

**FAMILY PRESERVATION AND SUPPORT
SERVICES AND CALIFORNIA'S FAMILIES**

BACKGROUND BRIEFING REPORT

**STATE CAPITOL
SACRAMENTO, CALIFORNIA**

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**Section A: Family Preservation and Support Services
and California’s Families**

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**Section B: Family Preservation and Child Protection:
Finding a Better Balance**

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PREFACE

Family Preservation and Support Services and California's Families: Background Briefing Report represents a departure from the normal style of California Family Impact Seminar reports. The California Family Impact Seminar worked with two researchers to prepare separate documents for this report that reflect the evolving range of programs, research, and interpretations. In addition, the seminar presentation transcripts are published in a separate document, *Family Preservation and Support Services and California's Families: Seminar Presentations*.

The first section of this report was prepared by Duncan Lindsey, Ph.D., from the School of Public Policy and Social Research at the University of California, Los Angeles, and Ms. Jenny Doh, employed with the County of Orange Social Services and a graduate in social welfare in the School of Public Policy and Social Research at the University of California, Los Angeles. It provides an historical context for developments in child welfare leading up to federal implementation of the Family Preservation and Support Services Program, and describes some of the programs which are defined as family preservation and support. Dr. Lindsey and Ms. Jenny Doh also review evaluations published since 1975 of family preservation programs, and discuss the implications of these program models and their efforts to achieve their objectives.

The second section was prepared by Dr. Jacquelyn McCroskey from the School of Social Work at the University of Southern California. She discusses more recent developments in family preservation, evaluation, policy and programs, many of which attend to the deficiencies outlined in the first section. Dr. McCroskey also discusses the rapid evolution of family preservation and support -- changing program purposes and outcomes, as well as measurement of progress made toward these goals.

The process of seeing to the preparation of the reports contained in this document, and hearing from the experts at the two November 1995 seminars, has helped us to gain a better understanding of the complexity of family preservation and support and its place within the broader context of child welfare policy. We have learned that family support programs are, by their very nature, so broadly defined as to defy easy categorization and comparative evaluation.

We have also learned that family preservation and support programming and evaluation are very dynamic. As such, it is not surprising to learn that there is not consensus in the academic community -- a community which is often responsible for evaluating and providing guidance -- as to the purpose and value of family preservation and support. Underlying divergent views are issues such as the antecedents of child abuse and varying interpretations of evaluation results. Thus, policymakers, program administrators, researchers, and academics, are challenged to revisit their views about the functions and purpose of child welfare policy and the role of family preservation and support in achieving them.

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His recent work, besides the preparation of the background report for the seminar, includes:

Interpreting child abuse fatalities as a measure of child protection. With Nico Trocme. *Child Abuse and Neglect* (1996, forthcoming).

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**SECTION A: FAMILY PRESERVATION AND SUPPORT
SERVICES AND CALIFORNIA'S FAMILIES**

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EXECUTIVE SUMMARY

Historically, the child welfare system in the United States has been the instrument of state intervention into families unable to properly or adequately care for their children. In the nineteenth century intervention was limited to children orphaned by the death of parents. Over the decades this has broadened to include abandoned, neglected, and abused children. Since the early twentieth century a foster care system had been used to temporarily remove endangered or neglected children from their homes.

Since foster care's inception the number of children in care in California has risen steadily. As of 1994, of the more than 9 million children in California, approximately 94,000 were in foster care. More than 51,000 of these were in long-term care—that is, not likely to return home soon. Most children entering the foster care system in California are from families living in poverty. About 80 percent are from lone parent families, and more than two out of three are from families receiving public assistance (Aid to Families with Dependent Children, AFDC).

As throughout the nation, the child welfare system in California has been transformed from foster care agencies into protective service agencies. Today, child welfare workers' principal job is to investigate abuse reports and remove "at risk" children from suspected families. This transformation from a helping to an investigative agency has resulted in the narrowing of service eligibility criteria for children and families. By investing its resources and energies solely on children who are allegedly abused and neglected, the system no longer provides assistance to children with non-abuse related needs. Troubled families with non-abuse related problems (e.g., hunger, homelessness, ill-health) are essentially excluded from the system.

The Residual Model of Child Welfare

To understand why this has happened, one must appreciate the fact that child welfare has traditionally been viewed from a *residual perspective*, wherein abandoned, orphaned, abused or neglected children are regarded as social "leftovers," or residual children. Aid to such children is to be provided as inexpensively and conveniently as possible, and only when all other resources of the family and kinship network have been exhausted. When the government does help, the residual approach requires that assistance be minimal, time-limited, and confined to highly selective forms of service directed to specific categories of need. In difficult economic times, services are limited to the most serious cases.

This residual perspective is the underlying premise on which the modern child welfare system rests, providing the essential background assumptions for nearly all research and development in the field. The major advantage of the residual approach is that it directs services to those children most in need, thereby differentiating child welfare from other activities that are supportive of the welfare of children, such as the Girls Scouts, Campfire Girls, and the Boy Scouts. In large measure, the choice of the residual perspective is pragmatic. Many children could benefit from publicly supported programs (Zeitz 1964), but if services were available to all, the amount of services available to a child who really needed them would be limited.

Foster care has emerged as the major tool to deal with parental and family problems. The agency removes the child and then watches and hopes that the family will sufficiently heal itself to take the child home again. Only occasionally are services provided to the parent. In recent decades, the residual perspective has had the effect of reducing child welfare services to such a point that foster care has become the heart of the system.

The Re-emergence of Child Abuse

In 1959, studies found that children placed in foster care on what was to be a “temporary” basis often lingered there for an indeterminate number of years. Few biological families could show enough improvement to warrant returning the children. Thus, many children lingered in “temporary” foster care for long periods of time, often many years. In the seventies, the “permanency planning” movement sought to reform the child welfare system to ensure that children not be left to drift in foster care.

However, the re-emergence of child abuse about the same time eclipsed all efforts to reform the system. State mandated reporting laws resulted in a meteoric rise in child abuse reports across the United States. In 1962, about 10,000 child abuse reports were filed. By 1976, child abuse reports had risen to more than 669,000, and by 1978, to 836,000. By 1992, almost three million reports of child abuse were filed nationwide. The residual approach had always necessitated a “means test”—poverty, neglect, abandonment, being orphaned—before the child would be granted services. Child abuse now became the litmus test for access to the child protection system. Today, children in California enter the child welfare system only when reported for abuse or neglect. More than 93 percent of the children reported receive nothing more than an investigation of the allegation of abuse. When service is provided, that service is foster care and the children are removed.

Family Preservation

This trend has alarmed many child welfare professionals, who feel that child welfare has become altogether too accusatory. Child welfare should work to strengthen and preserve families, not break them apart. This concern has given rise to a movement known as “family preservation,” the fundamental axiom of which is that children should be kept with their biological family whenever possible. The focus is to rescue and “preserve” those families whose children are at “imminent risk” of placement by rigorously and intensively applying traditional casework methods. Early research has indicated remarkable success in preventing placement of children in foster care. The dollar savings that this represents to the state and to the child welfare system has heralded family preservation, in California and across the nation, as a breakthrough in child welfare.

Although family preservation services differ from program to program, the main ingredient is the provision of “intensive casework services.” These services are not tangibly different from those provided by the traditional approach, only they are provided more intensively over a short period of time, usually 4 to 6 weeks. The approach is “crisis oriented,” capable of responding to a family within 24 hours, and includes such things as teaching parenting skills, helping to obtain resources, resolving family conflict, counseling, and in-home monitoring of family members at risk.

The Research on Family Preservation

Evaluation studies that have tried to gauge the effectiveness of family preservation programs give, at best, mixed reviews. While early research tended to promote the family preservation model, recent empirical studies have found that family preservation services produce negligible difference between experimental subjects receiving family preservation services and control subjects who do not.

An exhaustive literature search located twenty-five studies of the effectiveness of family preservation services. Of these twenty-five studies, only four meet the requirements of the conventional experimental design, involving a treatment and control group, random assignment of subjects, and a post-test comparison of what change may have occurred between the two groups due to application of the experimental variable (i.e., family prevention services). Two of these studies found negative results in terms of placement prevention rates. That is, the control groups performed *better* than did the experimental group. The other two studies found that, while the experimental group showed some positive result, the difference over the control group was not substantial. None of the four clinical trials found a statistically significant difference in favor of family preservation using “prevention of placement” as the outcome variable.

Overall, the more rigorous the research design, the more convincing the evidence that family preservation services made little difference in the lives of the children and families served. Only when the research study was so weakly designed as to be almost “descriptive” in nature, did the results appear to support the program.

Casework Is Not a Cure

Family preservation programs may fail because they employ a methodology—casework—which research has been saying for at least forty years does not make a measurable difference. The casework method assumes that the client—in this instance, the parents of the child—are unable to manage their own affairs. The task of the caseworker is to collect information, analyze, and investigate the situation of the parent and child. The underlying premise is that the child welfare worker can identify the family's problems, figure out a solution, and develop a case plan to achieve remedy. Unfortunately, no empirical evidence has ever demonstrated that casework services make a significant difference.

Further, for many of the families receiving family preservation services, the overwhelming impact of severe poverty limits whatever good might be achieved by the services supplied. Child poverty is so severe and widespread that it creates problems beyond the scope of any residual program such as family preservation services.

Family preservation has correctly identified a disturbing trend—the overzealous accusatory focus of the current child protection system. By placing renewed concern on helping the family as well as investigating the abuse allegation, the family preservation movement has tilted the focus of child welfare back toward preserving the family. Although in large part the family preservation

analysis is correct, the treatment offered as a solution—intensive casework services—is not effective.

Conclusion

Currently, welfare reform legislation being crafted by Congress will convert Aid to Families with Dependent Children (AFDC) from a Federal entitlement program to a block grant program that allows states greater flexibility in designing and providing income assistance to children and families. This legislation will likely place time limits on the receipt of income support, restrict eligibility of legal immigrants, and reduce the overall level of Federal funding.

Depending on the ultimate provisions of this legislation, more than two million California children could be adversely affected, with as many as 1,000,000 children who are now receiving income protection through AFDC being dropped from the program. The group to be dropped first would likely be Latino and Asian children born in the United States whose parents are legal residents but not yet U.S. citizens. Other states with few children of color and low income families will likely be unaffected. In California, however, the impact is likely to be dramatic.

Today, more than two-thirds of the children in foster care in California come from families receiving AFDC. Considering their lack of effectiveness, family preservation programs are not likely to limit the resulting demand on the foster care system which the sharp reductions in AFDC eligibility would likely produce. Digre (1995) has suggested that if even 1 out of 20 of the children in families dropped from AFDC enters foster care, the system will collapse. Overall, the concern with reducing spending for social programs coupled with the ineffectiveness of residual child welfare programs such as family preservation, indicate that in the coming years increasing numbers of children will sink into poverty, with more of these children—not fewer—entering the foster care system.

Extensive change of the public child welfare system appears on the horizon. This change holds both great promise and peril. Congress has proposed fundamental change in social welfare programs that have been in place for half a century. Control over major social programs, possibly including child welfare programs, are slated to be turned over to the states using a mechanism of block grant funding. This will allow states much greater flexibility and control over the services they provide. In California, there is an opportunity to restructure programs that have too often failed to make progress in solving growing social problems. But with opportunity there is also risk. In crafting California's future care and compassion coupled with demanding standards of research will be required.

CHAPTER I: CHILD ABUSE AND NEGLECT TRENDS IN CALIFORNIA

California has always been a land of opportunity. The country which began in the East heeded the call of Horace Greely to “go west young man, go west.” With a temperate climate, beautiful coastline, a rich agricultural valley, and a magnificent mountain range that runs the length of the state, California has been a beacon for anyone wanting to live a better life. Blessed with enormous wealth, California has achieved one of the highest per capita incomes in the world. In the next decade per capita income is projected to rise from 9 percent with low growth to 30 percent with strong growth. Its robust and diversified economy, which has weathered many cycles and changes, and always seems to rise stronger and more productive than before, is the eighth largest economy in the world. As the leading producer of agricultural products California is considered the food basket of the nation. A mecca for entrepreneurs, it has spawned industrial revolutions, from aerospace to a trillion dollar personal computer industry.

Since 1850, California’s population has doubled every twenty years. Today, it is the most populous state in the Union with more than 32 million people, more even than Canada. From 1940 to 1990, twenty-four of the forty-five fastest growing cities in the U.S. with populations more than 100,000 were in California. Today, the second and fourth largest metropolitan areas are found within its borders. Although in recent years California’s growth has slowed, it still remains one of the fastest growing states.

The unique character of California is its multicultural population. It is the new melting pot of the U.S., with one of the most diverse populations in the country. People from all over the world have migrated to California, creating a cultural diversity found in few other places on earth. In less than a decade whites will no longer constitute a majority. In 1994, 46 percent of those born in California were Hispanic, 36 percent were white, 7 percent were African American, and 11 percent were other, mostly Asian (see Figure 1.1).

As the twentieth century ends and a new millennium begins, the great challenge confronting California is how to develop a broad platform of social justice and economic inclusion that will tap the creativity and strength of this diverse population. In large measure, this means finding ways to promote and ensure the safety, well-being, and development of children, since they are the state’s future. Today, more than 14 percent of all children in the United States live in California. Part of the state’s greatness has traditionally been the ways in which it has provided for its children.

Two-tiered School System

For decades California’s educational system was regarded as among the finest in the world. In recent years this promise has begun to wane. Today, although California is one of the wealthiest states, its support for public schools ranks in the bottom 25 percent of states in the U.S. When its higher consumer price index is taken into account, investment and commitment to public education ranks California close to the bottom among the states. It is perhaps no wonder that

Figure 1.1 *Children Born in California (1994)*

Source: Advance Report, California Vital Statistics, (1995).

scores on nationwide achievement tests place California public school students, especially from the urban center schools, consistently below the national norm. In 1995, the Los Angeles County School District, the largest in the state, had an average score of 351 for verbal and 418 for math compared to the national average of 428 and 482 respectively.

As minority populations have grown, white populations have left the state's urban public educational institutions. In major metropolitan areas white children are leaving the public school system in record numbers. Today, more than 500,000 California children attend private schools—more than any other state—creating what can only be regarded as a two-tiered school system—one for children of the well-to-do, and the other for children whose families can't pay (Kozol 1991).

Unless opportunities for upward economic change and mobility are developed for Latino and African American populations, California may develop a caste system in which certain children are relegated to a lower class. Should this happen, the traditional greatness of our country's free market economy—its ability to tap the potential and contribution of all members of society—will have been defeated. Although California is wealthy, that wealth is not broadly shared. Latino and African American families earn substantially less than their white and Asian counterparts. Indeed, the median family income for Latino and African American families is almost half that of white and Asian families. (See Table 1.1).

Table 1.1 California Median Family Income (1991)

White	\$49,500
Latino	\$25,100
African American	\$28,800
Asian	\$43,900

Source: Fay (1995).

According to the Census Bureau the typical white household in California has eight times the wealth as the typical black household and eight times the wealth of the typical Latino household. Such disparities of wealth and income between racial and ethnic groups has not only created a sense of injustice and inequality, and become a source of division and resentment among the population, it has lead to substantial disadvantage for the children in those ethnic groups.

For the most part, poverty rates in California break along age and ethnic lines. For example, in California 220,000 senior citizens live in poverty (6.9 percent). In contrast, 2,160,000 children live in poverty (more than 25 percent). Further this poverty is concentrated more among Latino and African American children than among white and Asian children. While almost 40 percent of African American children in California live in poverty, and more than 36 percent of Latino children, the rate for Asian Americans is less than 20 percent, and for whites less than 16 percent (Fay 1993).

The Child Protection System

This skewed apportionment of California's wealth is reflected in the child protection system. In 1992, the child population between 0 to 14 was 44 percent white, 8 percent African American, 38 percent Latino, and 9 percent Asian. During that year the population reported for abuse was 52 percent white, 12 percent African American, 31 percent Latino, and 5 percent Asian (U.S. Department of Health and Human Services 1993).

White and African Americans are more likely to be reported than their representation in the population, while Latinos are less likely and Asians are far less likely to be reported (see Figure 1.2).

What is astonishing, however, is the population of children in foster care. In relation to reports for abuse, whites are far less likely to be removed from their families and placed in foster care. In contrast, African American children are placed in foster care well out of proportion to their presence in the population. Latinos also experience a higher rate of placement, relative to child abuse reports, than do whites. Asians are the least likely to be placed. (See Table 1.2).

Figure 1.2 *Child Poverty Rates in California by Race and Ethnic Group*

Table 1.2 <i>California's Children Reported for Abuse and Placed in Foster Care</i>			
	Population (0 to 14)	Abuse Reports	Placed in Foster Care
White	44 percent	52 percent	33 percent
African American	8 percent	12 percent	40 percent
Latino	38 percent	31 percent	24 percent
Asian	9 percent	5 percent	3 percent

Protecting the Sanctity of the Family

American law and culture have long recognized the sanctity of the family. Intrusion by the state into family matters has traditionally been kept to a minimum. By and large families have been left to themselves to decide when to bring children into the world, and how best to raise them after they are born.

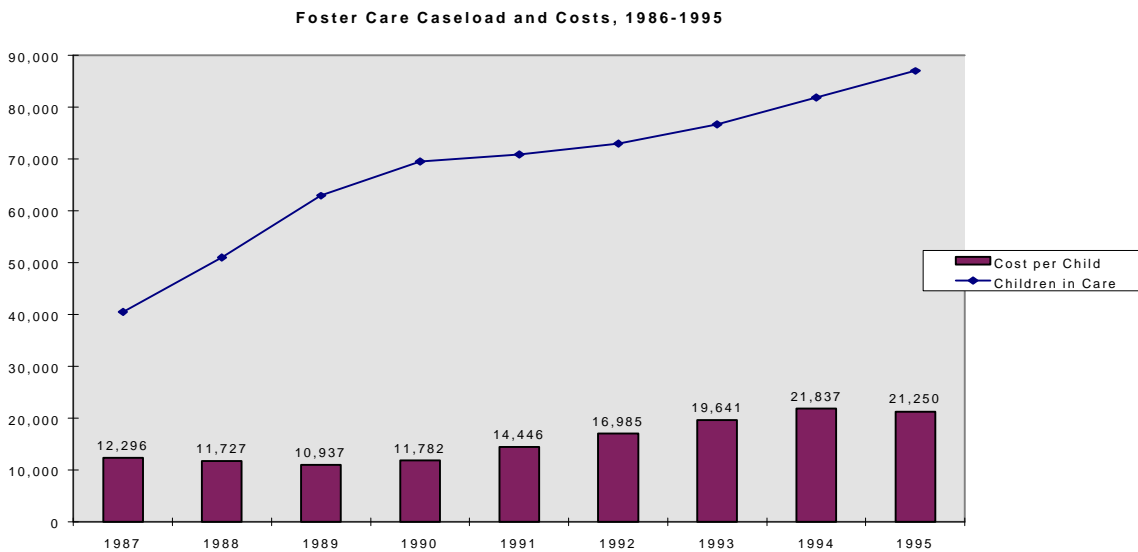
Parents love and care for their children in a way that no state organization can match. The famous child development theorist Urie Bronfenbrenner argued that parents give their children “irrational love,” a love that overlooks individual limitations and stands ready to provide assistance the child may need. Most parents expend more energy and resources on behalf of their children than would logically or reasonably be expected. It is this “love” that the larger community relies on to insure the proper safety and care of children.

If all goes well, the state never has to involve itself in the raising of children. Only when the family is unable or unwilling to properly or adequately care for its children does the state intervene. Historically, the child welfare system has been the instrument of this intervention. Initially intervention was limited to children orphaned by the death of their parents. Gradually, this was broadened to include those who had been abandoned or were being improperly cared for. To cope with the large numbers of children this involved the development of a foster care system, in which children were temporarily removed from their home and “placed” with another family until the situation of the biological parents improved sufficiently to allow their return.

The development of child welfare in California has followed this general pattern. In 1956, when Los Angeles County’s population was 5.2 million, about 2,000 children were in foster care. By 1966, when the County’s population had increased 32 percent to 6.8 million, the number of children in foster care had burgeoned 350 percent to 7,000 (Department of Social Services 1978). During this period child abuse reporting was minimal, and less than a quarter of the children were entering the foster care system because of child abuse and neglect.

Since these early beginnings the number of children in foster care in California has risen steadily (Steering Committee 1990; Duerr-Berrick 1994). As of 1994, of the more than 9 million children in California, 82,000 were in foster care (see Figure 1.3).

Figure 1.3 Foster Care Placement Caseload and Costs (1986 - 1995)



Source: Ten Reasons to Invest in the Families of California (1990, 27). See Barth (1995) for more current data.

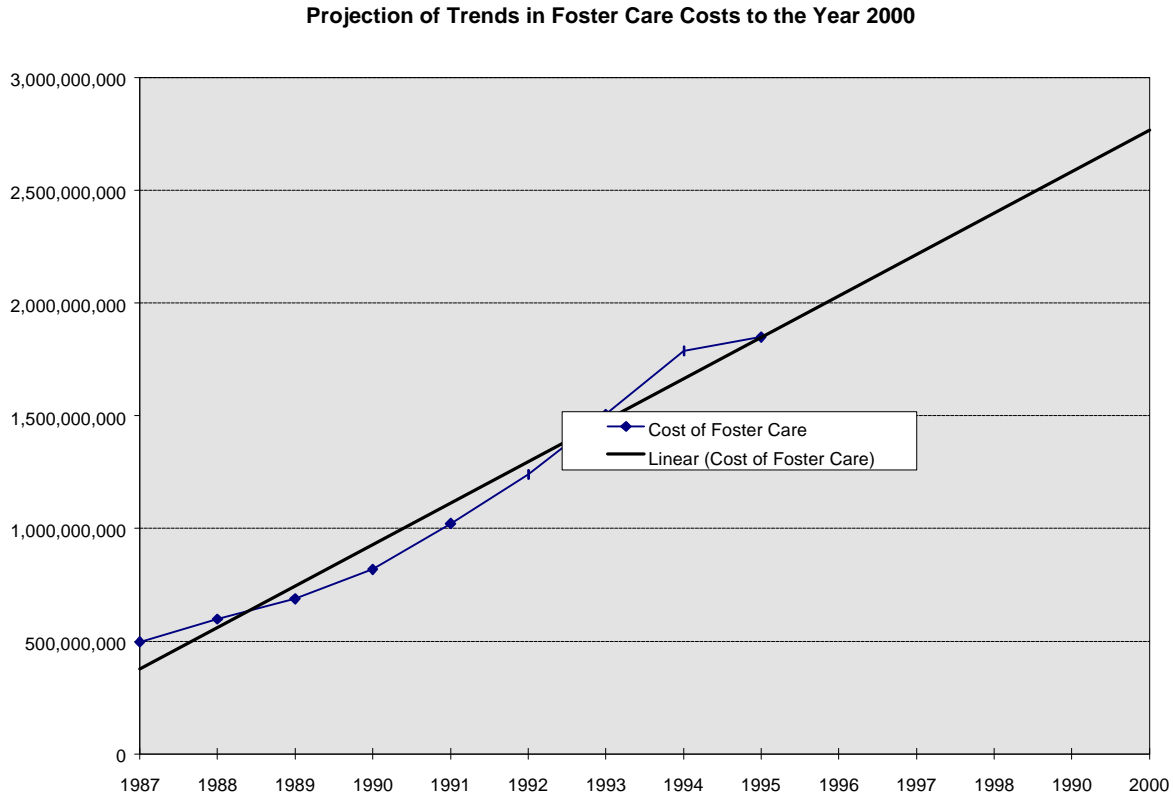
This reflects a rate of about 1.5 children per thousand being placed in 1950, compared to 9 children per thousand today. More than 51,000 of these children are in long-term care—that is, they are not likely to soon return home.

Most of the children entering the foster care system in California are from families living in poverty. Further, about 80 percent are from lone parent families, and more than two out of three are from families receiving Aid to Families with Dependent Children (Smoley 1995). Certainly, these children are the poorest of the poor.

The increase in the foster care population has been a major concern for the public child welfare system. The annual cost of each child in foster care now exceeds \$21,000. With more than 82,000 children in foster care and the number rising, the cost of foster care in California will soon approach \$2 billion annually. This is a staggering expense. It exceeds state funding for the nine campuses of the University of California. The annual per child cost of foster care is more than the tuition at the nation’s elite private universities, such as Harvard, Stanford, Princeton, and Yale, and more than the total cost, including room and board, of Berkeley or UCLA. Few people see

foster care as producing a desirable outcome. Foster care is not a program of social betterment. All foster care does is temporarily remove children from a worse situation—it is a system of child rescue. There has to be a better way to invest in these children to build their future (see Figure 1.4).

Figure 1.4 Projection of Trends in Foster Care Costs to the Year 2000



Source, Ten Reasons to Invest in the Families of California (1990, 27). Barth (1995, 10) for more current data.

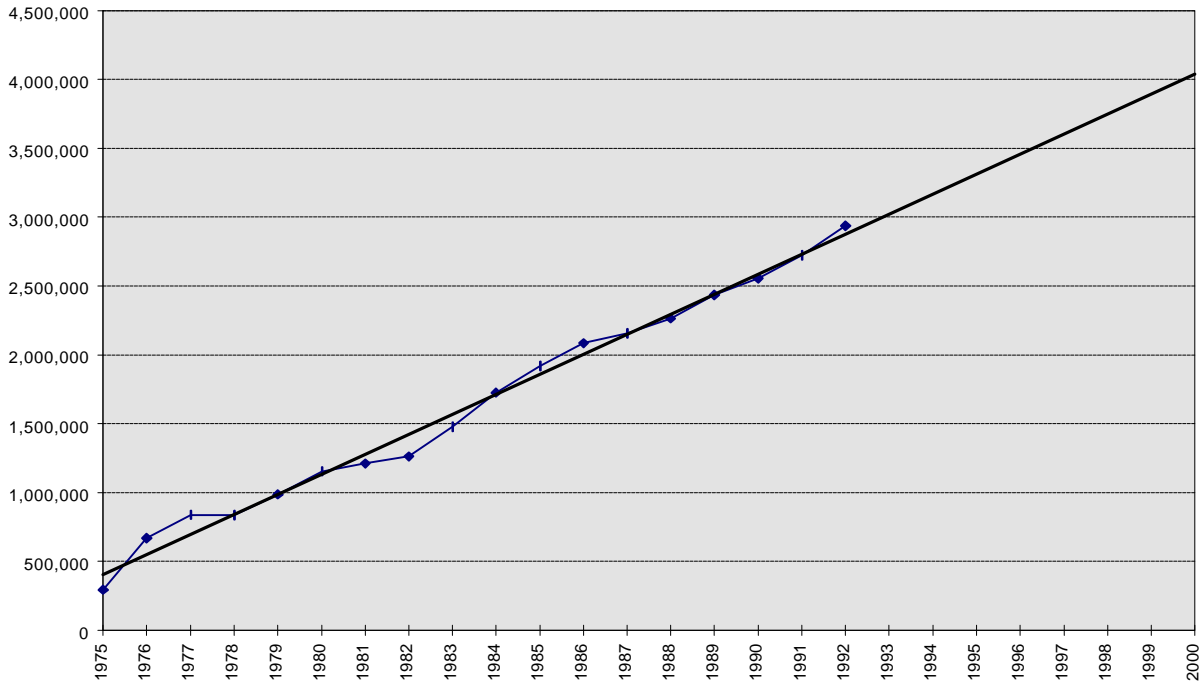
Over the years numerous reform efforts have attempted to reduce not only the number of children placed in care, but the amount of time they spend there. This is the central focus of family preservation. In fact, the key measure of success used by family preservation programs is “prevention of placement.” Earlier efforts at permanency planning were also directed at reducing the number of children in foster care.

Child Abuse/Child Protection

Perhaps the greatest impact on the child welfare system during the last several decades has been the rediscovery of child abuse. By the late sixties, in response to increasing evidence of abuse against infants and children, mandatory child abuse reporting laws were passed in every state. These laws resulted in a meteoric rise in child abuse reports across the United States. Prior to the mandated child abuse reporting laws, about 10,000 child abuse reports were filed annually. By 1992, this would rise to nearly three million nationwide. If current trends continue, child abuse reports will exceed 4 million annually by the year 2000.

Figure 1.5 *Child Abuse Report in the United States (1975 - 2000)*

Child Abuse Reports in the United States, 1975-2000



Source: Lindsey (1994)

Child Abuse in California

The increase in child abuse reports nationally has been mirrored in California. It is difficult to trace the exact change because, after 1985, the collection of child abuse data changed. Beginning in 1985 reliable comparable data have been available statewide. Nevertheless, statewide statistics of child abuse reports are available for earlier periods. These indicate a sharp rise between 1978 and 1993 when the latest figures are available (see Figure 1.6).

While reports rose for all types of abuse, the jump in reports of physical abuse and sexual abuse were particularly sharp (see Table 1.3).

Figure 1.6 Projections Child Abuse Reports in California (1982 - 2000)

Source: Berrick (1994)

Table 1.3 Child Abuse Reports in California by Type

	<u>Physical Abuse</u>	<u>Sexual Abuse</u>
1985	86,694	54,121
1986	101,611	58,458
1987	108,974	64,338
1988	140,167	83,457
1989	155,977	94,188
1990	167,886	96,779
1991	184,681	102,200
1992	200,346	112,036
1993	212,071	117,273

Source: Child Protective Services in California, Data Management and Analysis Bureau, Statistical Series, CPS 1-1978-1 and CPS 1-1979-1; Berrick (1994).

Closing

As throughout the nation, child welfare in California was gradually transformed from child welfare agencies helping families into protective service agencies. Today, child welfare workers function as a kind of “soft police” whose job is to investigate and accuse parents reported for abuse, and remove “at-risk” children from suspected families. The transformation of the child welfare system into a protective and investigative agency has resulted in the narrowing of service eligibility

criteria and consequently the agencies' client base. By investing its money and energies solely on those children who are allegedly mistreated by their parents, the system can no longer provide assistance to children with non-abuse related needs. The public child welfare agency has thus emerged as an agency of "last resort," where only those families against whom have been leveled the most serious allegations of abuse and neglect are given attention by the system. Troubled families with non-abuse related problems (e.g., hunger, homelessness, ill-health) have been inexorably pushed out of the system.

This trend has alarmed many child welfare professionals, who are dismayed at the numbers of children being placed in foster care. In their view, the focus of child welfare, driven by abuse reports, has become altogether too accusatory. They did not enter the profession to investigate and accuse. Instead, their skills should be put to work strengthening and preserving families, not breaking them apart. This concern has contributed to the support for a movement known as "family preservation." The focus is to rescue and "preserve" those families whose children are at "imminent risk" of placement by applying traditional casework methods more rigorously and intensively than may have been done before. Using methodologies and treatment modalities from psychology, social work, and family studies research, child welfare professionals work intensively with the family to keep it together. Early promotional research indicated remarkable success in preventing placement of children in foster care. Translating the successes of family preservation into dollars savings could mean substantial savings for California. Thus, the promise of family preservation has been heralded in California and across the nation, as a breakthrough in child welfare.

CHAPTER II: CHILD WELFARE SERVICES

Historical Responses to Children in Need

The child welfare system is today a vast state bureaucratic enterprise whose purpose is to protect children from abuse and neglect, primarily at the hands of their parents. It is the physical manifestation of a public sentiment that seeks to ensure a minimum level of safety and well being for all children in society. Billions of dollars are spent in the effort, at both state and Federal levels. In his current budget, California Governor Pete Wilson has earmarked more than one billion dollars for child welfare services (Smoley 1995).

To understand the structure of the current child welfare system, it is necessary to examine the underlying premise which has guided its development for the last two hundred years. This will allow the reader to understand not only the system's strengths and weaknesses, but also the direction to be taken in the coming years if we hope to meet the economic and social challenges regarding children that confront us.

From the beginning, the problem of child welfare has been viewed from a *residual perspective* (Lindsey 1994). There has always been a soft spot in our hearts for children. Yet, despite our personal compassion, abandoned, orphaned, abused or neglected children have always been regarded by society as social "leftovers," or residual children. Being without adequate family or other resources these children were to be provided for, if at all, as inexpensively and conveniently as possible, enough to satisfy the social conscience but no more. As Kadushin and Martin (1988, 673) have noted, "In general, arrangements to provide institutional care for children were made for the convenience of the community, not out of the concern for the individual child. Provision of minimal care in the cheapest way was considered adequate care."

State intervention was seen as a measure of last resort, available when all other resources of the family and kinship network were exhausted. Only after all other avenues of help were exhausted were families justified in turning to the wider society (government) for help. When the government did help, this residual approach required that assistance be minimal, time-limited, and confined to highly selective forms of service directed to specific categories of need.

Within this residual perspective, numerous internal debates have arisen over the years. One question that arose early on was: Which was better for such children, foster care or life in an orphanage? Later, when the number of orphans and orphanages declined, and foster care emerged as the dominant choice of child welfare intervention, the questions became: How effective is foster care? How and when should it be used? How can children be kept out of it? Such questions have guided research in child welfare for more than a century (Wolins and Piliavin 1964). However, the underlying premise, that neglected, abandoned, and orphaned children are a social problem to be dealt with in a residual fashion (minimal intervention), has continued unexamined.

Early Orphanages

Until the mid-nineteenth century, provision for the welfare of orphaned or abandoned children took the form of institutional custodial care. Children were lodged, as had been the practice since the seventeenth century in Europe, in infirmaries and almshouses (poorhouses) alongside the aged, infirm, and insane. Needless to say, the circumstances in which young children were condemned to live were frequently appalling.

Investigations and exposés of the conditions of almshouses gave rise to a reform movement to place children in more humane surroundings, such as children's orphanages and asylums. Orphanages were large custodial institutions that provided food and shelter to sometimes hundreds of children of all ages in a single building. Although expensive to operate, they nevertheless removed children to an environment where their needs could be more adequately addressed. Many children entered the orphanage as infants and left as young adults. Although orphanages were regarded as cold, people-processing institutions lacking the warmth and loving care of family life, they continued to proliferate through out the 1800s, until by the end of the century they housed in excess of 100,000 children.

The Invention of Foster Care

In New York in 1853, Charles Loring Brace founded the Children's Aid Society and developed the “placing-out system” (or foster care) as an alternative to life in large custodial institutions such as orphanages and almshouses. Brace began sending children from the streets of New York to farm homes in Ohio, Michigan, Illinois, and Indiana. Children were sent in groups of about a hundred each to designated places where farmers and their families would gather to receive them. Between 1853 and 1890 the Children's Aid Society “placed out” more than 92,000 children from the almshouses, orphanages and slums of New York City to family farms in the Midwest.

Brace argued that placing children with farm families in the Midwest represented more than just care and provision for orphaned and abandoned children—it represented an avenue of upward mobility and an avenue for children to escape poverty. He wrote: “When placed in a farmer's family, [the child] grows up as one of their number, and shares in all the social influences of the class. The peculiar temptations to which he has been subject—such, for instance, as stealing and vagrancy— are reduced to a minimum; his self-respect is raised, and the chances of success held out to a laborer in this country, with the influence of school and religion, soon raise him far above the class from which he sprang.” (Brace 1880, 23)

Brace's experiment was favorably received by many people concerned with the problem of orphaned children, and soon became widely used. By the turn of the century the emerging “system” of child welfare consisted not only of numerous large custodial orphanages, but of many foster care agencies like that established by Brace that sought to place orphaned and abandoned children out with farm families.

The Institutionalization of Child Welfare

By the turn of the century, the child welfare system had begun shifting from mere institutional care and “placing out” of children to a broader definition of what child welfare should involve. In the United States, the Children’s Bureau, established in 1912, was heralded, along with the establishment of the juvenile court, as one of the of the Progressive Era. The Children’s Bureau was a Federal agency responsible for research and dissemination of information. In its early years it focused on maternal and child health, child labor and the promotion of mother’s pensions. The achievements of the Children’s Bureau and the child welfare profession at the turn of the Century were enormous (Tiffin 1982).

Infant Mortality

At the turn of the Century almost 1 in 5 children did not live to the end of the first year. According to the Children’s Bureau, infant mortality was the truest index of the welfare of children in a community. Many children died in childbirth. It was not uncommon for the mother to die, especially if she was poor and it was a difficult birth. Those children who survived childbirth were confronted with a new series of threats. Children died of pneumonia, diarrhea, cholera, bacterial infections, diphtheria, measles, convulsions and more. Most of these deaths were preventable and largely the result of poverty and unsanitary conditions.

The first issue tackled by the Children’s Bureau was infant mortality (Tiffin 1982). After studying the problem and identifying its causes, the Bureau mounted a national campaign. Joining forces with public health the Bureau fought for sanitary conditions, improvements in well-baby care, prenatal check-ups, and higher standards for milk. Early campaigns warned mothers of the dangers of raw milk and the value of breast feeding. The efforts of the Children’s Bureau in this area brought dramatic success. There was a rapid decline in infant mortality which continued for the next several decades. Today, the rate of maternal and infant mortality is one-tenth of what it was when the Bureau began its efforts (see Figure 2.1).

As a result of the Bureau’s efforts federal legislation to protect the health of mothers and infants was outlined by public health and social work professionals. The legislation called for the availability of public health nurses, hospital and medical care for mothers and infants, instruction in hygiene, and centers for advising mothers on child health and development issues. The legislation, known as the Sheppard-Towner Bill passed in 1921 by wide margins in both houses of Congress and was signed by the President. The Bill provided for federal grants-in-aid to the states to implement its provisions. Regrettably, the Bill was repealed seven years later as too intrusive into affairs of the family.

Child Labor

At the turn of the Century the scourge of child labor existed in all areas of the country. Children could be found working in the coal mines of Kentucky and Tennessee, in the factories of the industrial states, and in agriculture in virtually every state. The Children’s Bureau organized research and investigations of the exploitation of children in the labor market. The early reform

efforts brought attention to the abuse of children for their labor and led to legislation at both the Federal and state level limiting child labor. However, it was the mechanization of the modern farm and the decline in demand for child labor that was primarily responsible for the great progress against the exploitation of children for their labor.

Figure 2.1 *Maternal Mortality (1915 - 1949)*
(U.S. Birth Registration Area)

Mother's Pensions—The First Family Preservation Movement

So much of what is done in child welfare has been repeated in an earlier time. In the 1890s concern was focused on protecting children from cruelty and neglect at the hands of their parents. In the Progressive Era this concern was challenged by a family preservation movement that was critical of the large number of children who were ending up in institutions and foster homes. At the 1909 White House Conference on Children a consensus was reached that children should

never be removed from their parents “for reasons of poverty.” Every effort to keep children with their parents needed to be made first. Mary Richmond (1901, 31) argued that “the cry of ‘Save the children’ must be superseded by the new cry ‘Save the Family,’ for we cannot save one without the other.” The problems families were facing seemed readily apparent. Virtually all of the families served by the early child-savers were impoverished. Most were widows or mothers raising their children on their own. They had a difficult struggle trying to raise their children, provide and maintain a home, and earn a living. The problem these mothers faced was poverty. The usual view of poverty as a result of indolence and a lack of character were being challenged by social workers.

The effort of the child welfare system must, according to social workers, focus on keeping families together and preventing the problems lone mothers face. In 1899, the Committee on Neglected and Dependent Children urged the importance of family preservation:

Do not be in a hurry to send the children to an institution until you are convinced of the hopelessness of preserving the home. Remember that, when the home is broken up, even temporarily, it is no easy task to bring it together again, and that a few dollars of private charity, a friendly visit, a kind word and a helping hand will lift up the courage of the deserving poor; and this is half the battle, because discouragement begets carelessness.

The general child protection attitude that “if child rescue is the object, stick to that and that alone” began giving way to the view that protecting children meant trying to preserve the family. Central to preserving the family was the view that poor mothers needed public aid so that they could avoid poverty and the conditions which would lead to the need to remove their children. In 1911, Illinois became the first state to provide aid to dependent children in their own homes through a program of mothers’ pensions. The Children’s Bureau joined the effort to promote mothers’ pension programs. Several studies were conducted demonstrating the value of this approach. By 1915, virtually all states considered similar schemes to provide aid to dependent children. By 1919, mothers’ pensions programs had been enacted in thirty-nine states.

The mothers’ pensions programs became the major mechanism for insuring that poor mothers could keep their children and preserve their families. In 1921, more than 45,000 families with 120,000 children were receiving assistance through the mothers’ pension programs. The mothers’ pension programs were the precursor of the Aid to Dependent Children program which was enacted at the federal level in 1935 as part of the Social Security Act.

AFDC and Child Welfare

The great depression saw social welfare become an institutionalized function of government. The Social Security Act became the foundation of the modern welfare state in America. Provisions of the Act provided income protection (or welfare) not only for the elderly (Old Age Assistance) and the disabled (Aid to the Permanently and Totally Disabled [APTD]), but also families headed by mothers (Aid to Dependent Children [ADC] and later Aid to Families with Dependent Children [AFDC]). The Social Security Act also provided federal support for foster care (through Title

IV) for poor families. Yet the administration and control of income protection programs (AFDC) were separate from the child welfare system, including foster care.

The Modern Child Welfare System

The modern public child welfare system emerged after World War II. From 1950 to 1960 the number of full time child welfare caseworkers in California grew from less than 250 to more than 1,000 (Children's Bureau 1968). These figures were reflected nationwide. From 1955 to 1965 the number of child welfare caseworkers doubled, as did the number of children served.

By the mid-twentieth century, the child welfare agencies had also become professional state agencies providing an assortment of services. Child welfare agencies were separate from public welfare agencies. This separation added to the popular support and professional prestige of the child welfare system. In 1967, Alfred Kadushin, one of the great theorists in the field, identified the hierarchy of services child welfare agencies should provide:

- *Supportive.* Direct service programs, such as counseling in the home to help parents fulfill their parental responsibilities, were designed to strengthen and preserve the family.
- *Supplementary.* The provision of income assistance (AFDC) or in-kind services, such as homemaker services and day care, would help parents carry out their parental role responsibilities.
- *Substitute.* Should the parent be unable to meet the essential parental responsibilities, even with the provision of supportive and supplementary services, foster care, group care, residential treatment and even adoption would be provided.

Kadushin regarded these services as being provided from within a residual perspective. The approach was essentially "crisis-oriented and reactive rather than proactive, remedial rather than preventive." Overall, the attitude toward child welfare services was minimal state intrusion in family matters, as caring for children has always been viewed as a private family matter.

This residual perspective had the effect of ratcheting the child welfare service system down so that foster care alone eventually became the heart of the child welfare system. In difficult economic times, services were limited to the most serious cases. The needs of families that did not require the child to be removed had to wait (perhaps indefinitely) for supportive services such as counseling and parent training. Supplementary services such as day care, while theoretically attractive, never became a realistic option.

The residual perspective assumed that family troubles derive either from unknown causes or from shortcomings in the parents (that is, a moral, psychological, physiological, or otherwise personal failing). The child is seen as needing protection from these failings. Foster care emerged as the major tool the child welfare system used to deal with parental and family problems (principally because it was cheaper than anything else). The agency removed the child and then watched and

hoped that the family would sufficiently heal itself to take the child home again. Only occasionally were services provided to the parent.

Thus, the residual perspective was cemented as the underlying premise on which the modern child welfare system rested, providing the framework, the essential background assumptions, for nearly all subsequent research and development in the field. It shaped the questions to be asked. It narrowed the aspirations and opportunities the child welfare system might have. The major textbooks in child welfare all began with the premise of the residual approach (Kadushin and Martin 1988; McGowan and Meezan 1983).

The major advantage of the residual approach was that it allowed services to be directed toward those most in need—disadvantaged children—thereby differentiating child welfare from other activities that were supportive of the welfare of any and all children, such as the Girls Scouts, Campfire Girls, and the Boy Scouts. In large measure, the choice of the residual perspective was pragmatic. Many children could benefit from publicly supported programs (Zeitzi 1964). But if services were made available to all, the amount available to any one child who really needed them would be limited.

The residual perspective was also in keeping with the cherished belief in protecting the privacy of the family, a view which held that “the State should not interfere in the rearing of children unless it can be shown that the child is exposed to a serious risk of harm” (Archard 1993).

Orphans of the Living: Foster Care in the 50s

Because of advances in medical care and the broad improvement in living conditions, the number of orphans in the United States declined as the 20th century progressed. In 1920 there were 38 million children and 750,000 orphans. By 1954, while the number of children had increased to 66 million, the number of orphans had dropped to 60,000 (Pelton 1989). Despite this, the number of children in foster care had increased, from 73,000 in 1923 to 177,000 in 1962. Foster care was thus being provided to children with one or more living parents. It had changed from serving orphaned children to serving “orphans of the living.”

In 1959, a study by two researchers from the School of Social Welfare at the University of California, Berkeley, Henry Maas and Richard Engler, found that children removed from their parents and placed with a foster family on what was to be a “temporary” basis often lingered in foster care for an indeterminate number of years. Further, most children experienced multiple placements. Neglect and abandonment were the most common reasons for foster care placement, followed by death, illness, economic hardship, and marital conflict. It is important to note that no mention was made of child abuse as a causative factor.

Apparently child welfare agencies sought to aid distressed families by removing the children until the families could demonstrate an ability to adequately provide for them. However, many biological families were unable to demonstrate enough improvement to warrant returning the children. Thus, the children lingered in “temporary” foster care for long periods of time, often extending over many years. Joseph Reid termed such children languishing in foster care “orphans

of the living.” Maas and Engler’s research revealed that foster care was no longer a service provided to orphaned children, but rather had been transformed into a holding service provided to living parents who, for a variety of reasons, were unable to care for their children.

In reviewing the original data collected by Maas and Engler, Dwight Ferguson (Ferguson 1961, 5) observed that those families who received a sufficient AFDC grant and were able to adequately care for their children were less likely to have their children removed. However, when the grant was too small, the families often lost their children. Ferguson complained, “Children are being separated from their parents where the primary problem in the family is economic hardship” (1961, 5).

Maas and Engler's findings were subsequently corroborated by other research. Foster care was no longer a service provided to orphaned children, but rather had become a holding service provided to living parents who, for a variety of reasons, were unable to adequately care for their children, and were thus having their children removed and placed in foster care and then simply left there.

Attachment Theory: Advances in Psychological Research

Coincident with the findings that large numbers of children were being left to languish in foster care, other research revealed the importance of providing children with parental nurturing. Children growing up in institutions or in a series of foster homes were deprived of the essential bonding and attachment that comes from a parent. As the famous child development scholar Urie Bronfenbrenner points out, parents provide their children with “irrational love,” a commodity they can get nowhere else.

In 1959 experimental psychologist Harry Harlow began a series of experiments with monkeys designed to understand the importance of a mother's nurturing on the growth and development of a child. He examined what happened to an infant monkey that was raised in isolation from any emotional interaction or attachment with other monkeys. The monkey's cage allowed it to see and hear other monkeys but did not allow any physical contact. Harlow observed that the monkey suffered from intense neurotic behavior when compared to an infant monkey raised with a cloth surrogate mother. Later, when placed with other monkeys, the isolated monkey would spend most of its time huddled in a corner, rocking and clasping itself. Further, the effects of social isolation continued into adulthood.

Harlow's experiments provided dramatic evidence of the importance of parental affection and care to the developing child. The research emphasized the importance of providing children with parental nurturing. Children growing up in institutions or in a series of foster homes were deprived of the essential bonding and attachment that comes from a parent.

Researcher John Bowlby extended Harlow’s findings by documenting his findings that children who had been separated from their parents during the second or third year of life (because of war or other reasons), suffered severe distress. According to Bowlby (1969), the “loss of the mother” during this early period of life generated “depression, hysteria, or psychopathic traits in adults.”

Bowlby concluded that disruption of the continuity of the emotional relationship with the parent seriously disrupts the normal development of a child.

The implication of Harlow and Bowlby's research for child welfare was obvious. Children deprived of parental love and affection not only suffered from stunted psychological development but also experienced distorted and harmful developmental consequences. Developmental and child psychiatrists interpreted the results to mean that removing children from their parents, for whatever reason, was harmful to their development (Goldstein, Freud, and Solnit 1978). Foster care could no longer be considered a harmless intervention applied for the benefit of the child. If used inappropriately, it could cause severe psychological harm. Further, the multiple placements many children experienced were especially harmful. Maas and Engler (1959) had observed from their research that "Children who move through a series of families are reared without close and continuing ties to a responsible adult have more than the usual problems in discovering who they are. These are the children who learn to develop shallow roots in relationships with others, who try to please but cannot trust, or who strike out before they can be let down. These are the children about whom we were most concerned."

Longitudinal Research on Foster Care

In 1965, Columbia University researchers David Fanshel and Eugene Shinn conducted a study that focused on the impact of foster care on the psychological and social development of children. In examining 659 children who entered foster care in New York over a five-year period, they found a system that was not guided by any systematic scientific knowledge or principles. Although most children who came into foster care eventually left, they spent years in foster care before getting out. In most cases, the home situation they returned to had not improved, but deteriorated.

Using a battery of psychological, intellectual, and emotional measures, the study provided an objective and comprehensive assessment of the impact of foster care on children. The study found little evidence that foster care had a detrimental impact on children in terms of personality, intellectual growth, or social development and behavior. In fact, most children appeared to improve slightly while in foster care. However, the most important determinant for this to happen was parental visiting. Those children who were visited by their parents while in foster care did well, and showed greater improvement, and were more likely to be restored to their family than were children who were rarely visited by their parent(s). According to Fanshel and Shinn (1978, 538), "Of those children who remained in foster care after five years, more than half had not been visited by their parents for more than a year." Here again were the orphans of the living decried in the Maas and Engler study. Again the question arose: Why, in the absence of contact with their parents, were children being kept in foster care?

In the decade following, the "permanency planning" movement would emphasize the importance of ensuring that children not be left to drift in foster care so as not to detrimentally impact their emotional and psychological development. Caseworkers in child welfare agencies would continue to believe that foster care, in and of itself, was not necessarily harmful to all children as long as it was temporary.

Permanency Planning

During the 1970s several major research projects, motivated by a collective need in the profession to force accountability, instituted changes in the child welfare delivery system that would not only reduce the number of children entering foster care, but would disallow children from lingering in care once they entered. The studies demonstrated that the existing child welfare system could, through organizational and structural reform based on research, be made more effective at reduced cost.

The first study, known as the Comprehensive Emergency Services (CES) program, proposed major changes in the way children entered the child welfare system. The second project, the Alameda Project, examined what changes could be made in casework services provided to children and families once they entered. The third study, the Oregon Project, examined how children exit foster care and investigated strategies for reducing the number of children lingering in foster care.

Permanency Planning Demonstration Projects

Comprehensive Emergency Services System (CES). In 1970, Marvin Burt and Louis Blair set out to examine the adequacy of the ongoing child welfare service delivery system. The investigators felt that the system was not functioning well, and they hoped to identify problems and devise, institute, and test workable solutions. The site chosen for the study was Nashville-Davidson county, Tennessee, considered to be a fairly typical urban child welfare system. What was true there would likely be true nationwide.

What the investigators found in Nashville-Davidson county was a fragmented and uncoordinated federation of state, local, and voluntary agencies. No single agency had the authority to ensure that the problems of children and families were being effectively and comprehensively served. Children were often shuttled from the police to the courts to the social service agency and then into a mix of out-of-home care facilities. At any one time, no one could explain why one child was being treated differently than another. For example, the mother of two is suddenly hospitalized. The father, a trucker, is currently away from home. Called to the home by neighbors, the police have no other choice but to take the children into custody and initiate court action placing them in state custody. In a short time, the children have ended in a foster home, even in a residential, locked-door treatment facility.

Child welfare services consisted of a hodgepodge of different agencies providing services to selected categories of needs. Children and families were dealt with when they seemed to match a particular category of problem. Otherwise they were dismissed, or dealt with summarily in a manner that did not fit the circumstance. Further, most children's and family's need for services occurred after normal office hours. Nevertheless, no after hours emergency services existed except what the police might offer. Consequently, more children were getting into the child welfare system than should have gotten in.

Once in, the bureaucratic door closed behind them, and they found it hard to get out. Bureaucratic inertia asserted itself. Procedures had to be followed, hearings held, and interviews conducted. No one wanted to take responsibility for releasing the children back into a possibly dangerous home environment. The burden of proof shifted from the agency, which, in its view, had acted correctly in removing the children, to the parents who must now prove why their children should be allowed to return home.

Burt and Blair proposed the development of a comprehensive child welfare emergency services program that would (1) coordinate and reorganize child services, and (2) provide a comprehensive emergency service system to screen out people who did not need to get in, while providing more comprehensive services for those who did. The point was to ensure retention of children in their own homes or, if that was not possible, their return home at the earliest possible time.

The emergency services system encompassed four units:

1. A twenty-four hour emergency intake service that allowed for both coordination of services and provision of care on a twenty-four-hour, seven-days-a-week basis
2. An emergency caretaker service for children temporarily left without supervision, in which caretakers would stay at the home with the children until the parent returned
3. An emergency homemaker service for those children or families where extended in-home care was needed
4. An emergency, short term foster care service that would take the children only until they could be returned home or placed elsewhere

Spectacular results were achieved almost immediately. Before the program's implementation, 46 percent of the children who came to the attention of child welfare authorities were placed in foster care. After the CES system was implemented the rate of placement dropped to 8 percent, a more than five-fold decrease.

The CES program was, in fact, a precursor to the family preservation services approach, and its success no doubt explains the current interest in family preservation programs. The two share close similarities: Like some family preservation models, CES was essentially a short term, intensive, "emergency services" system. While CES relied on paraprofessional homemakers and caretakers to provide services, many family preservation programs utilize trained social workers with limited case loads.

The Alameda Project. While in the early '70s the Comprehensive Emergency Services system attempted to modify the intake process to prevent the inappropriate placement of children in foster care, the Alameda Project in the mid '70s focused on the delivery of effective services to the client after entry. Theodore Stein, Eileen Gambrill, and Kermit Wiltse, three researchers from the School of Social Welfare at the University of California, Berkeley, conducted a major federal demonstration project. The Alameda Project had three major objectives. First, it attempted to increase the continuity of care for children taken into care. Too many children, after coming into foster care, were cast adrift. Coupled with this, was a dearth of services to the biological family.

Previous research by Fanshel, Jenkins, and others had shown that services to the biological family was crucial in successfully restoring the child to the family. The best predictor of restoration was the extent of parental visits to a child in foster care.

Second, the Alameda Project wanted to compare the effectiveness of a systematic case management procedure including behavioral intervention methods, with conventional casework methods. Until now, casework had involved limited systematic planning. Many children had failed to have case plans developed. Part of the proposed systematic case management procedure involved using “contracts” with biological parents to encourage the visiting that had proven so important to the eventual restoration of their children. When children came into care, the experimental caseworkers would work with the biological parent to develop a contract that outlined the expectations, procedures and responsibilities of the agency, and that spelled out the actions the parent would have to take to reunite their children with them. This included a visitation schedule as well as other provisions that varied from case to case.

Thus, the strategy of the Alameda Project was to involve the biological parent in the process that would lead to restoration. At the same time, problems in the family that had necessitated the substitute care were identified and became the target of behavioral intervention and change. The primary task of the caseworker was to provide the services the biological parent needed to have their child reunited.

Services to the Biological Parent: The third objective of the Alameda Project was to assess the value of dividing services among two workers monitoring the success of casework in both areas. The project design specified that responsibility for each case was to be divided between two social workers: one worker would concentrate on problems within the biological family, while the other served the child and the foster family.

Casework has long been viewed as most useful when provided to the biological parent. It was the problems of the parent(s) that had led to placement. The child only required monitoring to ensure that he or she was adjusting to the foster placement and was being properly cared for. The principal task of casework in the Alameda Project was to assist the parent in solving the problems that led to the removal of their children. Although the idea seemed obvious, child welfare services too often concentrated on the child while the parent was left to fend for him- or herself.

To prepare caseworkers for the experiment, the project staff first underwent training in the use of systematic case management procedures, including the use of behavioral intervention methods. The sample consisted of children assigned to either the experimental group or the control group. Children in the experimental group would be served by the experimental staff according to the experimental guidelines developed by the project. The control group represented children served in the usual way by workers not associated with the project.

In light of previous studies questioning the effectiveness of casework services, the results of the Alameda Project were impressive. At the end of the second year of the project, 60 percent of the experimental group children had been restored to their families, compared to only 32 percent of those in the control group. Further, 15 percent of those in the experimental group had been

adopted, whereas only 9 percent of those in the control group had been adopted. At the end of the experimental period, 57 percent of the children in the control group remained in long-term foster care, compared to only 21 percent in the experimental group. Clearly, the Alameda Project staff had greater success in achieving their goal of restoring children to their biological homes, or providing them with some sense of permanency—that is, through adoption—than did the conventional foster care program.

For young people entering the substitute care system, the casework management methods developed by the Alameda Project were extremely effective in restoring children to their families. As well, the behavioral intervention methods pioneered in this application to child welfare services represented a promising technology for improving the effective delivery of service by trained workers.

The Oregon Project. Whereas the Comprehensive Emergency Services project examined reform of the intake and entry system and emphasized prevention of unnecessary placement, the Alameda Project examined programmatic changes in the casework services provided once children enter into care, the Oregon Project focused on how children leave foster care.

The Oregon Project initiated in 1973 was a collaboration between Victor Pike (1976, 1977) of the Oregon Children's Services Division and Arthur Emlen, a social work researcher at Portland State University. The project examined strategies for reducing the backlog of children that accumulated in foster care for the relative lack of just such systematic interventions as those used in the Alameda Project.

Studies of the foster care system had consistently found that, despite the best efforts of workers and agencies, some families and parents did not respond, with the result that an unwarranted large number of children accumulated in long-term foster care. No one had yet developed a strategy to either restore them to their families, or to place them in a permanent setting. The children too often simply drifted in long term foster care for years, experiencing multiple placements and being denied the sense of permanency children find in their own home. Instead of just lamenting the situation of children adrift in the foster care system, Victor Pike urged a concerted effort to end the plight of these children. Underlying the desire for permanency was the recognition, first raised by Bowlby and Harlow, that long-term foster care was undesirable, even harmful. The denial of parental love and compassion could diminish the capacity for these qualities in children raised in foster care.

Second, foster care had never been regarded as a therapeutic modality, only a temporary way of getting children out of harm's way. That the family problems that had initiated it remained unresolved was a telling comment upon the effectiveness of the methods used by the child welfare system. Third, children were not necessarily safer in foster care. In fact, studies had suggested that foster care is too frequently more dangerous than the family from which the child is removed.

Finally, long-term foster care was expensive. Government costs of maintaining a child in long-term foster care was approximately \$15,000 per year. In this regard, the study came to be of

particular interest to legislators, who were eager to find ways to reduce costs, while also improving the child welfare system.

Faced with more than 4,400 children in foster care in Oregon, the project staff developed strategies designed to place the child permanently, either with the biological family or with an adoptive family. The Oregon Project staff designed a procedure for screening the children currently in care to identify those who appeared likely candidates for long-term placement. The screening criteria posed four questions that, based upon previous experience, would likely identify children headed for long-term care.

- Had the child been in care more than one year? If so, the child was likely to be headed for long-term foster care unless something was done. Research had indicated that with each subsequent year in foster care, a child's probability of returning home diminished. Half of the children selected by the screening process had been in foster care for more than two years before the project began. Further, many of the children had experienced multiple placements.
- Was the child unlikely to return home? Did difficult, unresolved problems with the biological family indicate that the child was likely to continue in care?
- Was the child adoptable? One of the purposes of this project was to identify those children who were adoptable.
- Was the child less than 12 years old? The project focused on children under 12 because they were considered the most easily adoptable.

Terminating Parental Rights

Normally, few biological parents ever received services from the child welfare system. Even when services were provided, some parents showed little interest in having their children returned. What could the caseworker do when the parent(s) did not want to cooperate in devising ways that would allow their children to return home?

The Oregon Project developed procedures that would free children for adoption when their parents showed little interest in having them restored. One of the most important was the right of the caseworker to petition to terminate parental rights. Historically, termination of parental rights had been viewed as a last resort that should be invoked only under the most extreme circumstances.

Prior to the implementation of the Oregon Project, some legislative groundwork for the Termination of Parental Rights (TPR) had been established. Guidelines for termination included the following situations:

- The parent had abandoned the child and could not be contacted after a strenuous search of 6 months
- The parent had deserted the child for more than one year and could not be found
- The parent had deserted the child for more than one year, and had been found, but restoration with the parent could be detrimental to the child

- The parent suffered a condition that was seriously detrimental to the child and was not remediable
- The parent with no diagnosable condition continually failed to perform minimally to work toward change that would lead to the restoration of the child

Termination of parental rights had long been a neglected area of child welfare. The law surrounding termination had been the principle domain of the legal community. Child welfare caseworkers called upon termination proceedings only for the most severe cases of abuse or circumstances involving felony behavior by the parents (i.e., drug trafficking, serious sexual assault, severe physical harm). To strengthen warnings that the child welfare caseworkers would take decisive action if the parent(s) did not demonstrate a sincere commitment to reunification with their children, the Project staff worked to strengthen and clarify the termination of parental rights statutes.

Like the Alameda Project, the Oregon Project staff developed a training program and materials to aid the project social workers. The training focused on what rules and procedures might best get children out of long-term care and into permanent placement. Their major new weapon was the threat of termination of parental rights if the parents did not cooperate.

During a three-year period beginning in November of 1973 the staff worked with 509 children selected using the screening procedure to identify those likely to drift in care from the 2,283 children in foster care. By October 31, 1976, permanent plans had been implemented for 72 percent of these children. Twenty-seven percent had been restored to their biological family.

An impressive 52 percent were freed for adoption and either had been adopted or were in the process of being adopted. This represented an unheard of level of success in freeing children for adoption. Overall, 90 percent of the children in the Oregon Project either had plans for permanency implemented or the plans were in progress. Clearly, the backlog of children in the foster care system was being shifted out of temporary care into a permanent setting.

Although the Oregon Project did not have a comparison or control group, it was evident that the progress achieved was greater than would otherwise have been achieved using normal procedures (Emlen 1976). When compared to children in other non-experimental counties, the Oregon Project children were more rapidly and frequently placed in permanent settings. In counties where the project was implemented, the average daily population of children in foster care dropped by 31 percent, compared to only a 4 percent reduction in nonproject counties. Most of the drop was attributed to the success of putting children in permanent placements.

In addition to providing children with a sense of permanency, the Oregon Project resulted in considerable financial savings. A cost analysis estimated that the project saved more than a million dollars in foster care payments alone (even without amortizing the expected care payments of the project cases over their projected career in foster care).

Conceptual Base for Comprehensive Child Welfare Reform

Overall, the above three demonstration projects showed that comprehensive improvements to the child welfare services system could be achieved. The Comprehensive Emergency Services program (CES) had produced a more than fivefold decrease in the rate of foster care placements (from 46 percent to 8 percent). Within the first year the Alameda Project was able to restore children to their biological parents at a rate almost twice as high as that achieved by an equivalent control group (60 percent versus 32 percent). The Oregon Project was able to permanently place almost 80 percent of children who had been in foster care for more than one year and who seemed likely to remain in care for years to come (27 percent reunited and 52 percent adopted).

The single unifying theme among the demonstration projects was the concept of “permanency planning,” which postulated the importance that foster care be temporary and that children either be returned to their biological family or placed in adoption as soon as possible. No longer would children enter foster care inappropriately and drift in care once they had entered for years on end. The projects showed that, if the objectives of foster care were clear, the system could meet those objectives in an effective fashion. They demonstrated the potential of child welfare professionals to use research-based knowledge to achieve more effective social service programs.

The stage was now set for major child welfare reform. In combination the reforms promised a substantial reduction in the number of children entering care. By conservative estimate, the cumulative impact of these reforms would have likely reduced the number of children in foster care by more than 70 percent.

The Adoption Assistance and Child Welfare Act (PL 92-272)

For a time child welfare professionals were hopeful and expectant that fundamental reform guided by scientific research was not only possible but imminent. And with reform would come decreased numbers of children in foster care. In fact, the demonstration programs ushered in major federal child welfare legislation, particularly the Adoption Assistance and Child Welfare Act (PL 96-272) passed by the U.S. Congress in 1980. This act implemented the concept of permanency planning, providing federal funding to the states to support efforts to restore children to their biological parents or to free them for adoption using legal efforts to terminate parental rights.

Unfortunately, the actual funds to achieve these reforms were never provided. Under the Reagan Administration, the 1980s were characterized by broad scale reductions in federal spending for social programs. Child welfare services saw a virtual end to support for major demonstration programs, even though these represented a proven technology to facilitate permanency planning and reduce the number of children in foster care.

The lack of vigorous federal support for “permanency planning” was by itself probably not sufficient to derail efforts to reform the child welfare system. Other changes were shifting the ground upon which the traditional approach to child welfare services rested. Social forces outside the residual and casework perspective were impacting the family in ways that the traditional

approach was unable to address. First, the American family was changing in ways that invalidated traditional child welfare approaches and perspectives. Second, the rediscovery of child abuse and the subsequent passage of mandatory child abuse reporting laws would not only undermine child welfare reform efforts but transform the system in ways that were never expected.

The Changing American Family

The traditional approach to child welfare was developed at a time when the economy was expanding, the divorce rate was low, and children born out-of-wedlock were rare. By mid-century broad social changes, which began just as the traditional approach to child welfare was taking hold, were impacting families in ways that were not amenable to being solved through the traditional approach.

The changes to the American family started during World War II when almost five million women left the home to work in defense plants. In the next decades women began entering the labor market in increasing numbers, many choosing to work even when they had children. In 1950 only 10 percent of mothers with children under 6 worked outside the home. By 1960 the numbers had increased to 20 percent, by 1970 to more than 30 percent, and by 1993 to 60 percent. By 1992 more than half of all mothers with infants less than one year old were employed outside the home.

The continuing entry of women, especially those with children, into the labor force, raised troubling questions: What will happen to the family with mothers working? Who will cook? Keep house? Wash, dress, and feed the children? The questions seem innocent, but underneath they address social developments that are exceedingly complex, and hold disruptive implications for family social structure, as well as for the traditional approach to child welfare which seeks to safeguard that structure.

Children Unsupervised

Of particular concern is that with women working and child care difficult to find, many children are left virtually unsupervised. The U.S. Census Bureau has estimated that approximately 2.1 million children under age 13 are left without adult supervision both before and after school (the so-called “latchkey children”). Pryor (1991) has observed that “child left unattended” is the major reason children are reported for child abuse in New York.

Divorce and Unwed Motherhood: Two Paths to Becoming a Lone Parent

Between 1960 and 1992 the number of divorces in the United States tripled, from approximately 400,000 to more than 1,200,000 a year. Today, almost one half of all marriages end in divorce. Moreover, in the last twenty-five years the number of children involved in divorce has increased three-fold. From 1950 to 1991 the number of children born out-of-wedlock in the United States increased from 142,000 to more than 1,200,000 per year.

The consequence of a rising divorce rate and increasing numbers of children born out-of-wedlock has been a sharp increase in the number of lone parent households, increasing from 2.8 million in 1960 to more than 9 million in 1990, of which only 16 percent are headed by fathers. The percentage of children who lived with a never married mother was 4.2 percent in 1960; by 1970 this increased to 6.8 percent, and by 1980 to 14.6 percent. By 1990 more than 30 percent of all children were living with a never married parent. Among African-Americans the rise in lone mother families has been particularly steep and has now become the predominant family arrangement for this group.

Poverty: The Consequence of Being a Lone Parent

Lone parents, the vast majority of whom are women, are almost always obliged to find work outside the home. To support their family they must shoulder the burden of two jobs—homemaker as well as employee outside the home. As they have attempted to do this, their economic situation has inevitably declined.

It might be expected that after divorce, child support payments and alimony would equalize economic conditions for both father and mother. However, the actual consequence has been a downward economic plunge for the mother and children (whose care almost invariably falls to the mother), matched with improved economic circumstances for the father. Examining the economic situation of families after a divorce, Weitzman (1985) found that the mother and children experienced a 73 percent decline in their standard of living, while the father's standard of living increased by 42 percent.

Duncan and Hoffman (1985) reported that one year after divorce, the income of men declined on average from \$25,403 to \$21,488, while women experienced a decline from \$23,213 to \$13,822. However, five years after the divorce the income for men was, on average, greater than before the divorce. For women, restoration to pre-divorce income almost always required remarriage. Women who did not remarry five years later averaged \$15,178, compared to \$22,871 for women who remarried. This occurred even though the percentage of women who worked more than 1,000 hours per year increased from 51 percent before divorce to more than 73 percent after divorce.

The declining support from income transfer programs such as AFDC and social assistance has exacerbated the problem. Too often, income assistance programs have proven a trap for lone parents. Eligibility and levels of support have been tied, not to care for children, but to labor force participation by the lone parent outside the home. Consequently, lone parents have faced a situation where program eligibility requirements have failed to make it cost-effective for them to leave public assistance.

The Feminization of Poverty

One would expect that as women worked more their overall economic situation would improve. However, as women have taken on substantial new burdens, their economic situation has, in fact,

deteriorated. In 1987, the median income of all two-parent families in the United States was \$35,423, while that of families headed by a lone mother was only \$9,838.

This economic decline is not surprising. With only one potential wage earner, lone mothers with children face major barriers to earning adequate income. The result is that today lone mothers and their children constitute the largest social group afflicted by poverty. Almost 60 percent of all households headed by lone mothers have income below the poverty line. Lone mothers face enormous demands with often little community or government support. Their economic situation has led to more than one fifth of all children growing up in poverty.

The Responsibility of Fathers

Because child support collection in the United States is a civil matter, responsibility for collecting it has fallen to the lone mother. However, the courts have proven a tool of limited effectiveness for mothers to use in enforcing child support. Overall fathers have found the legal system, with all of its safeguards and protections, an easy enforcement mechanism to sidestep.

Since child support collection lacks reciprocity (that is, the mothers have nothing to withhold from the nonpaying father), the consequences for fathers who avoid payment have been insignificant. If the father pays, it is more out of moral obligation than any legal coercion. Consequently, most mothers and their children have ended up going without child support, and either make do with less or work harder to make up the difference.

The situation for unwed mothers is even more difficult. Those women who elect not to terminate an unplanned pregnancy or give up the child for adoption assume an eighteen-year burden of raising the child on their own. Although a man has obviously been involved, paternity must be established before the man can be compelled to pay child support. Census studies have indicated that fewer than 1 in 8 unwed fathers pay child support. For an unwed, uneducated teenage mother, the task of providing proper child care, maintaining a household, and working full time in a job market that provides reduced opportunities for women is difficult to say the least.

Limits of the Residual Approach to Helping the Changing Family

The broad social changes impacting the family have not been amenable to solutions through the residual child welfare system, whose main service has become foster care. Foster care does not address the problems women face as a result of their increased entry into the labor market, nor can it limit the increased divorce rate or the rise in single parent families. All it can do is respond to the most egregious problems of child abuse and neglect. It can only monitor, through the use of the child abuse reporting systems, the actions of poor mothers, removing children when failure to provide proper care reaches an unspecified threshold. It can not prevent these problems from occurring in the first place. The residual perspective on which the system is founded does not, and can not, speak to the issues of child poverty.

Nor have social programs been developed that take proper consideration of the circumstances of lone mothers. For example, with the increasing number of women entering the labor force who

are unable to care for their children at home, combined with the demand that lone mothers enter the labor market, adequate attention has not been given to providing universal child care. It is a policy need that has remained unaddressed since the 1950s.

Nevertheless, child welfare policy has not kept pace with the dramatic changes in the family. As Polakow (1993, 23) observes, “While families have changed in profound ways, particular myths of the family and consequently of motherhood have endured, myths that have placed mother in a specific domestic and social space in relation to husband, children and the state.” The tenacious hold of these views of the family have restricted progress toward functional solutions.

The Re-emergence of Child Abuse

Concurrent with the social changes impacting the family a social phenomenon had been building that would eclipse all efforts to reform child welfare. It would, within a few years, remove any pretense of maintaining the traditional approach. That phenomenon was child abuse.

In 1946, a radiologist, John Caffey, reported multiple long-bone fractures and contusions in the arms and legs of children who had been admitted to the hospital for treatment of subdural hematoma (pooling of blood under the skull). Caffey, not having contact with the patient or the family, or having no reason to suspect trauma from assault, duly reported the symptoms of what might be some strange new disease in the *American Journal of Roentgenology*, the professional journal for research on the medical applications of X-ray technology.

In 1953, Silverman reported symptoms similar to those observed by Caffey in three cases of infants. Silverman, however, concluded that the bone changes were the result of traumatic injuries accumulated over time. He urged physicians to obtain reliable patient histories so that the etiology of these injuries might be better understood.

In 1955, Woolley and Evans published a review of reports of infants coming into medical facilities with two syndromes of serious physical injury: (1) subdural hematoma with multiple long bone fractures, and (2) traumatic periostitis (inflammation of bone tissue). Little evidence existed to suggest that these were due either to disease or to an unusual bone fragility in the affected infants. When the researchers examined the infants' family backgrounds for explanations they found that the infants “came invariably from unstable households with a high incidence of neurotic or frankly psychotic behavior on the part of at least one adult.” The researchers published their work in the *Journal of the American Medical Association* from where it emerged into the popular media and electrified the public.

In 1962, C. Henry Kempe conducted a survey of eighty-eight hospitals in which he identified 302 children who had been “battered.” The survey, which for the first time defined the “battered child syndrome,” graphically catalogued brutality to young children, many of whom suffered multiple injuries. While earlier discoveries of the child abuse phenomenon had smoldered in the public consciousness, Kempe’s report ignited a broad-based national effort to find ways to protect children. Specifically, it led to calls for child abuse reporting systems, to ensure that whenever a

“battered child” was even suspected, the case would be reported and measures taken to protect the child.

By 1966 all fifty states had passed legislation regulating child abuse, all of which mandated reporting. By 1986, every state but one required reporting of neglect, and forty-one states made explicit reference to reporting of emotional or psychological abuse. Initially mandated reporting was limited to physicians, but this was eventually extended to include teachers, nurses, counselors, and the general public.

The Avalanche of Child Abuse Reports

The state mandated reporting laws resulted in a meteoric rise in child abuse reports across the United States. In 1962, when Kempe and his colleagues published their report, there had been about 10,000 child abuse reports. By 1976, child abuse reports had risen to more than 669,000, and, by 1978 to 836,000. By 1992, almost three million reports of child abuse were filed nationwide, including 1,261 child-abuse-related fatalities. If current trends continue, it is projected that more than 4 million children will be reported for abuse annually by the year 2000.

To understand the impact of child abuse reports on child welfare agencies, it is important to understand the perceived mission of child welfare agencies prior to this time. Although concern with child abuse had played an important part in the activities of early nineteenth century children’s aid societies, during the first half of the twentieth century, it had steadily declined in emphasis, and been a minor concern from 1920 to the 1960s. Child abuse was not central to the traditional approach of child welfare. With the emergence of mandated child abuse reporting, however, this side role was transformed into center stage concern by an avalanche of child abuse reports that abruptly redirected the goals of child welfare agencies.

Decade of Transformation

The decades of the 70s and 80s saw child welfare agencies transformed from foster care agencies to protective service organizations whose resources were shifted from providing services to needy children and families to investigating and intervening in the increasing number of child abuse reports. For every report that was received, a child welfare agency worker was sent to investigate. The investigation could take a week, two weeks, a month, or longer, before sufficient data was collected that would permit a decision on what action should be taken. The process was difficult and expensive.

From the outset, the approach taken by agencies in investigating child abuse reports was accusatory. The caseworker's responsibility was to collect information that might eventually be used against the parent. Whereas previously the welfare worker was coming forward to help a troubled family, the worker was now an inquisitor prying into and judging the family.

As public awareness campaigns continued to alert the public to the prevalence of child abuse, the number of reports escalated, which, in turn increased the need for more investigators and resources in child welfare agencies. At the same time the mood in society and government was

turning increasingly skeptical toward social programs. Throughout the eighties, expenditures for social services were repeatedly cut. Paradoxically, while the public continued to demand greater efforts to curb child abuse, it was increasingly unwilling to fund those efforts. Thus, child welfare was having to confront a steadily growing problem with steadily diminishing resources. The result was a continual narrowing of focus regarding who should receive child welfare services.

The residual approach had always necessitated a “means test”—poverty, neglect, abandonment, being orphaned—before the child would be granted services. Child abuse now became the litmus test for conferring eligibility. Moreover, how severe was the abuse? Was the child being beaten, sexually molested, starved, tortured, injured to the brink of death? The millions of children living in destitute families, whose hopes and dreams were daily obliterated by poverty, and whom the agencies had previously attempted to aid, now, because they did not qualify, began dropping through the holes of the protective services safety net. To make matters worse, family supportive services that might have alleviated the demand for child welfare services were often cut to finance the new protective service investigations. In 1976, for example, 70 percent of those who came to the attention of the public child welfare system in California received in-home or out-of-home services beyond initial screening and referral. In 1992, less than 6 percent of those reported for child abuse received these services (Karski 1995).

Today, in most states, child abuse is the central concern of the public child welfare system. With the exception of voluntary adoptions, the only way children enter the child welfare system is through an allegation of child abuse or neglect.

The Transformation of Child Welfare to Child Protection in California

In October, 1982, California passed this sweeping legislation, Senate Bill 14 (Presley) which put it at the cutting edge of change, attempting one of the first comprehensive reforms of the public child welfare system in the United States. The legislation was in concert with the federal legislation, the Adoptions Assistance and Child Welfare Act (PL 96-272), that provided support for permanency planning, the aim of which was to reduce the number of children coming into care, direct systematic services toward family reunification, and reduce the number of children remaining in foster care more than two years (Barth and Berry 1987). However, these efforts at reform in California were substantially derailed by the rising reports of abuse.

The basic structure of the child abuse reporting system in California was articulated in SB 14. The new child welfare system created by this legislation combined elements from the permanency planning demonstration projects discussed earlier with a central focus on child protection. The reforms suggested in the demonstration projects are evident in each of the major parts of the 1982 legislation (State Department of Social Services 1985). The legislation encompassed four major programs:

The *Emergency Response* (ER) Program provided immediate, 24-hours-a-day response by a social worker to a report of abuse, neglect or exploitation for the purpose of initial intake services and crisis intervention. The purpose of the response was to maintain the child safely in his/her home or to protect the safety of the child through placement in emergency shelter care. The

passage of SB 14 mandated that the emergency response program be a separate program statewide.

Family Maintenance provides time-limited supportive services to prevent child neglect or abuse. Services were provided to families for up to one year after they have been identified through the Emergency Response program in order to prevent removal of children and placement in foster care. Services provided include counseling, emergency shelter, parent training, and other supportive services.

Family Reunification provides time-limited services while children are in temporary foster care and their biological families with the purpose to reunite the child with their family. Building on research such as the Alameda Project, Family Reunification established case management and service requirements that must be provided to all families. The services would be provided for up to eight months; services can be extended another 6 months but only after a court order.

Permanent Placement, modeled on the reforms of the Oregon Project, provides services to children who are not likely to return home or cannot be returned safely to their families. In line with the concept of “permanency planning,” adoption is preferred to long-term placement.

In 1987, California made a number of important changes to SB 14 (Presley) to conform its child protective system to federal legislation. The changes were designed to clarify and tighten out-of-home placement regulations. The key elements of the SB 243 provided that:

- Termination of parental rights and removal from the home was made dependent on a finding that the child is in danger
- The definition of physical child abuse was specified and more narrowly defined
- The preference of kinship placement over a foster home was re-emphasized

As the number of children in foster care has continued to increase, California has been developing family preservation programs designed to reduce the number of children coming into foster care. Legislation authorizing all counties to establish family preservation programs, funded from a portion of their allocation of state foster care funding, was enacted in 1990, 1991, and 1992 (Bronzan).

Today, child welfare in California, as elsewhere in the United States, has been completely transformed into a child protection system. Children enter into it only when they are reported for abuse or neglect. The only exception is for voluntary adoptions. Access to the child welfare system in California requires a child be reported for neglect or abuse. Most of the children reported, more than 93 percent, received nothing more than an investigation of the allegation of abuse. Whereas in 1970 more than 70 percent of all children received in-home or out-of-home services, in 1992 only 6 percent of children reported received such services. The major service provided was foster care for children removed.

Closing

California has developed a child welfare system that is the epitome of the residual model. To receive services a child must be reported for neglect or abuse. The child welfare system remains in the background and only gets involved after the child is abused and neglected severely enough that agents of the state are required to halt the harm. Virtually nothing is done to prevent children from being harmed. Further, the more than one million children living in poverty in California are outside the purview of the child welfare system.

The efforts of family preservation and family support are to circumvent this narrow view of child welfare and to allow the public child welfare system to attempt to identify children in “imminent need of placement” so that they can be provided intensive casework services and other supportive services. Ironically, the first family preservation movement at the turn of the century urged the provision of public assistance to mothers so that they could avoid poverty and preserve their family. In the current legislative environment the income support required for family preservation is not the focus. Instead, intensive casework services along with a broad range of family support and supplemental services are provided. How effective has the new approach been? That is the question we examine in the following chapter. As the income support programs which preserve the frail families of children living in poverty are cut back, the danger is that the faith and optimism created by the family preservation and family support movement may be overwhelmed as the one-quarter of California’s children living in poverty potentially confront a future more bleak than the state has ever known.

CHAPTER III: FAMILY PRESERVATION

During the last decade the transformation of child welfare into a child protection system has resulted in a long continual rise in the number of children being removed from their families and placed in government supported foster care. The growing costs of foster care has put enormous pressure on the limited budgets of public child welfare systems. These increasing foster care costs have persuaded legislators and other elected officials to search for ways to reduce the number of children being placed into foster care. In response to these pressures family preservation has promised a cost effective way to reduce the number of children coming into care.

When children are reported for abuse and neglect the allegation is investigated. In most instances little happens besides the investigation and perhaps a stern warning regarding the abuse. However, a number of the investigations reveal serious abuse and neglect that requires intervention. If the child's health and safety are endangered, then the child welfare social worker can temporarily remove the child and petition the court for extended protective efforts. Yet, research has indicated that removal of the child is disruptive to the family and the child. Because of the disruptive impact of child removal, the emphasis of family preservation has been to address the causes of abuse and neglect with in-home and community services without removing children to foster care.

Pointing to research findings on the importance of parental bonding and attachment (Bowlby 1969), the argument for family preservation is to shift intervention from placing children in foster care to serving them and their families at home and in the community. The fundamental axiom of family preservation is that children should be kept with their biological family whenever possible. According to family preservation advocates, too many children are being removed from situations of abuse and neglect and placed in foster care, when, instead, intensive in-home services might prevent their placement.

The emphasis with family preservation services is on time limited intervention to "alleviate crises that, left unaddressed, might lead to the out-of-home placement of children" (General Accounting Office 1995, 1). The family preservation approach has also been used as a means to reunite children in foster care with their families. In recent years family preservation and family support have been broadly defined to "emphasize safety; a focus on the family; and a service-delivery approach that is flexible, accessible, coordinated, and culturally relevant" (General Accounting Office 1995).

Although family preservation services initiated in the 1980s differ from program to program, for many the main ingredient is the provision of "intensive casework" services (Forsythe 1992; McGowan and Meezan 1990). These services are not tangibly different from those provided by the traditional casework approach practiced in the 1950s and 1960s, except that they are provided more intensively in a time-limited fashion. The family preservation approach is "crisis oriented," capable of responding to a family within 24 hours, and while traditional services are more long-term, family preservation services are provided for a shorter period of time, usually concentrated within a period of 4 to 6 weeks. They include such things as teaching parenting skills, helping to

obtain resources, resolving family conflict, counseling, and in-home monitoring of family members at risk. The list in Table 3.1 highlights the differences between “traditional” services and family preservation services:

Table 3.1 Comparison of Traditional Casework and Intensive Casework Services

Traditional Casework	Intensive Casework Services
Large caseloads, 30-40 families	Small caseloads, 2-5 families
Long-term	Short-term
Open-ended, often 6 to 8 months	Predetermined length of service, 4 to 6 weeks
Focus on child protection	Focus on family system
Not “crisis oriented”	“Crisis intervention” focus
Soft services only	Blend hard and soft services
Available during business hours	7 days a week and 24 hours a day
Services in office	Services in clients' homes
Weekly or monthly	Frequent, often daily
<u>Primary Goal:</u> Child Safety	Family Preservation

Source: Lindsey (1995)

Family preservation workers are able to provide such intensive services because they work under fewer demands (e.g., smaller caseloads and less paper work). Certain family preservation models, such as the Homebuilders model, recommend even fewer cases per worker (McGowan and Meezan 1990). Intensive caseworkers can visit families at least once a week and potentially every day, while traditional caseworkers are doing well if they can visit families on their caseloads once a month.

Family preservation proposes to help families with children who are in imminent danger of foster care placement to avoid placement and remain in their homes. It assumes that if social workers are given smaller caseloads and placed under fewer demands, they will be able to aid children and families. This is not a new argument. Professionals in social work have asserted this view for decades. In 1961, George Wyman called for:

Federal leadership in directing States to concentrate intensive casework and other services on cases involving serious socio-economic and behavioral problems. ...Special Federal support to States on the basis of 100 percent of cost is suggested to permit smaller caseloads, with skilled workers to give intensive treatment to [unmarried] mothers and children, including counseling; use of psychological services; and other specialized services, as indicated by the nature of a problem. (Wyman 1961, 7)

A principal assumption was that intensive casework services can remedy the myriad of problems faced by those families who come to the attention of public child welfare agencies. This seems to suggest that these problems are not deep-rooted, but rather crisis oriented and therefore resolvable through focused and concentrated efforts. Family preservation has now evolved into an approach which sees the crisis as an opportunity to begin addressing long-term problems through connecting the family with follow-up services.

Homebuilders and the Edna McConnell Clark Foundation

The intensive casework services approach to family preservation originated in Tacoma, Washington, in 1974 in a program designed by two psychologists seeking ways of helping families of emotionally troubled children gain the kinds of skills needed to care for their children at home, rather than placing them in out-of-home care (Kinney, Madsen, Fleming, and Haapala 1977). The program was called “Homebuilders” and was designed as an intensive, short-term program of services for families in their homes.

Homebuilders developed an approach that allowed for intensive services provided by a professional caseworker with a limited case load, usually no more than five active cases at a time. In addition, services were provided within 24 hours and at the convenience of the family being served. Services were viewed as “crisis intervention” and concentrated within a 4 to 6 weeks time period. Homebuilders attempted to identify children who were in “imminent need of placement” and targeted services to them in order to prevent placement. Overall, Homebuilders reported remarkable success, with more than 97 percent of children avoiding placement.

In the early 1980s the Edna McConnell Clark (EMC) Foundation undertook to showcase the Homebuilders model nationally, promoting it as an effective family preservation model (Adams 1994). EMC invested over \$30 million to market the Homebuilders’ model to agencies and legislatures around the country. These efforts were complimented with additional support and funding leveraged by the Anne E. Casey Foundation. By any measure, the effort was a success, capturing the interest of child welfare agencies everywhere. In 1992, almost thirty states actively sought ways to develop programs based on this model (Early and Hawkins 1994).

The Federal Family Preservation and Support Services

During recent decades there has also been a movement to establish family support programs. These programs are designed to provide a wide variety of services to “at risk” families to prevent child abuse and neglect. Many of these efforts have occurred with little or no government support. Such organizations as the Family Resource Coalition in Chicago have been established to provide technical and programmatic support to communities wanting to create family support programs, or expand family social service programs to include family support services. In 1993, with backing from the Children’s Defense Fund (CDF), Congressional legislators budgeted more than \$1 billion to be spent over a five year period for family preservation and support services.

The new Federal Family Preservation and Support Services Program is widely applauded in the child welfare field. Mary Lee Allen of the Children’s Defense Fund declared, “It’s wonderful that

there is new money to develop and expand family support and family preservation programs.” She added that the current federal administration, together with advocates and leaders of the family preservation and support movements, all agree that the [family preservation and support] initiative is just beginning. “It’s the most exciting opportunity we’ve had in more than a decade to help parents provide a safe, stable, nurturing home environment for their children.” (CDF 1993, 6).

Several forces are responsible for this shift from child protection exclusively to include family preservation and support:

- A backlash among child welfare professionals against focusing services almost exclusively on child protection by removing children from their families
- A desire to reduce the incidence of child abuse and neglect
- Hopes of cutting costs and reducing the burgeoning numbers of children in foster care
- The congruence of the politically popular notion of “family values” with that of “family preservation
- The belief that the “intensive casework” treatment model can effectively solve the problems that are bringing families to the public child welfare agencies
- A belief that there are viable alternatives to preventing child abuse and neglect and to responding to identified child abuse and neglect in a less intrusive fashion

Backlash Against the Focus on Protection

One of the reasons behind Edna McConnell Clark Foundation's success in marketing the Homebuilders model has had to do with the increasing resentment among child welfare professionals toward decades of emphasis on child protection with only foster care resources. Pelton observes that:

During the past three decades, increasingly wider spheres of child welfare problems, many of which are related to poverty, have been characterized as child abuse and neglect. These terms are accusatory and, when used as a lens through which to view multiply caused problems, promote an overfixation on parental fault and blindness to the varied help that is needed. (1993, 491)

The resentment stems in large measure from the investigative and accusatory role which child welfare workers are forced to assume. Having entered a field they viewed as a “helping profession,” they find themselves too often the judges and arbiters of blame, officials, who, in the process of protecting children become the agents that break families apart. Uncomfortable legal and ethical issues arise that may not be within the purview of the child welfare worker to solve: Is the parent being accused unfairly? Are parents tacitly assumed to be guilty until proven innocent? Are parents being denied due process? What long term emotional damage does the parent (and the child) suffer when the child is removed? Are there not more humane, responsive, and fiscally prudent ways to address the problems of substance abuse, violence, and poverty? Is intervention justified? The steadily increasing rate of children entering foster care is seen as proof that the public child welfare system is not stemming the problem of child abuse and neglect. With less

than 300,000 children in foster care in 1982 nationally, it is estimated that this number will exceed 450,000 by 1995 (CDF 1995).

Although instances of child neglect and abuse can be documented as crossing economic lines, in reality, the majority of children and families coming into the child welfare system have been and are poor (Hampton and Newberger 1985, Lindsey 1991, Pelton 1981). In 1978, two out of three children reported for abuse in California were from families receiving public assistance. The majority of children in the child welfare system are from low income minority groups. In 1994, two out of three children in foster care in California were from AFDC families. Although current professional discourse emphasizes the classlessness of child abuse and neglect, poor children continue to be significantly over-represented among those identified as delinquent, abused or neglected (Lindsey 1994; Pelton 1989).

Reducing Child Abuse and Neglect

The statistics cited above confirm what many in child welfare conclude: the current emphasis on solely the child and the resulting service focus on foster care does not prevent child abuse and neglect.

Hopes of Cutting Program Costs

Related to this backlash against the investigative focus of child welfare services is the notion that family preservation will help reduce the skyrocketing costs of current services (primarily foster care) for children within the child protection system. Indeed, the cost of placing a child in a foster home has become quite high. In California it is estimated to cost more than \$20,000 per year in 1994 (Steering Committee 1990). The high cost of foster care in group homes is a major component of this high cost. Coupled with the steadily growing rate of the total number of children in foster care, it is understandable that the desire to contain such costs is strong. In California, the cost of children in foster care will soon exceed \$2 billion annually. This is a substantial expenditure for a service that is not viewed as beneficial, but a service provided only as a last resort. Ooms and Binder (1993) observe: “A major explanation for the growing interest in family preservation services, especially by state policy makers, is the early reports of dramatic rates of program success—75 percent to 95 percent of the families served avoided placement—and, consequently, the considerable cost savings that such outcomes imply.”

Many proponents of family preservation optimistically calculate that when compared to the costs of providing foster care services, family preservation services will yield a dramatic dollar savings. For example, Berry (1992, 315) cites a study conducted by Homebuilders which “computed the average cost of serving a family to be \$2,600,” and “estimated that an average stay of 19.4 months in foster care, however, cost \$7,186.” The implication is that serving a child through family preservation costs much less than serving him/her through foster care—in this case about \$4,500 less. Researchers in Michigan asserted that adopting family preservation statewide would save the state more than 50 million dollars a year.

The cost containment argument is strengthened by the negative perception that many people have of foster care. Foster care is viewed as harming children by too often providing cold and unfriendly home environments (Maas and Engler 1959). Despite evidence to the contrary, namely that foster care is “not clearly injurious to the child’s development” (Kadushin and Martin 1988; Fanshel and Shinn 1978), and that “there are scant reputable scientific data to support the claim that children are at risk in foster families” (Gelles 1993), negative perceptions of foster care persist, allowing family preservation programs to be viewed as a cost effective way of rescuing children from the harmful effects of foster care placement.

Politically Popular Ideology

A third reason fueling the popularity of family preservation derives from the name of the program itself. Who can oppose a program that claims to preserve families? The program could more accurately be labeled, “The Intensive Casework” program or “The Around-the-Clock Casework” program, but would such descriptions invite the same high level of social and political support? In the current political climate it is important that politicians—whether from the left or right—be viewed as “pro-family.” Gelles summarizes the point: “Conservatives support family preservation because it is consistent with supporting the structure of the family and because it limits state intervention into the private sphere of family life. Liberals support family preservation because it is consistent with the tradition of a liberal society supporting needy or disadvantaged individuals, families, and children” (Gelles 1993, 556).

Critical Assessments

Since family preservation often requires leaving a child in the home after a report of abuse has been received, there have been numerous criticisms. In 1994 *Newsweek* devoted extensive coverage to a string of tragically sobering stories of families that did not benefit from family preservation services (Ingrassia and McCormick 1993). One such story told of a two-and-a-half-year-old Illinois child and her mother who were enrolled in a family preservation program. For 100 days, the mother was assigned a helper who taught her such homemaking skills as cooking, cleaning, and budgeting. The caseworker kept close tabs on the mother, reporting at the end of 100 days that the family was no longer in crisis, as evidenced by the reduction of family stress and the mother’s improved techniques in parenting. A few hours before the caseworker officially closed the case, the child was beaten and scalded to death by the mother and her boyfriend.

Without trivializing the seriousness of such stories, it is important to remember that anecdotes (whether positive or negative) do not prove or discount the effectiveness of a program (Lawlor and Raube 1995). What is needed is impartial, unbiased, rigorously conducted research that will accurately inform us of the program’s value.

The Family Preservation Research Demonstration Projects

In evaluating the effectiveness of treatment methods used in child welfare, it is instructive to consider how treatments are evaluated in the medical profession. In medicine, when a new drug, vaccine, or surgical procedure is developed, it is subjected to rigorous evaluation using the

classical experimental design. This requires random assignment of patients to an experimental and control group. The experimental group is given the treatment, while the control group receives a placebo or no treatment. At the end of the treatment the two groups are compared. If those in the experimental group showed significant improvement compared to the control group, and all other causes for improvement can be ruled out, the treatment is judged beneficial and effective. This same model can be applied to testing the effectiveness of family preservation.

The Early Research

There is a general consensus among child welfare researchers that the earliest studies on family preservation that found such dramatic rates of program success were seriously deficient. Ooms and Binder (1993, 14) observe, “that these early evaluations have significant limitations which mean that their findings must be viewed as preliminary.” The first wave of studies were characterized by major limitations. Ooms and Binder (1993) list the following:

- Few studies employ comparison or control groups so that it is not possible to attribute outcomes to the family preservation service provided and know whether the child would have been placed if he/she had received the standard or different services
- The reliability of critical measures, particularly those relying on clinical judgment, are not addressed
- Program goals are defined very narrowly and the programs are not well described
- Data collection procedures are not articulated and problems in the statistical analyses are not taken into account
- Few measures are used to assess the desired changes in family functioning, e.g., Homebuilders evaluations did not assess the degree to which the parenting and problem solving skills that they taught the parents were, in fact, learned and used

The family preservation movement has relied on research results to promote its effectiveness. In an era of increased demands for accountability, this approach has improved the marketability of family preservation. In recent years, a number of evaluation studies have tried to gauge the effectiveness of family preservation programs.

Identifying Family Preservation Studies

To identify family preservation studies the *Social Science Citation Index*, *Social Work Abstracts*, and published research results were examined from 1970 to 1994. Twenty-five studies were identified, analyzed and categorized (see Table 3.2). What became clear early on was that the studies were very different. We needed some way to organize them. The most salient difference between the studies was the degree to which they met the requirements of experimental research. Further, a number of studies focused on family preservation but were not primarily concerned with preventing placement of children in “imminent need of placement” in foster care.

Table 3.2 Categorization of Family Preservation Studies

CATEGORY	STUDY	TREATMENT GROUP	COMPARISON GROUP	PLACEMENT PREV. RATE	+; -; N/A	SIGNIFICANT DIFFERENCE
A. Demonstration Projects with Randomized Designs						
A1	Schuerman et al. (1994)	N=569		Treatment Group: 77 percent	-4 percent	Not significant
A2	Yuan et al. (1990)	N=709 [N=152]	N/A [N=152]	Control Group: 81 percent Treatment Group: 85 percent	N/A	Not significant
A3	Meezan and McCroskey (1993)	N=108	N=123	Control Group: N/A Treatment Group: 75 percent	-5 percent	
A4	Feldman New Jersey (1990)	N=96	N=87	Control Group: 80 percent Treatment Group: 94 percent	+3 percent	Not significant
				Treatment Group: 93 percent at 6 weeks 54 percent at 12 months		Not significant
				Control Group: 85 percent at 6 weeks 43 percent at 12 months		
B. Randomized Designs with Major Modifications						
Goal: Preventing Placement						
B1	Lyle and Nelson (1983)	N=34	N=40	Treatment Group: 77 percent	22 percent	
				Control Group: 55 percent		
Goal: Preventing Long-term Placement						
B2	Hennepin County (1980)	N=66	N=72	Treatment Group: N/A		
				Control Group: N/A		
Goal: Preventing Placement with Support Services						
B3	Willems et al. (1981)	N=45	N=45,45	Treatment Group: 69 percent	+2 percent	
				Control Group: 67 percent		
Goal: Preventing Placement with Social Learning Treatment						
B4	Szykula et al. (1985)	N=24 (Less difficult: 13 More difficult: 11)	N=24 (Less difficult: 13 More difficult: 11)	Treatment Group: Less difficult: 92 percent More difficult: 36 percent		Less difficult: +30 percent More difficult: -19 percent
				Control Group: Less difficult: 62 percent More difficult: 55 percent		
Goal: Preventing Placement for Adolescents (Ages 12-17 years old)						
B5	Schwartz et al. (1991)	N=55	N=55	Treatment Group: 43.6 percent	+8.6 percent	
				Control Group: 36 percent		
Goal: Diversion from Incarceration for Juvenile Offenders						
B6	Henggeler et al. (1992)	N=33	N=23	Treatment Group: 80 percent	+48 percent	
				Control Group: 32 percent		
Goal: Diversion from Incarceration for Juvenile Offenders						
B7	Collier and Hill (1993)	N=40	N=40	Treatment Group: (80 percent, 82 percent)		(+22 percent, +22 percent)
				Control Group: (58 percent, 60 percent)		
Goal: Reunification						
B8	Lewis et al. (1994)	N=53	N=57	Treatment Group: (93 percent, 70 percent, 75 percent)		(+65 percent, +28 percent, +2 percent)
				Control Group: (28 percent, 42 percent, 49 percent)		

Table 3.2 (continued)

CATEGORY	STUDY	TREATMENT GROUP	COMPARISON GROUP	PLACEMENT PREV. RATE	+; -; N/A	SIGNIFICANT DIFFERENCE
C. Overflow Control Group Designs (Not Random)						
C1	Wood et al. (1988)	N =26	N=24	Treatment Group: Control Group:	75 percent 45 percent	+30 perc
HomeBuilders						
C2	Mitchell et al. (1989)	N=45	N=12	Treatment Group: Control Group:	74 percent 82 percent	-8 percen
HomeBuilders						
C3	Pecora et al. (1991)	N=172	N=26 (problem with samp loss, study "fatally flawed")	Treatment Group: Control Group:	58.8 perce 14.8 perce	+34 perc
D. No Control Group						
HomeBuilders						
D1	Kinney et al. (1977)	N=80	N/A	Treatment Group: Control Group:	97 percent N/A	N/A
HomeBuilders						
D2	Pecora et al. (1992)	N=409	N/A (see C3)	Treatment Group: Control Group:	93.9 perce N/A	N/A
		N=172	N/A	Treatment Group: Control Group:	90.7 perce N/A	N/A
D3	University Associate (1988)	N=225	N=225 (children in care)	Treatment Group: Control Group(Children already in care): (goal of reunification: 85 percent, 74 percent, 65 percent)		
D4	Nelson et al. (1988)	N=533	N/A	Treatment Group: Control Group:	84 percent N/A	N/A
D5	Bribitzer et al. (1988)	N=42	N/A	Treatment Group: Control Group:	55 percent N/A	N/A
D6	Thieman et al. (1990)	N=747	N/A	Treatment Group: Control Group:	66 percent N/A	N/A
D7	Cunningham et al. (1992)	N=1839, 1323, 1069	N/A	Treatment Group: Control Group:	(79.2 percent, 72.4 percent, 69.1 percent N/A	N/A
D8	Berry (1992)	N=367	N/A	Treatment Group: Control Group:	N/A 86 percent N/A	N/A
HomeBuilders						
D9	Schafer et al. (1993)	N=29	N/A	Treatment Group: Control Group:	80 percent N/A	N/A
D10	Wells et al. (1993)	N=42	N/A	Treatment Group: Control Group:	80 percent N/A	N/A
D11	Scannapeieco (1994)	N=45	N/A	Treatment Group: Control Group:	High risk: 82 percent, Low risk: percent N/A	N/A

Source: Lindsey, Doh, Graham, Seinz, and Lindsey (1995)

The twenty-five studies employed a variety of research designs, not all of which are equal. The most desirable research design for determining the impact of a treatment intervention is the classical experimental design, involving random assignment to a treatment and control group (Lamb and Sternberg 1992). Without the ability to compare a group that does not receive family preservation services with one that does, it is difficult to have confidence in the reported “success” the services claim to produce (Metcalf and Thornton 1992). In other words, any evaluation study must randomly assign subjects to two groups where one group receives family preservation services (stimulus/intervention) while the other group does not (Metcalf and Thornton 1992). This is followed by a comparison between the two groups to determine how much change based upon the predetermined indicators for success has occurred. The figure below illustrates this design:

Figure 3.1 Experimental Design

		<u>Pre-test</u>	<u>Stimulus/Intervention</u>	<u>Post-test</u>
Random Assignment	Experimental Group	Measure Services	Family Preservation	Measure
	Control Group	Measure	Placebo or routine care	Measure

Source: Lindsey (1995)

After the initial review of the twenty-five studies it was determined that there were major differences among them in terms of the degree to which they satisfied the requirements of classical experimental research. Consequently, we decided to group the studies into four different categories depending on the degree to which they studies satisfied the requirements of experimental research. The studies were first divided into four categories (A, B, C, and D). “A” category studies were large demonstration research projects that used randomized experimental designs. Studies in category “B” included randomized experimental designs that either had small sample sizes that limited their generizability and test of practical impact or introduced major modifications in terms of the goal of the research. For instance, studies included in category “B” examined the impact of “intensive casework services” applied to samples of juvenile delinquents.

Other studies in this category focused on “preventing long-term placement” instead of simply preventing placement from occurring at all. One study in this category used a “social learning treatment” approach to preventing placement while another used multisystemic therapy. Another study in this category looked at the use of intensive casework services to facilitate reunification of children who had already been placed. Within category “B” the studies are not displayed in any rank order, but simply reflect an organization designed to reflect variations in the goals of the research designs.

The studies in category “C” used a major modification of the classical experimental design. Instead of random assignment to an experimental or control group, studies in this category collected information on a sample of eligible families who do not receive the experimental

treatment in an overflow control group. This is an acceptable modification of the classical experimental design. Although it is not preferred over the use of randomized designs, efforts to insure comparability between the experimental and control groups make this design satisfactory for examining the impact of treatment. The remaining studies have been classified in category “D” because they fail to include a control group which is an essential component of rigorous evaluation research.

The categories used here are seen as representing an hierarchy of scientific rigor in terms of meeting the strict criteria of experimental research. Studies that used random assignment were ranked higher than studies that used non-random assignment (Berlin 1992). Random assignment ensures that a researcher's conscious or unconscious bias will not affect the selection of an experiment's subject group. Often when social workers are deciding which families should be referred for family preservation services, their decisions are influenced more by who they think will succeed in the program, than who they view as truly fitting the criteria of “imminent risk.” Schuerman and colleagues (1993, 2) call the practice “creaming”:

...social workers. . . engage in a kind of subconscious “creaming” of the crop; that is, even though they set out to offer services to families at greatest risk of losing their children, they ultimately provide services to families that social workers think are most likely to benefit. It is not hard to sympathize with this type of behavior given that social workers are frequently made to shoulder the blame when families in their caseloads end up deteriorating... especially when their deterioration ends up in tragedy—e.g., death of a child due to abuse.

Given the possibility of “creaming,” random assignment becomes crucial in an evaluation research study. In addition, the random selection procedure “offers access to the body of probability theory, which provides the basis for estimates of population parameters and estimates of error” (Rubbin and Babbie 1993). With respect to sampling, many factors (e.g., resources, time constraints) contribute to the size of a study's sample. However, as with any evaluative research, the sample size must be sufficiently large to detect differences of practical importance.

Categorizing the family preservation studies required a consideration of all the criteria discussed above. For a study to be considered in the “A” category, it had to satisfy all three of the criteria: (1) a treatment and control group, (2) random assignment, and (3) comparison of outcome measures for treatment and control group. Studies that were deficient on a major design criterion (e.g., no control groups) were considered below standard and therefore placed in the “D” category. The “B,” “C,” and “D” categories represent the range between the two extremes. The results of this categorization are displayed in Table 3.2.

Results

Of the twenty-five studies examined for this report, only four fell into category A, or what might be called the classic experimental design, involving a treatment and control group, random assignment of subjects, and a posttest comparison of what change may have occurred between the two groups due to application of the experimental variable (in this case, family prevention

services), and an adequate sample size to permit assessing the effect of the experimental variable. These four studies, which had the most rigorous research design, used sufficiently large samples to generalize their results to the population from which they were drawn, and paid close attention to collecting data in the least biased manner possible represent the most rigorous test of this approach. Two of the studies found negative results of family preservation services in terms of placement prevention rates. That is, the control groups performed better than did the experimental group. The other two studies found that while the experimental group showed some slight advantage for the experimental group, the difference from having received treatment (i.e., family preservation services) over the control group was not statistically significant. In summary, all four major experimental studies of family preservation services found it failed to produce a statistically significant outcome.

The Major Family Preservation Demonstration Studies

The four studies that fell within this “A” category were (1) Schuerman, Rzepnicki, and Littell (1994); (2) Yuan; et al. (1993); (3) Meezan and McCroskey (1993); and (4) Feldman (1990). Each study is discussed below.

A1: Putting Families First: An Experiment in Family Preservation.

This study examined the Illinois’ family preservation program over a three year demonstration period (Schuerman, Rzepnicki, and Littell 1994). It is the most substantial and comprehensive evaluation of a family preservation program to date, having the most rigorous research design with respect to the selected criteria. The study, which involved multiple sites, stands out for its care in documenting exactly what services the experimental group received in comparison to the control group. The treatment sample totaled 995 families, and the control sample 569 families. The majority of families were poor and approximately half were headed by single parents. The age of the participating children identified as being at “imminent risk” of out-of-home placement was 12 years or younger.

Each family was randomly assigned by computer to participate in one of two groups: (1) a time limited ninety-day family preservation program (treatment group) that included the provision of limited concrete services, or (2) traditional casework services program (control group). Some exceptions to random assignment were allowed in extreme situations. The amount and type of services each family received was carefully tracked. Families in the experimental group received almost ten times more contact hours with a caseworker than did those in the control groups. At the end of the experimental treatment period, no significant differences were found between the experimental group receiving family preservation service and the control group in terms of subsequent child maltreatment, or in terms of the types and duration of out-of-home placements. In fact, in terms of placement prevention rates, the families within the treatment group experienced a slightly lower success rate than families within the control group. Seventy-seven percent of the treatment group avoided placement while 81 percent of the control group avoided placement. In other words, families that received intensive casework services had their children removed from their homes more frequently than families that received traditional (non-intensive) casework services.

This study was funded by the Illinois State Legislature, is an exemplar of evaluation research in the child welfare field. Although hopeful about the family preservation approach, the University of Chicago scientists (1994) who objectively conducted this multimillion dollar research project were forced to conclude: “We find little evidence that family preservation programs result in substantial reductions in the placement of children. Claims to the contrary have been based largely on non-experimental studies which do not provide sufficient evidence of program effects” (Schuerman, Rzepnicki, Littell and Chak 1993, 243).

A2: Evaluation of AB 1562 In-home Care Demonstration Projects.

The second study in this category examines the effects of an early approach to family preservation in the state of California over a three year demonstration period (Yuan, McDonald, Wheeler, Struckman-Johnson and Rivest 1990). For the first two years of the study, a total of 709 families received family preservation services, but no control sample was utilized. During the third year, however, a sub-study was conducted with a randomized treatment and comparison sample. Each sample within this sub-study consisted of 152 families. The experimental families included 356 children while the control families contained 357 children.

The study offers two success rates (i.e., placement prevention rate): one for the first two years, and another for the third year. For the first two years, 85 percent of the families are reported as having avoided placement. For the third year, the treatment group experienced a 75 percent placement prevention rate while the control group experienced an 80 percent placement prevention rate. For the purposes of this report, the third year sub-study is what allows this evaluation to be placed in category A. The first two years of the study may seem to have an impressive success rate but since the rate cannot be compared to that of any control group, the results, at least from an experimental research viewpoint, are largely insignificant.

The third year multi-site sub-study is therefore the most valuable part of this evaluation. The results from the third year sub-study are similar to those of the Illinois Project (Schuerman et al. 1994) study in that families in the treatment group experienced a lower success rate than families in the control group. The family characteristics of the participants were also similar, in that almost 60 percent were receiving public assistance, with less than one-third of the child living with both parents.

Families in the experimental group received an average of 60 hours of service over a seven week period. Services were provided by a licensed therapist in 95 percent of all service incidents. At the conclusion of the study the researchers observed, “This study did not support two major expectations regarding intensive in-home services. No significant differences in placement rates were found between the two groups who had been randomly assigned to either intensive in-home services or other services” (Yuan, et al. 1990, vi).

A3: Family Centered Home Based Interventions for Abusive and Neglectful Families in Los Angeles.

The third study in this category consisted of 108 families in the experimental group 123 control families (Meezan and McCroskey 1993). Families in the treatment group participated in a family preservation service program from one of two program sites in the southern California area. Families in the control group received traditional casework services. About half of the families were AFDC recipients.

According to the final results, the treatment sample experienced a 94 percent placement prevention rate while the control sample experienced a 91 percent placement prevention rate. Although these results show a positive 3 percent difference between the groups, the difference is not statistically significant. In addition, children who were placed out of the home from the treatment group spent more days in placement, compared to their control group counterparts.

A4: Evaluating the Impact of Family Preservation Services in New Jersey.

The final study within this category examines the impact of a family preservation program conducted in New Jersey (Feldman 1990). The program was modeled after the Homebuilders intensive casework services approach. The sample included 183 children randomly assigned in four counties. The experimental group had 96 subjects and the control group had 87. During the 6 week period of the intensive intervention 93 percent of the children in the experimental group avoided placement compared to 85 percent in the control group. The investigators conducted a 12 month follow-up and found that 54 percent of the children in the experimental group avoided placement compared to 43 percent in the control group. The outcome favored those in the experimental group, but the difference between the two groups was not statistically significant.

The findings suggest that family preservation may have delayed placement for at-risk children but these results dissipated over time. Further, there was not a significant difference between the experimental and control groups in terms of either number of placements or time in placement. The investigators also collected measures of family functioning other than placement. There were some differences between the experimental and control groups in the amount of change on family functioning measures favoring the children in the experimental group. Yet, overall the differences were quite limited.

The Remaining Studies

The remaining twenty-one studies constitute a mix characterized by increasingly inadequate research design, whether this be due to lack of a control group, non-random assignment of subjects, too small a study sample, or simply a focus other than preventing placement of children in foster care (see Appendix A). In contrast to the overwhelmingly positive results of early research that tended to promote the family preservation model, the broad overview of studies examined here suggest a more sober conclusion. Overall, they point to a discouraging conclusion regarding the impact of family preservation services which employ limited resources—primarily intensive case management— on reducing out of home placements. When compared with control children and families who did not receive intensive “family preservation” services, experimental children who received these services were no less likely to be placed in foster care or to be safer. The “clinical trials” provided by the “A” category studies of family preservation consistently found

it produced negligible differences between those in the experimental group and those in the control group.

The comprehensive review suggests that the more rigorous the research design, the more convincing the evidence that family preservation services made little difference averting placement or protecting the safety of endangered children. Only when the research study was so deficient so as to be almost “descriptive” in nature, did the results appear to support the program. In fact, the spectacular success reported in a number of the early studies is what provided much of the early excitement about what could almost be described as the discovery of a “miracle cure.” Yet, as the findings from the rigorous experimental studies indicate, this miracle cure may instead simply turn out to be the hyperbole of program advocates. In this respect Peter Rossi (1994) may be correct when he observed that the basis for family preservation’s success has more to do with faith or what might be called “advocacy research” than science.

Limitations of Family Preservation Programs

When we look for the reason that family preservation programs fail to make significant reductions in the number of children placed in foster care four explanations come to mind:

1. Reliance on casework intervention
2. Inability to target children in “imminent need of placement”
3. An approach that implies “one size fits all”
4. Limited intervention period
5. Failure to address severe problem of poverty

Reliance on Casework

Underlying family preservation services is a methodology that research has been saying for at least forty years may not make much of a difference—casework. It is useful to examine for a moment what casework is and what the research says about it.

Since the earliest formation of the profession, social workers have been concerned with finding a method that could be relied on to solve the problems of the disadvantaged and the poor. The method selected was “casework.” Promoted by Mary Richmond (1901) in the early decades of the century, casework emphasized systematic, efficient and accurate record keeping along with an attitude of scientific investigation and understanding of the clients’ problems. For Richmond, the focus of casework was the individual and his or her problems. Knowledge and theory about human behavior were viewed as central to effective casework practice.

The casework method supposedly allowed the social worker to examine a child's or family’s problem and to develop a plan to address it. Casework proceeded on the assumption that underlying the family were certain fundamental “psychodynamic” principles of human relationship, which had, in the case of the troubled family, gone awry. The caseworker's task was to unravel the complexities of these problems—social and psychological—and so help the family reestablish a stable functionality.

By mid-century, casework was in use at all levels of social work. Not surprisingly a number of empirical studies had also begun evaluating how effective the approach was. One of the earliest, conducted by Powers and Witmer (1951), examined the effectiveness of intensive casework services in preventing delinquency among young boys. The study compared an experimental group of 325 predelinquent boys who received direct individualized casework services with a matched control group of 325 boys who did not. The experimental group received treatment for an average of almost five years. Although the caseworkers involved in the study believed that their efforts had substantially helped most of the boys, the outcome, when measured in terms of court records, police reports, ratings of social adjustment, and psychological inventories, revealed no significant differences between the boys who received services and those who did not. Fifteen years later, McCabe (1967) conducted a similar experiment that targeted small-group services on parents and children and found essentially the same result.

One of the most ambitious studies to examine the effectiveness of social casework was carried out by Meyer, Borgatta and Jones in 1965. Working with about 400 New York high school girls identified as “potential problems,” the researchers used trained social workers specializing in services to delinquent girls to provide casework services. The experiment lasted 6 years and involved 189 referrals to the casework agency and 192 controls. The investigators examined a broad spectrum of outcome indicators encompassing school behavior (including grades and highest grade completed), personality and sociometric measures, and ratings completed by the caseworkers and the girls. After examining all of the outcome data, the investigators reported, “the conclusion must be stated in the negative when it is asked whether social work intervention with potential high school girls was...effective” (Meyer, Borgatta and Jones 1965).

In 1968 Brown compared a group of fifty low-income multiproblem families with two randomly selected control groups of fifty families. While the control groups received the usual social welfare services, the experimental families received intensive services from professionally trained caseworkers with reduced caseloads. The program lasted more than two and half years. At the end the investigators found no significant differences between the experimental group and the two control groups on major outcome measures. In fact the study found little change on the measures of family functioning among any of the groups.

In 1970 Mullin, Chazin, and Feldstein reported a similar study in which eighty-eight randomly selected experimental group families were compared with sixty-eight randomly selected control group families. Intensive casework services were provided to the experimental group for a period of up to two years. At the conclusion of the study the investigators found no significant differences between the experimental and control groups.

In 1971 Blenkner, Bloom, and Nielsen reported what is perhaps one of the most discouraging findings on the impact of casework services. Beginning with a group of 164 elderly referred to a community agency because they were having difficulty caring for themselves, the investigators randomly assigned seventy-six to an experimental group and eighty-eight to a control group. The experimental group received intensive casework services while the control group received routine community services from a variety of agencies. On outcome, no significant differences were found between the experimental and control group. However, the experimental group showed a

higher rate of institutionalization, which led the investigators to speculate that the intensive casework services may have accelerated their decline. A five-year follow-up study revealed that those elderly persons receiving intensive casework services died significantly sooner than those who were not receiving services, raising troubling doubts about the beneficial impact of casework services for this population.

In 1972 both Joel Fischer and Steven Segal separately published comprehensive reviews of the evaluation studies of casework. Both independently came to the same conclusion that research fails to confirm the effectiveness of casework. After examining the second wave of experimental evaluations of casework intervention Sheldon (1986, 238) cautions:

It will be seen that, although there are some strong signs that social work is increasingly able to demonstrate its effectiveness, it may be doing so, in the case of a few studies, at the expense of general relevance. Were it to continue, this would be a profound mistake. It would invite the conclusion that when social workers conducted large-scale experiments on problems of genuine concern to the community, they did rather poorly; when they moved on to much smaller scale problems and used less strict tests of outcome, they did rather better.

The difficult conclusion has to be that as long as generic casework services yield virtually no significant differences in the lives of clients, it may be unrealistic to expect different results simply by intensifying the same services and calling them “family preservation.” It is important to recognize that family preservation is not the answer for all abused and neglected children. There will continue to be situations in which foster care is the most appropriate response. It is also worth noting that foster care can be appropriate along side family preservation. The key here is to broaden one’s view of the resources and services that can be brought to bear to address child abuse and neglect.

As noted earlier in this report, children require the opportunity for attachment and nurturing. Family preservation offers an alternative to long term foster care placement when there is reason to believe that, with intervention, the family can become a functional and nourishing environment for child rearing. The task of the practitioner will be to determine if this is best achieved by working with the child’s family if long term foster care is the only option.

In turn this will lead to a shift in the role of foster care within the larger public child welfare system and necessitate a reassessment of this role by policymakers and practitioners alike.

Unable to Target

The central concern of family preservation services is to identify families that have children who are in imminent need of placement so that intensive services can be targeted to them in order to prevent the need for placement. This approach assumes that it is possible to identify the children who are in “imminent need of placement.” However, several of the studies examined here raised concerns with this assumption. At the conclusion of their study, Schuerman, Rzepnicki and Littell (1994) identify this as a major problem with the family preservation approach. There is scarce

evidence in these studies that precise targeting is possible. Consequently, it is not clear that the population identified as most appropriate for these services are the ones actually receiving them.

One Size Fits All

The Homebuilders model has been criticized because it proposes a standard solution to meet the needs of a variety of families which have very different needs (Adams 1994). By identifying a standardized treatment program for all families, family preservation lacks the flexibility to meet the specific and varying needs of the many families which are served by public child welfare agencies.

Limited Intervention Period

One of the major innovations of the family preservation approach is intensive time-limited intervention. However, many of the problems that families with children in imminent need of placement have are chronic and long-term. Besharov (1992) has pointed out that for many of these families 30, 60, and even 90 days is often not enough. In this regard, Susan Yelton has remarked that family preservation is “not a permanent hookup to a respirator but a transfusion” (cited in Ooms and Binder, 1993). In a similar vein, Salvador Minuchin warns that too much faith may be placed in the intensive casework family preservation approach to effect a cure. As Minuchin observes, “there is no silver bullet” (Ooms and Binder 1993). The argument here is not that family preservation fails to provide a cure, but that the dosage level is too low. Richard Barth (1995) suggests that in psychotherapy research there is evidence that effectiveness is directly related to length of time of treatment.

Family Preservation Fails to Address Severe Problem of Poverty

At the end of their report on the evaluation of the major family preservation demonstration project in Illinois Schuerman and colleagues (1994) ask why children in the experimental group seemed not to be any better off than children in the control group. They conclude that one of the major problems was the extent of the problems that families being served faced. Family preservation just was not enough to make a significant impact on the problem of severe poverty which many of these families face. In California less than 10 percent of those children reported for alleged child abuse end up in the foster care system. However, more than 70 percent of those who are placed in foster care are placed there for the reason of severe neglect. At the core of this neglect is the problem of poverty (Barth 1995). The short term “crisis intervention” offered by family preservation has little impact on the long-term problem of severe poverty which confronts many of these families and is likely to become worse with recent proposed changes and reductions in Aid to Families with Dependent Children.

Closing

In recent years, social services generally, and child welfare in particular, has come under attack. Critics decry the lack of results these programs produce. In this climate it is easy to understand how the child welfare community has been eager to embrace family preservation. Hartman (1993)

notes that “family preservation has been so widely heralded and celebrated that it is in danger of appearing to be the answer to all of the problems posed in protective services, which is a scenario for failure.”

While some families may genuinely benefit from an intensive and short term model such as family preservation, other families with “deep-seated problems, problems with roots in a host of social, economic, and familial troubles” need more than 30, 60, or 90 days of interventions, characteristic of some family preservation programs (Besharov 1994). Effective family preservation programming needs to also address structural problems operating from a much broader social, economic, and political context that are at the root of a family’s problems. In other words, working to change families requires also attending to the broader problems these families face.

CHAPTER IV: FAMILY SUPPORT

Family support began as a broad-based decentralized effort by individuals and organizations in communities across the nation to provide a variety of “helping” services and programs to families in need. Family support programs of one type or another can be found in virtually every community in the United States. Initially developed at a grass roots level by private individuals and groups in their local neighborhoods, family support programs are today, with the help of state and federal funding, expanding in scope and application.

Whereas family preservation is largely reactive in nature, targeting services to families only after children have been reported for abuse or neglect, family support programs emphasize a preemptive offering of programs and services whose aim is to prevent family crises from ever developing. In this sense family support harks back to a pre-child abuse/protection orientation in child welfare when services had not yet been narrowed by the residual perspective into exclusive concern for rescuing children from abuse or neglect.

With roots in the parent education movement (Chang 1995), most family support programs are universally available to all families. Because they are voluntary and non-coercive, they avoid the stigma often associated with programs administered by state or county welfare agencies. Further, the programs are almost always offered in a variety of neutral, non-stigmatizing settings and contexts—schools, colleges, day-care centers, recreation and community centers, churches, clinics, hospitals, and charitable facilities. In general, the needs of the families served are the overriding consideration, as well as how the program can interface with other community programs, institutions and resources.

Common Organizing Principles

Because of their local, community-based focus, family support programs come in a variety of organizational structures and orientations, with no two programs exactly alike. However, some common organizing principles can be discerned (Goetz and Peck 1994). First, unlike many social welfare programs which assume deficiencies among the families they serve, family support programs seek to foster a relationship of “equality and respect” with participating families, wherein individuals are expected to help govern and direct the program, and to represent it to the community at large. The participating parents are expected to serve as “resources for each other.”

Generally, family support programs seek to provide a cultural and social relevance for the families who participate. In doing this, they assist the families to integrate with and participate in the broader community of which they are a part. Because the programs are voluntary, participation is viewed as a sign of growing health and strength, instead of weakness or deficiency, as is often the case with coercive public social welfare programs. Central to most family support programs is an emphasis on education, on building practical parenting and family skills, and on providing an essential understanding of the stages that all individuals and families pass through in their development. Without such an understanding to provide cohesiveness and stability, stress and

circumstantial difficulties can quickly bring families into crisis, and from there to disintegration and even collapse, leaving family members, especially children, isolated and destitute.

While family support programs are generally open to all families, those within the child welfare system can often find significant aid through even peripheral involvement. Depending on a family's needs and willingness to participate, family support services can provide parent education and skill building, networking to other community groups and individuals, and assistance in finding housing, employment, day care, and medical treatment. How such aid impacts traditional concerns of the child welfare system is not difficult to appreciate. First, families having access to such services are able to address and resolve issues that, left unattended, might often lead to child maltreatment. The result is that referrals to child protective services are significantly reduced, not only by preventing child maltreatment before it occurs, but also by ending it before it is reported. As well, when family support services are available, professionals have the option of directing families to them, when, without such programs, the social worker's only recourse is to report the family to child protective services.

Typical Components of Family Support Programs

Family support programs involve a variety of services—indeed the variety and number is almost unlimited, depending on the particular social, cultural, economic, and ethnic needs of the families in a community. Goetz and Peck (1994) identify a number of typical services:

- Life skills training (literacy, education, employment or vocational training)
- Parent information and support groups (instruction on child development, parenting, and family life)
- Parent-child groups and family activities
- Child care (for parents while participating in a program)
- Information and referral services (linking parents with community services)
- Newsletters (providing program information, schedules of local events, etc.)
- Crisis intervention and/or family counseling
- Auxiliary support services (e.g. clothing exchanges, food, and transportation)

While the number and nature of components may vary from program to program, their focus assumes several underlying principles. First, the primary responsibility for the care and raising of children lies with the family which exists as part of a larger community. Efforts made on behalf of the children must acknowledge this interconnectedness. Second, the principal aim of family support programs is always to empower families by helping them develop competencies that will support independence and self-determination. This will necessarily involve helping family members develop interpersonal skills that not only allow them to function within the family but also within the larger community. To be effective in this, the programs must respect the cultural and ethnic customs and beliefs of individuals and families—which assumes that they are located within the communities they serve and are governed by the participants themselves (Goetz and Peck 1994).

Examples of Family Support Programs

Reflecting the needs and diversities of the local communities they serve, family support programs exhibit a variety of organizational structures and approaches (see Table 4.1). Some are center-based, operating from one or more centrally located facilities with a community to which interested parents and families come to receive or participate in services and programs, from counseling, to resource referral, to education. Other support programs are primarily home visitation programs in which service providers visit the individual or families in their homes to offer a more limited selection of services than would be available in a central drop-in facility. These usually focus upon specific domestic, child care, and parenting concerns. Some programs target a specific service to a particular clientele, such as those which offer “respite care” to parents who are alcohol or drug addicted, or victims of AIDS. Still other programs work in concert with local or state institutions, such as schools, to bring services to the population of that institution.

In the next few pages a number of family support programs are abstracted (from Goetz and Peck 1994). Although many other programs exist, those discussed here were selected to illustrate the variety of approaches, issues, and participants that have become the focus of family support today.

Table 4.1 *Categorization of Family Support Programs*

CATEGORY	STUDY	STARTED	COMPONENTS	STAFF	FUNDING
A1 San Antonio, TX	Advance Family Support and Education Program	1973	Parent child education Comprehensive Child Development Fatherhood Services Adult Literacy and Higher Education Even Start Child Abuse and Neglect Intervention	177	\$3,640,000
A2 Detroit, MI	Black Family Development, Inc.	1978	Counseling for preschoolers Juvenile detention prevention Emergency shelter Home-based counseling Substance abuse recovery program	32	\$1,600,000
A3 St. Louis, MO	Caring Communities Program	1989	Families First Day treatment program Case management services Latchkey program for children School assistance program Substance abuse program	53	\$1,500,000
A4 Brooklyn, NY	Center for Family Life	1978	Comprehensive assessment Counseling services Family life education Infant/Toddler program Foster grand parent program Foster family program	48	\$\$2,000,000

Table 4.1 (continued)

CATEGORY	STUDY	STARTED	COMPONENTS	STAFF	FUNDING
A5 Cleveland, OH	Cleveland Works	1986	Job training and placement Family development project Emergency services Comprehensive health and mental health services	50	\$2,203,600
A6 Oklahoma City	Early Childhood Development 1974		Parent-child enrichment program and Parent Education Program Child development education Early intervention program Information and referral	70	\$3.5 million
A6 St. Paul, MN	Early Childhood Family Education	1974	Parent discussion groups Play group for children Home visits Early screening for children Information and referral	4,000	\$30 million
A8 New Jersey	Family Development Program	1985	Preschool education program Parent education program Family support program Latchkey program	20	\$606,438
A9 Chicago, IL	Family Focus, Inc.	1976	Parent support program Life skills training Case management primary prevention programs	80	\$2.5 million
A10 Washington, DC	The Family Place	1981	Parent education and support Breast-feeding peer counseling Drop-in program Immunizations	24	\$634,079
A11 Frankfort, KY	Family Resource and Youth Service Centers Program	1990	Preschool Child care program Latchkey program Parent and child education	1,865	\$26.4 million
A12 Denver, CO	Family Resource Schools	1989	Student achievement program Adult education Parent education Family support services	18	\$400,000
A13 Baltimore, MD	Family Support Centers	1985	Parent education Developmental assessments	N/A	\$6.2 million
A14 Honolulu, HI	Healthy Start	1985	Systematic hospital based screening Community based home visiting Respite care Prenatal screening	N/A	\$7 million

Table 4.1 (continued)

CATEGORY	STUDY	STARTED	COMPONENTS	STAFF	FUNDING
A15 New York, NY	Home Instruction Program for Preschool Youngsters (HIPPY)	1969	Preschool curriculum activities Information and referral Biweekly group meetings	N/A	N/A
A16 Washington	Kids Place	1986	Immunizations Well Child Clinic	18	\$528,500
A17 Nashville, TN	Maternal Infant Health Outreach Worker Project (MIHOW)	1982	Home visiting	N/A	NA/
A18 Cleveland, OH	The National Institute for Responsible Fatherhood	1982	Services for Fathers Services for mothers w/ male children	15	\$672,624
A19 Albuquerque, NM	New Futures School	1976	Child development education Basic education Job training Day care	70	\$1,575,000
A20 New Haven, CT	New Haven Family Alliance, Inc.	1989	Community case management Parent and Neighborhood development Youth groups	25	\$1,100,000
A21 Fairfax, CA	Parent Services Project	1981	Family development services Parenting classes Family support services	N/A	N/A
A22 St. Louis, MO	Parents as Teachers	1975	Home visits Parenting education Information and retrieval	N/A	\$17.7 million
A23 New York	Partners for Success	1989	Parent education Early childhood activities Family activities	N/A	NA/
A24 Rapid City, SD	Rural America Initiatives	1984	Parent education Head start Drug and Alcohol prevention	21	\$850,000
A25 San Fernando, CA	Vaughn Next Century Learning	1992	Counseling and support programs Parent leadership training Healthy start program	11	\$350,000

N/A = Not available

Source: Lindsey (1995)

Avance Educational Program for Parents and Children, San Antonio, Texas

Avance—from the Spanish meaning “advancement” or “progress”—was established in 1973 to provide community-based family support and education programs to low income, high-risk Latino populations in San Antonio. From serving 35 parents in 1973, the program has grown to serving over 5,500 primarily low income Mexican American adults and children at more than two dozen centers and schools in San Antonio and Houston. The program has a staff of 117 and an annual budget exceeding \$2 million. Program components and services include specialized parenting training, social support services, basic and higher education for adults, and early childhood education programs for children and youth.

Many parents have received their GED and even college courses through participation in Avance’s literacy programs. Parents learn strategies to enhance their children’s self-esteem and learning ability. Through peer review, parents analyze videotapes of each other’s interaction with their child. Overall, the programs strive to aid parents in preventing learning delays, child abuse and neglect, youth substance abuse, teen pregnancies, and the early exit of the child from school. Evaluations have revealed that Avance participants provide a more organized, stimulating, and responsive environment for their children, than do non-participants. They provide more developmentally appropriate toys, interact more positively with their children, spend more time talking to and teaching their child, and are more encouraging toward their child’s attempts at verbalization. Participants themselves report more nurturing attitudes toward their children, fewer inclinations to physical punishment, an enhanced view of themselves as the child’s teacher, and an increased sense of their efficacy in this role.

Black Family Development, Inc., Detroit, MI

Black Family Development, Inc. (BFDI) was established in 1978 to provide counseling and family therapy to African American families in Detroit. The program emphasizes culturally appropriate programming that responds specifically to the Black American experience. While most services are home based, treatment is also delivered in schools, residential treatment centers, and homeless shelters. Created out of a frustration with traditional social services which were perceived to employ a deficit approach to serving the black community, BFDI seeks to deliver services that acknowledge the unique character and circumstances of the Black community. The staff of 35 is entirely African American. Because space and resources are limited, clients must apply for participation. Depending on circumstances, the urgency of the situation, and the availability of space in the program, clients may be accepted immediately or placed on a waiting list. Independent evaluations have shown that BFDI has been effective in stabilizing high-risk households and minimizing the chance of removal of a child.

Cleveland Works, Cleveland, OH

Established in 1986, Cleveland Works attempts to motivate, train, and place parents on public assistance into high wage, full time jobs, that will let them work their way out of welfare dependence. The program incorporates a Head Start child care center, an out-patient health clinic, and a parenting education program. The program started with thirty-five employees, with

whom it placed program participants. Today, 550 employers provide positions for program clients. The program targets AFDC and General Assistance recipients who are “ready” to work. Participants must apply to the program, and once accepted, continue to meet the program’s requirements. Since its inception, more than 7,000 program participants have stopped receiving assistance. While no formal evaluations have been conducted, tracking has determined that 50 percent of those admitted to the program eventually obtain jobs. Seventy-five percent of these families never return to the welfare rolls.

Families and Schools Together Family Service, Inc., Madison, WI

Families and Schools Together (FAST) is a collaborative substance-abuse prevention program, involving schools, a mental health agency, a substance-abuse program, and families. Targeting high-risk elementary school children, it seeks to strengthen families, strengthen the child’s performance and identification with their schools, and prevent substance abuse by the child.

Begun in 1987, FAST has expanded from two schools in Madison to almost seventy schools throughout Wisconsin, including urban, rural, ghetto, and Indian reservation schools. The target population includes at-risk children aged five through nine and their families. School staff identify specific families, based upon perceived behaviors of the children. Targeted families are aggressively recruited for participation in the program which meets for eight weeks with 8 to 12 entire families as a group. Activities include a structured program of family therapy and child psychiatry research. Specific activities might involve viewing and discussing a film or play about alcoholism (to address the issue of parental substance abuse), playing charades to reveal feelings, and networking a parent support group. Evaluation of the FAST program has revealed statistically significant improvement in self-esteem, children’s attention span, and family closeness after eight weeks of meetings. Reactions from parents and children has been positive.

Healthy Start, Honolulu, Hawaii

Healthy Start is a home visitation program that seeks to aid high risk parents of newly born children. Upon birth of a child, all parents are routinely screened for risk factors. This screening considers such things as marital and employment status, income, housing, education, and any record of substance abuse or psychiatric problems. Those parents identified to be at risk are asked to participate in a program of comprehensive home visiting services for the child’s first five years. Initially, family support workers visit once a week, and then at decreasing intervals, as it becomes apparent that the family is stable. Evaluations have indicated a remarkable success rate in identifying at-risk families, in preventing child abuse and neglect, and in improving family functioning in general. Today, twelve Healthy Start sites are active in Hawaii, administered by seven private community services. Although initially created and funded by private sources, Healthy Start has received funding from the Hawaii Department of Health. Expansion of the program is strongly supported by state government officials.

National Institute for Responsible Fatherhood and Family Development, Cleveland, OH

Established in 1982, this non-profit organization attempts to get fathers involved with their children, by which is meant assuming paternity for the children and providing financially for them. The program's curriculum seeks to help fathers assume responsibility for their lives and move toward economic self-sufficiency. Toward this goal, participants are provided outreach home-counseling, educational training, and various social services. The participants study leadership, public speaking, and entrepreneurial strategies. The program has no eligibility requirements, although high-risk fathers and single mothers with male children are targeted specifically. Over 90 percent of the fathers are African American, with more than 65 percent between the ages of 13 and 20. A major goal of the program is to assist fathers in completing their high school education or GED, and to increase their level of employment. Client surveys have revealed that 70 percent of the program's participants eventually complete 12 years of education. Before entering, 74 percent were unemployed. Afterward, 63 percent are employed full time and 11 percent part time. More than 75 percent of participants reported that they have fathered no additional children out-of-wedlock, while 97 percent say they contribute financially to their children.

New Futures School, Albuquerque, NM

An alternative school in the Albuquerque public school system, New Futures School offers educational, health, counseling, vocational, and child care services to adolescent parents and pregnant teens. While most services are offered at the school's facilities, the school does offer some home-based services.

Annually the school serves approximately 600 teen parents, ranging in age from 12 to 20 years. In 1993, 55 percent were Latino, 20 percent Anglo, 6 percent African American, and 8 percent Native American. Participation is voluntary, with students coming from high schools and middle schools in the Albuquerque area. In addition to the usual secondary curriculum, students study pregnancy issues that prepare them for the birth of their child. Those not intending to release their child for adoption, study child development, learning the necessary care at various stages of development (feeding, bathing, changing diapers, etc). Participants who already have children study issues related to the care and raising of toddlers. Fathers are also encouraged to participate in the training.

The principal goals of the school are to help the expectant mothers to make responsible decisions, to complete their high school education, and to become self-sufficient members of their community. Evaluations report that school participants show a lower repeat-pregnancy rate than do non-participants. Further, they performed better in school and had a better attitude toward work.

Parent Services Project, Fairfax, CA

The Parent Services Project is a child care program developed in the San Francisco Bay Area in 1980 that expanded the role of child care centers to include services for parents, thus transforming the center into a "family-care" center. Through daily contact with parents who drop off their

children, PSP staff impart information and support that parents need to raise their children. Also, the staff are able to identify and help resolve family problems before they threaten family stability. Parents are invited to participate in education classes, workshops, peer support groups, and information and referral services.

Parent Services Project has been replicated in more than 300 child care centers which serve urban, suburban, and rural communities. Participants include a wide range of cultural, ethnic, and racial backgrounds—African American, Latino, Chinese, Southeast Asian, and Caucasian. Parent Leadership Committees take responsibility for assessing the parents' and community's needs, which becomes the basis for program planning. Evaluations have concluded that PSP programs reduce the stress and isolation of families, resulting in a sense of parent empowerment and healthy family function. The original PSP model has been replicated to over 300 sites in California, Georgia, Delaware, and Florida, serving over 15,000 families.

Parents as Teachers, St. Louis, MO

Parents as Teachers (PAT) is a home-school-community program designed to provide parents of children aged birth to three parenting information on their child's development, including ways to encourage learning. Home visits by certified parent educators using the "PAT curriculum" provide parents with support they need to feel confident and competent in their parenting role. Parent educators coordinate group meetings of parents, periodically screen the child's development, and link families with other community resources they might need. Although participation is voluntary and open to any family who wants to participate, PAT uses aggressive outreach strategies to recruit families, including disseminating information at hospitals, referrals from doctors, clinics, and social service agencies, media publicity, mailings, and even door-to-door solicitation.

The program has been widely replicated throughout Missouri, and in forty-one other states. Independent evaluations have shown that children who participated in PAT, when compared to peers who did not participate in the program, were advanced in their social development, language, and intellectual abilities, and scored significantly higher on standardized achievement tests.

Changing Patterns of Funding for Family Support Programs

Initially family support services were established, funded, and coordinated almost entirely by private sources, such as foundations, churches, community groups, civic organizations and clubs. Today they are depending more and more upon federal and state funding, which in the last decade has been forthcoming as policymakers have become aware of the significant alleviation of social dysfunction that such programs provide and that would otherwise become a concern and responsibility for already overburdened state agencies. Because of this, many family support services are being integrated into the umbrella of state administered and funded child welfare programs under the direction of child welfare professionals.

The first federal funding to support the concept of family support services was the Comprehensive Child Development Program (CCDP) of 1988, which directed \$25 million to research long-term services for at-risk families. In 1990, the McKinney Homelessness Prevention Act specified that family support services be used to stabilize families and prevent them from becoming homeless. Local family support programs began receiving grant funds through this legislation in the summer of 1992. Also in 1990, the Family Resource and Support Grants Program offered funds to states to develop networks of local family support programs. Thus far, more than forty-four states have applied for this funding. In 1993 the Family Preservation and Support Services Program provided nearly \$1 billion over five years for family support as well as family preservation programs to be administered by states.

While increases in state and federal funding can help stabilize family support programs, ensuring availability and continuity, this support is not without risks. State involvement has usually involved a measure of bureaucratic intrusiveness that most Americans find unwelcome—indeed, it is a principal resentment directed against social welfare agencies. Further, the bureaucratization and standardization that often comes with state funding can sometimes solidify the enterprise into cold inflexibility that is diametrically opposed to the warm energy and spirit that most local, community-based family support programs exhibit. Considering this, state funding must be taken with the understanding that the programs not lose their local neighborhood control which evolved with a concern toward familiar, responsive, compassionate accountability to the needs of the families served.

A major limitation with family support programs is that too often they are a hit and miss proposition, sometimes available when needed, sometimes not. In many cases they are too few in number and those that exist are too precarious in their long term stability to be depended upon. In some communities support services are provided by well-funded, energetic, and conscientious providers (including the state). In other communities funding is inadequate, public interest and participation are low or non-existent, with the result that family support services are frequently not available to those who need them (Nelson, Emlen, Landsman, and Hutchinson 1988).

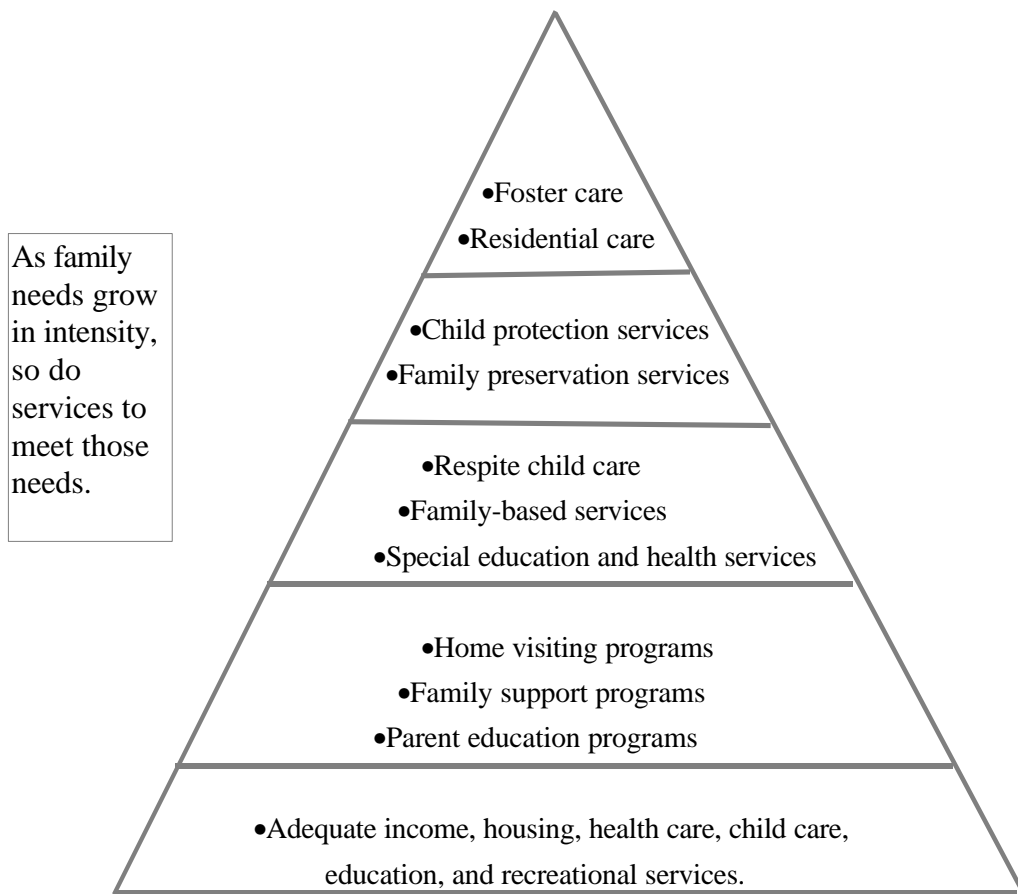
The principal difficulty with state funded family support services has been in balancing respect for the sanctity of the family with the need to ensure that families are functioning adequately to ensure the safety and well-being of children. Because American law and culture recognizes the sanctity of the family, the intrusion of the state into family affairs is kept to a minimum. Further, not all families want or expect services. Other families' need for services may exceed the resources of the public agencies responsible for providing them. The question invariably arises as to how much services to provide and to whom.

The issue is far more complex than it may appear at first. The Children's Defense Fund has speculated that it would cost less than \$30 billion to end child poverty in the United States. Although a large sum, this is less than one-tenth the amount spent on public education. However, even if we could find the political resolve to spend such an amount, it is not clear how the money would be distributed. Direct payments to non working parents would inevitably create resentments among other segments of the population. In short, the problem of ending poverty is not solely financial. In large measure it involves devising an equitable distribution scheme that

rewards work and ensures a minimum level of income. The same problem arises in deciding who should receive state funded family support services.

The Children’s Defense Fund views family preservation and family support services as part of a larger pyramid of child welfare services (see Figure 4.1). Within this scheme family support forms the base and is designed to prevent problems from becoming severe and thus requiring other more intensive and intrusive child welfare services. (The scheme is similar to the three tier model of service delivery developed by Alfred Kadushin in the early fifties.) Should family support be lacking, a family could move from “at risk” to “in crisis” thereby requiring family preservation services. If this does not work, and the child’s safety cannot be assured in the home, he or she may need to be placed in foster care or a residential treatment facility.

Figure 4.1 *Pyramid of Services*



Source: Children’s Defense Fund (1993)

The pyramid of services assumes that all families are assured adequate income, housing, health care, child care, education and recreation services. Currently, California lacks a broad base of family support programs and, with the exception of education, does not assure any of these services. Over the last decade income support programs have steadily eroded or been

systematically dismantled, a trend that is expected to continue with an even greater emphasis on reducing income support for children and impoverished families. As for housing, California has never provided universal assurances of adequate housing. What limited assistance was provided is now being reduced. In the area of health care major reductions in minimum services are currently under way. In Los Angeles, for example, broad reductions are being sought in publicly supported health services, especially for the indigent and the poor.

Further, state agencies, which are guided principally by that residual perspective coupled with a bureaucratic concern to conserve scarce resources, naturally tend to target resources to selected groups, usually those most at risk. With this comes the stigma that usually accompanies "eligibility" requirements. Again, the challenge is to balance the need to allocate services to those most in need, against the spirit that has so energized family support from the beginning, namely that services be universally available to any family that desires them.

Also, it is necessary to understand that family support programs are not a panacea, and that larger social and economic forces may be negatively impacting families in ways that these programs cannot hope to remedy. In the past, social agencies have, through bureaucratic inflexibility and obtuseness, sought to apply strategies and programs that, while useful in some contexts, are inappropriate in others. Family support programs should be regarded as one approach among a spectrum of strategies aimed at uplifting families.

Families-at Risk

Today, in California more than 90 percent of the population live in urban communities. These communities are characterized by segregated neighborhoods of extreme social economic variation. Invariably the poor are concentrated in city centers typified by urban decay, high crime rates, drug infestation, dilapidated schools, large numbers of homeless, and lack of a commercial or industrial base that could provide living wage jobs. In addition, many poor communities have experienced a breakdown of core social, religious, and economic institutions that previously upheld standards and values that ensured a livable community.

Raising families in such settings is difficult to say the least. Faced with a collapse of social networks, substandard housing, no job opportunities, employment discrimination, and chronic financial hardship, parents are often overwhelmed by stress. In an earlier era an extended family and friends could help buffer the effects of poverty. Today, extended families and informal social networks which might assist a parent in coping with difficulties have all but disappeared.

Closing

Studies have consistently shown that child abuse reports come predominantly from families living in just these kinds of socially and economically impoverished circumstances. It is estimated that between 10 percent and 30 percent of poor families in blighted communities encounter the child protection system at some point during their children's early years (Halpern 1995).

In such deteriorating social conditions family support services are more needed than they have ever been, whether they originate in state agencies or private organizations. Unfortunately, current political and social trends are moving in the opposite direction, toward less government support for family support programs. The result is that in the years to come, state child welfare agencies will likely be overwhelmed as more and more families move from being “at risk” to “in crisis,” thereby triggering increasing demand for public child welfare.

CHAPTER V: CHILD SAFETY

IMPLICATIONS OF FAMILY PRESERVATION

As we saw in Chapter III, the published evaluation studies of family preservation programs produced conflicting results. On balance most failed to provide evidence for substantial success of the intensive casework services approach of family preservation. The four most rigorous studies all reported that family preservation services made no difference in reducing a child's likelihood of being placed in foster care. No statistical difference was found between an experimental group receiving family preservation services and control groups that did not.

In 1992, the distinguished evaluation scholar Peter Rossi had warned that there was insufficient evidence supporting the claim that the family preservation approach works. After reviewing early empirical research out of Washington and Utah on the Homebuilders by Fraser, Pecora and Happala (1992) which supported family preservation, Rossi concluded that the studies, and hence much of the foundation for the family preservation approach, were “fatally flawed.”

Today, even the media is voicing concern that family preservation may not work. *Newsweek*, observing that “last year 1,300 abused kids died—though authorities knew that almost half were in danger,” asked, “is it time to stop patching up dead-end families?” (Ingrassia and McCormick 1994, 53). With child welfare lacking a proven technology to protect children who have been abused in their home, the *Newsweek* reporters questioned an approach—family preservation—which keeps children in a family where their health and safety is endangered.

If indeed all the studies and criticism are true, we can at least say that family preservation services have not been alone in failing to demonstrate effectiveness. During the seventies and eighties when mandatory child abuse reporting laws transformed traditional child welfare into child protective services and the number of child abuse reports rose from about 250,000 a year in the early seventies to more than 3,000,000 today, advocates of protective services hoped that child abuse and child abuse fatalities would decline (Besharov 1990). Yet while child abuse reports increased sharply, no collateral change was seen in child abuse fatalities (see Figure 5.1).

Historically, the child welfare system has swung between two competing approaches (see Figure 5.2): (1) protecting children by removing them from homes where they are being abused or neglected; and (2) making every effort to keep children in those homes, even when the facts indicate they are at risk. When it appears that one approach is not working, we switch to the other. We continue with that approach until we become convinced that it, too, is not working, whereupon we switch back, “[re]discovering” the previous approach, which we take up again. And so we swing back and forth, and although changes in the child welfare system occur, no forward progress is made, only a continual sideways swinging back and forth... back and forth.

Even though the approaches are fundamentally opposed, at times, in seeking justification for one or the other, we blend them in a strangely contradictory fashion. Maluccio, Pine, and Marsh

(1994) note that the family is the most reliable and consistent source of support for a child. Preserving it, they argue, is an essential part of child protection.

Figure 5.1 *Trends in Child Abuse Reporting and Child Fatalities (1975-1994)*

Source: Lindsey (1995, updated).

The problem is not that the families served by child welfare agencies cannot manage their own affairs. The problem is that most of these families lack adequate resources to manage their own affairs. The casework method is a method which shifts control from the client to a therapeutic professional who becomes responsible for figuring out and helping solve the root causes of the client's difficulties. The approach not only blames the client for his or her failure and dysfunction (despite larger social and economic factors that might be causing it), it also encourages the worst kind of dependency, in which the client becomes captive to the solutions and approaches developed by the family preservation caseworker. Unfortunately, the caseworker does not have a proven therapeutic treatment, unlike, for example, a physician. The family preservation caseworker has no magic pill, no pharmaceutical drug, no surgical operation, that will restore the family to health. This is the fundamental, but overlooked, fallacy of family preservation: it lacks a scientifically proven treatment that will effect a cure.

Figure 5.2 *The Continuum Between Child Protection and Family Preservation as a Philosophy of Practice*

Source: Lindsey (1995)

Empirical studies have failed to make the case for family preservation services. But maybe we expect too much. After all, the question both family preservation and child protection address are moral in tone and substance. They require a search for balance. We don't wish to risk the life and health of a child simply in order to preserve a family. Nor do we wish to tear a family apart simply to protect a child from the possibility that abuse may occur. Every effort needs to be made to keep the family together. Yet keeping the family together requires more than crisis intervention and intensive casework services delivered directly to the home. These are unproven remedies. The problems the child welfare worker faces may not have technological solutions. As the Dingwall, Eekelaar and Murray (1983, 161) have written:

As we have shown, child protection raises complex moral and political issues which have not one right technical solution. Practitioners are asked to solve problems every day that philosophers have argued about for the last two thousand years and will probably debate for the next two thousand. Inevitably, arbitrary lines have to be drawn and hard cases decided. These difficulties, however, are not a justification for avoiding judgments. Moral evaluations can and must be made if children's lives and well being are to be secured. What matters is that we should not disguise this and pretend it is all a matter of finding better checklists or new models of psychopathology - technical fixes when the proper decision is a decision about what constitutes a good society. How many children should be allowed to perish in order to defend the autonomy of families and the basis of the liberal state? How much freedom is a child's life worth?

Empower Families

What is required is to develop methods that economically empower the families who find themselves in need of child welfare services. Principally, children need to grow up in families that have adequate income to house, clothe, and feed them.

If it ever hopes to succeed, the child welfare system must begin focusing on ways to assure that the necessary resources for properly rearing children are directly under the control and management of parents. Policies and programs must encourage independence and self-initiative. They must provide access to training and skill development to parents to improve their ability to obtain gainful employment and effectively participate in the economy. Since it is unrealistic to expect a lone mother to seek work at a low paying job if she is unable to find affordable and decent child care, child welfare services must assure adequate child care. This last is of great importance. Today we consider this issue outside the pail of child protective services. But this was not always the case. In an earlier era supportive child welfare services included child care (Kadushin and Martin 1988).

All this requires an approach different from that taken so far. The family preservation approach is guided by the same residual paradigm which has shaped child welfare's outlook and understanding from the beginning. The paradigm is a minimalist perspective that has failed, and is likely to continue to fail to make substantive advances in reducing poverty, abuse, and neglect among children.

Since the 1950s, when the residual paradigm solidified, major social changes have impacted families and children, shifting the ground upon which the residual casework model was built. The two-parent family, with the father working outside the home and the mother raising the children inside, has given way to families where both parents work. This has led to major changes in role responsibilities for both mother and father. Many families have yet to adjust and reapportion their responsibilities. As well, the divorce rate has increased substantially, and more mothers are now keeping their children, even when they are born out of wedlock. These factors have led to a dramatic increase in the number of lone parent families.

These changes in the family have not been met with adjustments in the broader social order. Social policies and programs have continually failed to consider the needs of lone parent families. Lone mothers, for example, have had extreme difficulty collecting child support. They must use a slow, cumbersome and expensive civil court system, more suited to settling commercial disputes than in getting them the money when they need it to pay the rent and buy food and clothing for their children. Lone mothers have had to carry the burden of child care by themselves. For many, the cost of child care consumes whatever meager wages they may earn as sales clerk, secretary, waitress, or maid, which, in the current labor market, is the only kind of employment two-thirds of all women can hope to get.

As a result of these trends, lone mothers and their children now constitute the largest category of persons living in poverty. Considering this, is there reason to believe that the promises proffered

by the advocates of family preservation will ever be realized? We may well, in the next decade, swing back to child protection.

In large measure, what we require is balance. We don't wish to risk the life and health of a child simply to preserve a family. Nor do we wish to tear a family apart simply to protect a child from the possibility that abuse may occur. Every effort needs to be made to keep the family together. Yet keeping the family together requires more than crisis intervention and intensive casework services, which are unproven remedies.

The disappointment many in the child welfare field have with family preservation services is that it represents a resurgence of the residual model in a form that threatens to divert reform moneys and energy from the larger and more important task of ending child poverty into channels that perpetuate failed technologies. With the help of private foundations, family preservation advocates have been able to capture substantial public funds, to the extent that Federal budget provisions have allocated close to \$1 billion over five years for states to establish family preservation services. Understandably family preservation advocates are excited. This money presents great opportunity for innovation and reform of service delivery at the state level. MaryLee Allen (CDF 1993, 7) observes, "States will be able to use the funds creatively and strategically to connect community-based services and make them more responsive to families." And yet, as Adams (1994) has indicated, guidance and aid from private foundations holds both opportunity and risk. The risk is greatest when it promotes a particular approach and limits others.

Look to Science

It is sometimes difficult to impose a scientific approach in areas like the social sciences and child welfare where intense personal and collective values and beliefs are involved. The effort requires that not only all viewpoints are heard, but that rigorous methods of analysis are used, and that the objective search for the truth is given the highest priority. This is the approach we must take in evaluating family preservation programs. Although emotionally and intellectually we would like to have them work, so much so that we bend our judgment, overlooking contradictions and difficulties, in the final analysis, they may, when the impartial scale of science is invoked, be found not to work.

Closing

At the end of their exhaustive study evaluating family preservation services, Schuerman and colleagues (1994) asked why with ten times more intensive casework services delivered directly in the home, children were just as likely to end up in foster care or to be abused as children who had received conventional services. They offered two explanations. First, the child welfare system was unable to identify those in "imminent need" of placement and thus accurately target residual services. But more importantly, for many of the families the overwhelming impact of severe poverty limited whatever good might be achieved by the services supplied. We suggest that this is the principal problem confronting child welfare today: Child poverty is so severe and widespread,

that it creates problems beyond the scope of such residual model programs as family preservation services.

While the prospects for ending or substantially reducing child poverty in California may seem remote, a direction can be suggested. Creative strategies must be developed that will work in concert with the free enterprise economy, which means that the child welfare system must become, at least in part, an engine of economic opportunity for all children. Today, children who grow up in poverty—about one quarter of all children in California—are, through current social programs, being effectively denied both hope and opportunity. The result is despair and resentment against the society in which they have so little stake. If we hope to make substantial progress for children a broader and more comprehensive approach will have to be developed. This broader effort may include family preservation but only as a small part of a much larger effort.

CHAPTER VI: THE FUTURE ROLE OF FOSTER CARE IN THE CHILD WELFARE SYSTEM AS A RESULT OF FAMILY PRESERVATION

In response to the accusatory focus of the child protection system and the skyrocketing number of children entering foster care, the family preservation movement has come forward to offer a solution. Claiming an innovative casework approach that focuses on helping families in a time of crisis to prevent unnecessary placement of children in foster care, the movement has attracted a wide following. Since the child protection system has often failed to respond to the importance of preserving the family, this has been a welcome development. Overall, the message of the family preservation movement is one of hope and belief in the possibility of mending the problems of families reported for child abuse and neglect. The response has been so great that, today, the momentum in the child welfare field is moving overwhelmingly in the direction of supporting and employing the family preservation approach.

In the face of this hopeful message and trend, it is difficult to raise doubts about the effectiveness of family preservation programs. And yet we must. As we saw in Chapter III the clinical trials have failed to support the effectiveness of the family preservation approach, leaving no alternative but to conclude that the program is unlikely to have much effect in reducing the number of children coming into foster care.

Why the Failure of Family Preservation to Demonstrate Effectiveness?

The family preservation approach is limited for two reasons: (1) its principle methodology, casework, is not a cure, and (2) the residual model, which underlies the program, is a failed service distribution approach that is inappropriate for solving the problems children face in a highly competitive market economy.

Casework

Unlike an antibacterial medication which can eradicate an infection in the body, casework will not cure the problems afflicting a family. As we have seen, the casework method, upon which family preservation was initially based, assumes that the parents of the child are unable to manage their affairs. The premise is that the caseworker can identify the family's problems, figure out a solution, and develop a case plan to achieve remedy. Unfortunately, evaluation research on casework, conducted over several decades, suggests that this doesn't happen, and that casework, despite its almost universal application in social welfare, fails to make any measurable and substantial difference for most families.

The Residual Model

Underlying family preservation is a residual perspective that at first glance seems to be the least expensive, most logical, common-sense approach to caring for children in need. In the long-term, however, the residual model doesn't work. A number of principal failings can be identified:

1. *The residual model waits until a problem occurs before intervening, and in doing so inadvertently encourages problems.* By the time help arrives, it is too late. For example, if we wait until an unmarried teen has a baby before we provide guidance and counseling, we have waited too long. Once the child is born, the young mother and child are launched on a life trajectory that is difficult if not impossible to change. Little can be done to significantly improve the circumstances of such a family unit. Despite all efforts, the mother will likely lapse into poverty and rarely achieve financial independence. Likewise, if we wait until a family is in crisis and their children are in “imminent need of placement” then we have waited too long. Service and support were needed well before the crisis.

2. *The residual model offers minimal services.* Little is offered through the residual approach that can substantively change the situation of a family in difficulty. When family support services are provided, a delicate balance must be struck between ameliorating the suffering without appearing to reward the client for failure. As a consequence, support services are necessarily ratcheted down to a minimum. In 1970, more than 70 percent of families seen by the public child welfare system in California received some form of in-home or out-of-home service. In 1992, less than 6 percent received such services. For most families services were limited to an investigation of the alleged abuse or neglect for which they were reported.

3. *The residual model places a premium on failure.* Residual services are not provided until the person demonstrates need. Because of limited resources each situation must be “means tested” to determine who qualifies for services. In the case of child protection this means that little or nothing can be done until the child is reported for abuse. Thus, the only client served is the one most in need, most desperate, or most imperiled. Because the client understands this, he or she often takes steps to qualify by moving in that direction. Perversely, the pressure to fail in order to qualify for services is great. In California, family preservation services are provided only after a family has been reported for abuse and neglect. Instead of reprimanding the abuser, the residual model provides the family reported for abuse with beneficial family preservation services. This results in an unintended but indirect reward for behavior that ought not to be condoned.

4. *Residual services are ameliorative rather than curative.* Residual services may temporarily alleviate one or more problems, but they are fundamentally unable to restore long-term economic viability and opportunity for the individual. In a market economy, measures are needed that promote economic independence and self-reliance. Instead, the residual model provides services that create social and economic dependence. Frequently portrayed as a “safety net,” like that deployed beneath a trapeze, the services too often come to resemble a trawlers net that traps and entangles those who fall into it.

5. *The residual model is corrosive to the human spirit.* The residual model provides unearned services that are essentially motivated by charity. Unfortunately, charity sustained over the long term can have a corrosive effect on the recipient’s self-esteem and sense of competence and self worth. It encourages passivity and dependence, undermining personal initiative and responsibility.

Discussion

Overall, the research suggests that family preservation, despite how much we might hope to the contrary, is not a cure. Empirical studies have failed to find statistically significant differences in favor of the treatment. The problems facing those families who come to the attention of the child protection system through reports of abuse or neglect are not fundamentally altered by intensive casework services. The few studies that report otherwise are either flawed in their research methodology or are more appropriately regarded as “advocacy” or promotional studies than as objective research. While family preservation programs may provide temporary relief for some families, their application is stymied through the inability to identify those families. In the meantime, the growing number of abuse reports, the growing number of children entering foster care, and the increasing numbers of children living in poverty suggest that rather than getting better, conditions for children are worsening.

Family preservation fails because, remaining in the domain of the residual paradigm, it does not address the fundamental problem that brings families and children to the attention of child welfare agencies—poverty. A broader understanding is needed that will guide research into the mechanisms, processes and causes that lead some families and their children, and not others, into poverty, and from there into the hopelessness and despair which invite intervention by the child welfare system. Over the last twenty-five years child poverty in California has steadily risen and almost doubled—despite strong overall economic growth (see Figure 6.1).

Figure 6.1 *Child Poverty in California*

Source: U.S. Bureau of the Census. Statistical Abstract of the United States: 1984, Table 783, p. 475; Children’s Defense Fund, The State of America’s Children Yearbook, 1995, Table B1, p. 106; California Almanac, 7th Edition (1995)

What has caused this steady trend of increasing child poverty? Today, a number of California cities have very high rates of child poverty, especially in comparison to other wealthy California communities. As the data in Table 6.1 indicate, child poverty is concentrated in high numbers in several major cities. What programs and policies are likely to reduce it? Family preservation does not address this issue. Rather, it is a program designed to deal with the consequences of this increasing child poverty.

Table 6.1 *Child Poverty in Selected California Cities (1991)*

Fresno	36.9 %
East Los Angeles	31.6
Oakland	30.3
Sacramento	28.6
Los Angeles	27.8
Long Beach	27.3
Pasadena	22.7
Inglewood	22.2
Santa Ana	22.1
Glendale	21.5
San Diego	19.8
San Francisco	18.6
Anaheim	15.3
Riverside	15.0
Garden Grove	14.6
Fullerton	12.5
Orange	11.0
Torrance	6.9
Huntington Beach	6.7
Irvine	4.0
Simi Valley	3.8

Essentially, what we are saying is that the old ways no longer work. While family preservation appears to be new, in fact, only the wrapping is new. The core of the program—intensive casework—is an old and ineffective approach to solving the problems of impoverished families. In so far as family preservation has served as a vehicle for the hopes and aspirations of those who work in the child welfare system, it has renewed optimism and faith in the families served. Our concern is that such enthusiasm and good intentions may not be sufficient to make headway against the problems the child protection system faces.

Can Progress for Children Be Achieved?

Progress *can* be made for children—when the goal is clear and when effective methods of treatment and prevention can be identified. In 1920, for example, the U.S. Children’s Bureau waged an all-out campaign to reduce infant mortality. The success of their effort was nothing short of miraculous. Because disease pathologies were coming to be understood, and serums and vaccines were being developed, immunization programs and other public health measures, such as the safe milk campaign, had a dramatic effect in all but eliminating diseases that had been contributing to the high infant mortality rates (Desowitz 1987):

- Diphtheria decreased from 200,000 cases in 1921 to three today
- Whooping cough decreased from 250,000 cases in 1934 to 1,500 today
- Measles decreased from 900,000 cases in 1941 to 1,500 today
- Polio decreased from 21,000 cases in 1952 to 7 today

In the same way, the child welfare system must first identify and *acknowledge* the fundamental causes that bring families and children to its attention. Then it must identify and promote remedies that will bring real and lasting changes to that population. This requires replacing the residual approach with a broader structural perspective in which child welfare services are part of a universal public infrastructure designed to support child development and opportunity. There is no reason why real reforms can not be implemented. In the same way that poverty among senior citizens was dramatically reduced in mid-century—from almost 40 percent in 1965 to less than 10 percent today (while child poverty nearly doubled)—so too can poverty among children be reduced or ended. Without structural reforms aimed at systematically ending poverty among children, attempts at reversing the deteriorating conditions of children are futile. What we will likely see in the future are ever greater numbers of children sinking into poverty, with more—not less—coming into the public child welfare system.

Prospects for the Future

As this report is being written, sweeping welfare reform has been approved by both houses of Congress and a reconciliation bill is being crafted by a joint House and Senate Conference Committee. It is likely that the reconciliation version of the welfare reform act will convert Aid to Families with Dependent Children (AFDC) from a Federal entitlement program to a block grant program that allows states greater flexibility in providing income assistance to children and families. This legislation will likely place time limits on the receipt of income support, restrict eligibility of legal immigrants, and reduce the overall level of Federal funding.

In California, the Aid to Families with Dependent Children (AFDC) program has been in effect since 1937. More than fifty years of data on the program now exists. Since its inception, the number of children receiving AFDC benefits has risen steadily (see Figure 6.2).

Figure 6.2 *Children on AFDC in California*

Source: Public Assistance in California (1937-1953); Public Welfare in California (1953-1992)

Note: The trendline is a polynomial estimate.

It is interesting to speculate on what impact the new time limit requirements and restrictions on legal immigrants will have on the trend indicated by this data. Certainly the number of poor children in California eligible to receive income protection through AFDC will drop sharply. If approved, the limits on legal immigrants will deny income protection to approximately 350,000 children statewide. Most of these will be Latino and Asian children born in the United States whose parents are legal residents but not yet United States citizens. The Director of Department of Child and Family Services in Los Angeles County, Peter Digre, has predicted that as many as half of the children in his county will lose eligibility. His estimates are in line with those made by the Urban Institute. In fact, taking into account the large immigrant population in Los Angeles County, the number of children receiving AFDC income protection could drop by as much as two-thirds.

Statewide the effect of the new welfare provisions will mean that more than half of the 1.7 million children currently receiving income protection through AFDC will be dropped from the program. This is particularly ironic as we consider family preservation programs. As we saw in Chapter II, mother's pension programs represented one of the first attempts at "family preservation." In effect, they were the precursor to the federal AFDC program. In place of this income support version of family preservation (AFDC), we are now building an in-crisis emergency response

version (family preservation). However, research on the effectiveness of this program suggests that it will not limit the demand on the foster care system that sharp reductions in AFDC eligibility are likely to produce. Nor will it reduce the risk to abuse poor children will be exposed to.

In many cases child poverty is at the core of child welfare problems. In other cases, the source of the problem includes poor parent skills, mental illness, substance abuse, and other difficulties. It is what drives the high number of children coming into foster care. More than two thirds of the children in foster care in California come from families receiving AFDC (see Figure 6.3). Even with the income support of AFDC these families have had their children removed. The sharp reductions in income support for these children brought about by welfare reform will have a profoundly detrimental impact (GAO 1994). What will happen to these children? Certainly they will have to endure a new level of suffering, indignation, and reduced opportunities. How many will end up in foster care?

Figure 6.3 *AFDC Foster Care in California*

Source: Public Assistance in California (1937-1953); Public Welfare in California (1953-1992)

Closing

The message of family preservation is one of faith in families, in their ability to nurture and care for their children. It would be nice to end on a positive and hopeful note. But projections of changes for poor and disadvantaged children suggest continued dark clouds loom on the horizon.

The federal welfare reforms currently being proposed can only deepen the sense of despair and hopelessness of poor children in California. Most poor families that have struggled to live with the meager income support provided by AFDC may soon have to survive without it. The conditions of many children will likely deteriorate. These are the families monitored and served by the public child protection system. Digre (1995) has suggested that if even one out of twenty of the children in these families is added to the already overextended foster care system, it will collapse.

California's children are its future. It has been suggested that how we treat the least among us reveals much about ourselves and our probable future. The task of ensuring hope and opportunity for all the children of California can be met, but only through bold, imaginative, and compassionate leadership.

APPENDIX A: EVALUATION STUDIES OF FAMILY PRESERVATION PROGRAMS

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This appendix briefly describes the remaining twenty-one of twenty-five family preservation studies referred to in Chapter III.

Category A: Demonstration Projects with Randomized Designs

Category A includes those studies which were demonstration projects that used a true experimental design with sufficient sample size to detect differences of practical significance. The four studies within this category were: (1) Schuerman, Rzepnicki, and Littell (1994); (2) Yuan, et. al. (1990); (3) Meezan and McCroskey (1993); and (4) Feldman (1990). All of these studies are discussed in the article. What we examine in the remainder of this appendix are the studies in categories B through D.

Category B: Randomized Designs with Major Modifications

Category B consists of studies with smaller sample sizes and often a modified focus. The studies involve a greater variety of program goals. That is, some studies are interested in having children avoid re-arrest or re-incarceration into the juvenile justice system and some studies are interested in having children who are living out of their homes reunify with their families. Others employ specific treatments such as “social learning” or “multisystemic therapy.”

B1: Home Based Vs. Traditional Child Protective Services (Goal: Preventing Placement)

The first study in this category was conducted at the Ramsey County Human Services Department, in Minnesota (Lyle and Nelson 1983). The goal of the project was to prevent out-of-home placement of at-risk children. The children in the study were randomly assigned to treatment and control samples (N = 34 and N = 40, respectively). The study found that 77 percent of the treatment sample avoided out-of-home placements, compared to 55 percent of the control sample. Also, of the children placed, those from the control sample spent almost twice as long in placement as their treatment sample counterparts (117 versus 67 days).

The study noted that because of the small sample size, changes in family functioning were inconclusive. Also, the study stated that “the data indicates that actual placement cannot be predicted with sufficient accuracy to warrant using it as a screening variable in the future. For example, only 43.6 percent of the cases screened ineligible were actually placed” (Lyle and Nelson 1983, 6). Since cases were screened ineligible if they had an upcoming placement out of the

home, this statement suggests some problems in the screening process of determining who was eligible to receive family preservation services. The conventional approach of family preservation is to work with families whose children are in imminent need of placement.

Another limitation of this study was the failure to document when the data pertaining to placement rates were collected. It is not clear if the findings of the study were collected after the intervention, the intake, or the referral, nor was there any notation regarding the time lapsed between any of these processes. These factors, along with the relatively small sample size limit the extent the study's results can be generalized.

B2: Family Study Project (Goal: Preventing Long-term Placement)

The second study in this category is the Hennepin County Family Study Project (1980). The study attempted to determine the impact of intensive family preservation services on preventing out-of-home placements for children, along with the impact on the level of functioning for their families. The sample consisted of 66 families in the treatment sample and 72 families in the control sample. Families in the experimental sample were provided with a host of intensive services, while the control sample was given traditional casework services. Both groups were assessed at the posttest at 6 and 12 months after intake to evaluate their placement prevention rates, and level of family functioning.

In terms of placement prevention rate, children in the treatment group were found to experience more instances of living away from home than the control group (123 instances versus 84 instances). The study emphasized, however, that in terms of the actual days spent in out-of-home placements, the treatment group fared better (49 days versus 106 days) than the control group. The study further pointed out that this project's definition of success was not in preventing placement per se, but in preventing long-term placement. The authors found that frequent use of planned respite care reduced other placements. This view led social workers to place children from the treatment group into respite or shelter care, since they hoped and assumed that the children would not be in need of long term placement. Since respite care stays for children were of planned length, usually one day, the workers were able to keep families together.

B3: Hudson County Project (Goal: Preventing Placement with Support Services)

This study was conducted in Hudson County, New Jersey (Willems and DeRebeis 1981). It evaluated a 3-year research/demonstration project aimed at preventing out-of-home placement of children and improving the levels of family functioning through the provision of support services. The sample comprised a random treatment group of families (N = 45) and two control groups (N = 45, N = 45). One of the control groups was described as a known group and the other as a "blind" group with the distinction being that the first group was aware of their participation in the study and the second group remained unaware of their participation.

The results showed that in terms of placement prevention rates, the treatment group experienced a slightly higher rate (69 percent) than the control group (67 percent). Unfortunately, the data for the control group is presented without distinguishing whether it reflects the experience of the

known or the blind control group. It should be noted that the study's report was difficult to interpret with ambiguous data, and incomplete presentation (e.g., missing tables and appendices, and unnumbered pages). The study must be viewed as providing limited data in terms of placement prevention rates for the treatment and control groups. The study also states that "there were no specific guidelines for monitoring the very programs and special services that defined the project's intensive model" (Willems et al 1981, 33), thereby making the validity of the results even more questionable. The only finding of significance was that the control groups experienced more restrictive out-of-home placements than their treatment group counterparts.

B4: Reducing Out-of-home Placements of Abused Children (Goal: Preventing Placement with Social Learning Treatment)

This study presented outcome data on the effectiveness of an approach using social learning treatment. The treatment and control samples were made up of 24 families each (Szykula and Fleischman 1985). Families of both groups were from one of two county sites and each family had at least one child deemed at risk of out-of-home placement due to allegations of abuse. The age of the identified child ranged from three to 12 years. Families from both the treatment and control samples were divided into two groups: (1) the "less difficult" (thirteen), and (2) the "more difficult" (eleven). In general, "less difficult" and "more difficult" were names used to distinguish the severity of problems experienced by the families. Families in the "less difficult" category were determined to be under less serious/severe problems than families in the "more difficult" category.

The placement prevention rate for the "less difficult" groups was 92 percent for the treatment sample and 62 percent for the control sample. For the "more difficult" groups, the treatment sample had a 36 percent placement prevention rate, compared to 55 percent for their control group counterparts. It is interesting to observe the differences in these percentages. For families who were identified as having less severe problems, the treatment sample experienced a greater success rate than the control sample. However, for families identified as having more severe problems, the treatment sample experienced a lower success rate than the control sample.

B5: The Hennepin County Project (Goal: Preventing Placement for Adolescents)

This study evaluated the effectiveness of family preservation services in preventing out-of-home placements for adolescents, age 12 to 17 (Schwartz, AuClaire, and Harris 1991). This study was conducted in Hennepin County, Minnesota, and focused on the home-based treatment program created in August of 1985. The goal of the study was to determine the extent the new intensive home-based service unit successful in serving as an alternative to out-of-home placement and the particular kinds of cases with which the unit was most effective. The treatment sample consisted of 55 youths selected unsystematically from a pool of youths identified as being eligible for the study. The control group consisted of 55 youths randomly selected from the same pool. All cases included in the study had been approved for out-of-home placement.

The study found that 43.6 percent of the treatment group and 36 percent of the control group avoided placements. Also, the control group experienced twice as many days in placement as the treatment group. The study also notes that "while proponents of intensive home-based services

will welcome these findings, there are a number of issues raised by the study that need to be addressed” (p. 44). First, while 24 of the treatment clients avoided placements, more had to be removed from their homes; some repeatedly, and many ending up in long-term placements. The study also raises the question of the appropriateness of family preservation services for diverse client populations, noting that in Hennepin County, family preservation services were “inappropriate for a large proportion of the cases” (p. 45). Mike Weber (1995) points out that “the recognition was that family preservation services provided by white staff in a public agency was inappropriate for many families of color. So candidates for family preservation services were made with minority-associated community agencies.”

Therefore, while services appear to effectively prevent placements for some, others seem not to benefit. Moreover, this study does not show that service intensity is related to preventing placements. This point is also made by Bribitzer and Verdick (discussed in category D) and should be carefully examined since family preservation is based on the premise that the provision of intensive services prevents out-of-home placements.

B6: Family Preservation Using Multisystemic (Goal: Diversion from Incarceration)

The sixth study in this category examines the efficacy of the family preservation model of service delivery using multi-systemic therapy as an alternative to incarcerating serious juvenile offenders. The study had a small sample of 33 randomly assigned youths in the treatment group, and 23 randomly assigned youths in the comparison group. Participants were followed for 59 weeks and archival data were evaluated for post-referral arrests and post-referral incarceration. The study found that 80 percent of the treatment group avoided incarceration, while 32 percent of the control group avoided incarceration. Youths in the treatment group experienced slightly more than half as many arrests as youths in the control group. Also, the recidivism rates were 42 percent for the treatment group and 62 percent for the control group.

B7: Family ties (Goal: Diversion from Incarceration)

This study sought to apply family preservation technology to a sample of juvenile delinquents who were at risk for placement, in hopes of averting juvenile placement and reducing recidivism (Collier and Hill 1993). Participants in this program were referred by a juvenile court judge and if space was available, undergo a screening process to determine their eligibility for the program. Ninety-three families of former youths of the Family Ties program were randomly selected for the sample. All 93 were contacted but only 40 families responded. This meant a response rate of 43 percent. These families make up the treatment sample while the control sample was made up of another 40 randomly selected families with children already placed out of the home. Success for this program was measured by re-arrest, re-conviction, and re-incarceration rates. In terms of re-arrests, the study shows that 80 percent of the youths in the treatment sample experienced re-arrests, compared to 58 percent of the youths in the control sample. In terms of re-conviction and re-incarceration, 82 percent of the treatment group and 60 percent of the comparison group experienced either re-conviction or re-incarceration.

Although this study employed both treatment and control groups, it was inadequately designed. Youths in the control sample were already placed in a juvenile facility, whereas those in the experimental group had remained at home. These very different sample groups make the findings of this study suspect.

B8: Application and Adaptation of Intensive Family Preservation Services to Use for the Reunification of Foster Children with Their Biological Parents (Goal: Reunification)

The final study in this category used family preservation services technology (i.e., small caseload, short-term service delivery) for the purposes of reunifying foster children with their biological families (Lewis 1994). The goal of this study was not the prevention of out-of-home placements. Rather, the goal was to apply family preservation technology to families whose children were already in placement, for the purpose of reunifying the children with the families.

The sample consisted of foster care children randomly assigned to control and treatment groups (53 and 57, respectively). Success was defined as the reunification of these foster care children with their biological families. Cases were followed for 12 months and data collected at three different intervals. At the first interval, 93 percent of the children in the treatment sample returned home, compared to 28.3 percent of the children in the control sample. At 6 months, the results were 70.2 percent for the treatment sample, and 41.5 percent for the control sample. Finally, at 12 months, 75.4 percent of the experimental sample returned home while 49 percent of the control sample returned home. In addition, children who received family preservation services spent less days in foster care (an average of 54.7) compared to children who received traditional casework services (an average of 117 days).

The goal of the study was not to prevent out-of-home placements, but reunification. Further, the study does not indicate at what point during their foster care placements the treatment group received the intervention. Such information would provide a better understanding of the effectiveness of the family preservation treatment in working with already placed children in terms of length of out-of-home placement that children experience.

Finally, it should be noted that some changes were made in the family preservation model in order to apply it to the goal of family reunification. The changes include: (1) less emphasis placed on crisis intervention, (2) longer term of service (90 days as opposed to 30 or 60 days), and (3) lower intensity of service (3 hours/week of direct service versus 6-9 hours/week). The study points out that the effects of these changes are unknown and need further study. Further study was also suggested in the area of client family characteristics to determine if there are any differences between reunification client families and placement prevention client families, and how this may impact service delivery.

Category C: Overflow Control Group

The common characteristic of the studies in this category is that control samples were constructed out of “overflow” clients. “Overflow” refers to clients who were identified as meeting the criteria to participate in the treatment group yet were denied entry into the program due to a lack of

space. Such clients were then provided traditional casework services, with the effects of such services compared to clients in the treatment sample.

C1: In-home Treatment of Abusive Families

The focus of this study was to avert removal of children reported for abuse by providing the children's families with intensive casework services (Wood, Barton, and Schroeder 1988). The study used a treatment sample of 26 families and an overflow control sample of 24 families. In selecting a control group the goal of the study "was to form a comparison group of families whose circumstances were very similar to the Families First group, but who space was not currently available in the home-based program" (p. 401). The determination to place a child in the home-based program was made by county social work staff. The average age of the children for the treatment sample is 8.9 years and 5.4 years for the control sample. At the end of one year, 75 percent of the treatment group and 45 percent of the control group avoided placements for their children.

C2: The Bronx Homebuilders Program

This study includes a treatment sample of 45 families and an overflow control sample of twelve families (Mitchell, Tovar, and Knitzner 1989). Families from the treatment sample came from one of two different treatment sites, and the overflow control sample from only one site. The average length of service for the treatment group was 35 days. The average age of the families' children ranged from 8 to 13 years. At a 12 month follow-up, 76 percent of the families at site number 1 and 73 percent of the families at site number 2 within the treatment group avoided placements while 82 percent of the families in the overflow control group avoided placement.

C3: Client Outcomes and Issues for Program Design

The last study in this category is actually a sub-study involving overflow control samples (Pecora, Fraser, and Haapala 1991). (Note: The major portion of Pecora's (1991) study is discussed in category D.) This sub-study is made up of 172 families in the treatment group and 26 families in the overflow control group. The overflow control group originally consisted of 38 families. However, it was reported that twelve families could not be located. This fatal flaw limits the value of this research (Rossi 1994).

Category D: No Control Group

Within category D eleven studies are included. None of the studies contain comparison/control groups, except for the D3 which includes a control group of children already in care. This is hardly a comparable group and thus we have included the study here. With the exception of Bribitzer and Verdieck (1988), all of the studies report extremely high success rates at preventing out-of-home placements. Why are studies with a fundamental design weakness able to present almost consistent success? The importance of having a control group is demonstrated by the differential outcomes observed when compared to studies absent this essential component.

D1: Homebuilders

This was the original Homebuilders study of Tacoma, Washington that has become the family preservation model for the national family preservation movement (Kinney, Madsen, Fleming, and Haapala 1977). The evaluation was of an intensive, crisis-oriented service program rendered to 80 families in which one or more of the members (from a total of 134 total family members) faced the risk of being placed outside the home. Success is defined as the prevention of placement for the family members deemed “at risk” prior to receiving the services. The placement prevention rate is determined 16 months after the service delivery, where 97 percent (or 121 out of 134 family members) avoided placement. Unfortunately, this study lacked any comparison group, thus making the success rates questionable.

D2: Intensive Home-Based Family Preservation Services

The second study within this category was a summary of the results of an intensive family preservation services (IFPS) program in the states of Washington and Utah (Pecora, Fraser, and Haapala 1992). Washington's treatment sample was made up of 409 families, while Utah's treatment sample totaled 172 families. In both states, families were eligible for service if one or more of their children were determined to be at risk of out-of-home placement. “To meet this criterion, referring agencies must have been planning to place a child within one week if intensive family preservation services were not provided” (p. 181). Of the total referrals, it should be noted that 20 percent were not accepted for services. The 20 percent were not accepted after being screened for “appropriateness” by an IFPS supervisor, intake coordinator and screening committee. This raises the question of the “creaming” phenomenon, where not all children deemed “at risk” of placement are actually offered family preservation services. Both studies measured program success in terms of the placement prevention rate of families at case termination (i.e., approximately 30-60 days after the provision of IFPS services). From this perspective, the success rate for Washington was calculated to be 93.9 percent and 90.7 percent for Utah. While the programs had relatively large samples for their treatment groups, they lacked any comparison group, thus making the impressive success rates of dubious value since there was no way to determine whether IFPS services were the source of placement prevention of the “at-risk” children.

D3: Evaluation of Michigan's Families First program

This study examined (over a three year period) a total of 450 children who participated either in the treatment group or control group of a family preservation program called “Family First” (University Associates 1993). The treatment group consisted of 225 children identified as being in “imminent risk” of out-of-home placement due to abuse or neglect. The control group was made up of 225 children who were already out of the home and placed in foster care services. The goal of the control group children was therefore not to prevent out of home placements but to reunify them with their families.

The study examined the placement prevention rates at three different occasions (3, 6, and 12 months) and found that the treatment group experienced higher placement prevention rates (93

percent, 88 percent, and 76 percent), compared to the control group (85 percent, 74 percent, and 65 percent). In this case, the success rate was different for the two groups: placement prevention for the treatment group, and reunification for the control group. With this data, the study argues that the treatment group had greater success rates, although small, but nevertheless consistent. This study was placed in the “D” category because the experimental and control groups were not comparable. While the treatment group consisted of children living in their homes, the control group consisted of children living out of their homes in foster care.

Arguing that the Families First program averted placement for 85 percent of children, the researchers suggested statewide adoption of the program would result in enormous savings. The Families First advocates claimed, “If this estimate is correct, averting foster care placement for 96 percent of the children referred to Families First over the program’s three-year period (n = 6,566) could have saved the state of Michigan more than \$55 million the first year after intervention” (p. 2).

D4: Factors Contributing to Success and Failure In Family-Based Child Welfare Services

The study in this category focused on six states: Pennsylvania, Ohio, Minnesota, Iowa, Colorado, and Oregon, with the goal of identifying services and client characteristics that contributed to the success and failure of family-based services (Nelson, Emlen, Landsman, and Hutchinson 1988). The study was interested in providing family preservation programs with guidelines for improving future services. From the six states, the study examined 533 closed case records of families and interviewed ninety current and former service professionals associated with the 533 sample. The success rate was determined to be 84 percent (i.e., cases avoiding out-of-home placements).

This study is similar to Thieman, Fugua and Linnan’s (1990) in that it provides extensive descriptions of the family preservation programs in the six states. It summarizes data on families that have gone through the programs, determined the status of the children’s placements, and offered perspectives from the workers involved with the cases. In terms of the study’s goal of providing empirically-based insight for future efforts in family preservation services, the study has merit. However, in terms of providing reliable data on the effectiveness of services, the absence of a control group makes the reported “success” rates merely descriptive.

D5: Home-Based, Family-Centered Intervention

The fifth study in this category focused on an intensive, in-home support and treatment program in Falls Church, Virginia, a suburb of Washington D.C. (Bribitzer and Verdieck 1988, 258). The goal was to determine what family characteristics and service provision characteristics were significantly related to successful outcome for Family Program cases. The sample consisted of 55 children within 42 closed family cases from services rendered during the 1980s. Not all children in the sample were “at risk” of placement because some were already in placement. The successful outcome was therefore defined as “return of legal custody to parents or emancipation deemed appropriate by the caseworker.”

The study found that after the termination of services, 55 percent of the cases had “successful” outcomes (custody of children returned to parents or emancipation of older adolescents). The authors note that the 45 percent of cases resulting in continued out-of-home care did not necessarily mean that the cases were unsuccessful. They note that “in some cases, intensive in-home intervention helped both social service agencies and parents to reach the decision that out-of-home placement was appropriate” (p. 259). Of the service characteristics examined in terms of their relevance to successful outcome, the authors state that intensity of service was not related to outcome. This is an important point to note since family preservation has built its foundation upon the idea that families in crisis and children at imminent risk of placement require an intensive provision of social services.

D6: Iowa Family Preservation Three Year Pilot Project

This study examined data on 747 families within a service period of 30 months (Thieman, Fugua, and Linnan 1990). The study found that at the completion of the family preservation services, 69 percent of the families avoided out-of-home placements. At a one-year follow-up, 66 percent of the families were found to be intact, with 82 percent of the children still living at home. Unfortunately, the research did not provide a control group, to which the authors concede that “the lack of a comparable comparison group in this evaluation is a serious problem” (p. 37). In an attempt to address this issue, the authors compare new foster care cases with family preservation service districts that do not have family preservation service districts. The results appear to be insignificant.

D7: Family Preservation in Tennessee

The focus of this descriptive study was on the family preservation program in Tennessee (Cunningham and Smith 1992). A “snapshot” was taken at three different times of the program (6, 9, and 12 months), in order to profile the clients serviced by the program. At 6 months, 1,839 children were found to have received services and 79.2 percent avoided placement, at nine months, 1,323 children were found to have received services and 72.4 percent avoided placement, and at 12 months, 1,069 children were found to have received services and 69.1 percent avoided placement.

D8: An evaluation of Family Preservation Service

The eighth study within this category examined the characteristics of a sample of 367 children who participated in a family preservation program in northern California (Berry 1992). The program was operated over a three year period and provided services to families in an intensive approach. The In-Home Family Care Program which was operated by the Children’s Home Society of California provided services for about a three month period. Each worker was assigned three to five cases. The investigator examined the case records for the study sample. The study reported that 86 percent of the children avoided placement while or after receiving services.

The main interest of this study was to examine characteristics of the families served. The author reports that 35 percent of the children served were black, 21 percent were white, 17 percent were Latino, 7 percent were Asian and 20 percent were other or mixed. The typical family was headed by a young lone parent who was overburdened with daily stress and demands. Two thirds of the families served were experiencing problems with economic and environmental conditions.

D9: The Florida Experience

This study evaluated the Intensive Crisis Counseling Program (ICCP) in Florida, which was introduced as a response to the state's increase in the foster care population and to the growth in child abuse and neglect reports (Schafer and Erikson 1993). The program was modeled after the Homebuilders program and targeted a small treatment group of 29 cases. The study did not distinguish whether the cases represented individual children or family units. The study did not state whether there was a control group but since it did not make reference to one, we assumed that none exists. The evaluation reported a success rate of 80 percent, which was the percentage of cases that avoided out-of-home placements 6 months after the termination of services.

D10: Child and Family Functioning After Intensive Family Preservation Services

This was a study of a clinical sample of 42 youths who were determined to be "at risk" for out-of-home placement (Wells and Whittington 1993). The services consisted of family preservation services. Along with considering the placement prevention rates for evaluating the effectiveness of the program, the authors looked at the level of family functioning through follow-up research at 9 and 12 months after services. In terms of placement prevention, 80 percent of the children avoided spending any time in an out-of-home placement. In terms of family functioning the clinical sample was reported as functioning, on average, at a lower level than non-clinical samples of families. A non-clinical sample was utilized only for the purpose of evaluating family functioning.

The study focused on family functioning suggesting that out-of-home placement was not automatically synonymous with a child's or family's instability. Children who leave their homes and find shelter with friends, relatives or other families were not necessarily worse off than avoiding such placements and staying in their homes with their families.

D11: Home-based services program

The last study in this category was an examination of the family preservation program in Hennepin county, Minnesota (Scannapieco 1994). This study primarily focused on characteristics of families that received home-based services. It found that the families that received home-based services improved between pre- and post test measures of family functioning.

APPENDIX B: REFERENCE LIST OF FAMILY PRESERVATION STUDIES

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SECTION B: FAMILY PRESERVATION AND CHILD PROTECTION:

FINDING A BETTER BALANCE

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*In memory of Margarita Mendez
Extraordinary human being and child advocate*

This paper draws on material in McCroskey and Meezan (1996, in press), Meezan and McCroskey (1996, in press) and Pecora, Fraser, Nelson, McCroskey and Meezan (1995). The author would like to thank the co-authors of both books for their insights, support and permission to use this material.

CHAPTER I. FAMILY PRESERVATION AND CHILD WELFARE

Family preservation services are typically designed to help families (including adoptive and extended families) at risk or in crisis. Services may be designed to: (1) prevent foster care placement, (2) reunify families, (3) place children in other permanent living arrangements, such as adoption or legal guardianship, (4) provide follow-up care to reunified families, (5) provide respite care for parents and other caregivers, and/or (6) improve parenting skills (United States General Accounting Office 1995, 57).

The Many Faces of Family Preservation

As the definition indicates, family preservation services have many different faces. The term covers a very broad array of services, models and programs. It includes programs that only serve families whose children are at imminent risk of out-of-home placement, as well as programs that work on improving parenting skills well before placement is a threat; programs based on the belief that short-term intervention responds best to a time-limited family crisis, as well as programs based on the belief that at-risk families continually face complex stresses and strains; programs that offer only a few weeks of service, as well as programs that offer services for a year or longer if needed. Family preservation includes models that focus on families with abused and neglected children, as well as models that work with families whose children are at risk because they are seriously emotionally disturbed or delinquent. They include models that focus primarily on placement prevention, as well as models that focus primarily on improving family functioning and assuring that children are safe and healthy.

These differences reflect strong competing beliefs among scholars, policy makers, administrators and service providers about the philosophy, theory, goals and methods of family preservation. The strength of these differences was highlighted in a recent effort to build consensus among child welfare experts about the essential elements of family preservation services. Ultimately, the effort was unsuccessful, signaling “some major cracks in the Family Preservation movement” (Ronnau and Sallee 1993, 22).

The promises of family preservation have also been diverse and far-reaching. At different times, advocates of family preservation have promised that they would:

- Save significant amounts of government money by preventing foster care placement
- Reduce the suffering of children by preventing further ill-treatment
- Assure that families could care for their children by improving family functioning and parenting behaviors
- Enhance inner-city communities by promoting safe homes, nurturing families and supportive communities

Not surprisingly, assessments of the success of these efforts are quite varied.

Conflicting Views and Values

Indeed, there are so many different kinds of family preservation programs in communities throughout the country, so many different expectations of these programs, and so many different perceptions of their effects, that the term has almost lost its descriptive value—and become instead a Rorschach test for beliefs about children and families. Whether they are looking at family preservation as policy, values or services, people tend to have strong feelings. For example, some people see “family preservation” as a necessary policy lever to reform a failed or failing child protective services system. For others it is emblematic of that system's inability to take reform seriously. Some see “family preservation” as consistent with the best interests of children. For others it fails to take the interests of children into account. Some see “family preservation” as a goal for which there are many possible methods. For others it is embodied in one particular method, the Homebuilders model. As a result, family preservation—an idea that promised so much to so many—has taken a beating in both the popular and the scholarly press over the last few years.

Many of those who work in the current system believe that there is a need for a better balance between family preservation and child protection. They believe that placement is sometimes a positive outcome not a negative one. They do not believe that every family can or should be preserved, and they want to remove children when families cannot assure their safety. They also believe that it is possible to preserve families and to maintain children safely at home more often than current practice allows. Despite many efforts, today's system remains skewed—both fiscally and operationally—toward removing children. Family preservation programs offer an additional option that many hope can help bring the current system into better balance (Meezan and McCroskey 1996 in press; McCroskey and Meezan 1996 in press; Pecora et al. 1992; Pecora et al. 1995).

The impression that family preservation works against the best interests of children, however, is increasingly widespread. In addition to scholarly debates about the implications of the research, there have been several scalding critiques which raise basic questions about the rights of children and families. Many of these authors appear to see the debate in “either/or” terms—either saving children or preserving families—rather than as a search for a better balance between competing priorities: helping children by building families.

The following quotes illustrate the extremely negative tone that commentators, largely from outside social work and child welfare, have taken about family preservation:

Family preservation embraces a non judgmental ethic of support for all “families,” carefully drawing no distinction between single- and two-parent households. It stands for the proposition that nearly all families, no matter how dysfunctional or abusive, can be put right with the proper mixture of therapy and social services (Mac Donald 1994, 45).

This problem [child abuse] is compounded by the counterproductive “family preservation” philosophy of many social workers, who believe that children should

be kept with their biological mother unless she is hopelessly addicted to drugs or alcohol or is in prison. In the latter cases, social workers often favor placing the child with the maternal grandmother, who failed so badly in rearing the mother. Unless we can come to grips with the fact that, by any rational, moral bookkeeping, the rights of the children outweigh the rights of the biological parents we will never solve the problem of children whose parents cannot socialize them (Lykken 1996, B2).

Why won't we take kids from bad parents? For more than a decade, the idea that parents should lose neglected or abused kids has been blindsided by national policy to keep families together at almost any cost (Ingrassia and McCormick 1994, 53).

Too often, when children are settling into foster homes and about to be adopted, relatives appear out of nowhere—often tracked down by social workers bent on pursuing family preservation. Children are not footballs to be handed off at adults' whims (Easton 1995, 33).

Most social workers do not recognize themselves or the families they serve in such statements. Of course, family preservation is not the answer for every family who comes into the child protective services system, but neither is out-of-home placement.

CHAPTER II: STRATEGIES FOR PRESERVING FAMILIES

Multiple Models

Although the Homebuilders model has received the lion's share of recent publicity (in large part due to foundation grants dedicated to this purpose), experimentation with the best approaches to preserving families with different kinds of problems living in very different communities is continuous. There are many programs which are not based on crisis theory, which do not use “imminent risk” of placement as a condition for referral, which do not limit services to four or six or twelve weeks, and which do not restrict caseloads to a few families at a time. However, all family preservation models do share key philosophical components—a supportive, empowering relationship with families, the primary importance of child safety, sensitivity to the family's culture and community, casework in combination with “concrete” services (e.g., food, clothes, emergency assistance, transportation), a lead worker who can rely on back-up from a team, service in the family's home and community, and reliance on natural helping networks for long-term support.

Because family situations are so varied and community contexts so diverse, family preservation programs must be flexible and adaptive. What works in one situation will not work in another. While the basic needs of families in the South Bronx may be similar to those in Salt Lake City, their cultures and contexts are so different that they require very different strategies. Recognizing the importance of community context, both federal and state levels have called for broad community participation in development of local family preservation and family support plans, and have allowed for considerable diversity to meet the different needs expressed by these community participants. Even in the same community, a teenage African-American mom may approach life quite differently than her White or Latino counterparts, and the services each receives should be flexible enough to meet individual needs.

Good programs also change over time, incorporating what they have learned and responding to changing conditions. While academics, policy makers and advocates try to classify “models” and define their common attributes, practitioners generally focus on the diversity rather than the commonalities of family preservation practice.

Throughout California, family preservation programs are also responding to allied reform initiatives developing in other parts of the child and family services system—managed care, school-linked services, mental health systems of care, “wrap-around” services, early intervention networks, and other service integration efforts. This is also the case in other states where, for example, the same values and practices that guide family preservation services are being applied to system wide restructuring (Idaho, North Carolina), earlier support and intervention (Oregon), and experimentation with levels of care (Maryland) (Pecora et al. 1995).

Building Communities Through Family Preservation

One idea that is receiving increasing attention is the development of community-based approaches to child protection. According to the Center for the Study of Social Policy (1995, 1), community-

based systems should be: more comprehensive, more preventive, more interactive with local communities and neighborhoods, more focused on outcomes, and involve a radically different balance between services and legally-oriented interventions. To create this system, public child welfare agencies must join forces with community agencies and organizations, and parents and interested citizens must become newly engaged in the mission of protecting children.

Since January of 1991, Los Angeles County has been building such comprehensive community-based services through partnerships with networks of community agencies under its Neighborhood Family Preservation Plan. Under the plan, family preservation is defined as:

an integrated, comprehensive approach to strengthening and preserving families who are at risk of or already experiencing problems in family functioning with the goal of assuring the physical, emotional, social, educational, cultural and spiritual development of children in a safe and nurturing environment (Los Angeles County Department of Children and Family Services 1995a).

Increasing needs and decreasing resources have severely strained the capacity of the whole child and family services system in Los Angeles. By 1993, about 1.3 million children and 678,000 families received some service from the five major county government departments—Public Social Services (DPSS), Health Services (DHS), Mental Health (DMH), Probation (PROB), and DCFS. That is, almost half (49 percent) of the children who lived in the county and over 60 percent of all families with children received some service from county government during the year (Los Angeles County Children's Planning Council 1995).

A substantial percentage of those, 13 percent of children (187,702) and 20 percent of families (141,459) were served by programs in two or more departments of county government during the same year. The percentage of DCFS families whose children also received services from another department illustrate the complexity of the current system (Los Angeles County Children's Planning Council 1995):

- DCFS families also receiving services from DPSS, 43.0 percent
- PROB families also receiving services from DCFS, 25.5 percent
- DMH families also receiving services from DCFS, 35.8 percent
- DCFS families also receiving services from DHS, 18.6 percent

Given such overlap, the need for services designed to support families, alleviate crises, maintain child safety, assist families to obtain services, and address needs in a culturally sensitive manner is clearly not limited to the child welfare system. Such services could equally well address families receiving services from other systems, including child care, education, health, mental health, juvenile justice, developmental disabilities and substance abuse—especially since they serve many of the same families. Given overlapping needs, the most useful continuum for conceptualizing services for families may be a continuum of family needs rather than a continuum of available services (especially if services are limited by the resources and capacity of a particular service system).

The Community Plan for Family Preservation in Los Angeles County is based on such a continuum (see Table 2.1 below). This comprehensive model integrates: (1) “family support services” aimed at healthy families and families facing minor challenges, (2) “family preservation services” targeted at families facing serious challenges, families putting children at high risk, and families who could be reunified promptly, and (3) “alternative family services” for families with a long-term goal of reunification and children without families for whom family reunification is unlikely or undesirable.

Community Partnerships for Children in Los Angeles

The Los Angeles County Department of Children and Family Services (DCFS), created by the County Board of Supervisors in 1984 by the separation of child welfare functions from public social services, is one of the largest public child welfare agencies in the country—with over 190,000 referrals last year, 66,000 children under supervision, 42,000 children in foster care, 2,400 children's social workers, and 17 children's courts (Smith 1996). The family preservation program, created in response to state legislation (Assembly Bill 546 [Bronzan]), is one of a number of programs designed to care for some of these children and their families in the context of their own communities. Although the program is relatively large for a family preservation program, having served about 5,000 families and over 12,000 children since its inception, it serves only a very small portion—less than 5 percent —of the total caseload of the department.

With the help of the Commission for Children and Families (a citizens' oversight committee appointed by the Board of Supervisors) and community advisory committees, DCFS and its partner county agencies—Mental Health and Probation—have designed a plan to build the capacity of communities by developing Community Family Preservation Networks (CFPNs). The principles which guide this effort stress the central importance of child health and safety, focus on building strong families, and assert the importance of community involvement (see Table 2.2). Civic volunteers continue to be actively involved in program development, and to provide guidance and advice through the Family Support and Preservation Policy Committee and associated subcommittees.

Beginning with communities with the highest needs (those zip code areas with the highest rates of foster care and family poverty), the model has required public, private and community-based agencies to organize themselves into CFPNs. A community-based agency, identified as the Lead Agency for the network, contracts with the County and subcontracts with a network of community-based service providers to provide a very broad range of services, including counseling and in-home services as well as substance abuse testing and treatment, housing, child care, medical assessment, employment services, job training, and access to income support services. CFPNs are also required to have community advisory councils to provide a neutral point of accountability for collaborative efforts among agencies.

Table 2.1 *Family Services System Model*

Table 2.2 *Guiding Principles for Family Support and Preservation in Los Angeles County*

CHILD HEALTH AND SAFETY

1. Assure that children who are receiving family preservation and family support services in their own homes are safe and secure
2. Assure that every child has a family and home environment which supports his/her healthy physical, emotional, social, educational, spiritual and cultural growth and development

STRONG FAMILIES

3. Increase community support for all families, with special focus on breaking patterns of multi-generational family dependence upon public intervention and crisis-oriented intensive services
4. Assist families to resolve their own problems by effectively utilizing service systems and advocating for their children with schools, public and private agencies and other community institutions
5. Assist families in their own assessment and service decisions by identifying and building upon strengths which contribute to a safe, secure and nurturing home environment for their children
6. Assist families to acknowledge and affirm their cultural values in assessment and service decisions
7. View children and families in the context of their community and be creative and innovative in the use of community resources in assessment and service decisions

STRONG COMMUNITIES

8. Involve the whole community of public, private and voluntary organizations in a coordinated effort to assure that family preservation and family support services are available and accessible to all families
9. Foster respect and trust among all public, private and voluntary organizations and professional disciplines in order to assure the most effective service delivery system for families

Source: Los Angeles County Department of Children and Family Services

To illustrate the range of services used, caseworkers requested the following kinds of services on behalf of 1,200 families served by family preservation networks in 1995 (Los Angeles County Department of Children and Family Services 1995b):

- child care (38 percent)
- counseling (80 percent)
- employment and job training (24 percent)
- health care (16 percent)
- housing (34 percent)
- income support (14 percent)
- mental health (19 percent)
- parent training (67 percent)

- respite care (6 percent)
- special education referrals (6 percent)
- drug treatment (25 percent)
- teaching and demonstrating homemakers (40 percent)
- transportation (35 percent)
- day treatment (13 percent)
- auxiliary funds (11 percent)

Since the county is so large and complex, including so many different kinds of communities with different capacities and needs (Balaoing, McCroskey and Sandoval 1995), and so many different kinds of community-based agencies, the County agencies have devoted a great deal of time to publicizing and facilitating the phasing-in of these community-based networks. There are 23 networks in place throughout the county (see Table 2.3) and more are planned. Families are referred by DCFS workers who work with the CFPNs to assure adequate and appropriate services, participate in multi-disciplinary case planning with the family, and assess the level of care necessary. Families can receive services for up to one year. In addition, DCFS has developed specialized units within the department (including Black and Latino Family Preservation Units) to offer supportive services to targeted groups of families.

Some of the benefits of this community-based approach are already clear. First, there is a new spirit of partnership between public and private sector agencies, as well as a sense of shared responsibility between public and private agencies and volunteers. Second, community members value and use network services, and they generate a strong sense of community “ownership.” Third, out-of-home placements have decreased substantially in the communities served by networks compared with those where networks are not yet in place. For example, between March 1992 and April 1995 foster care placement rates increased only 2.3 percent in communities with family preservation networks versus a 34.2 percent growth rate for foster care placements in all other communities (Los Angeles County Department of Children and Family Services 1995c).

Evaluation data to date supports positive feelings about the impact of services on families and children, but answers to many of the most important and far-reaching questions are as yet unanswered. A comprehensive evaluation is being planned by the Inter-University Consortium representing the Schools of Social Work and Social Welfare at Long Beach State, UCLA and USC.

The power of the community-government partnerships formed to develop and maintain CFPNs in communities throughout Los Angeles goes well beyond traditional contracting arrangements, involving hundreds of people from very different communities in the internal operations of county government. After five years, community representatives have become familiar with the financial and programmatic operations of DCFS, DCFS employees have become familiar with the struggles of community-based agencies and their many constituencies, and people have worked together across traditional boundaries to rethink many aspects of today's system.

Having seen the successes of such collaborative arrangements, DCFS has actively sought similar partnerships in other areas, including developing new approaches to working with schools and

health services. As documented by the Children's Planning Council (1994), other county departments are also actively involved in a number of community partnerships. The philosophy

Table 2.3 *Community Family Preservation Networks*

that guides these multiple efforts is so similar that the county is considering dropping the term “family preservation” in favor of new overarching terminology—Community Partnerships for Children, building Safe Homes, Nurturing Families, and Supportive Communities

CHAPTER III: THE RESEARCH DILEMMA

Those who support the findings of a research effort tend to approve the way in which the study was executed, and those with opposing views have little difficulty in pointing out the study's limitations (Gershenson 1995, 268).

The Evaluability of Family Preservation

Experimentation with outcome measures and research methods is not without controversy or potential consequences for the family preservation field. This was recognized in the evaluability assessment completed by James Bell Associates for the United States Department of Health and Human Services (Kaye and Bell 1993, vi):

Although stakeholders generally agree that family preservation programs are designed to secure child well-being and improve family functioning—there is considerable disagreement over the extent to which family preservation programs are expected to reduce unnecessary foster care placements... Most policymakers consider establishing a link between family preservation services and reduction in foster care placement to be essential. In contrast, program managers and staff consider foster care avoidance as a by-product of the program—one that may not be immediately applicable to all of the families served and may not be due to the receipt of family preservation services alone... From an evaluation standpoint, there is a serious dilemma. An evaluation that employs outcome measures that are not plausible to achieve is poorly designed. An evaluation that ignores the outcomes of interest to policymakers is not likely to be useful.

On the whole, it seems wise to continue to pursue dual evaluation strategies—investigating the impacts of services on family and child functioning and the circumstances under which services are most successful (Who benefits? In what ways? Which services work best?), as well as the impact of improved functioning on service utilization over the long term.

Placement Prevention

Most of the recent research on the service outcomes of family preservation programs has focused on placement prevention, both because it seemed to be a clear and quantifiable indicator of program success and because it has readily understandable policy and cost implications. Results of early studies without control groups seemed to indicate that placement avoidance was associated with participation in programs using a Homebuilders model (Fraser et al. 1991; Haapala and Kinney 1979; Kinney et al. 1977). The next generation of studies, using more rigorous experimental designs, left significant doubts as to the efficacy of this model in preventing placement (Feldman 1990; McDonald and Associates 1990; Rossi 1992a; Rossi 1992b; Scheurman et al. 1994).

An important precursor to these studies of Homebuilders-type programs focused on a New York state demonstration of intensive casework services using a longer-term and more flexible service approach (Jones et al. 1976). Though seldom referred to in current reviews of family preservation research, the New York study laid the groundwork for latter-day research by evaluating a foster care prevention program, examining both placement prevention and the child, family and service factors associated with successful outcomes.

The project reported here tested and demonstrated the effectiveness of intensive Family services in averting or shortening placement. It demonstrated further that this was accomplished with benefit to the children and at lower cost. It also testified to the lack of responsiveness of existing systems to the financial and housing needs of disadvantaged families. The difficulties of families in “negotiating the system” are enormous, especially in large metropolitan communities. Restrictive eligibility requirements, inconsistency of regulations across systems, and misinterpretation by staff of the complex rules within which they operate posed severe and often insurmountable problems even for experienced social workers in their attempts to assist project families in utilizing theoretically available services (Jones et al. 1976, 124-125).

Child and Family Functioning

Evidence about the potential of family-based services for producing positive change in child and family functioning can also be found in some recent studies. Many of the previously-mentioned studies also included some measures of family functioning, and those which had such measures have generally demonstrated modest but statistically significant positive changes for children and families even when there were no differences in placement rates (Feldman 1990; Fraser et al. 1991; McDonald and Associates 1992; Nelson et al. 1988; Wells and Whittington 1993).

Support for regular use of child and family functioning variables as outcome measures for family preservation services can also be found in evaluations of medically-based home-visiting programs. A recent comprehensive review of this literature identified 31 experimental studies, many of which document improvements as a result of home-visiting services, including changes in parental behavior, home environment, child development and behavior, child abuse, rates of pre-term and low birthweight babies, and health care utilization (Olds and Kitzman 1993).

Rather than conclude that a program approach that “feels right” to both families and professionals is ineffective, many believe that the field should first turn its attention to investigating the impact of family preservation services on multiple aspects of family and child functioning. If answers to the first-order questions of whether and how such services help families and children are encouraging, then studies should also assess the impacts of such improvements on need for and utilization of a broad array of services (including but not limited to placement).

In many ways, current criticism of family preservation is a result of having taken these questions in the wrong order). To sell policy makers, the field focused on cost savings through placement reduction). Now it is not the policy makers, but the general public, which questions whether

children are better off as a result of family preservation or whether they are simply victims of a new policy-driven cost-benefit strategy).

We can learn from the experiences of the child development field, where early evaluations in the 1960s showed that initial improvements in IQ scores between Head Start participants and other children were not sustained over the first few years of elementary school). Rather than give up on the program, advocates suggested that IQ scores were not the best way to gauge the success of broad-based compensatory early education programs). In concert with advocates and families, child development researchers have since explored many different outcome measures and methods, and have documented the long-term impact of high-quality child care on educational achievement, economic success and social functioning (Belsky 1990; Haskins 1989; Schweinhart et al. 1993). Such demonstrable bodies of knowledge are built from many different studies over a long period of time (over 30 years in child care), including false starts and red herrings as well as heralded breakthroughs.

Perspectives on Family Functioning

A study recently completed in Los Angeles examined changes in the functioning of abusive and neglectful families between the opening and closing of services and a year after services were completed. Families known to the public child welfare agency were referred to family preservation services based on caseworker judgment of need for services rather than on criteria showing “imminent risk” of child placement. Families ($n = 240$) were randomly assigned to either the service group receiving family preservation services from two non-profit agencies or to the comparison group receiving regular public agency services. Family functioning was assessed from multiple perspectives using six overall areas based on the Family Assessment Form and other standardized instruments (McCroskey and Nelson 1989; McCroskey, Nishimoto and Subramanian 1991).

Both caseworkers and families reported small but significant improvements in family functioning for the service group families, but not for the comparison group families. Study findings also suggested the aspects of functioning most changed by services, the characteristics of families most affected by services and critical elements of effective services (McCroskey and Meezan 1996 in press; Meezan and McCroskey 1996 in press).

The Los Angeles study raises several important issues which have not received enough attention from researchers to date. One concerns an attempt to specify a family preservation service delivery model. Both this study and the New York study completed twenty years earlier (Jones et al. 1976) point to the relationship between worker and client—rather than service length, intensity, caseload or 24-hour availability of the worker (all facets of the Homebuilders approach that have been much vaunted)—as critical to service success. This is not to say that workers with too many cases, too little training or supervision, and too little time to focus on the families they are trying to help can be successful. Rather it is to say that, within reasonable limits, it appears that the philosophy, values and attitudes of family preservation are more important than many of its most widely-touted trappings.

The Los Angeles study also took multiple perspectives into account. By and large, families in the service group reported no problems in the six areas of family functioning at the beginning of service and no improvements by the close of service. They did, however, report improvements in concrete areas of family functioning—financial conditions and living conditions—a year after services were terminated. Comparison group families reported no improvements at either point in time. Workers, on the other hand, reported that service families had moderate problems in all six areas of functioning at the beginning of service and that they had made significant improvements in four areas by the close of service: interactions between caregivers and children, supports available to caregivers from outside the family, developmental stimulation available to the children, and living conditions of the family (primarily the safety and cleanliness of the home).

Most of the previous research in the field of child welfare has relied solely on the reports of caseworkers. Perhaps the easiest approach to such disparate findings would be to decide that workers have more objectivity and are therefore the more “truthful” reporters. Another approach, however, is to recognize what other therapeutic fields have documented for years: clients and workers have different and equally valid perspectives on the helping process (Gurman and Kniskern 1978; Achenbach et al. 1987; Lambert et al. 1986). Families under public agency supervision “cannot” see improvement when they saw no problems to begin with; and caseworkers “must” see improvement when they have invested themselves and their agency's resources in helping families. One is not right and the other wrong. Each perspective brings important information that needs to be better incorporated into research and service delivery. Such information can help workers better understand complex and multidimensional family issues, and help them to improve outcomes for children and their families.

CHAPTER IV: CHALLENGES AND OPPORTUNITIES

Even if my mom was to come up to me and tell me, like “I love you,” I wouldn't feel the feeling like an ordinary kid because I wasn't raised to be loved or something. (former foster youth, age 19 in Smith 1996, A12).

If family preservation is viewed in its larger sense as a goal rather than as a particular set of methods, there are still many critical unanswered challenges. For example: How can the “rescue” of poor children be balanced with efforts to help their families and build their communities? How do we better assure both the safety of children and their long-term well-being? Once we have assured children's safety by removing them from abusive homes, can we also assure their healthy development and long-term well-being? If families cannot be preserved, how important are efforts to reinforce identity and self-esteem by preserving the relationship of children with their communities?

Defining the role of family preservation in the child welfare system requires recognition of some daunting facts. While the child welfare system may indeed be “'broken' and in need of fixing” it cannot be fixed by attending to child welfare alone (Institute for Human Services Management 1996). The basic social problems which are at the core of our national malaise are also at the core of child welfare dilemmas. Poverty, racism, violence, and drugs affect every family in America; for some, they affect daily activities so thoroughly that “normal” family life is impossible and children are neglected or abused.

The underlying dilemma for child welfare is that, after more than a decade of cutbacks in preventive and early intervention services, family preservation is often the only door left open for families who need services in many communities, as well as the last resort for other families who have been in and out of the system for years. Families served include both those with deep intransigent problems with little hope of solution, as well as those who might, with help, find lasting answers. They include families that have failed in or been failed by other systems—parents with developmental disabilities, serious emotional problems, health crises, poor education and little earning potential—as well as those who only need temporary help to improve their situations.

In order to respond effectively to such a very broad range of family difficulties, child welfare needs to develop more, rather than fewer, options. It needs to develop much better linkages with other parts of the total child and family support and services system in each community (see glossary for definition. As mentioned earlier, there are many current efforts in California to develop interagency collaboration, integrated service systems and “one stop” resources for families (Los Angeles County Children's Planning Council 1994; DeLapp 1993; Illig 1995). The essential next step is better integration of these social supports and services with economic and community development strategies (Kretzman and McKnight 1993; Medoff and Sklar 1994).

There are, however, some important steps that must be taken in order for child welfare to take full advantage of these opportunities. Perhaps the most important are:

1. Development of more explicit connections between assessment, intervention and outcomes
2. Improvement of regular data collection systems (both electronic and paper) to track these interactions
3. Development of longitudinal research which could document improvements in family and child well-being as a result of child welfare services over the long term

As in the Institute for Human Services Management points out in a recent analysis (1196, 11):

Child welfare diagnostic skills are weak and there is little ability to empirically link symptoms, diagnoses, interventions and outcomes... The system has developed a limited set of interventions that are offered to address most identified problems... Exacerbating, or perhaps underlying, the problem of diagnostic capability in child welfare is the lack of evaluative data linking symptoms, diagnoses, interventions and outcomes... Part of the reason behind this dearth of outcome data is that there is no general consensus within the field regarding outcome indicators or measures. There have been few long term studies of the effects of various interventions on family or child functioning or child safety... The result is a decision making process that relies on which interventions are available, since it is not always clear what is needed... Child welfare professionals simply do not have systematic evidence that the services they provide do any good. Without this evidence, the system is susceptible to attack at every budget hearing and unanticipated family tragedy.

As a field, child welfare is being appropriately challenged to rise above insider arguments, to justify decisions made in terms that the public can understand, and to enter into partnerships with communities and with professionals from other fields to improve overall outcomes for children and families. In that context, the on-going argument about whether or not family preservation is “the panacea” for child welfare does not make a lot of sense.

Family preservation services cannot take the place of out-of-home care or adoption for children whose safety and well-being are at risk. They cannot take the place of substance abuse treatment, mental health or health services or any other services that parents need in order to offer their children a safe and nurturing home. Nor will the family support and preventive services needed in almost every community offset all need for child protection or family preservation services. One kind of service will not fit all needs. Nor will these services ever substitute for the income, housing, education, and parenting support that families need in order to raise their children.

We know enough about the possibilities of preserving families to support the idea that continued experimentation with community-based models of family preservation is warranted. Whenever possible, we should add the goal of preserving families to those of safety and permanence for

children. Hopefully, such efforts will ultimately enable us to find a better balance between family preservation and child protection—between “rescuing” children and “preserving” their families.

GLOSSARY

Child welfare services are “services that protect the welfare of children. Such services encompass a broad range of activities, including child protection, care of the homeless and neglected, child social and nutritional development, and out-of-home care.”

Child protective services are “for children who are the subject of an alleged or substantiated report of child abuse or neglect. Services may include the receipt, investigation, and substantiation of maltreatment reports, direct services and/or service referrals, assistance related to court proceedings, case management and case planning.”

Family preservation services are “typically designed to help families at risk or in crisis. Services may be designed to:

1. Prevent foster care placement
2. Reunify families
3. Place children in other permanent living arrangements, such as adoption or legal guardianship
4. Provide follow-up care to reunified families
5. Provide respite care for parents and other caregivers, and/or
6. Improve parenting skills

This definition appears in the family preservation and support provisions of the Omnibus Budget Reconciliation Act of 1993.”

Family support services are “primarily community based preventive activities designed to promote the well-being of children and families. Services are designed to: (1) increase the strength and stability of families (including adoptive, foster and extended families), (2) increase parents' confidence and competence in their parenting abilities, (3) afford children a stable and supportive family environment, and (4) otherwise enhance child development.”

(U. S. General Accounting Office 1995, 57.)

The total family and children's support and services system in each community includes the full range of *supports* (designed to promote well-being without identification of “at-risk” status) and *services* (prevention, early intervention or treatment based on targeted identification of those “at-risk” or “in need”) and *economic development activities* needed to support families and assure the well-being of children. These include:

1. Supports provided by federal, state, county, municipal governments and local educational authorities to all citizens (fire, police, sanitation, etc.) as well as those targeted, at least in part, to families with children (parks, libraries, parent information, etc.)

2. Services provided by governments through income support, education, health, mental health, child care, recreation, juvenile justice, substance abuse, disabilities and child protective services systems
3. Economic development activities designed to enhance communities and increase employment opportunities for residents whether provided through government, businesses or public/private partnerships
4. Supports and services provided by not-for-profit agencies and community-based organizations
5. Supports and services provided by business, civic and religious groups.

(definition developed by McCroskey 1996)

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