the drop in initial entries to care within this site suggests that the agency is experiencing some sort of change that cannot be accounted for in this study.

The findings from interviews and focus groups revealed that agencies face some common challenges to TDM implementation, but have also developed some similar strategies to ensure that TDM is implemented as specified by the practice model. Given the challenges faced by each site in terms of time and resources, pursuing full scale TDM implementation appears to require an administrative vision focused on ensuring that meetings occur at each decision point. Administrators use at least three strategies to guide agency practice in this direction. First, leaders conduct systematic training to educate agency staff and community partners early during the implementation process, so that key stakeholders understand the purposes and processes of TDM practice. Second, leaders establish firewalls around each decision point to ensure that placement decisions are not made independently of a team. Third, leaders establish an incentive structure within the agency such that consistently pursuing TDM practice is rewarded by promotion. These findings support previous research that concluded, “Unless the organizational leadership actively supports change, the probability of successful innovation declines significantly” (DePanfilis, 1996, p. 51). Thus, the implementation of systemic reform in child welfare requires a clear administrative strategy to support changes on the front line of practice.

5.1. Limitations

This study’s primarily limitation is its descriptive, rather than inferential, nature. In other words, we examine broad patterns of TDM usage and foster care placements, and assume some relationship with the dynamics uncovered within sites; yet, we can make no causal or even correlational conclusions among these variables. Our quantitative data are derived from administrative databases for which the data have unknown reliability or validity. Also, as the extent to which these agencies are representative of all sites implementing TDM is unknown, and thus we have limited ability to generalize to similar sites.

6. Conclusion

This article describes an implementation and process evaluation using both quantitative and qualitative methods. While the absence of an experimental design precludes any conclusions about whether TDM implementation can change foster care services, these results do suggest that when the leadership of an agency promotes TDM and allocates sufficient resources to implement TDM, over time placement patterns tend to follow the desired outcomes of TDM. Fewer children enter care and more are placed in family-like settings. In addition, by comparing three agencies with varying experiences with TDM implementation, the desired placement patterns appear to follow the degree of TDM implementation in each site.

The Family to Family outcome evaluation will use quantitative data to measure the experience of successive cohorts of children entering placement within each Family to Family site (Family to Family Evaluation Team, 2007). Within this analysis, however, researchers will conduct further process studies drawing from the perspectives of administrators and staff, such that placement dynamics and TDM processes may be more closely linked. As the evaluation of agencies’ efforts in Family to Family moves forward, it will be useful to remember how this study’s findings regarding leadership and resources need to be considered when evaluating foster care outcomes. With insufficient leadership support and/or resources, TDM is not likely to produce the desired outcomes. However, when TDM is implemented as intended, with close administrative oversight, foster care services may improve.

References

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