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# PRESERVING FAMILIES: DOES IT WORK?

## A Policy Analysis

by

**KAREN L. PETERSON**

A thesis submitted to the Graduate Faculty

of

**Augsburg College**

Augsburg College
George Sverdrup Library
Minneapolis, MN 55454

in partial fulfillment of the requirements

for the degree of

**MASTER OF SOCIAL WORK**

Minneapolis, Minnesota

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# MASTER OF SOCIAL WORK

# AUGSBURG COLLEGE

# MINNEAPOLIS, MINNESOTA

## CERTIFICATE OF APPROVAL

This is to certify that the Master's thesis of:

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Date of Oral Presentation: April 22, 1994

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## DEDICATION

For my family and friends, with thanks, for your love, support
and encouragement throughout my efforts to complete
this thesis and the Master of Social Work Degree.
I couldn't have done it without you.

# ABSTRACT OF THESIS

PRESERVING FAMILIES: DOES IT WORK?
A Policy Analysis

KAREN L. PETERSON

APRIL 22, 1994

Beginning with a look at the historical background of child welfare services in the United States, this policy analysis examines issues surrounding the use of out-of-home placement of children as an intervention strategy with families in crisis. In response to the increasing demand for the limited dollars available to provide social services, the high cost of out-of-home placement and concern for the large number of children who experienced lengthy or multiple foster care placements policy makers and service providers are now focusing upon efforts to preserve families and prevent unnecessary out-of-home placement of children. Family preservation services are examined within the context of the range of services available to families and children. Discussion focuses on issues surrounding effectiveness of family preservation services, research and evaluation efforts to date, and concludes with a summary and recommendations for future evaluation efforts.

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# INTRODUCTION

As the demand increases for the limited number of dollars available to provide social services it is important that service providers and policy makers focus their efforts on services that are most likely to provide the desired results. Families and youth in Minnesota are in trouble. Statistics indicate that the number of Minnesota children being placed in foster care is growing. In 1985, 5,800 children entered the system; the number jumped to 8,900 in 1990, a fifty-three percent increase.

According to a University of Minnesota study nearly half of the 15,000 children in foster care in 1991 were there because parents could not provide adequate food, clothing and housing. Another large number of parents initiate a request for placement because of troublesome adolescents who are "out of control" or who have failed multiple placements (Hopfensperger, 1992). It is important that we act now with effective social service interventions to change this picture. Intensive family preservation services appear to be one such method of intervention.

Preserving families rather than placing children in substitute care has become a primary focus of policy makers and service providers in recent years. The federal government's passage of PL 96-272, the Adoption Assistance and Child Welfare Act, has encouraged the development of social service programs with the purpose of preserving families.

During testimony before a United States Congressional Committee in 1987, Kristine Nelson, Senior Researcher for the National Resource Center on Family Based Services, stated her belief that no individual family member can change apart from the context of

the whole family (Gibson & Nobel, 1991). In an article published by the Child Welfare League of America the authors state their belief that "the tradition of treating individual pathologies now seems ineffective compared to the emerging practice of counseling and aiding each family in terms of its interrelationships and dynamics." (Gibson & Noble, 1991, p. 373).

Through the provision of intensive counseling and case management services in the home to the whole family, intensive family preservation services seek to protect the child and prevent unnecessary placement of children in foster homes or shelters (Berry, 1992; Cimmarusti, 1992). The goals of intensive family preservation services (IFPS) are to resolve the crisis that led to the decision to remove the child and to teach the child's family the skills they need to stay together (Wells & Whittington, 1993).

Family preservation services allow the family to deal with issues as a unit, rather than separately. Caseworkers may work with the family to educate and role model appropriate behaviors and support family members during the process of change. As a relatively new and rapidly growing service method in the field of social work, intensive family preservation services are primarily targeted to families who are at imminent risk of having their child/children placed in foster care. This service model is also used, although less frequently, with families who are being reunited following the out-of-home placement of a child.

These services seek to build self-esteem and improve family functioning as well as linking families to other social services and sources of support (Fraser, Pecora & Haapala, 1991). Provision of concrete services, time intensive service which is provided in the family home, and low worker caseload are also common features of IFPS. These services make use of the special motivation experienced by families due

to the impending crisis of a possible out-of-home foster care placement (Pecora, Fraser & Haapala, 1992). Family preservation services can vary regarding specific characteristics of each program, such as client population served, size of caseloads, duration and methods of service, but they share a common goal: keeping families together.

This paper will begin with a look at the historical background of child welfare services in the United States. A discussion of the concerns and issues surrounding the use of out-of-home placement of children, and the social policies designed to address these issues will follow. An overview and a framework of various services available to families and children will be described and the intensive family preservation services model will be described in detail. Available research regarding intensive family preservation service outcomes and evaluation findings will be presented and evaluation needs will be discussed. This paper will conclude with a brief summary and recommendations for the future of child welfare services.

## Chapter 2.....HISTORY OF CHILD WELFARE SERVICES

A major theme in child welfare has been a growing commitment to the emotional, social and economic dependence of children. A belief in the legitimacy of this dependency has been at the center of child welfare policy intended to protect children (Jiminez, 1990). Past recognition of and response to social and economic issues facing families and children have in part bred the needs and expectations facing policy makers today. This brief historical overview is included for the purpose of providing a broader context from which to view the discussion of social policy that follows.

### CHILD RESCUE

Throughout the colonial period and well into the 19th century, all but the children of the wealthiest families were viewed largely in economic terms, either as an asset to the family or, in cases where there was no family, a burden to the state. (Jiminez, 1990) Modern child welfare practices have their roots in the middle of the nineteenth century when, following the efforts of the Society for the Prevention of Cruelty to Animals, the movement began its efforts "to seek out and rescue" children who were neglected or cruelly treated (Fein & Maluccio, 1992; Costin, 1985). Agencies were modeled after the animal rescue societies, and devoted to the rescue of children. A common outcome of investigation was placement in alms houses, orphanages and houses of reform.

### FOSTER CARE

The roots of the foster care system may be found as early as the mid 1800's, when Charles Loring Brace organized the Children's Aid Society in New York to send homeless children west to live with surrogate families, preferably rural farm families. In the first 20 years of operation almost 20,000 children were sent west and placed with farm families who could use their labor in return for care of the children (Costin,

1985; Fein & Maluccio, 1992). Foster care gained legitimacy as a way to care for vulnerable children and was viewed as a means of preserving family values. Early in the twentieth century the use of boarding homes replaced the use of free foster care with families (Jiminez, 1990).

## WHITE HOUSE CONFERENCE ON YOUTH

Public concern for the emotional well being of children and their developmental and social needs occurred due to a combination of factors: the emergence of the child rescue movement at the end of the 19th century; the discovery of child abuse as a social problem, in the same period; and the increasing demand for skilled labor facilitating the passage of child labor laws in many states around the turn of the century. While child labor laws caused poorer families severe hardships, they also set the stage for a less instrumental view of children than had existed previously (Jiminez, 1990).

During the White House Conference on Youth in 1909, sponsored by President Theodore Roosevelt, conference participants strongly endorsed family care of poor children as preferable to institutionalization in almshouses or orphanages. The emphasis upon family as the most important factor in child development gave an important boost to progressive reformers' crusade to provide financial assistance for widowed or abandoned mothers caring for their children in their own homes (Gibson & Lewis, 1980, as cited in Jiminez, 1990; Costin, 1985).

## THE SOCIAL SECURITY ACT OF 1935

Mother's pensions to enable children from poorer families to remain in their own homes had been enacted in 20 states by 1913 (Bremner, 1972, as cited in Jiminez, 1990). By 1935 forty-six states had adopted mother's pension laws (Plotnick, 1992). Effectiveness of these efforts was inhibited by lack of cooperation between state and

local governments. Underlying conflicts regarding worthy versus unworthy poor complicated the question of which mothers were to receive assistance.

Title IV-A of the Social Security Act of 1935 provided aid to dependent children (ADC), which continued to weaken the economic grounds for taking children from their parents (Costin, 1985; Plotnick, 1992). The focus shifted to protection from abuse and neglect rather than rescue from poverty. With the influence of psychoanalytic theory and the growth of social casework, the expectation evolved that parents could be rehabilitated to care for their children appropriately, and foster care began to be accepted as a temporary support service (Costin, 1985).

## THE CHILD ABUSE PREVENTION AND TREATMENT ACT OF 1974

A significant benchmark in the development of child welfare policy is the Federal Child Abuse Prevention and Treatment Act of 1974 (PL 93-247). This law was passed in response to the concerns of the public, which had been stimulated by the publicizing of the "battered child syndrome" in the early 1960's (Jiminez, 1990). It provided financial assistance for demonstration programs for the prevention, identification and treatment of child abuse and neglect and to establish a National Center on Child Abuse and Neglect (Pecora, Whittaker, Maluccio, 1992). After its passage states revised their own laws in order to qualify for newly available federal funds. Provision for mandatory reporting of suspected child abuse and neglect, and the use of protective custody of children, were included at this time. Unaware of the high incidence of child abuse and the magnitude of reporting that would occur, state social service agencies were overwhelmed with reports of child abuse. A high recidivism rate and lack of clear guidelines regarding reporting requirements have contributed to confusion and difficulties in investigation and response to reports of maltreatment (Pecora, Whittaker & Maluccio, 1992).

Services available to families and children began modestly, but have continued to grow and develop. Changing needs have bred an expansion of services available to meet these needs. Because of the ever changing circumstances faced by families and children, the child welfare system must continue in its efforts to provide the services needed to support these members of society.

## Chapter 3..... A CHILD WELFARE DILEMMA: FOSTER CARE DRIFT

### ROLE OF SHELTER CARE AND FOSTER CARE

Children are placed in shelter care and foster care settings when it is determined by the child welfare worker that the home is no longer a safe place for the child, due to the occurrence of abuse or neglect of the child by the parent(s). It is generally hoped that removing the child from the home will protect the child from harm and enable the social worker to provide the parent(s) with the help/treatment needed in order to enable them to function well and provide adequate care for the child in the future. Unfortunately, this method of social service delivery, which is intended to help families, may do more harm than good.

### ATTACHMENT

The attachment process between an infant/child and her/his primary care giver begins at birth and continues throughout a person's lifetime; however, the first years of life are most critical to the formation of attachment. One cannot over-emphasize the importance of the successful completion of the attachment process for the ongoing intellectual, social and emotional development of the child. A child who has formed a strong relationship with her/his caregiver is able to take risks and explore the world because s/he is able to trust that the caregiver will be available and responsive if/when needed (Sroufe, 1989). If an infant or young child experiences a traumatic separation from her/his parent/caregiver or is not able to form a secure attachment to a care giver s/he is liable to face serious difficulties in many areas of her/his life. A child who experiences repeated or long separations will learn that her/his care giver is not always accessible. In some cases the child may learn that s/he cannot trust others and that others will not care for her/him. Consequently s/he may not learn to care for others.

FOSTER CARE DRIFT

As Robert M. Goerge writes in the "Reunification process in substitute care" (1990), rather than a brief temporary placement, forty percent of all children who enter foster care experience more than three placements. Twenty-eight percent of children placed will be in placement more than 5-1/2 years. Ten percent of all children placed never return to their original homes. Many "age out" of the foster care system.

Bonds of emotional attachment to the family of origin may be weakened or broken by long term or multiple foster care placements. Many children in foster care homes are unable to form normal healthy attachments to their new "parents." The attachment problems often originate in their birth families. The instability of foster home placements and the series of moves that many foster children experience give them further problems in developing trust in others and a sense of appropriate autonomy. This is complicated by the instructions given to most foster parents that they should not become close to these children (Magid and McKelvey, 1987).

Children who remain in foster care over long periods of time experience greater difficulty upon returning to their families. They miss a sense of shared history of the family as a whole, and the continuity of living with the same people over a period of many years (Magid & McKelvey, 1987).

The issue of multiple foster care placement as a problem was first addressed in the 1970's. Foster care, which had been viewed as an important means of upholding family values, was now viewed as antithetical to those values (Goerge, 1990; Jiminez, 1990), The child welfare system was blamed for failing to monitor children in foster care placements, failing to work towards the goal of reunification of children and parents and failing to provide any method of permanency planning for children, which

created a situation where long term or multiple foster care placements were a common occurrence (Pecora, 1991). This has sometimes been referred to as foster care drift.

## CHILDREN OF COLOR

Minority children in particular are affected by foster care drift. Children of color are over represented in foster care, group homes and some other forms of out-of-home care. Recent data suggests that black children are three times more likely to be in foster care than white children (Fraser, Pecora & Lewis, 1991). About half of all children who enter foster care are African American. Statistics show these children remain in care longer and often may receive less desirable placements than whites (Gray, 1990).

## USAGE RATES AND CAUSES OF PLACEMENT

Tight social service budgets and questions regarding the benefits of out-of-home placement of children have led policy makers to take a closer look at this service and alternative service delivery methods. Since 1945, the out-of-home placement of children has increased at an alarming rate. The population of children in foster care has more than doubled between 1960 and 1977 - a time when the number of children in the United States decreased by one million (Shyne & Schroeder, 1978, cited in Spaid & Fraser, 1991).

According to an article by Jean Hopfensperger which appeared in the Minneapolis Star Tribune in March of 1992, foster care, which accounts for the largest portion of the cost of substitute care, had reached record lows in the 1970s and early 1980 in Minnesota and across the nation, with the beginning of family preservation programs. However, the 1980s saw an increase in drug and alcohol abuse in addition to a rise in poverty and other social problems that lead to more child abuse and neglect. By 1987

the number of children being removed from homes started to climb again - this time dramatically. These changes coincided with shrinking federal dollars for social services, cutbacks in housing for low income families and a freeze in welfare payments - the very programs many believe are needed to help keep families stable.

Nearly half of the Minnesota children in foster homes in 1991 were taken from their parents because the parents could not adequately provide for them (Hopfensperger, 1992). In Minnesota a single mother with one child living on AFDC receives approximately $450 a month, plus food stamps - an income which makes it nearly impossible to find safe housing and provide good care for the child. If the same child were placed in foster care, the foster care parent would receive a payment of approximately $23 per day, or $690 per month. In addition, the foster family would also be eligible to receive counseling and other supportive services.

## COST OF PLACEMENT

The soaring cost of finding substitute housing for abused, neglected and emotionally disturbed children has rocked Minnesota's county human services departments, who report they have been forced to spend their limited dollars putting out fires instead of preventing abuse in the first place. Available money is being used to protect a relatively small number of children, in spite of surging social needs for both children and families. From 1988-1991 numbers of Minnesota children placed in substitute care increased from 12,500 to 17,000 children. According to a study by Wilder Research Center yearly expenditures for placement of children increased from $78 million to $121 million from 1988-1992. During the same time period, 1988 to 1992, yearly expenditures for family preservation services increased from about $8 million to an estimated $20 million. The same study projected that the cost of out-of-home placement of children is expected to surpass $200 million by 1995 (Hopfensperger,

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1993).

## IMPACT ON SOCIETY

The costs of substitute care may be calculated in financial terms and in terms of individual lives and human resources. The instability of foster home placements and the series of moves that many foster children experience may contribute to future problems in developing trust in others and a sense of appropriate autonomy (Magid & McKelvey, 1987). This lack of attachment may cause significant difficulty as the individual ages and remains unable to form lasting intimate relationships with others. Persons who may have become model community members may be lost to society. In more extreme cases, dangerous antisocial behavior/psycho-pathology may result from this lack of appropriate attachment in childhood. For the benefit of all members of the community it is important to thoughtfully consider and implement programs which maximize the potential of each member.

Intensive family preservation services intervene at the time when a child is at imminent risk of out-of-home placement and thus are able to directly impact the rate of out-of-home placement of children. Claims of greater cost-efficiency have made this an attractive alternative to out-of-home placement of children.

In recent years much attention has been focused upon developing strategies designed to prevent foster care drift and minimize use of costly out-of-home placement. Efforts to preserve families through the use of intensive family preservation services have the potential to achieve these goals.

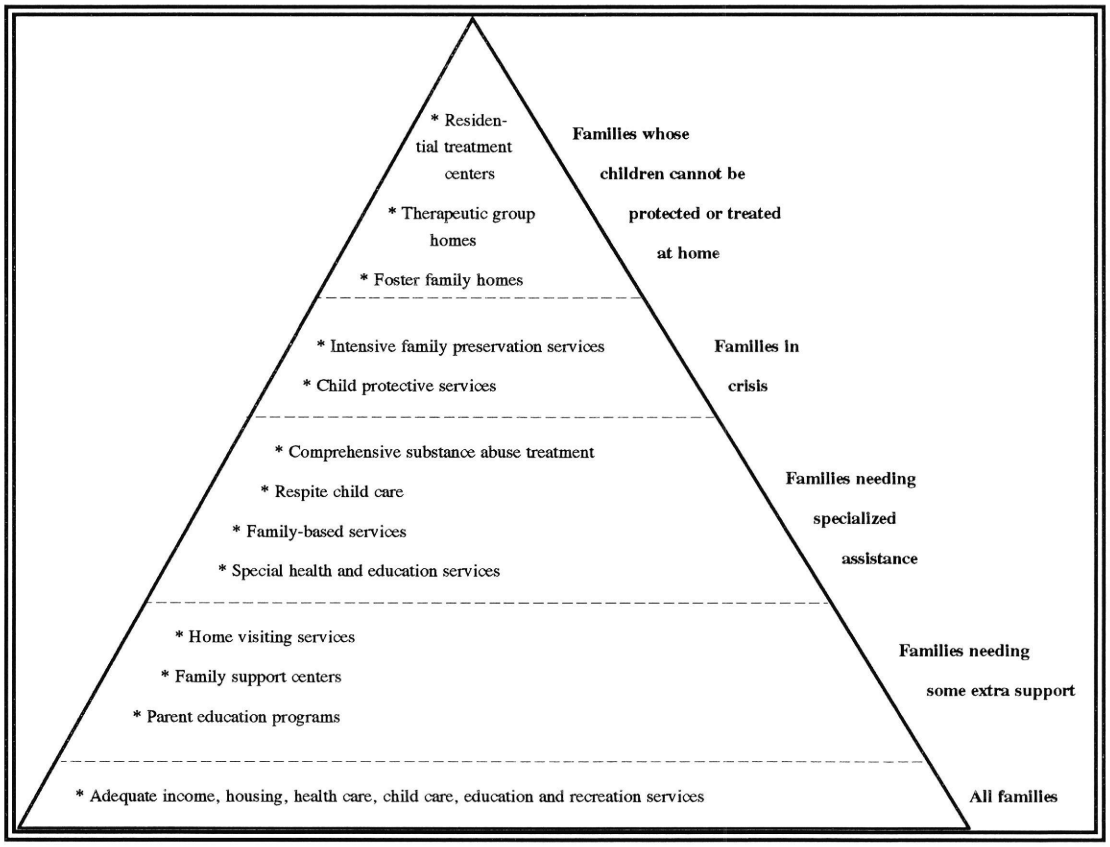
# Chapter 4.....OVERVIEW AND FRAMEWORK OF A FAMILY SERVICE MODEL AND ALTERNATE METHODS OF SERVICE

Social service needs of families and children vary greatly, as do the services designed to address those needs. In order to better understand this range of needs and corresponding array of services it is helpful to envision different methods of categorizing or conceptualizing them. Presented here is one approach to conceptualizing the various models of services available to families and children.

## THE CHILDRENS DEFENSE FUND'S PYRAMID MODEL OF SERVICES

A special report by the Children's Defense Fund published in December of 1993 presents a comprehensive description of the range of family support programs available to families in need. The pyramid of services, below, illustrates the range of services available to offer whatever support is necessary to improve family functioning, keep the children safe and the family together and when necessary provide out-of-home services for families whose children cannot be protected or treated at home.

When this entire menu of services is available, it is more likely that needs may be addressed at earlier stages, when they are easier and less costly to manage. In order to facilitate a comprehensive discussion each level of service will be reviewed and examples of services which fall into each category will be reviewed in order to provide the reader with more concrete information regarding available services and their impact(s) upon consumers.




**Children's Defense Fund - Pyramid Model of Services (1993)**

## SERVICES AVAILABLE TO ALL FAMILIES

Needs of all families are located at the base of the pyramid in this illustration. Included in this category are basic requirements such as adequate income, housing, health care, child care, education and recreational services. Most families are able to meet these needs on their own with little difficulty. Income is obtained through employment and often health care is also provided by the employer. Housing, child care and recreation are purchased to the best ability of each family and public education is available to all children. Unfortunately meeting these basic needs may be a struggle for many families. For persons who are unable to meet these needs without assistance a variety of social service programs have been provided.

For persons who meet eligibility requirements public financial assistance programs provide income, although few would consider the amount provided to be adequate. A limited amount of low cost public housing is subsidized by the federal government for low income persons. Medical care is also available for low income individuals and families who meet the eligibility criteria. The availability of child care is limited to only certain categories of low income persons. Public education is available to all. Recreational services are generally community based and may be provided through community centers, school districts or church organizations at low cost to participants.

It is not the purpose of this paper to analyze the adequacy or equitability of these basic services; however, it is important to recognize that the services described here are not at present adequate to meet the needs for many individuals and families within our society. This deficit will continue to impact an individual or family's ability to meet the many demands and requirements of each day.

## SERVICES AVAILABLE TO FAMILIES NEEDING SOME EXTRA SUPPORT

Included in this division are services that could be categorized as prevention and education services. Frequently sponsored by community-based agencies, parent education and support groups provide parents information about child development issues or parenting techniques and the opportunity to get together, offer support, share ideas and learn from other parents and professionals. Open to all interested parents, groups may be focus on specific themes such as issues related to blended families, single parents, first time parents, discipline and self-esteem.

Sponsored by the school district, Early Childhood Family Education (ECFE) programs are available for all parents and their children age birth to age five. This program

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provides support and child development information to parents, learning experiences for children, and an opportunity for parents and children to participate together in order to help create effective communication between them. Families are strengthened through participation in ECFE and participating children tend to require fewer special services, and experience more success during their ensuing school years (Schwab, 1993).

Head Start is a comprehensive preschool program designed to promote the growth and development of children ages 3-1/2 to 5 years. The target population for this state and federally funded program is low income families; however up to 10% of the participants may be children with special needs whose families are above the income guidelines. The program operates on a part day basis, providing children and parents with a learning environment in which to grow. Using a combination of center-based and home-based activities, Head Start seeks to promote each child's intellectual, social, emotional, physical and self-help development, and to educate and empower parents through their work with teachers to plan and develop activities designed to meet the needs of each (Schorr & Schorr, 1988). It has also been found that children who have attended quality early childhood programs develop social and academic competencies later manifested in increased school success. (Schorr & Schorr, 1988)

## SERVICES AVAILABLE TO FAMILIES NEEDING SPECIALIZED ASSISTANCE

As the level of need within the family increases services available become more intensive. Examples of services that are available to families needing specialized assistance include family-based services such as case management and in-home counseling and respite care.

Case management services may be provided to the family by the social service department of the county they live in, or by a private community based agency. These services may include goal setting with individuals and families, development of an action plan to meet expressed goals, providing ongoing supportive counseling, linking families to other resources in the community and advocating for families as needed. Need and willingness to participate in a partnership with the case manager are the primary eligibility requirements, although other requirements may vary according to the agency providing the service.

A variety of in-home counseling programs exist. Their purpose is to provide family counseling around issues identified by the family. Conflict resolution, facilitating communication and supporting healthy patterns of relating are all within the scope of an in-home family counseling program.

Respite care services are a specialized form of child care and may be provided for families in which the challenging behavior of a child with special needs drains the emotional resources of a parent or the entire family. A temporary respite of a few hours to a couple of days, provided on an as needed basis and/or on a regular schedule, can allow the family to take a break while the child spends time with a provider who is trained to meet her/her special needs.

SERVICES TO FAMILIES IN CRISIS

Services in this category may be provided on a voluntary or involuntary basis depending on the particular circumstances of each family and safety needs of the child. Families in crisis needing social services are families at risk, or families already experiencing abuse and/or neglect issues.

If a parent is able to recognize the imminent risk of harming or neglecting her/his own child, s/he may contact the Crisis Nursery program of the Children's Home Society of Minnesota, and request up to three days of free emergency child care. This may enable the parent to take a much needed break and deal with her/his own issues while knowing that the child is receiving care in a safe place.

Child protective services are designed to address the needs of abuse/neglect situations that are brought to the attention of the county either by a parents' self report, by the child, or by a third party reporter who may remain anonymous. A social worker from the county child protection unit must initiate investigation of a report of abuse/neglect within 48 hours, and will determine whether or not the report is substantiated. At that time it will be determined whether or not the child must be removed from the home. If the child remains in the home but the risk of placement is imminent, the child protection social worker may choose to refer the family to the intensive family preservation program for service.

Intensive family preservation services are in-home services provided to families at imminent risk of having a child removed from the home and placed in foster care or shelter care. Referrals for this service often come from child protection workers. These very time intensive services are intended to work with the entire family in order to help the family resolve the present crisis situation, avoid the out-of-home placement of their child, and resulting disruption of relationships within the entire family.

## SERVICES AVAILABLE TO FAMILIES WHOSE CHILDREN CANNOT REMAIN IN THE HOME

For a certain number of children it will not be possible to avoid temporary placement through provision of other social services. For children who must be removed from

the home, options include residential treatment, group homes, foster care and shelter care, kinship care, and adoption. Here we will look at foster care, shelter care, kinship care and adoption.

Foster care and shelter care placements provide a temporary residence for children and are used when it is deemed unsafe for children to remain in the home. During this time child welfare workers and other collateral agencies may be involved with the family in order to assist the family in addressing the issues that precipitated the out-of-home placement as well as any other underlying issues that may affect the family's ability to function in a healthy and safe manner.

Kinship care may be a temporary or permanent out-of-home placement of a child into the home of an extended family member. Two thirds of all children who are living with relatives are living with grandparents. Family ties, self-esteem and self identity are preserved through use of kinship placements. Especially important is the preservation of cultural bonds among children of color within their own community (Thompson & Peebles-Wilkins, 1992).

Use of adoption is most commonly encountered in situations involving infants and very young children. Older children and adolescents may also be appropriate for adoption services if following a foster care or shelter care placement the determination is made that it will not be possible or advisable for the child to return to her/his biological family. With the goal of permanency in mind every effort is made to make a determination as quickly as possible regarding whether or not a child will be returning to the biological family. Attachment to a new family will occur more readily in younger children and children who have not been a part of the child welfare system for a long period of time.

## SUMMARY

The services described above are merely a sample of the many services that exist for the purpose of providing support and assistance to families and children. As families and children vary greatly regarding issues experienced and services needed, it is important that adequate services be available at each level of need.

# Chapter 5.....PRESERVING FAMILIES THROUGH INTENSIVE FAMILY PRESERVATION SERVICE

Interest in permanency planning for children already in out-of-home placements and a greater focus on long term solutions for children, e.g., reunification or adoption, became more widespread. Concerns about government policy regarding child welfare and foster care services included concern that funding practices provided an incentive for states to provide foster care placement rather than providing preventive services, a lack of assistance for hard to place children and a lack of data regarding duration and cost of services provided (U. S. House of Representatives Overview of Entitlement Programs, 1992).

## THE ADOPTION ASSISTANCE AND CHILD WELFARE ACT OF 1980

With the goal of reducing the high rate of out-of-home placement of children and large numbers of children experiencing multiple placements (Fraser, Pecora & Haapala, 1992), the passage of Public Law 96-272, the Adoption Assistance and Child Welfare Reform Act of 1980, mandated that in order to receive federal child welfare dollars, states must develop programming and procedures intended to support these goals:

* "Provision of preplacement and post placement services to keep children in their own homes or reunite them with their families as soon as possible.
* Requirement of care plans, periodic reviews, management information systems, and other procedures to ensure that children are removed from their homes only when necessary and are placed in permanent families in a timely fashion.
* Redirection of federal funds away from inappropriate foster care placement and toward permanent alternatives, particularly adoption.

* Establishment of adoption assistance programs, specifically federally funded subsidies for adoption of children with special needs, such as older, disabled and minority children." (Pecora, 1992, p. 319; Fein, 1992; Pecora, Whittaker & Maluccio, 1992; Samantrai, 1992).

While the Adoption Assistance and Child Welfare Act addresses needs for prevention of placement, reunification of families following placement and permanency planning for children unable to return home, for the purposes of this analysis discussion will be limited to service efforts to preserve families through the prevention of out-of-home placement of children.

## GOALS OF SERVICES TO FAMILIES AND CHILDREN

Our desire to preserve families is based upon the value that families are important. As the basic unit of society families exist in order to fill many roles. Provision of economic, emotional and social support of family members are important components of family life. The family system is primary in the birth, education and socialization of children. A child develops and forms her/his identity, ability to communicate, to relate to others and basic skills and competence, as well as cultural, racial and gender socialization within the family. A well-functioning family is expected to provide all of the basic supports needed for each child to grow, develop and to become productive citizens of the community (Pecora, Whittaker & Maluccio, 1992; Magid, 1987).

The goals and objectives we as a society seek to accomplish through the provision of services to families and children are to support and assist families to successfully perform their roles and to provide a safe and nurturing environment in which children can grow and thrive while completing their developmental tasks.

## UNDERLYING VALUES AND ASSUMPTIONS

If this society is to continue to provide supportive services aimed at preserving families and assisting families and children in need, it is important to examine the values and assumptions upon which our efforts are based.

When a choice is made to provide social services to individuals, it is under the assumption that each individual is important and has value. We are choosing to make an investment of time and effort because of this belief. At the same time we are acting upon the assumptions that each individual is capable of change and that with appropriate assistance and support each is responsible for the effort to make the changes necessary to live a productive and fulfilling life.

The family, as the basic unit of society, is valued as the primary agent for the support and socialization of children. Within the efforts to provide services that preserve families and assist them to function successfully is the belief that families are important, that they perform many important roles. Through the provision of social services we are making the assumption that families (like individuals) are capable of change - if desired, and that with appropriate supports provided in times of need families can go on to fulfill their roles in society.

By choosing to provide services in order to preserve families we are also assuming that families "should" remain together. In some cases this may not be true. Careful assessment of families must be made in order to ensure safety of children. In some cases of abuse or neglect it may not be possible to preserve the family.

The community response to the needs of individuals and families is based upon the recognition of the importance of strong individuals and families for a healthy

community. The well being of each individual and family is interwoven with the good of the community. As the African saying goes, "it takes a whole village to raise a child." Community assistance and services are an acknowledgment of the value of families and the importance of active community support.

## TARGET POPULATION

The target population for intensive family preservation services is families in serious crisis, including families no longer able to cope with problems that threaten family stability, families in which a decision has been made by an authorized public social service agency to place a child outside the home and families whose children are in temporary out-of-home care and are being reunited. Thus, the service is appropriate for families served by social service, juvenile justice or mental health systems as well as adoptive or foster families facing potential disruption (Pecora, Whittaker & Maluccio, 1992; Whittaker, Kinney, Tracy & Booth, 1990).

## GENERAL CHARACTERISTICS OF INTENSIVE FAMILY PRESERVATION SERVICES

Although intensive family preservation programs vary considerably in terms of methods of service provision to families, most are characterized by rapid response - initiating service within twenty-four hours of receiving a referral - and work intensively with families in which there is an imminent risk of out-of-home placement of a child. The length of service varies across program models; usually families receive one to three months of service, however some programs may serve families for as long as thirteen months (Blythe, 1992). On average social workers will have a caseload of 2-4 families and provide service 10-20 hours weekly at the family's convenience. Services are generally provided in the family's home or in the community rather than in an office (Holliday, 1990). In order to assist in times of crisis social workers in many

intensive family preservation programs are available 24 hours a day, seven days a week (Holliday, 1990).

Family preservation services are client-centered. Services are tailored to meet the needs of each family as together social workers and families set goals and create strategies for achieving them. Families are empowered to find solutions for their own problems and avert crisis (Kolb, 1993).

A variety of psycho-educational services and clinical methods, such as active listening, reinforcement, contracting, values clarification and cognitive behavioral strategies (Pecora, Fraser & Haapala, 1992; Cole & Duva, 1990) are used by family preservation social workers. Social workers also teach and role model coping skills, problem solving methods, and parenting techniques, and they provide families with information regarding other sources of assistance (Spaid, Fraser & Lewis, 1991).

Family preservation workers may help clients access resources such as food, clothing and financial assistance or teach life skills such as finding an apartment, bargain hunting, nutrition and money management (Berry, 1992; Kolb, 1993). By providing concrete services such as house cleaning and transportation the worker models how to perform these tasks as well as demonstrating his or her commitment to the family (Berry, 1992; Fraser, Pecora & Lewis, 1991).

## VARIOUS MODELS OF INTENSIVE FAMILY PRESERVATION SERVICE

Although sharing the same goals and underlying values, many different models of intensive family preservation services have evolved across the nation. Examples of different service models are briefly described as follows:

Homebuilders

The most well-known model of intensive family preservation services is the Homebuilders program, developed in Tacoma, Washington in 1974. Using the crisis intervention model, social workers provide intensive in-home service with client families in crisis. Services are provided in the home to maximize accessibility and self-determination for families. It also provides an opportunity for more accurate needs assessment by the provider (Nelson, Landsman & Deutlbaum, 1990). With a service duration of 4-6 weeks and a caseload of two families per worker this is one of the briefest and most intensive of the programs (Kinney, Haapala & Booth, 1992; Whittaker, Kinney, Tracy & Booth, 1990; Kinney, Dittmar & Firth, 1990; Cimmarusti, 1992).

According to Kinney (1990) the more intensive Homebuilders model appears to be most effective in its ability to work with families to prevent out-of-home placement of children. She attributes this to the ability of social workers to capitalize on the high motivation level of client families in crisis, the high number of service hours per family per week and the greater flexibility of social workers serving a caseload of two families at a time (Lewis, 1991).

Families

The FAMILIES program, a program which originated in West Branch, Iowa, has many of the same characteristics as the crisis intervention model of intensive family preservation services. However, based on family systems theory this model provides longer term interventions. In this program social workers carry an average caseload of 10-12 families, and work with each family 4-5 months on average (Nelson, Landsman & Deutelbaum, 1990). Families are active participants in the assessment process and

the setting of their own service goals. A wide range of interventions are used, including genograms to clarify intergenerational patterns and boundaries, reframing, homework to improve communication skills and behaviorally oriented interventions such as parent training and fair fighting. Provision of concrete and supportive services are also an important feature of this service model (Nelson, Landsman & Deutlbaum, 1990).

### Home and Community Treatment

In Madison, Wisconsin, the Home and Community Treatment program provides home-based family preservation services to families for an average of thirteen months each. This is the longest duration of intensive family services found in the literature (Fraser, Pecora & Haapala, 1991).

## THEORETICAL FRAMEWORK OF INTENSIVE FAMILY PRESERVATION SERVICES

Although the way in which intensive family preservation services are provided may vary from one program to another these services draw from many of the same theoretical frameworks. This chapter will provide a description of several of the theoretical frameworks common to most intensive family preservation service models, and suggest ways in which they may be applied in practice.

### Crisis Intervention Theory

Generally theorists define crisis as a hazardous event that cannot be resolved using customary resources or problem solving approaches (Barth, 1990). Crisis intervention theory also asserts that "families in crisis are more amenable to help than during more stable times, and that therapy is likely to produce faster results in the early stages of the crisis than it might after the crisis is over" (Slaikeu, 1990, p. 177; McMurrain, 1977;

Brockopp, 1973; Kinney, Madsen, Fleming & Haapala, 1977). Service methods employed by family preservation programs such as response to referrals within twenty-four hours and around the clock availability of social workers are based upon these beliefs.

## Family Systems Theory

Pivotal to family preservation services, family systems theory views the interaction and relationships among family members as primary. Individual behavior effects and is effected by relationships among family members, therefore, change in one member effects the entire family. Because of this family systems theory advocates working with the entire family rather than focusing on any individual member, in order to address the problems at hand as well as to encourage positive modes of interaction among family members (Nelson, 1990; Calhoun, King & Selby; 1976; Barth, 1990).

## Ecological Theory

Ecological theory builds upon family systems theory by considering the role of extended family, friends, community and social supports in addition to examining the interaction among family members (Holman, 1983). The assumption is made that individuals and families cannot be understood apart from their environment, and seeks to address any misfit between what supports are available and the family's capacities and needs. The efforts of family preservation workers to encourage informal relationships and supports within the community as well as linking families to social service resources is rooted in this theoretical belief (Barth, 1990).

## Social Learning Theory

Social learning theory focuses on and builds upon the strengths, coping skills and problem-solving abilities of the family and emphasizes the healthy aspects of client

families (Brockopp, 1973; Kinney, Haapala, Booth & Leavette, 1990; Ronnau, 1990; Whittaker, Kinney, Tracy & Booth, 1990). Family preservation workers seek to identify patterns of family interactions that punish competent family membership, to change low expectations and to improve ability to reward each other by each changing their behavior. Approaches used by social workers may include parent training and consultation, communication skill building and problem solving (Barth, 1990; Nelson & Landsman, 1992; Nelson, Landsman & Deutelbaum, 1990).

Cognitive-Behavioral Theory

Cognitive-behavioral theory states that cognition must change in order to effect lasting changes in the target emotions and behaviors (Dryden & Golden, 1987). Social workers may use reframing with individual family members or with the family as a group in order to alter their cognitive understanding of a situation or occurrence which may result in a change of emotional response and resulting behaviors.

Attachment Theory

The attachment process between an infant/child and his/her primary care giver begins at birth and continues throughout a person's lifetime. However, the first years of life are most critical to the formation of attachment. One cannot over-emphasize the importance of the successful completion of the attachment process for the ongoing intellectual, social and emotional development of the child. Child neglect and maltreatment may have serious negative effects upon the attachment process (Bolton, 1983). A traumatic separation from the primary caregiver such as a foster care placement may also disrupt this attachment, causing inability to form healthy trusting relationships later in life (Magid, 1987; Hewlett, 1991). Environmental factors which affect families and therefore impact the attachment process include racial discrimination, poverty, teenage motherhood and alcohol/drug abuse. Caregivers who

are having difficulty meeting their own and their family's basic needs may not have the time energy or ability to provide for the emotional needs of an infant/child.

Family preservation services seek to protect the attachment process by monitoring the safety of the child, preventing unnecessary separation, and assisting families to access any additional resources that may be available to them. Providing a safe and nurturing environment for children and support of the family unit are highly valued. IFPS are provided with the assumption that in most cases the biological family is the best place for children to remain, or to return to if placement has already occurred.

## UNDERLYING PHILOSOPHY

Perhaps the greatest potential opportunity intensive family preservation service has to influence the current child welfare system is through its philosophical orientation towards the client. (Pelton, 1992). Administrators and family preservation workers share several beliefs that are primary in their interactions with client families. Professionals respect the families they are working with and view their relationship as a helping partnership rather than holding the belief that they need to be treated (Maluccio, 1990; Ronnau & Marlow, 1993).

Also important is the belief that all families are doing the best that they can (Kinney, Haapala, Booth & Leavitt, 1990; Kinney, Haapala & Booth, 1991). Professionals focus on the strengths of families rather than their deficits, while working to empower, support and promote competence of parents and family members (Kinney, Haapala & Booth, 1991; Maluccio, 1990; CDF, 1993; Cimmarusti, 1992).

Lastly and perhaps most important is the social workers' belief, rooted in attachment theory, that children generally are better off in their own homes, and the commitment

to providing the support that is needed to achieve the goal of keeping them there (Nelson, Landsman & Deutelbaum, 1990; Ronnau & Marlow, 1993).

# Chapter 6.....INTENSIVE FAMILY PRESERVATION SERVICES: DO THEY WORK?

If one were to ask the question "do intensive family preservation services work?" it would be impossible to provide a simple answer. As the number of family preservation programs have grown and their claims of effectiveness have increased policy makers are beginning to request specific information regarding services provided, effectiveness of service and cost efficiency of family preservation programs.

These questions are difficult to answer due to the lack of standardization of program design, terminology and outcome variable measurement which cause difficulty in the areas of evaluation and research (Pecora, Fraser & Haapala, 1992; Lamb, 1992). Because of these problems it is difficult to determine if differences in outcomes across programs are related to the service itself, client selection criteria or methods of evaluation (Pecora, 1991). This may be inherent to all program innovations. It is one of the reasons why research findings on family support services have been confusing and contradictory. Despite a growing body of literature on family-based programs, it is not always clear exactly what these services are or who benefits from them (Fraser, Pecora & Haapala, 1991; Nelson, Landsman & Dentelbaum, 1990).

Evaluation of intensive family preservation services is a complex issue. This discussion will survey research from the literature regarding evaluation of various programs, and attempt to identify general trends within the findings. This chapter will conclude with a summation of intensive family preservation service research efforts to date.

## GOALS OF INTENSIVE FAMILY PRESERVATION SERVICES

The commitment to provide services for the purpose of preserving families is based

upon the value that individuals and families are important, and the belief that when provided with appropriate support they are capable of change.

Determination of the effectiveness of intensive family preservation services must be measured according to the goals set for this service. Intensive family preservation services seek to preserve families through the prevention of unnecessary out-of-home placement of children. These services also seek to support families in their efforts to provide economic, social and emotional support for members and assist parents to provide a safe and nurturing environment in which children can complete their developmental tasks and learn the skills needed in order to become competent adults and contributing members of society.

## RESEARCH LIMITATIONS

Any review of intensive family preseration services must be undertaken with caution, in light of the differences regarding termiology and operational definitions used from program to program. This inhibits an meaningful comparison of the various program models as well as confusing policy makers and professionals interested in assessing service outcomes.

Intensive family preservation services vary greatly in operational definitions used at two important points: program implementation and evaluation. Both the definition of imminent risk used in determining who will receive services, and the definition of out-of-home placement used in outcome measures are inconsistent and confusing.

### Imminent Risk

Evaluations of intensive family preservation services generally consider the avoidance of out-of-home placement of children who are at imminent risk of placement to be the

measure of success or failure of services provided. Difficulties in comparing evaluation outcomes between programs or service models arise due to variation in population served resulting from inconsistent definitions of imminent risk (Lamb, 1992). There is little agreement on how best to determine the risk of placement. For example, the various definitions of risk include "families who are poor and headed by a single parent and families of adolescents" (Landsman, 1985, as cited in Berry, 1991, p. 240), "family members judged as having high potential for removal to another living situation" (Kinney, Madsen, Fleming & Haapala, 1977, as cited in Berry, 1990, p. 240), children for whom "action to place a child would take place within one week were the service unavailable" (Bath & Haapala, 1993) and "families with any of the following characteristics: a child currently in placement, a child with a prior history of placement, a history of abuse or neglect, or if more than one of the following are true: multi-problem family, a multi-racial family, possible abuse, an absent parent, a parent with problems with substance abuse, psychiatric history, developmental disability or severe physical illness." (Berry, 1990). In some cases imminent is not defined at all.

In families with more than one child each child may have a different level of risk or all may be at imminent risk of placement. In such a situation it is unclear how to measure success.

Outcome Measures

In most evaluative studies program success has primarily been measured by placement prevention. Only very limited use of additional types of outcomes has been documented. Other outcome measures used include:

* improvement in child functioning (e.g., behavior, self-esteem, school attendance).
* positive changes in parental functioning (e.g., depression, employment,

substance abuse, anger management, parenting skills such as appropriate discipline techniques).

* positive changes in family functioning (e.g., communication, cohesion, family conflict, social support). (Pecora, 1991; Berry, 1991).

A greater use of outcome measures other than placement prevention would provide much useful information regarding intensive family preservation services.

Measurement of service outcomes through placement prevention rates is hampered by a lack of uniformity in the definition of placement (Pecora, Fraser, Bennett & Haapala, 1991; Pecora, Fraser & Haapala, 1992; Pecora, Whittaker & Maluccio, 1992). In some studies placement of a child in a foster home or group home has been the sole determinant of failure. Placement of a child with a relative has been defined as a failure by some and in other cases as success (Fraser, Pecora & Haapala, 1991). Length of stay in placement may be evaluated differently by different programs. For example, emergency placements or runs from home lasting less than two weeks have at times been excluded from consideration in evaluation.

Use of out-of-home placement as a measure of program success or failure is also complicated by differences in the time frame used for outcome measurement. Placement may not occur during the provision of service, but may be necessary at some later time. Studies have typically collected data on intensive family preservation service outcomes, but the follow-up period varies between programs and is often no longer than twelve months. Collection of follow-up data may be problematical due to difficulties in locating former service recipients. If family self-reporting is the method of data collection used results may be less accurate due to inadvertent error or a desire to be viewed positively by the service provider (Berry, 1990).

Prevention of out-of-home placement of a child may not always be possible for children receiving intensive family preservation services. In some cases it should not be prevented. "Placement of a child in substitute care may mean that services to the family were flawed in some way, needed services may have been unavailable, or the social worker was unskilled." (Rzepnicki, Schuerman & Littell, 1991, p. 85).

## CURRENT RESEARCH

Much of the research which has been done on intensive family preservation services is very recent. A review of the available literature indicates that a large body of research and evaluation has focused on these general areas:

* program and service characteristics of the various programs and correlation with a positive outcome.
* client demographics and correlation with service outcomes.
* the nature of the family's issue and its impact upon service success.
* non-service related variables (e.g., social support resources) and how they may impact family success.

Avoidance of out-of home placement of children is the primary measure of program success used in these evaluative efforts; however, one must continually bear in mind the problematic nature of the definition of target population and outcome measures.

### Program and Service Characteristics

A review of research regarding attempts to determine which techniques or service characteristics used were most strongly associated with client success in avoiding out-of-home placement includes a study of the Homebuilders program conducted by Robert E. Lewis (1990). Findings from this study indicate that provision of concrete services, utilization of a broad range of clinical services and teaching skills (e.g., time/money

management) to family members are important elements of family preservation services.

This finding is supported by a study of clients receiving intensive family preservation services using the Homebuilders model in Washington and Utah by Bath and Haapala (1993) and Haapala's study of families receiving intensive family preservation services in 1983 (as cited in Fraser, Pecora & Haapala, 1991, p. 54), which also indicated that when therapists using the Homebuilders model "supported the client in obtaining 'concrete services' or when 'hard services' were provided by the Homebuilders therapist then treatment success was more likely to occur." (Fraser, Pecora & Haapala, 1991, p. 54). Interpretation of these findings suggested that although offering and providing hard services to clients were helpful in a tangible way perhaps the message that all requests were considered to be important had a greater impact (Fraser, Pecora & Haapala, 1991). Affirming the importance of providing concrete services to clients, Dore states that "assistance in obtaining concrete resources is central not adjunctive to the helping process" (Dore, 1993, p. 552).

Marianne Berry's evaluation of the In-Home Family Care Program of the Children's Home Society of California was an exploratory study which evaluated the effectiveness of this family preservation program in identifying the family and service characteristics associated with family preservation and the parental skill gains made by participants in this program. According to this study, service characteristics to consider in predicting treatment success for an individual family include: 1) greater economic resources, 2) significantly older mothers, 3) large proportion of service time spent in the home, 4) receipt of concrete services, and 5) family members not mentally impaired. This study identifies a positive relationship in family preservation services between concrete services and parent's improvements in parenting skills (Berry, 1990; Berry, 1992).

According to Berry, "families that remained intact had spent significantly larger amounts of time receiving supplemental parenting, teaching of family care and medical help. Families that experienced later placements received somewhat (but not significantly) larger amounts of assessment, crisis intervention, and help with housing and legal matters and somewhat smaller amounts of respite care, help in securing food and parent education." (Berry, 1992, p. 318).

In a 1977 study, factors cited as contributing to the success of the Homebuilders program include the fact, supported by crisis theory, that "families are seen at a time when motivation to change and potential for growth may be at their peaks. They are considerably more willing to experiment with new ideas and new behaviors than they are when their pain seems more bearable." (Kinney, Madsen, Fleming & Haapala, 1977, p. 672). Positive outcomes are also attributed to the dozens of hours spent with many families - over 100 hours with some - the time equivalent of two years of therapy in a traditional outpatient clinic. Provision of services in-home where staff are able to see the problem situations as they are happening was also considered to be an important factor for successful placement prevention (Kinney, Madsen, Fleming & Haapala, 1977).

In a descriptive study of eleven family preservation programs using a variety of service models an interesting comparison was made regarding the importance attributed to eight program characteristics by social workers. "On average social workers in all the programs agree that the philosophical belief that most children are better off in their own homes is important to effective family-based services. Workers in all but two programs also agree that asking clients to identify and establish priorities for their own treatment goals is important; workers in the other two programs...rate this as

moderately important. On average, seeing the family within 24 hours of referral, providing concrete services, and limiting services to 90 days were rated lowest in importance" (Nelson et al, 1990, p. 13).

Although not uniformly rated as important, the provision of concrete services as instrumental for family success appears frequently. If families who receive IFPS experience low income/poverty at a rate similar to families whose children are placed out-of-home, one may question whether what is needed are preservation services, or adequate financial resources for families. Berry's finding that higher financial resources are correlated with success indicate this may be true. Other significant factors correlated with successful preservation efforts include in-home family counseling/therapy, skill building, such as time/money management, and parenting education.

Demographics and Problem Variables

When attempting to review client demographics and client problem variables associated with success in avoiding out-of-home placement of children, results may be confusing and contradictory.

Marital status and education level of the primary caregiver have been reported both to be correlated with outcome and to be independent of outcome (Spaid et al, 1991).

Contradictory research findings have also emerged regarding the correlation between race and service outcomes. Although minority families appear to experience a higher rate of child placement than white families (Hogan & Siu, 1988; Horejesi, et al, 1992; Chin, 1992; Gray & Nybell, 1990; Fraser, Pecora & Lewis, 1991), and stay longer once placed (Gray & Nybell, 1990), findings regarding outcomes of intensive family

preservation services to minorities is very limited due to a lack of adequate subsample sizes in research conducted thus far (Spaid, et al, 1991). Preliminary findings of a study of intensive family preservation service programs in Washington and Utah suggest that the Homebuilders model produced significantly better outcomes for all ethnic minorities. However, it is likely that IFPS may be more effective for some ethnic groups than others depending upon the program model, staff training, community environment and other factors. Within most ethnic minority groups, families may differ considerably in their level of acculturation and other characteristics. It is impossible to generalize regarding treatment outcomes for ethnic minorities any more than for white client families (Fraser, Pecora & Lewis, 1991).

A study by the U. S. Census Bureau reports that due to severe financial stress, poor two parent families were found to be nearly twice as likely to break up as families who were not poor (Star Tribune, 1993). Similarly, low income has been correlated with child placement (Nelson, et al, as cited in Spaid, Lewis & Pecora, 1991; Kowal, et al, 1989; Lindsey, 1991). This correlation has not been widely researched in intensive family preservation services, probably because most practitioners believe in the importance of adequate income for facilitating family success (Spaid, Lewis & Pecora, 1991).

Few studies have measured such factors as parent mental illness, emotional problems, supervision of children and commitment to keeping the children at home (Spaid, et al, 1991). Various studies suggest that family preservation intervention is less effective with maltreating families characterized by extreme poverty, single-parent status, low educational attainment, and mental health problems (Dore, 1993; Schorr & Schorr, 1988). Poor persons are constantly confronted by their powerlessness in society. Lack of economic resources and social supports results in chronic stress and depression. The

relationships between poverty, stress and depression and child maltreatment form a complex interactive process (Dore, 1993; Berry, 1990). Parents who were psychologically distressed had a much lower threshold of tolerance for child misbehavior. The negative effects of parental depression on children are related more to the inconsistent parenting of depressed mothers than to the depression itself (Dore, 1993; Main & Hesse, 1990; Bolton, 1983; Hewlett, 1991; Spaid & Fraser, 1991).

A study of 530 families who were provided services through the Homebuilders program in the state of Washington, conducted in 1992 by Bath, Richey & Haapala (as cited in Bath & Haapala, 1993, p. 222) found that the sheer number of problems faced by a family was the strongest single client-related predictor of outcomes.

Child-related problems have been found often to be related to service outcomes (Spaid, et al, 1991). Characteristics such as prior placement, poor school attendance, substance abuse, and delinquent behavior were positively associated with the risk of placement (Spaid & Fraser, 1991; Nelson & Landsman, 1992). This implies that the treatment techniques used by family preservation service workers may be less effective with children who are older, oppositional, and involved with delinquent peers (Spaid & Fraser, 1991).

A study of a two year intensive family preservation services demonstration project in California indicated children who had been adjudicated dependent, children who had experienced prior placements and children with disabilities and/or performing below grade level were less successful at avoiding out-of-home placement (Cole & Duva, 1990).

Parental stresses associated with low income, single parenthood, depression and mental

health issues all emerge here as being correlated to failure of preservation efforts, and as the (1992) study by Bath, Richey and Haapala indicates, a greater number of these difficulties within a single family predict poorer outcomes.

Non-Service Related Variables

One non-service related variable that has been studied with regard to outcomes of IFPS is social support resources of families at risk. Research findings by Tracy (1988) were unable to identify any aspects of social support at intake that would be useful in predicting service outcomes, or any relationship between personal social network and success in achieving treatment goals (Tracy & Whittaker, 1991).

Research studies elsewhere have proven that both social and professional support are important for the psychological well-being of young mothers (Thompson & Peebles-Wilkins, 1992), and that maternal psychological well-being is important to the development of strong parent/child attachment which is essential to child psychological development (Lyons-Ruth, Connell, Grunebaum & Botein, 1990; Izard, Haynes, Chisholm & Bask, 1991; Biringen & Robinson, 1991). Additional research has demonstrated directly the importance of maternal social support on attachment (Jacobson & Frye, 1991), and that parents whose children were placed in foster care reported greater social isolation than families whose children remained in the home (Reid, Kagen & Schlossberg, 1988; Tracy & Whittaker, 1991; Fraser, Pecora & Haapala, 1991).

Condition of the family's home has also been correlated with successful outcomes of intensive family preservation services. Research has shown that compared with families who experienced child placement, families who remained together began treatment at significantly higher levels of noncrowdedness, orderliness, cleanliness, and

comfort of the home; number of household resources; physical conditions of the household; healthcare and grooming; and encouragement of child development. These families also made significant improvement over the course of service in nearly all areas. In contrast, families who subsequently had a child removed significantly deteriorated across the duration of service in the cleanliness of the home and deteriorated somewhat or did not improve in most other skills (Berry, 1992).

That the social support available and psychological well-being of mothers is correlated with more positive relationships with children and positive treatment outcomes is supported by research. One might question whether strong social support can overcome depression related to poverty and oppression. It would seem reasonable to hypothesize that household conditions could be interpreted as a symptom of underlying depression due to poverty, and other life situation issues.

## EFFECTIVENESS

Research findings regarding the effectiveness of intensive family preservation service programs have been contradictory. A variety of programs have been evaluated, but many studies have been compromised by poor research designs, limited measures of child or family functioning, inadequate analysis and small samples (Pecora, Fraser & Haapala, 1991).

Overall findings are positive and indicate placement prevention rates of between 40% and 95% depending upon the program and population served (Pecora, Whittaker & Maluccio, 1992; Pecora, Fraser & Haapala, 1991). However, few experimental studies have been conducted in which families were randomly selected for experimental and control groups; success rates for these programs are usually lower (Pecora, Whittaker & Maluccio, 1992; Forsythe & Schuerman, 1991). Lacking a definitive

body of controlled studies, claims of program effectiveness must be viewed cautiously (Pecora, Fraser & Haapala, 1991).

A 1990 study was initiated by Nelson, Landsman and Deutetbaum in an effort to clarify program models of intensive family preservation service in order to: 1) help the field determine which program characteristics most benefit different service populations; 2) guide the replication of successful services and the planning of new variations; and 3) help to guard against the dilution of family-centered services in the face of decreasing social service budgets and increasing demand on the system. Using data collected from program administrators, family-based supervisors and workers, and case data collected from closed case records an analysis was conducted of existing data from three recent studies that included 11 family preservation programs. Three distinct models of intensive family preservation services are identified - crisis intervention, home based and family treatment.

In these studies, family treatment programs had the highest average prevention rate (87.3%), followed by home-based (79.6%), and finally, crisis intervention programs (76.5%) (Nelson, Landsman & Deutelbaum, 1990). It is noted however that due to lack of common measures of placement risk, a wide variety of presenting problems and eligibility criteria and differences in follow-up data collection it is not possible to draw conclusions about program success or compare programs solely on the basis of placement rates (Nelson, Landsman & Deutelbaum, 1990).

A quasi-experimental research study was conducted by Pecora, Fraser and Haapala between September 1985 and June 1987. This study included 435 families in Utah and Washington state who received intensive family preservation services through the Homebuilders program. Families were eligible for service only if one or more of their

children was at risk of imminent placement. This was operationalized to include only families with children who would be placed within one week if services were not provided. To estimate failure rates in the absence of family preservation services a small "case overflow" comparison group was used. This group was comprised of 26 families who were referred for intensive family preservation services and met admission criteria, but were not served because social worker caseloads were full. These families received traditional child welfare services and were tracked for twelve months, or until the children at risk were placed, whichever occurred first. Service failure was defined as placement of a child outside the home for two weeks or more in a non-relative setting during the provision of services or within twelve months following intensive family preservation services intake.

Placement prevention rates for 581 children from 446 families at termination of service was 93 percent. Placement prevention rates declined to 67 percent for the 342 families who were able to be followed for twelve months. Placement prevention rates for the comparison group during or after receiving traditional child welfare services was 14.8 percent. This study clearly indicates a higher rate of placement prevention for children receiving intensive family preservation services in the Utah and Washington Homebuilders programs.

Contradictory findings from an Illinois study are reported in an article which appeared in the New York Times in August of 1993 (Dugger, 1993). In this study, the largest yet conducted, 1600 families that had been referred for intensive family preservation services were randomly assigned to one of two groups - one received intensive family preservation services and the other received only the usual child welfare services.

Principal investigator, John Schuerman, reports that families served by intensive family

preservation services had almost exactly the same likelihood of losing their children to foster care as did families who received the usual child welfare services. In both groups less than one third of the families ended up with children placed in foster care a year after the service ended. In part this may be attributed to problematic intake assessments. The researchers concluded that proponents of intensive family preservation services were correct in assertions that the vast majority of families served by family preservation services did not end up having their children placed in foster care, but wrong to say the program produced the results. Schuerman asserts that "we need to be more modest in our hopes for what social services can do. Major changes will not come about until we do something about poverty, the education system and the availability of drugs" (Schuerman, as cited in Dugger, 1993, p. A1).

Such disparate research findings are confusing and suggest that claims of effectiveness must be qualified and only made cautiously. Additional research is indicated, in order to evaluate effectiveness of intensive family preservation services and determine where and how exactly they fit into the spectrum of available services for children and families.

## COST EFFECTIVENESS

One of the driving forces behind the popularity of IFPS is the perception that this service is more cost-effective than traditional child welfare, juvenile justice or mental health services; therefore, reliable and valid evaluation of cost effectiveness is essential to the continuation of IFPS.

Analysis of cost effectiveness measures whether the cost of a successful outcome in one program is greater than the cost of a successful outcome in another. In order to compare the cost effectiveness of two or more programs, first one must have an

accurate assessment of the effectiveness of the programs to be compared (White, 1988). As previously discussed, evaluations of the effectiveness of intensive family preservation services are hampered by lack of standardization of program design and conceptual and operational definitions. Lack of research using experimental or quasi-experimental designs also impedes efforts to reach definitive conclusions regarding the effectiveness of intensive family preservation service.

These issues also impact efforts to study cost effectiveness. Use of cost definitions and outcome definitions must be consistent between the programs to be compared and the time frame for outcome evaluation must be the same for programs being compared.

If/when outcome variables other than out-of-home placement of children are used (e.g., family functioning, quality of life, self-esteem) the process becomes more complex. Outcome variables such as self-esteem may be difficult to measure and long-term benefits of service that fall outside the evaluation time frame will go unacknowledged and unreported.

An accurate determination of costs may be difficult to calculate, as programs and social workers may provide services for which they are not reimbursed (e.g., extra hours of service). Also, a comparison of actual cost of intensive family preservation services with potential substitute care costs for the population of children served by intensive family preservation programs would not be an accurate representation of effects because not all children receiving intensive family preservation services would be placed in the absence of service (Rzepnicki, et al, 1991).

Issues of intensive family preservation service program variation, length of service, intensity of service and staffing patterns all have significant implications for cost

effectiveness. These are the program design issues that make rigorous evaluation so important (Cole & Duva, 1990). To date few cost effectiveness studies have been conducted. Those conducted have produced a mixed set of findings (Cole & Duva, 1991; Pecora, 1991). Reliable data regarding cost effectiveness of intensive family preservation services remain an ongoing evaluation need.

## DO INTENSIVE FAMILY PRESERVATION SERVICES WORK?

Do intensive family preservation services work? Research findings are confusing, sometimes contradictory, and many gaps in knowledge still exist. Given the inconsistency of operational definitions used no overall answer can be given to this question; the best answer may be "it depends."

Service characteristics of intensive family preservation services most strongly correlated with prevention of out-of-home placement of families include provision of concrete services, in-home counseling/therapy, parenting education and life skill training for parents.

Intensive family preservation services appear to be less effective in preserving families who are poor and in which parental mental health issues and lack of social support exist. Multiple issue families are less likely to remain together following receipt of service. Older children who have experienced prior placement and children who may be oppositional, delinquent or performing below grade level at school are less frequently able to avoid out-of-home placement.

Despite positive findings in one study cited here, insufficient data exist to determine how helpful intensive family preservation services are with families of color. Contradictory findings exist regarding correlation between marital status, education

level and service outcomes.

Insufficient evaluation efforts and inconsistent findings have contributed to confusion regarding intensive family preservation services. Much more needs to be learned about overall service effectiveness and particularly effectiveness with special sub-populations.

Research data provide little information regarding service outcomes other than out-of-home placement, or long term effects of intensive family preservation services. Likewise, cost effectiveness data are extremely limited and of questionable value due to inexact evaluation methods and lack of experimental design.

# Chapter 7.....INTENSIVE FAMILY PRESERVATION SERVICES: EVALUATION NEEDS

The body of research regarding intensive family preservation services is growing; however, further research efforts are needed. Coordination of efforts among researchers will assist in the process of providing a more complete picture of intensive family preservation services and their impact upon the lives of children and families.

## TARGET POPULATION

Intensive family preservation services lack a careful definition of target population. These services are targeted to families with a child who is at imminent risk of out-of-home placement. Variation in the definition of imminent risk between programs will impact comparisons between program evaluation efforts. Programs that provide service to families for whom placement has been considered, but who are not at imminent risk of placement, will be expected to report a higher success rate than will programs who strictly limit their services to imminent risk situations.

## OUTCOME MEASURES

Intensive family preservation programs lack consistent operational definitions of program and outcome variables that are common to all programs. For example, the use of out-of-home placement as an indicator of success is problematical, as child placement has been defined many different ways (Pecora, Fraser & Haapala, 1992). In some studies placement of a child with a relative has been defined as a failure and in other cases as success. In many evaluations placement of a child in a foster family or group home has been the sole determinant of failure and children who ran away from home or were placed in shelter care were excluded.

Intensive family preservation services state their intention to help the family resolve the immediate crisis and to learn the skills needed in order to remain together. In order to determine whether or not this goal has been reached it will be important for evaluators to begin to focus greater attention upon other outcome factors such as individual and family functioning, and skill development. In this area also, it will be important to include measures of short and long term gains/achievements (Wells & Biegel, 1992).

## FOLLOW-UP TIME PERIOD

The follow-up periods across which families have been monitored have varied significantly. All of this provides a significant barrier to any meaningful comparison between the different programs and service models. Efforts to remedy this will surely facilitate future research efforts.

## EXPERIMENTAL DESIGN

A careful, systematic course of evaluation must be undertaken in order to ascertain whether or not intensive family preservation services truly do preserve families and prevent out-of-home placement of children. A rigorous evaluation using an experimental model (Feldman, 1991; Lamb, 1992) or at least a quasi-experimental model is required in order to measure the achievement of this goal (Wells & Biegel, 1992). Short and long term outcome measurement must also be included in the design.

## CLIENT SATISFACTION

Assessing client satisfaction with the intensive family preservation services received appear to be an under-utilized method of program evaluation. Measurement of client satisfaction alone is not a sufficient method of evaluating program outcomes; however, it can yield useful information regarding which aspects of service are experienced as most valuable to the service consumer. It seems important that providers of intensive

family preservation services - a program which places great importance on respect and empowerment of each client and family - should also depend upon these clients on a regular basis to provide feedback regarding service (Wells & Biegel, 1992).

## STAFF INVOLVEMENT

Involvement of direct service staff in the process of designing and implementing program evaluation has been found to be valuable in order to facilitate effective case planning, ongoing staff training, and, in-depth understanding of the range of possible client outcomes (McCroskey & Nelson, 1989; Wells & Biegel, 1992). Staff involvement in planning also has demonstrated a positive effect on worker morale, which may improve service delivery in the long and short term.

Due to the newness of intensive family preservation services, available research information is limited and there are many information gaps and areas within this field yet available for further research. Areas such as comparisons of the various service models, evaluation of the relative effectiveness of concrete services and therapeutic interventions, correlation between poverty and service outcomes, and evaluation of effectiveness of IFPS with specific client sub-populations merit further attention.

## Chapter 8.....SUMMARY AND RECOMMENDATIONS

Available literature on the infant/caregiver attachment process emphasizes the importance of the early years for the emotional health and well-being of an individual. As research and practice knowledge have shown, it is nearly impossible for parents to meet the emotional needs of their children when basic survival needs are going unmet. Levels of financial/job assistance available to families must be improved in order to enable low-income parents to have the financial security necessary before they are able to attend to the emotional needs of children.

Early research findings indicate that intensive family preservation services may be a valuable short-term response to coping with family conflict and an overburdened foster care system. However, it appears that efforts to reduce poverty among families, provision of social support to parents, and expansion of early intervention programs (such as those described in chapter 4) can provide an opportunity to intervene before families reach a crisis point (Roberts, McLaughlin & Mulvey, 1991). These efforts have the potential to have the greatest impact upon families at risk (Pelton, 1991).

With this purpose in mind the federal government enacted the Family Preservation and Support Services Program, part of the Omnibus Budget Reconciliation Act of 1993. It is a new subpart 2 of Title IVB - the Child and Family Services program of the Social Security Act - and is the first major change in this title since the amendment made by PL 96-272 - the Adoption Assistance and Child Welfare Act. In an attempt to establish a continuum of coordinated and integrated family focused services for children and families new federal funds are provided to state child welfare agencies for preventive services and services to families at risk or in crisis.

In order to help states and communities combat increases in child abuse and growing family and community distress this legislation requires states to engage in a comprehensive planning and coordination process at the community level which will go beyond child welfare to include other social programs such as housing, primary health care education and mental health.

This "legislation is ground breaking because it institutionalizes a preventive approach for the first time" (Children's Defense Fund Report, 1993, p. 5). With a budget of $900 million over the next five years, the focus of this new program is to provide preventive services in order to strengthen families before crises develop that endanger children, and to provide family preservation services to help stabilize families already in crisis and thus prevent out-of-home placement of children (United States Department of Health and Human Services, January 1994).

Providing financial and social support as well as educating individuals prior to parenthood or in the early parenting years will help to build strong, healthy families, who will have little or no need of foster care or preservation services.

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