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A LONGITUDINAL STUDY OF A
FAMILY MAINTENANCE PROGRAM

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Loretta Marie Klopfer
Glenn Marvin Mills
June 1994

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Approved by:


Teresa Morris, Ph.D.

6/14/94
Date


Cathy Cimbalo LCSW


Teresa Morris, Chair, Research Sequence

ABSTRACT

This study explored the overall effectiveness of the Department of Public Social Services, Family Maintenance program, from the perception of the social workers. Since the spring of 1991, two convenience samples of clients have been tracked. The authors were able to obtain information on 50 of the original 170 families. The following are the questions that were explored:

1. Is the FM program effective or ineffective with these clients?
2. What makes the FM program effective or ineffective with these clients?

A questionnaire was developed by the authors and used as a means of data collection. The authors conducted face to face interviews with the social workers of each family. The authors found that overall, the social workers perceived the FM program to be effective for the 50 families in this study.

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LITERATURE REVIEW

"[It is] estimated that billions of dollars are spent each year in direct expenditures on a child protection system which is failing to protect children adequately. Child maltreatment results in costs for law enforcement, the courts, out-of-home care, and the treatment of adults recovering from child abuse. The indirect costs of child maltreatment are event greater. [It is] noted that the nation continually pays for the social and personal costs of substance abuse, eating disorders, depression, adolescent pregnancy, suicide, juvenile delinquency, prostitution, pornography, and violent crime . . .all of which may have substantial roots in childhood abuse and neglect" (U.S. Advisory Board on Child Abuse and Neglect, 1991, p. viii).

Millions of dollars have been spent on foster care for the protection of children, yet only some of those resources have been spent in the area of prevention, such as family preservation services. Funding for foster care increased over 280% from \$327.8 million to \$941 million, between 1981 and 1989. Adoption assistance funding increased by 27 times (2680%), from \$5 million to \$134 million, between 1981 to 1989. Yet funding for child welfare services, which can be used for prevention services, increased only 51% from \$163 million to 246.7 million, during the same period.

In 1993, 2.99 million reports of alleged child abuse and neglect overwhelmed public child welfare agencies across the United States. This represents a 3% rise over the 1992 total of 2.9 million reports, and a 20% rise over the 1988 total of 2.3 million reports (National Committee for the Prevention of Child Abuse, 1994). The foster care system, which is a good alternative for some abused children, has also seen an increase in the number of children. In 1982, the foster care population rose from 262,000 children to 280,000 children in 1986 (Pelton, 1991). By 1989, approximately 360,000 children were placed in foster care, compared to 275,000 in 1988 (Pelton, 1990; Wald, 1988).

Foster care recidivism rates are high and under permanency planning, the foster care system has become a huge revolving door for children (Pelton, 1990). Child welfare agencies are finding it much harder to maintain an adequate supply of foster parents, who make up the backbone of the placement system for abused children. From 1985 to 1991, the number of foster homes for children dropped from 137,000 to 100,000 (U.S. Advisory Board on Child Abuse and Neglect, 1993). According to Yelton and Knitzer (1990), "As the children become more difficult [due to the emergence of drug exposed infants and the increase of children with multiple problems] and women [who consist of most of the foster parents] choose jobs out of the home, jurisdictions

all over the country report serious problems in recruiting and retaining foster parents, particularly when they are not reimbursed or treated as part of the treatment team" (p. 26). How has a system, designed for the protection of children, evolved into its current state of crisis? The following discussion will describe the current philosophy of the Family Preservation programs and the government's historical role in protecting children, from the time of the Elizabethan Poor Laws to 1980.

Family Preservation

Since the late 1800's, the federal government's role in 'protecting the child' has been based on a policy of removing the child from the family and placing him or her in foster care. This occurred when the family failed in raising the child according to the 'norms' of society (Samantrai, 1992). The continual use of the nineteenth-century model of foster care, as a permanent home for orphaned and abandoned children, to the current reality of foster care as a social service for troubled, maltreated children, has occurred without a clear goal of preserving families. A new policy was needed that would help families who were at risk of having their children removed, stay together, and simultaneously, deal with the problems of foster care.

In 1980, Public Law 96-272 was passed, mandating that judges must ensure that reasonable efforts are made to prevent the unnecessary removal of children from their homes. Although the law is not binding, as a condition for receiving federal funding, states must have a framework for providing services which would reduce the number of children in foster care. At least 34 states have complied with the law, by passing legislation, which clears the way for local governments to institute a series of placement-prevention programs and reforms (Samantrai, 1992). Social agencies are also mandated to provide services to families and their children, who are at risk of being removed from their homes due to abuse and neglect. By providing family-based program which offer services, such as housing and employment referral services, individual and group therapy, and parenting training groups, it is believed that the family system will be strengthened and the removal of children can be prevented (Pecora et al., 1992). Many agencies have developed "Family Preservation" programs as a way to prevent the removal of children from their homes. The following is a broad definition of family Preservation, developed by the Family Preservation Institute at New Mexico State University:

A philosophy guided by values and principles which support family-focused programs, policies, and organizational structures. This family

approach is directed toward keeping families (of all types and stages) together through prevention, coordination, and the provision of intensive services. While various models may be used, the specific shape which the Family Preservation approach takes is determined by the strengths and needs of the family (Ronnau & Sallee, 1993, p. 1).

A wide diversity of family preservation programs, with many different names and characteristics, have been established to meet the goals of strengthening and preserving the family unit. These programs, also, have variations in clinical methods, duration of treatment, caseload size, and a number of concrete services that are available to families (Pecora et al., 1992). Family preservation programs have received a considerable amount of support from the public and the child welfare profession because they emphasize maintaining the family unit. In addition, these programs are believed to be a cost-effective alternative to foster care and institutional placements, and they meet the mandates of Public Law 96-272 (Wells & Biegel, 1992).

Some research literature has shown some family preservation programs to be successful in preventing placement in 75% to 95% of their family cases (Haapala & Kinney, 1988; Berry, 1992; Pecora et al., 1992). Most of these studies are based on a family preservation model used in the 'Homebuilders' program in Washington State. The Homebuilders program is an intensive family preservation

program which provides services to families of juvenile offenders, 4 to 6 hours, two to three times a week, during a 4 to 8 week period. The program is based on crisis intervention and social learning theories. The therapists uses cognitive behavioral strategies such as, Rational Emotive therapy and problem-solving skills (Pecora et el., 1992; Berry, 1992).

Another concern is the impact of intensive family preservation programs on families of abused and neglected children. In a follow-up study of the 'Homebuilders' program, Bath and Haapala (1993) discovered most of the families who had the lowest performance scores, in the program, were in the abused/neglected and neglected subgroups. Forty-four percent of these families were mainly comprised of a single, female parent with young children. They were usually young, uneducated, poor, received public assistance, and suffered from poverty related depression (Bath & Haapala, 1993).

The reason for this finding was due to the lack of ongoing mental health treatment. Studies have shown that clients who are depressed and have a history of child abuse, have had positive outcomes based on supportive therapeutic relationships built over time (Dore, 1993). Dore (1993) stated that "evidence also suggests that assistance in obtaining concrete resources is a key ingredient in building

therapeutic relationships with maltreating parents" (p. 552).

Research based on other social service models has found that a longer intervention period (13 to 18 month) may be beneficial with some neglecting parents (Bath & Haapala, 1993). This does not mean that family preservation programs should not be included in an agency's child abuse policy. Family preservation programs should be a central component of public and private social services, because of its emphasis on providing problem-solving skills and concrete services to the family unit.

Historical Perspective

The use of foster care for protecting neglected and abandoned children dates back to the Elizabethan Poor Laws of 1601, in England. Under these laws the state was the 'loco parentis' of abandoned, orphaned, and abused children. The children were placed in foster homes or indentured into families. Although this was considered to a better choice than being left to die on the streets, these children usually worked under harsh conditions until they died later (Day, 1989).

During the Colonial period of the 1640s, orphans dependents and children of poor families were required by law to be 'bound out for services,' to avoid 'idleness,

poverty, and the contagion of parental failure' (Day, 1989). In the early 1800's, the English established fondling asylums to care for infants who were abandoned in the streets and alleys. In the United States, concerned citizens created similar institutions, in the late 1800's, after a public outcry of dead babies being found in the streets of New York and Philadelphia. In 1854, a group of mothers who employed pauper women as wet nurses, established The Nursery and Children's Hospital of New York City, for the care of their children (Helfer & Kempe, 1968).

During the 1850's, Charles Brace became concerned about the number of immigrant families who abandoned their children, to wander the streets of New York City's poorest neighborhoods. He made a case to the city that these children, unsupervised and uneducated, needed to be placed in foster homes "out West." Through his agency, the New York Children's Aid Society, he raised enough money to place tens of thousands of these children in orphanages and foster homes (Pelton, 1990).

Beginning in 1902, community leaders began voicing concerns about the treatment of children placed in foster homes and institutions. In 1909, Jane Addams, and other civic leaders, influenced President T. Roosevelt to hold a White House Conference on Child Dependency. During the event, "the Conference members went on record as favoring

home care, and the creation of the Children's Bureau to collect and disseminate information on children and child care" (Day, 1989). In 1959, the cry for home care and reform in foster care system, sounded again after a study by Henry Mass Richard Engler, addressed some problems associated with foster care. They found that many children grew up in the foster care system, instead of returning home when the abusive environment had changed. They also found that some some children have had multiple placements and showed signs of emotional disturbances (Wald, 1988). However, due to the lack of services and a new awareness in child abuse, fueled by Henry Kempe's article: *The Battered Child Syndrome* (1962), the use of foster homes has continued to rein.

In light of problems that the foster care system has had in protecting children, can a family preservation program have an impact on clients who have had a history of child abuse? If so, is the Department of Public Social Services' current FM program effective with their client population? If the program is effective, what makes this possible?

PROBLEM STATEMENT AND FOCUS

A family preservation program, which is being provided by San Bernardino County's Department of Public Social Services (DPSS), Rancho Cucamonga Office, is the Family Maintenance program (FM). The FM program serves families with children who are at a high risk of being removed from the home. The program is an integrated and comprehensive approach, geared toward strengthening and preserving families who are at risk of or already experiencing problems in family functioning.

Specifically, it is a preventive and interventive program designed to provide time-limited protective services. These services, such as temporary in-home caretakers, counseling, and transportation, facilitate in the prevention of child abuse. The mission of the program is to assure the physical, emotional, social, educational, cultural and spiritual development of children in a safe and nurturing environment.

The administrators of this program need to discover the impact of the program on clients. In comparing the documents of the agency, it appears that the needs of clients may not be fully addressed in the current program (Cohen, 1987). This problem may be forcing the agency to carry cases for longer periods and waste valuable resources, as well as reduce the efficiency of their services. For

example, the FM checklist service plan (Appendix A) has a section showing an outline of services which a social worker may have to provide to their family cases. These services include counseling, emergency shelter referrals, home-making training, and parenting skills.

With social workers carrying up to 30 cases, and trying to meet the minimum required bimonthly face to face contacts and periodic phone calls (Cohen, 1987), it is sometimes difficult for social workers to provide these services effectively to their families. For example, some studies have shown that in successful family-based programs, social workers carried 2 to 5 cases at a time, and provided face to face intensive services, about 4 hours a week, for 6 to 18 months (Haapala and Kinney, 1988; Pecora et al., 1992; Berry, 1992).

In this study, the researchers used a positivist approach in examining the effectiveness of the FM services, provided to the clients, at the Rancho Cucamonga Office. Positivism is a world view which suggests that objective knowledge can be derived from objective phenomenon. This knowledge can be quantified and measured to test if there is a cause and effect between the phenomenon and certain variables. This approach helped the researchers answer questions about the effectiveness of the program and measure the type of impact it has had on reducing child abuse in the

families it serves.

The study was exploratory in nature. The researchers explored the social workers' perceptions, of whether families had reduced or stopped abusing their children after participating in the FM program. The researchers noted the outcomes in an existing sample of families who have gone through the program (Bailey et al., 1993; Mayer & Savage, 1992). This study addressed direct practice social work and administration/policy planning roles.

DESIGN AND METHODS

Purpose of Study

The purpose of this study was to discover the impact the Family Maintenance program (FM) had on the families and to evaluate the effectiveness of the program. Since the Spring of 1991, two convenience samples of clients have been tracked. One of the goals from the previous studies, were to evaluate the effectiveness of the FM program as an intervention for preventing child abuse. The other goal was to reduce the number of 'out-of-home placement' of children, by examining case records of "at risk children" in abusive homes. The results of these studies provided data, such as demographics and the characteristics of families which the program serves. Other information looked at the types of services used by the clients. The goals of the initial studies were to improve the matching of services to the families' needs, provide an economic savings to DPSS, through the elimination of less efficient services, and determine the effectiveness of the program in reducing child abuse.

The goal of this study was the same, although, the emphasis was on the social workers' perceptions of the families' outcomes in the program. Originally, the researchers intended to evaluate the FM program based upon the clients' perceptions. However, the researchers

encountered several issues during the data collection process. The researchers compensated for these issues by modifying the study. One of the changes included the development of a new questionnaire for the gathering of data, based on the social workers' perspective. Another modification in the study was the process of identifying the families to the social workers. The modification of the study did not alter the researchers' goal of discovering the impact, the FM program had on the families. The changes made in the study will be discussed, in further detail, in the section, 'Data Collection Issues.'

Orientation

The orientation used in this study was a positivist, exploratory study. The researchers explored the social workers' perceptions, of the FM program's impact on families involved in the program. The researchers gathered the information by conducting personal interviews with social workers, regarding outcomes for the families. The following research questions were asked:

1. Is the FM program effective or ineffective with these clients?
2. What makes the FM program effective or ineffective with these clients?

Human Subjects

The social workers who participated in this study, were asked to sign a inform consent (Appendix B). The consent form allowed the social workers to get an understanding of the nature of the study. The examiners assured the social workers that any information they provided would be held in strict confidence. The social workers were also informed, that participation in this study was voluntary and they could withdraw from the study at any time.

Sampling

The unit of analysis examined in this study was the client family unit. The study population were families referred to DPSS, who had been placed in the FM program. A convenience sample of families was drawn from a master list of open and closed FM cases at the Rancho Cucamonga Office, Department of Social Services during the period of January 1991 and July 1991. The researchers included voluntary and involuntary FM cases in the sample. Of the original 170 family units, the researchers gathered information from a total of 50 families. The researchers did not include cases belonging to social workers no longer working with DPSS. Since the sample selection took place in 1991 (3 years ago) and the case files were not accessible, the researchers relied on the social workers' memories of the families

involved in the program. The investigators did not use data from social workers who could not recall a sufficient amount of information to complete the interview.

Instrument

The instrument used during the data collection process was a structured questionnaire (Appendix C), specifically designed for the study. The questionnaire provided for the collections of variables used in the analysis. The social workers completed a separate questionnaire for each family unit. The questionnaire consisted of 20 quantitative closed-ended questions. The social workers answered the closed-ended questions by circling one of the listed responses on the questionnaire. The questionnaire provided for collection of 20 variables used in the analysis. The researchers completed a separate questionnaire for each family. Reliability of the instrument, used for data collection, was not measured.

It can usually be assumed that when using secondary data (people's memory of events) that the data collected will be weak. However in this case, since the practitioners worked with the clients for long periods of time, they had a clear recall of events.

Data Collection Procedures

This was an exploratory research project, offering a program evaluation of the Rancho Cucamonga, Department of Public Social Services, Family Maintenance Program. The program evaluation was based on a 5 tier program evaluation model. Using this approach, the FM program was evaluated at the 4th tier, Progress toward objectives. At the fourth level, the purpose is to provide information to the staff, to improve the program, and to document program effectiveness. Evaluation at this level pushes programs to articulate short term objectives with behavioral indicators of their attainment (Weiss & Jacobs, 1988).

Since the original proposal for this study changed, and there had been staff changes at the Rancho Cucamonga Office, the researchers acquainted the new administrators to the on-going project. The researchers held a meeting with the upper management to discuss the purpose and the details of the study. The researchers received approval from the administrators to interview the social workers who had worked with the project sample. The managers gave a new letter of approval to the examiners, to proceed with the project. The authors had two organizational meetings with the researchers' advisor, prior to beginning the project. The researchers informed the advisor of the recent developments in the study. The group decided to interview

the social workers and use their perceptions of the families' outcomes for evaluating the FM program.

The researchers developed a questionnaire specifically designed (Appendix C) for this project. The researchers re-submitted the questionnaire to the Human Subjects Review Board for approval. The examiners reviewed the sample list and found the names of ten social workers, who had worked with the study sample, for potential interviews. Five of the original ten social workers were presently working in the Rancho Cucamonga office and agreed to conduct the interview. The remaining five social workers were no longer employees of DPSS, and could not be located for this study. Due to the turn over rate of the ten original social workers the sample size was reduced from 170 to 95 families. The researchers did not have access to the information of the 75 families serviced by the previous social workers. The present social workers did not work with these families in the past, therefore they could not obtain the information from these cases.

The researchers made arrangements to interview the social workers, whose cases were in the research sample. Both researchers were present during the initial data collection process however, they mutually decided that only one researcher was necessary to collect the data. The remaining the questionnaires were completed by one

researcher. The researcher read the questions to the social workers and recorded their answers. During the interview, the social workers had an opportunity to make comments after every question.

The social workers remembered information, which pertained to the study, on most their past cases. Any questionnaires that were not completed or had inadequate information were deleted from the sample. The researchers gathered information on 50 of the remaining 95 families. The reason for the reduction of the sample was that the social workers did not remember all of their clients.

Data Collection Issues

Originally, the researchers were going to evaluate the program, based upon the perceptions of the families. However, the researchers discovered the size of the sample had diminished. Most of the families had moved out of the area or could not be reached to conduct the study. The researchers made several attempts in locating the families. In one attempt, the examiners used the original master list of participants to locate the last known addresses of the families. The examiners used the computer system at the Rancho Cucamonga office, in matching the names on the master list to the addresses on file. The researchers found one hundred and five families. DPSS wrote a Letter to the

potential participants, informing them of the project and asking for their cooperation. Phone numbers were included in the letter, allowing the families to contact the researchers, if they were interested in being in the study.

The researchers mailed the letters to the families' last known address.

After a week had past, the examiners started to receive the cancelled letters stamped, "return to sender and address unknown." Through the mailing, Seven families (3 were foster families), responded to the letters. The four remaining families agreed to participate in the study. In another attempt, the examiners used same procedure in locating the families' last known telephone numbers. The researchers found 53 phone numbers on file. The researchers called the 53 numbers, in hopes that there would be a better response than with the letters. Thirty-three telephone numbers were disconnected or no longer in service. The researchers left messages on the remaining current phone numbers. Three of the four families, who responded, agreed to participate in the study. A total of 7 families were located for the study.

After the exhaustive search, the examiners decided that, without the use of unethical techniques, locating the rest of the sample would not be possible. The researchers felt that the few remaining families in the sample were too

small for an adequate study. The information gathered from this group, would not be a representative sample of the FM population. The researchers decided to obtain the information from the social workers. The data collection process took approximately 1 1/2 months to complete.

RESULTS

The first question this study addressed was: Is the FM program effective or ineffective with these clients? The second question was: What makes the FM program effective or ineffective with these clients? The social workers answered both of the questions from their perspective. The researchers divided the questionnaire into four separate categories; case facts, social workers' perceptions of family outcome and services, service plan information, and variables affecting outcome. The researchers ran frequencies on all variables. The following discussion will describe the findings.

Case facts for Clients

At the time of data collection, 98% of the cases were closed and 2% were reopened. Eighty-six percent of the 50 families went through the program once, while 14% of the families went through the program twice. Seventy percent of the families participated in the case plan, while 30% of the families did not participate in the case plan (see Table 1).

Table 1: Case facts for Clients

<u>VARIABLES</u>	<u>OPTIONS</u>	<u>%</u>	<u>N = 50</u>
Status of case	open	0%	(0)
	closed	98%	(49)
	reopened	2%	(1)
Number of times in FM Program	1	86%	(43)
	2	14%	(7)
Client Participation	yes	70%	(35)
	no	30%	(15)

Social Workers' Perceptions of Outcome and Services for Clients

These results seemed to indicate that the social workers' overall perception of the families' outcomes were positive, and that the services offered were effective. For example, according to the social workers interviewed, 64% of the families had resolved their problems as a result of being in the FM program. In 62% of the clients, the services offered in the FM program were instrumental in client change. In eighty-four percent of the families, the social workers felt that the agency provided adequate services. Slightly over half (65%) of the social workers felt that an increase of 'in-house' services would not be beneficial to their client families. The most notable finding was that in 60% of the cases, the social workers felt that there was a positive outcome. The data did indicate however, that although the social workers seem to feel that the current FM program is effective as it stands, slightly over half (54%) felt that an intense family preservation program would have been more appropriate (see table 2).

Table 2: Social workers' Perceptions of Outcome and Services for

Clients

<u>VARIABLES</u>	<u>OPTIONS</u>	<u>%</u>	<u>N = 50</u>
Program resolved			
client's problems	yes	64%	(32)
	no	36%	(18)
Services instrumental			
in client's change	yes	62%	(31)
	no	38%	(19)
Agency offered			
adequate services	yes	84%	(42)
	no	16%	(8)
Increase of			
in-house services			
beneficial to client	yes	44%	(22)
	no	56%	(28)
Intense Family			
Preservation Services			
would have been more			
appropriate for client	yes	54%	(27)
	no	46%	(23)
Overall			
outcome	positive	60%	(30)
	negative	40%	(20)

Service Plan Information for Clients

In this section of the questionnaire, the social workers indicated that 70% of the families completed their service plan. According to the social workers, 98% of the service plans were appropriate and realistic. The social workers felt that 84% of the service plans developed for the families were within their ability. Only 18% changed the service plan after receiving the case. The remaining 82% of the service plans were kept the same (see Table 3).

Table 3: Service Plan Information for Clients

<u>VARIABLES</u>	<u>OPTIONS</u>	<u>%</u>	<u>N = 50</u>
Service plan completed	yes	70%	(35)
	no	30%	(15)
Service plan appropriate	yes	98%	(49)
	no	2%	(1)
Service plan realistic	yes	98%	(49)
	no	2%	(1)
Service plan within client's ability	yes	84%	(42)
	no	16%	(8)
Social worker changed service plan	yes	18%	(9)
	no	82%	(41)

Variables Affecting Outcome for Clients

These results showed that 78% of the families received 0 to 5 hours of services from the social workers on a monthly basis. In 54% of the cases, the workers responded by saying that their contact with the family was most effective service provided. While counseling was reported in 38% of the families to be the least effective service offered. Other findings showed that in 40% of the cases, the social workers spent the most time dealing with the clients' personal problems. Finally, 32% of the cases showed that the clients were motivated to participate with the social worker, and in the program, as a result of being court ordered (see Table 4).

Table 4: Variables Affecting Outcome for Clients

<u>VARIABLES</u>	<u>OPTIONS</u>	<u>%</u>	<u>N = 50</u>
Most time spent on client's issues	Parenting	36%	(18)
	Drug issues	14%	(7)
	Personal problems	40%	(20)
	Other	10%	(5)
Client's motivation to cooperate with social worker	Client wanted to change	24%	(12)
	Court ordered	32%	(16)
	Client wanted out of the program	24%	(12)
	Client did not cooperative	20%	(10)
Client's motivation to participate in program	Self	30%	(15)
	Court	32%	(16)
	Social worker	12%	(6)
	Not motivated	26%	(13)

Table 4: Variables Affecting Outcome for Clients (Continued)

<u>VARIABLES</u>	<u>OPTIONS</u>	<u>%</u>	<u>N = 50</u>
Time Social workers spent with clients on a monthly basis	0-5 hours	78%	(39)
	6-10 hours	16%	(8)
	10-20 hours	4%	(2)
	21+ hours	2%	(1)
Most effective service	counseling	18%	(9)
	child care	4%	(2)
	social worker contact	54%	(27)
	other	24%	(12)
Least effective service	counseling	38%	(19)
	child care	14%	(7)
	social worker contact	20%	(10)
	other	28%	(14)

DISCUSSION

Overall, the researchers found that social workers perceived that the Family Maintenance program was effective for the 50 clients in this study. The researchers found specific reasons for the effectiveness of the program. The following addresses implications of these findings.

Case facts for Clients

Starting with "case facts," the results show that only 2% of the client sample had re-opened cases, while 86% had only been in the program once. These findings suggest that the families resolved their problems, during the program, and had no further problems. Also, the high rate of client participation (70%) suggest that the program was useful for these families.

Social workers' Perceptions of Outcome and Services for Clients

There is a noticeable pattern in the social workers' responses which implies that they feel that the current FM program is effective. For example, the social workers reported 60% of their cases had positive outcomes. Also, 64% of the social workers felt that the FM program resolved these clients' problems. Sixty-two percent of the social

workers felt that the services offered to the clients were instrumental in changing their behavior. Eighty-four percent felt that the agency had adequate services to provide to the families. More than half (56%) of the social workers did not feel that the agency needed to provide additional in-house services to the clients. These results imply that the social workers are currently satisfied with the program. However, over half (54%) of the social workers felt that, intense family preservation services would have been more appropriate, for some of these families. This may be, because social workers feel that, with reduced caseloads, they would have had more time to provide intense social work services to these clients.

These results were not anticipated, the researchers were surprised to find such a high success rate of family outcomes and a high rate of social workers satisfied with the FM program. The reason for the positive outcomes may have been due to the fact that the social workers interviewed during the study, were veteran staff who seemed exceptionally interested in their clients.

Service Plan Information for Clients

By looking at these results, it seems apparent that the social workers perceived themselves as effective in service plan development. For example, all but 2% of the cases had

appropriate service plans and were realistic to the clients' needs, while 16% of the cases were not within the client's ability. Seventy percent of the clients completed their service plan.

However, one might assume that there may have been some subjectivity on the social workers part when answering these questions. It might have been that the workers felt that it would have a direct reflection on them if they would have answered otherwise.

Variables Affecting Outcome for Clients

The majority of the sample (78%) shows that the time spent with the client was 0-5 hours per month. This was not very long. One might believe that the more time spent with a client, the better their chances are of a successful outcome. Since there was such a high percent of positive outcomes, perhaps 0-5 hours a month is sufficient. Yet, 54% of the social workers believed that the most effective program was social worker contact. The social workers answering the questions implied that it was due to their monthly home calls, phone calls, and constant reminders that the clients followed through with program goals. This is, however, from the social workers' perspective and may not be completely objective. The least effective program, according to the social workers, was counseling. The social

workers suggested that the lack of follow through for counseling was due to the lack of transportation, or because clients did not feel that counseling was helpful in solving their problems.

Other results such as "what issues did the social worker spend most of the time on with the client," showed that 40% of the social workers stated that they spent most of their time dealing with the clients' personal problems. These issues were over parenting, drug issues or other. Parenting issues and drug issues were mandatory subjects of discussion, where as the discussion of personal problems was more of a luxury. As stated before, these finding seems to indicate the FM program is an effective program, due in part to the dedication of the social workers getting involved with their clients.

One finding that seems to contradict this claim is that the majority of the clients (according to the social workers), were motivated in working the service plan because they were court ordered. This might imply that the court may have been the reason for the high positive outcomes.

CONCLUSION

Even though there were several events that impeded the researchers progress, during the study, a considerable amount of information was obtained. It was very encouraging to see that the social workers overall perception of the clients progress was so positive. As this study consisted of a convenience sample, these results cannot be generalized to the general population receiving FM services at the Rancho Cucamonga office nor to the population at large. Future researchers will be able to consider other types of samples in an effort to bypass this drawback.

Additional limitations, were the study's over reliance on the social workers' perceptions of the clients progress, rather than an objective measurement of client progress. The authors of this study feel that direct client interviewing would generate more successful and objective results. The authors of this study feel that if the study was introduced to the sample population while they were terminating the program, the administrators would have a precise view of the program. Although the researchers were only able to locate 7 families of the original sample, all but one had agreed to participate. This might lead one to believe that if more of the families had been located a large majority would have agreed to participate.

The authors of this project feel that the valuable information which could be obtained from the clients, is well worth choosing another population and repeating this project. Of course if this was done one would have to take precautions regarding the tracking of the client population. It might also be considered to shorten the length of the study, for this might help control the sample size. If the study is not repeated, the administrators may not truly understand the effectiveness of the Family Maintenance program, at least from the clients perspective.

APPENDIX A: FM Checklist Service Plan

White: Court (Case Record)
 Yellow: Parent
 Yellow: Case Record

FAMILY MAINTENANCE CHECKLIST

SERVICE PLAN

[] Court [] Initial
 [] Non-Court [] Modified

OBJECTIVES

1. Behaviorally measurable, time-limited objectives based on problems and family strengths:

Parent #1 _____ Parent #2 _____ Other #3 _____ shall:
 Child #4 _____ Child #5 _____ Child #6 _____ shall:
 within next 6 months make the home safe by:

- | | |
|--|---|
| <input type="checkbox"/> Eliminate Child Abuse | <input type="checkbox"/> Increase Minor's School Attendance |
| <input type="checkbox"/> Eliminate Spousal Abuse | <input type="checkbox"/> Improve Home Health and Safety |
| <input type="checkbox"/> Eliminate Drug Abuse | <input type="checkbox"/> Increase Adequacy of Food, Shelter and Basic Necessities |
| <input type="checkbox"/> Eliminate Alcohol Abuse | <input type="checkbox"/> Increase Effective Parental Skills |
| <input type="checkbox"/> Reduce/Eliminate Social Isolation | <input type="checkbox"/> Resolve/Reduce Emotional/Behavior Problems |
| <input type="checkbox"/> Reduce/Eliminate Familial Stress | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Reduce/Eliminate Neglect of Health Problems | _____ |
| <input type="checkbox"/> Stabilize Finances; Residence; Legal Problems | _____ |

ACTIVITIES

2. Specific activities planned to achieve objective:

- Parent(s) and/or child (indicate by above number) shall:
- Participate in and successfully complete with certificate from the instructor a parent education program approved by DPSS.
 - Participate in an alcohol/drug abuse program approved by DPSS and demonstrate abstinence from alcohol/drugs for a period of six months.
 - Participate regularly in a Parent's Anonymous group and demonstrate ability to use new parenting skills.
 - Participate in counseling with Parents' United (Daughter's/Son's United), ensure minor's attendance and remain faithfully involved until therapist and social worker agree program is no longer necessary.
 - Engage in and faithfully complete a course of therapy with a therapist approved by DPSS until therapist and a social worker agree necessary.
 - Locate and maintain in a safe and healthy condition an adequate home for minor(s).
 - Obtain a psychiatric/psychological evaluation from a licensed psychiatrist/psychologist approved by DPSS and follow all recommendations made by the evaluator.
 - Refrain from use of alcohol and/or illegal drugs/comply with regular drug testing.
 - Not leave minor(s) unsupervised.
 - Demonstrate an effective child care plan when absent from home.
 - Protect minor from further abuse from _____ by not associating with party or allowing any contact with minor.
 - Ensure minor's regular school attendance.
 - Keep, without fail, all medical, dental, psychological, school conference appointments.
 - Cooperate with and follow recommendations of Public Health Nurse.
 - Cooperate with and follow all recommendations of Probation/Parole Officer.
 - Apply for all eligible benefits to stabilize home as: [] AFDC [] Medi-Cal [] Food Stamps [] W.I.C. [] S.S.I. [] Veterans Benefits [] G.A.L.N. [] Child Care
 - Maintain eligibility and consistent receipt of income by cooperating with [] E.W. [] _____ and following through with all requirements.
 - Obtain legal custody of minor(s) through Family Law Court/obtain restraining order against _____
 - Refrain from excessive corporal punishment by utilizing learned parenting skills.
 - Develop bonding with minor(s); develop age appropriate interaction with minor.

Cooperate with DPSS social workers; keep social worker informed of changes of address or household composition; sign medical consents and/or releases of information as appropriate to demonstrate compliance with the plan; keep appointments with social worker and inform social worker of any new problems or barriers to effective completion of the plan.

Other _____

3. DPSS Social Worker Shall:

Provide face-to-face contact with parent(s) and children at least 2 times per month for the 1st 90 days and monthly thereafter.

As case manager, provide requested or needed casework services and service funded activities as counseling, emergency shelter care, teaching and demonstrating homemakers, parent training, transportation, respite care, child day care funding as needed.

Assist with contracted services by _____ agency.

Provide referrals to appropriate community resources/treatment programs.

Provide access for emergency contact, crisis intervention.

Provide explanation/counseling about DPSS services and the Juvenile Court dependency process as needed.

Assess, monitor and evaluate parent(s) progress toward service plan goals and provide parent feedback on compliance and case plan status.

Other _____

4. This initial service plan (effective within 37 calendar days from transfer to FM) modified service plan (10 days from NOA issued or court order) shall be in effect from (date) _____ until the next reassessment date of (within 89 days) _____.

5. Projected date for completion of service plan and termination of FM services _____ (For voluntary: Not to exceed 6 month/with two 3 month extensions).

6. _____ / _____ Initial Plan _____ / _____
Social Worker Date Supervisor Approval Date

7. Initial Service Plan: Notice of Action (NA 981) issued: (date) _____ (No later than 37 calendar days after implementation of service plan)

8. Modified Service Plan: Notice of Action (NA 982) issued: (date) _____ (Must be 10 days prior to the effective date of the implementation of the modified plan).

Choose One:

9. As parent(s) of minor(s) _____, I/we received, have read and understood the above service plan. I/we approve of the plan and am/are willing to participate in the service activities. I/we waive my/our right to a timely notice and agree to implement the plan with my/our signature.

Signature of Mother _____ Date _____ or: Signature of Father _____ Date _____

9. I/we have received, read and understood the above service plan. I/we do not approve of the plan and am/are not willing to participate in the plan because _____

Signature of Mother _____ Date _____ or: Signature of Father _____ Date _____

9. Failure by parent to sign either Lines 9 above because _____

REVIEW DATES: This plan remains adequate and appropriate. (If not, complete a new plan)

Yes	No	Date of Review/SH Signature	Yes	No	Date of Review/SH Signature
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

APPENDIX B: Social Worker Inform Consent

INFORMED CONSENT

The study in which you are about to participate is designed to investigate the impact the Family Maintenance program has had on the families involved as perceived by the social worker. This study is being conducted by Glenn Mills and Loretta Klopfer under the supervision of Dr. Teresa Morris, Assistant Professor of Social Work at CSUSB. This study has been approved by the Institutional Review Board of California State University, San Bernardino.

In this study you will be asked approximately 20 questions from a questionnaire. You will then be asked to respond to the questions verbally. Depending on the choices given you will indicate whether you agree or disagree, whether the response is true or false (yes or no) or you will be given several responses to choose from. You will also have an opportunity to respond freely after each of these questions. Only the questions from the questionnaire will be asked. The researcher will ask all of the questions and record all of the your responses. This study will take approximately 1 1/2 hours of your time unless you need more time to respond.

Please be assured that any information you provide will be held in strict confidence by the researchers. While collecting the information the data will identify the participant by number. At no time will your name be reported along with your responses. All data will be reported in group form only. At the conclusion of this study, you may receive a report of the results.

Please understand that your participation in this research is totally voluntary and you are free to withdraw at any time during this study without penalty, and to remove any data at any time during this study. You are also free to stop the interview before it is finished.

I acknowledge that I have been informed of, and understand, the nature and purpose of this study, and freely consent to participate. I acknowledge that I am at least 18 years of age.

Participant's Signature

Date

Researcher's Signature

Date

APPENDIX C: Social Workers' Perceptions of Outcome and Services for Clients Questionnaire

SOCIAL WORKERS' PERCEPTIONS OF CLIENTS' OUTCOME QUESTIONNAIRE

1. WHAT IS THE CURRENT STATUS OF THIS CASE?
 - A. OPEN
 - B. CLOSED
 - C. RE-OPENED
2. WHAT TYPE OF OUTCOME DID THIS CLIENT HAVE?
 - A. POSITIVE
 - B. NEGATIVE
3. HOW MUCH TIME DID YOU SPEND WITH YOUR CLIENT ON A MONTHLY BASIS (FACE TO FACE CONTACT)
 - A. 0-5HRS. B. 6-10HRS. C. 10-20-HRS D. 21+HRS
4. DID CLIENT PARTICIPATE IN THE SERVICE PLAN?
 - A. YES
 - B. NO
5. WHAT PROGRAM / SERVICE DO YOU FEEL HAD THE MOST IMPACT?
 - A. COUNSELING B. CHILD CARE
 - C. SOCIAL WORK CONTACT D. OTHER
6. DO YOU BELIEVE THAT THE PROGRAM RESOLVED THE CLIENT'S PROBLEMS?
 - A. YES
 - B. NO
7. WHAT AREA OF THE PROGRAM WAS THE LEAST EFFECTIVE IN HELPING THIS CLIENT?
 - A. COUNSELING B. CHILD CARE
 - C. SOCIAL WORK CONTACT D. OTHER
8. WERE THE SERVICES INSTRUMENTAL IN CLIENT CHANGE?
 - A. YES
 - B. NO
9. WHAT MOTIVATED THIS CLIENT TO PARTICIPATE IN THE PROGRAM?
 - A. SELF MOTIVATED
 - B. COURT MOTIVATED
 - C. MOTIVATED BY S.W. INFLUENCE
 - D. NOT MOTIVATED
10. WAS THE SERVICE PLAN;
 - A. COMPLETED
 - B. NOT COMPLETED
11. WAS THE SERVICE PLAN;
 - A. APPROPRIATE
 - B. NOT APPROPRIATE
12. WAS THE SERVICE PLAN
 - A. REALISTIC

13. WAS THE SERVICE PLAN;
A. BEYOND THEIR ABILITY
B. WITHIN THEIR ABILITY
14. WAS THE SERVICE PLAN ;
A.. CHANGED BY YOU
B. KEPT THE SAME
15. HOW MANY TIMES HAS CLIENT BEEN IN FM PROGRAM?
A. 1 B. 2 C. 3 D. MORE THEN 3
16. DID THE AGENCY HAVE ADEQUATE SERVICES TO PROVIDE TO THIS CLIENT.
A. YES
B. NO
17. WOULD THIS CLIENT HAVE BENEFITTED FROM MORE IN-HOUSE SERVICES?
A. YES
B. NO
18. WHAT ISSUES DID YOU SPEND MOST TIME ON WITH THIS CLIENT;
A. PARENTING
B. DRUG ISSUES
C. PERSONAL PROBLEMS
D. OTHER
19. DO YOU THINK THE FAMILY PRESERVATION CONCEPT WOULD HAVE BEEN MORE APPROPRIATE FOR THIS CLIENT.
A. YES
B. NO
20. WHAT MADE THIS CLIENT COOPERATIVE?
A. CLIENT WANTED TO CHANGE
B. CLIENT WAS COURT ORDERED
C. CLIENT WANTED OUT OF PROGRAM
D. NOTHING

ANY ADDITIONAL COMMENTS ABOUT THIS CLIENT

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