

Child Welfare Information Gateway Podcast  
Foster Care: A Path to Reunification – Part 1 TRANSCRIPT

Presenters: Female Narrator; Tom Oates, Child Welfare Information Gateway; Julia Jean Francois, Center for Family Life

[00:00:00]: [Music Introduction]

**FEMALE NARRATOR** [00:00:02]: This is the Child Welfare Information Gateway Podcast, a place for those who care about strengthening families and protecting children. You'll hear about the innovations, emerging trends and success stories across child welfare direct from those striving to make a difference. This is your place for new ideas and information to support your work to improve the lives of children, youth, and families.

**TOM OATES** [00:00:34]: The need for strong relationships and parental support continues when a child enters foster care. Children need to feel loved and cared for by their mothers, fathers, siblings, and maternal and paternal relatives. Even when parents are unable to keep their children safe at home, parents can remain actively involved with their children in foster care in safe and healthy ways. Foster and birth families must work together to support children in and after care to help ensure successful reunification.

[00:01:05]: Hello everyone, Tom Oates here and welcome into the Child Welfare Information Gateway Podcast. I just read the Children's Bureau's description of a national effort they are advancing to leverage foster care as a support to families, rather than a substitute for parents.

[00:01:22]: Alright, well, question number one: What does that mean? Well, basically, strengthening the entire family through foster care and related services while maintaining – as best as possible – a child's healthy connections to their family and consistency in their day-to-day living.

[00:01:40]: And question number two: How do you deliver? Well, we're going to spend some time chatting with some organizations incorporating an array of family strengthening and support services into their child welfare and foster care practice. Across two episodes, we'll break down how the organizations work with families and assess their needs, partner with other agencies and service providers, and the structure that enables them to deliver positive outcomes.

[00:02:05]: Now, in our next episode, we'll feature the constellation of services and partners that come together in San Diego, County, California. Now, on this episode, we'll head to New York City – specifically the Sunset Park section of Brooklyn and the work of the Center for Family Life.

[00:02:22]: Now, the Center for Family Life is not a child welfare-specific organization. Child welfare is a part of their neighborhood-specific family and social services – and we'll dive into what's provided with Julia Jean-Francois, she is the center's co-director. What is unique is that all of these services are part of the Center for Family Life – so everyone works for the same organization and that makes partnership and coordination a little easier.

[00:02:49]: Now, some takeaways I want to point out for you are: how this group of service providers – each with different skills and approaches – create and deliver a tailored support system for each family. Second, how Julia and company have woven trauma-informed care into the entire organization; and third, what they do to ensure children in foster care maintain their daily routines as best as possible.

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[00:03:14]: Okay, we'll be back to talk about some helpful resources and information you can use to help leverage foster care as a support for families after we share our conversation with Julia Jean-Francois from the Center for Family Life here on the Child Welfare Information Gateway podcast.

[00:03:32]: So, Julia, the Center for Family Life has this whole, really, community of resources and services. Can you do me a favor and kind of explain that array of services and how foster care then fits within that complement?

**JULIA JEAN FRANCOIS** [00:03:46]: Sure, I'd be happy to. Center for Family Life is a settlement house which means that we are part of an umbrella group of settlement houses across the United States that offer integrated services to communities. It's, in our case, what that means is that we have services really across the board. Everything from food pantry to after school to child welfare services to adult employment, small business development, legal services - today is the first day of free tax filing, as a matter of fact.

[00:04:24]: So, we have a very comprehensive portfolio of services and the way that child welfare fits into that and foster care fits into that is that we understand child welfare from really a primary prevention perspective, meaning that we believe that - if you can surround communities with needed supports and services, if you can help families identify ways to have economic security and social and emotional supports - that you can very quickly stabilize families and help them live fulfilling and enriching lives.

[00:05:04]: And so, we look at foster care really as just a component of that continuum. That, if along the way in a family's, kind of, developmental trajectory while they're living in a community, it comes to pass that there are family interactions or struggles that lead to a foster care placement, our belief is that the most productive way to move forward is to really stabilize the family economically, socially, emotionally, educationally - and so, we wrap these services around families and engage them as deeply as possible in the foster care program in a variety of supports well beyond what we might traditionally think of as child welfare services.

**TOM OATES** [00:05:51]: And you've also got an approach to, you know, community, a community of services, but the way you approach a family also looks at the community that they live in. So, you don't treat a family as just a parent or a parent and a child. Explain to me how you guys look at or view quote unquote a family is.

**JULIA JEAN FRANCOIS** [00:06:12]: Absolutely, it's a wonderful question, I'm glad you asked it. We look at a family as really a dynamic and organic, kind of, coming together of people, and so, in the family there are many tasks that have to be done. Children have to go to school, people have to be able to eat their breakfast, lunch and dinner, families need to be able to pay rent and to accomplish tasks. And, often, we actually talk in terms of households, not even family, because there will be number of people who interact - grown-ups, children, helpers, relatives - who, together, ensure that the family can move forward day to day.

[00:06:57]: So, when we look at a family and we think about it in our foster care program, we think about what are all of the contributions that the members of, folks who are part of this household make - who goes to work? Who takes care of children? Who takes them to school in the morning? And how can we, kind of, choreograph a set of agreements where everyone is well taken care of, everyone has the

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opportunity to have their needs met and through thinking of the family like that, I think you come up with many more creative ideas and options about how people can support each other and how they can productively engage with each other in a way that minimizes the chances that people would experience personal violence or turn to more aggressive interactive options to meet their needs or make their point.

[00:07:57]: So, by looking at the household as a, kind of, choreography, if you will, of people with different capacities, different needs, different ability to devote time and energy, I think you come up with a much more dynamic view of what is possible with families - rather than thinking, I think, in a very conventional way, to my mind, not an extremely productive way of having a parent who is a perpetrator or a parent who is uninformed or a poor parent, or a parent who is aggressive and children who are simply needy. This is not the frame that we adopt here at the Center.

**TOM OATES** [00:08:42]: You know, a lot of what you point to when you start to look at, you know, the entire family component is what, you know, what are all the inputs, you know, what are all the outputs, what are people doing and how can you best take advantage of that and help support that and with this underlying theme of supporting that child.

[00:09:01]: So, the Center for Family Life has to be able to not only, you know, engage the families to get them at a position to where that family is strong, that family is stable - but during this process, the children have to ensure that their lives are still as stable as possible. So, what are you able to do just to make sure - like you mentioned, you know, getting to school on time, maintaining the same kind of relationships or activities - what are you able to do to make sure that those children experience as much stability as possible?

**JULIA JEAN FRANCOIS** [00:09:32]: Right. Well, that's a really great question because I think implied in your question is that perhaps there's some sort of hierarchy of what we attend to first, second and third - and you know, of course in real on the ground case planning, there have to be priorities, right, you can't simply do everything at the same time. So, what we think about when we think about the child having a stable and productive and successful life is we think about how that child is being supported by but also interacting as a, as their own person in their relationships in their family.

[00:10:17]: And this is particularly true when you talk about adolescents because adolescents certainly think about their own goals and their own aspirations. Littler children you might not, that might not be as much of a factor, but certainly with adolescents it is. So, what we think about is stability for the family requires that all parties have - sort of like your Maslow's Hierarchy of Needs - have minimally the things that they need to live a predictable, manageable life that they feel is comfortable.

[00:10:52]: So, a child will need, minimally, support to be able to get up in the morning, have a breakfast, go to school, be able to study and learn - but all of those requirements the child has mean that the parent needs to be active and informed and has sufficient energy to support the child in all of those tasks, so the child's needs really are parallel to and happen, can be met in sync with the parent being strengthened.

[00:11:30]: So, what we are always asking ourselves is how can a caseworker help the parent to do things like understand and set up a predictable, developmentally appropriate schedule for their child so that their child's daily needs for food, shelter, education are met. But at the same time, we can't take

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our eyes away from the fact that the parent needs support in order to have the inner strength and organization and resources to be able to get up in time to wake the child in the morning, perhaps, and prepare the breakfast and walk to the school and understand the homework and interact with the teacher.

[00:12:15]: So, it's really a parallel situation and our workers - you know, I won't minimize it - it's a very, very high level of work and it requires enormous dedication and support, we provide a tremendous amount of supervision and support and training for our workers so that they have the ability to pay attention to these various issues all at the same time.

[00:12:40]: You can't only attend to the child and I think this is something that perhaps happens in traditional child welfare, we view the child as a unit of attention, as it were, all of our energy is focused on interventions directed at the child's well-being to the detriment of the parent, who is simply not gaining ground, not skill building, not being supported to develop the skills, the capacity to access resources, the ability to generate income - all of the things that parents need to be able to participate in this relationship with their children in a productive way.

**TOM OATES** [00:13:18]: So, you come in contact with a family and then you've got to, you know, identify all the various things that you just touched base on where you can help, where you can add skills. But every family is different, every situation's different. What are you doing to identify that, how can you, what's the best way that you guys have found to assess a family when they first come in contact with you guys?

**JULIA JEAN FRANCOIS** [00:13:43]: Well, I love that question because that's something we actually got a wonderful consultation on some years back. We were able to, we had some terrific grant funding for a few years and we were able to do something that we had never done before but that we had always wished to do. We took the intake documents from every program that we offer here at Center for Family Life and there are a number of them - we probably have at least eight different documents - documents that screened people for public benefits, documents that screened people for their need for legal support, documents that screened people for their needs for unemployment, documents that screened people for safety and risk issues.

[00:14:26]: And we worked with a marvelous group that engaged in what they referred to as a simplification process and it's, what that meant for us and what it means, actually, in industry, is that you winnow out all of the common factors from all of these services that you would want to know about when you first meet a family so that you can understand, are they getting the appropriate amount of public benefits that they would need to stabilize their family?

[00:14:57]: Things like SNAP benefits or health insurance or other things that might be incredibly stabilizing and helpful to the family. At the same time, you're learning about whether the parent perhaps has no income, or maybe they have never gotten a GED, or there are a variety of issues that are stopping them from being able to actualize their own career potential.

[00:15:21]: Then we ask - of course, given that we're a child welfare organization - about safety and risk issues in the home. But we, the comprehensive intake is much broader than what we had been required to ask about by our child welfare authority here in New York City, where we operate. It is a much broader look and we've shared it with our child welfare authority and they've taken interest in it

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because it is clear to us that when you engage families right from the start - and again, it's a matter of even handed attention to a number of issues - and you inquire has the, do both, if there are both parents in the home, have a job, if they have a job, are they being paid the appropriate wage.

[00:16:15]: I mean these are simple questions, but you'd be surprised at how many people have never, in the context of child welfare, been asked about things like this. Do they have the appropriate amount of food stamps. So, we, we tackle this array of issues right from the start and we make it clear to our case planners that their job isn't just to narrowly attended to, let's say, parenting classes or skills, making the referral for a parent to parenting skill classes - that is not the scope of their responsibility in its entirety, they have a much broader scope of responsibility and they need to understand is this family stable, well positioned to actualize their potential and how can the case planner work productively as a partner, critically as a partner with them to be able to actualize these plans that we will develop hand in hand with the family about reaching their potential and creating, kind of, a platform where the children and the grown-ups can grow and thrive.

**TOM OATES** [00:17:26]: You know, I'm curious because the Center for Family Life like you had mentioned before is this full array of services and child welfare is a portion of it - so, regards to foster care, regards to child welfare, how are those families coming into contact with you?

**JULIA JEAN FRANCOIS** [00:17:41]: Right, well, Center for Family Life is the same kind of foster care agency that all of the voluntary providers are here in New York City - and I, maybe it would be helpful to mention just as a point of context - New York is unique in that it's so large, the City of New York is so large that the public entity that manages child welfare subcontracts child welfare services, including foster care, to voluntary providers, it's unique in that way, that's not the way it is in other states where the government themselves provides foster care.

[00:18:16]: So, some of the listeners might be wondering how is it that this private agency is doing foster care, that's because that's how it's done in New York City. So, the way we learn about foster care cases, really, there are two ways. The most common way is that a family in a neighborhood like ours will come to the attention of the child welfare authority either because of a hospital report or a school report or some other way which the family has been noticed by the child welfare authority and then they will reach out to us and ask us if we can manage the case.

[00:18:52]: And that might be through providing foster care in a foster care, foster boarding home setting that we would manage and monitor, or it might be through a kinship setting, meaning that this would be the relative of the children, child or children, who are coming into care. So, in either case, those referrals would be made by the child welfare authority after an investigation takes place.

[00:19:17]: Very, very infrequently - I think it only happened about two years ago, we had one case of this nature - where we have a robust primary prevention service here. We serve hundreds of families every year in what we refer to as primary prevention or just general prevention. Once in a great while, we will identify a family in our own service, in our primary prevention service and we will contact the child welfare authority and say, we believe the level of risk is so high in this case that this should become a foster care case.

[00:19:52]: Now, what's unique in those situations - and I'm proud to say that we are the only provider in New York City that does it this way - but, what's unique is that at that point, because we have both

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primary prevention and foster care, we don't discharge the family and send them off somewhere else to foster care, they can stay right in their neighborhood, with the same portfolio of services, with the same case worker and we can simply intensify the amount of contact and interaction that we have with the family by moving them into the foster care program and out of the primary prevention program.

[00:20:27]: As I say, that happens very rarely - and we're very happy about that - but if it needed to be that and if, perhaps, a family came in for primary prevention, where they also can be referred by the child welfare authority and we realized in the first or second visit that this is a much different situation than we had imagined and that the family needed a high level of care, we can seamlessly transition into that level of care.

[00:20:55]: And it's helped us to come to permanency - either reunification or adoption or kinship guardianship, which is an option here in New York City - much more quickly and much more efficiently than if you have children that are moving between programs and between services where those gaps can create a lot of delay.

**TOM OATES** [00:21:20]: And I want to make something clear for anyone who's listening that New York City contracts out as Julia has said, but it's not one contract for the city, it is, and because New York is so large it's locality based and so you are referring to all the services the Center for Family Life is able to provide - not even for the entirety of Brooklyn, for the entire borough, but one particular section, because this city is so huge and the population is so high.

[00:21:49]: So, you've got all of these services that make up for the Center for Family Life and you do engage with a family for whatever the assessment tells you they need - how then do you get all of those right service providers at the table to, not only agree to what the plan looks like but then to coordinate and work together knowing you've got so many entities kind of coming together all with this one single goal. How do you guys internally make sure that you're not stepping on any toes, but then there's also not any gaps?

**JULIA JEAN FRANCOIS** [00:22:22]: Right. That's a great question. Well, one of the ways that's made easier here at the Center for Family Life is that so many of the services are our own, so one of the things that we need to do administratively on the backend is ensure that all of our program staff understand that they are members of the same team. They are team CFL, whether they are in the adult employment program or the family counseling program or the after school program or whatever program they may be, they are team CFL.

[00:22:56]: And we actually do a lot of professional development including a yearly all staff retreat, which has about 300 people in it that allows us to every year review the mission, the vision, the purposes of the Center to understand the portfolio of services that we offer so that all of our staff - whether they are a 19 year old assistant group leader in an after school program or whether they are a 70 year old food pantry worker - understand that they are part of the Center for Family Life and that they are all members of the same team pulling together in the same direction.

[00:23:36]: And so, customer service - which isn't a subject you hear much about in child welfare discussions very often, but I'm proud to say that we talk about it all the time - is paramount. Anyone here, we joke about this a little bit, but it's sort of wearing the virtual blue blazer of 'how may I help you?'. So that if you're a child welfare worker here at the Center for Family Life, you're a case planner,

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there should be no hesitation to engage one of our adult employment job search folks or the folks that help prepare resumes because they understand that they are part of the same team, pulling in the same direction and they will work hand in hand with collaboration.

[00:24:20]: Now, so there's a lot of services that we have in house and we can get a lot done. This is very important to, sort of, coming around the other direction because it has happened many, many times that, for example, in our adult employment program, someone coming in, never mentioning child welfare, no discussion of any needs for other kinds of social services will, after two weeks in the adult employment program, going through job readiness, reveal to the job counselor that they are a victim of domestic violence, or that their partner is abusing their child. This has happened countless times.

[00:24:57]: So, not only do we have a great opportunity to engage, sort of from the child welfare program out, but also from our other programs that we offer, in so that everyone operates as a team. Now, that's not to say that we do everything. We are not a primary care provider, we do not provide early childhood services earlier than three. So, what we've done is we have worked very hard over the last 40 years to develop deep partnerships, productive partnerships with our sister agencies in Sunset Park so that we have comfort in the workers and facility in the workers to reach out and engage other partners - whether it's a specialty medical care provider, a developmental disability provider, occupational therapist, whoever it is - in the work.

[00:25:48]: And the case planners - remember I was talking about the notion of household - the case planners really look at those helpers as being part of how that household ticks. If the family needs early intervention services, let's say, for a two-year-old that's in the family, that early intervention provider - who's maybe doing speech and language help or any other kind of developmental delay intervention - is a part of that team, part of that family, they're a part of that family's ability to sustain itself.

[00:26:20]: So, the case planner, again, through supervision - I might digress for just one second to say all of our case planners receive one to one and a half hours of supervision a week, they have a two-hour casework meeting every week where we do deep dives into case examples and clinical issues and other kinds of issues. Each supervisor has supervision every week and a supervisory meeting every week. So, there's a very robust support process to guide our workers on how to interact, not only with the family members, but also with sister providers throughout the community so that we can move very quickly and efficiently towards family stabilization.

**TOM OATES** [00:27:03]: You talked about two things there that I think are very, very important and one is investing in your staff, you know, letting them develop, letting them grow. But, as you talked about customer service and serving your customer, you know, a key part of that for successful customer service is knowing your customer. And so, there's a neat part here that you and I had talked about before we were recording that I want to share and ask you to dive into a little bit, because with part of that assessment is also approaching things from a trauma-informed care.

[00:27:37]: So, you are able to enforce, or not enforce, but interject a clinical care, you have a clinical connection to your case planning. Could you go into that?

**JULIA JEAN FRANCOIS** [00:27:48]: Yeah, absolutely. My own background, prior to coming to Center for Family Life was many, many years in mental health practice. And so, I was a mental health clinician for 15 years and then an administrator in the area for mental health for years and I have to say that the

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whole idea of evidence-based practice and clinical practice was, came to mental health probably several decades before it came to child welfare. So, while we're just sort of waking up to the idea that evidence based practice and things like cognitive behavioral therapies or trauma informed therapies are of use in child welfare, one of the things that became part of my, hopefully, contribution to Center for Family Life was really an attention to the fact that evidence based practice and clinical practice serve a very important role in equipping your workers to engage effectively, communicate effectively, understand the reactions and responses of clients so that you can engage in this much broader kind of community stabilization work.

[00:29:12]: So, the clinical practice is a means to an end - the end being community stabilization and families being able to have fully actualized lives. But, in order to engage the families and to convey a perspective, in order to understand the family's reactions to your, to your suggestions and perspective, you need to know something about trauma informed practice.

[00:29:41]: So, we train our workers on how to understand, how to have a clinical session with the families - whether it's a family therapy session or whether it's an individual session with the child - because families are coming from a place of deep personal pain, often, their reactions are mediated through multiple experiences of trauma, of violation, of feeling dismissed, of feeling unheard.

[00:30:15]: So, it isn't so simple as just saying, hey, here's a great path toward family stabilization, let's just all get going, you know, here's a job opportunity and here - no, your case planners need to have the engagement and interactive skills and the communication skills to be able to hear what your clients are telling you about their lives, about the lens that they impose on their, how they look out at the world. It's a lens that is shaped by trauma, it's shaped by immigration trauma here in Center for Family Life, it's shaped by historical trauma.

[00:30:56]: And so, it's not simply a matter of us dishing out good ideas and saying to people here's a great plan, you know, let's go for it - there is this very profound layer of understanding how to create authentic communication, how to create authentic engagement when the individuals that you are serving come from places of deep personal pain and violation and you need to be able to have truly supported workers who are skill building in their own clinical practice skills and their trauma informed lens to be able to effectively engage with folks.

[00:31:38]: Otherwise, you're going to have combat between your case planners and your clients, you're going to describe people as resistant, you're going to describe them as angry, you're going to describe them as uninterested people. And those are not, those are not fair characterizations, those are not accurate characterizations. Our job, the burden is on us to figure out how to hear what people are saying to us, how to understand what the, maybe, unspoken meaning is in it and how to respond in a way that doesn't shut down communication, but rather opens and encourages communication.

**TOM OATES** [00:32:20]: If I can ask you to, kind of, pick your brain just a little bit - for those other agencies, those child welfare agencies or those that are working in prevention or even, or foster care, what's, maybe the quickest win that they can get in terms of training or exposing their current staff to take a more clinical approach. If there's, if they're thinking, you know, I'd like to, you know, boost my staff's capacity, where is the first thing that you would suggest for somebody to go?

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**JULIA JEAN FRANCOIS** [00:32:51]: Honestly, the first thing is your supervisors, because I think the problem is in some of these implementations and, you know, they're driven in part by people's excitement and wish to be forward thinking. These are, you know, people have very good motivations to try to take on a clinical practice lens, but if you don't have supervisors who are competent to be able to support the works to learn and to carry out these interventions, it doesn't come together.

[00:33:25]: I think there's a notion that you sort of train up the entire staff - that's complicated to do, you may end up having case planners who are learning faster than the supervisors and feeling unsupported. So, I think part of it is who do you hire as supervisor, looking to find supervisors that come to you with a kind of lens, a trauma informed lens, who have clinical practice experience who can support you in bringing that to the case planners.

[00:34:02]: You know, from a management point of view, as a manager, you know, when I'm hiring a supervisor I'm drawn to someone who I know is familiar with the paperwork and is familiar with the reporting requirements and is familiar with child welfare, sort of as an administrative format, if you will, for how we interact with people. But, I may need, many agencies may need to sort of switch gears a little bit and look for people who actually bring clinical practice expertise to their roles as directors or supervisors.

[00:34:40]: When I, I prefer to hire up internally for supervisory staff because I've had a chance to observe the case planners and I see what their skills and talents are and, in my experience at least, the paperwork requirements and administrative requirements are not rocket science, that, people can learn. Having that, sort of, as the classic psychological text refer to it as that third ear, that ability to really hear through a trauma sort of lens - that's more an art than a science with many folks and you need to pick the right supervisors who actually have the competency to make this happen in your place.

**TOM OATES** [00:35:23]: Thank you for letting me go down that tangent.

**JULIA JEAN FRANCOIS** [00:35:27]: Oh, from a management point of view, that's a really important point.

**TOM OATES** [00:35:31]: Sure. But a lot of the agencies who are listening - and I want to wrap up with this - they may not have the luxury like the Center for Family Life, where all of those services are under one roof, so when you would sit there and maybe to somebody who is maybe working at a state agency or they're private but have to work with partners outside of, kind of, their umbrella, what's the biggest advice you would give to enable an agency to provide, as you guys are talking about, this full, holistic family support approach when trying to either provide prevention services or reunite family?

**JULIA JEAN FRANCOIS** [00:36:09]: Sure. Well, you know, Tom, it didn't occur to me before when we were talking, but it comes to my mind now. I'd say - and I'm not joking - suspend disbelief. That's my advice. People become so, kind of, used to the fact that there is a very limited view that their workers will never take a broader perspective. That this is what's always happened, that these are civil servants, that they're not going to take a broader view. And through some of the opportunities I've had to look outside of New York, mostly through the Casey Family Programs where I was very honored to serve as a consultant to a number of places outside of the city where they were implementing new child welfare system, you know, innovations.

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[00:37:06]: Again, it's back to this customer service thing - it's all about how you frame the work. If you frame the work as you are here to identify a perpetrator and identify safety and risk issues and then send people with, you know, a slip of paper as a referral to various providers who will, you know, hopefully guide them in a better way - whether it's a parenting class or anger management class or some kind of other intervention, mental health intervention - if that's how you think about child welfare, it's gonna be really tough to change, if you believe that that's what child welfare really is. But, I've seen it over and over again, did some work in Florida, in Maryland, we did other work around the country where the change in perspective comes from the top.

[00:38:02]: If the child welfare authority or the municipality or the vendor decides that no, that is not their perspective. Their perspective if a holistic one, their perspective is it's the responsibility of the municipality to hire up the right supervisors who understand this broader context for why we're doing child welfare. Child welfare in the service of what is always the question. What are we trying to achieve? Is it just narrowly safety and risk monitoring or is it a broader perspective?

[00:38:34]: If you start by just reassessing the view that you come into this practice with and looking at the competencies of your workers and making different demands about what they're supposed to be doing with families and communities, it shifts. But I think it requires suspending disbelief. We've been in such a, sort of like a hamster wheel of what we do every day that I don't we've felt the permission to be inspired or the permission to look beyond what we've done historically.

[00:39:09]: As I'm sitting with you, you can't see this, but I'm staring at a picture of our foundress, Sister Mary Paul Janchill, who started the Center for Family Life and I would be remiss if I didn't mention her and her colleague, Sister Geraldine started the Center for Family Life, and Sister Mary Paul was notorious in, she was sort of like a Ruth Bader Ginsburg of child welfare. She was a little tiny person who was tough as nails and she was adamant that we had to look beyond the models and perspectives that were around us and to think more broadly about what it was that we were doing in the neighborhood and trying to achieve.

[00:39:74]: And she really shaped child welfare, the neighborhood-based child welfare perspective here in New York City. Her model, our model became the neighborhood faced model that the City took up and was actually adopted by the Casey Foundation, as well. So, we've, from our inception, been taught to think broadly, think outside the box as they say, and that's what I think others need to feel the permission to do. Child welfare can, the script can be written in many different ways and we don't have to just look at it so narrowly.

**TOM OATES** [00:40:21]: Julia, I thank you so much for sharing with us how you guys are breaking the hamster wheel, so to speak.

**JULIA JEAN FRANCOIS** [00:40:30]: We're jumping off the hamster wheel, here. Thank you so much for asking and I really appreciate you taking the time to talk with me.

**TOM OATES** [00:40:40]: Many themes from our conversation with Julia that align with prevention approaches; protecting children is paramount, but effectively supporting a family to build strengths and reduce risk factors can lead to reunification, which studies continue to point to as an effective way to deliver positive outcomes.

Child Welfare Information Gateway Podcast  
Foster Care: A Path to Reunification – Part 1 TRANSCRIPT

[00:40:58]: Now our next episode focusing on foster care as a path to reunification will take us to the west coast and San Diego County, California. Now, there we'll talk about all of the different partnerships and tools used in a series of localized communities – now, remember, we're going to be talking about San Diego County not just the city of San Diego. We'll hear how the county incorporates resource and relative families as a key component to reunification – and there's a series of trainings and non-profit groups working to prepare and empower those resource families. And it's all resulting in some positive returns, both qualitative and quantitative data.

[00:41:37]: So, head on over to this podcast's web page – just go to [www.acf.hhs.gov/cb](http://www.acf.hhs.gov/cb) and search podcasts. We'll share some links to resources and groups involved in community partnerships and out-of-home care, along with all of the resources and contact information surrounding National Foster Care Month.

[00:41:57]: So, my thanks to Julia Jean-Francois, the co-director of the Center for Family Life for her time and willingness to join us here on the podcast. And for all of us here at Child Welfare Information Gateway, I'm Tom Oates – thanks for listening.

**FEMALE NARRATOR** [00:42:14]: Thanks for joining us for this edition of the Child Welfare Information Gateway podcast. Child Welfare Information Gateway is available at [www.childwelfare.gov](http://www.childwelfare.gov) and is a service of the Children's Bureau, U.S. Department of Health and Human Services Administration for Children and Families. The views and opinions expressed on this podcast do not necessarily reflect on those of Information Gateway, or the Children's Bureau.